

# OPMF39 - PREVENTATIVE ACTION FORM

**Initially reported by:**

Name ..... Date.....

**Reported Item:**

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 .....  
 .....

**Root Causes:**

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 .....

**Preventative Action Required:**

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 .....  
 .....

| Actions assigned to: | Date for Completion |
|----------------------|---------------------|
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| Follow Up ( ref management review): | Date |
|-------------------------------------|------|
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