**แบบบันทึกการแก้ไขและป้องกันการเกิดซ้ำ**

งานชันสูตรสาธารณสุข กลุ่มงานเทคนิคบริการ โรงพยาบาลสัตหีบ กม.10

วันที่บันทึก............................................................. ผู้บันทึก...........................................................................................

ผู้เกี่ยวข้อง................................................................................................................................................................................

**Incidence report**

เหตุการณ์.................................................................................................................................................................................

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**Corrective action** (แนวทางแก้ไข)

1. …………………………………………………………………………………………………………………………..

2. …………………………………………………………………………………………………………………………..

3. …………………………………………………………………………………………………………………………..

4. ………………………………………………………………………………………………………………………..…

5. ………………………………………………………………………………………………………………………..…

**Preventive active** (แนวทางป้องกัน)

1. …………………………………………………………………………………………………………………………..

2. …………………………………………………………………………………………………………………………..

3. …………………………………………………………………………………………………………………………..

4. …………………………………………………………………………………………………………………………..

5. …………………………………………………………………………………………………………………………..

**Indicator** หลังจากแก้ไข

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**สรุปผล**

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ผู้รายงาน..................................................................... วันที่......................................................

ผู้ทบทวน................................................................... วันที่.....................................................

ผู้อนุมัติ....................................................................... วันที่....................................................

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| วันที่บังคับใช้ 1พฤษภาคม 2556 | แก้ไขครั้งที่ 0 | Fm – LAB - 012 |