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| --- | --- | --- | --- | --- | --- |
| Incident Number: |  | Incident Date: |  | Worksheet Number: |  |

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| Initial Root Cause Question: |  |

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| --- | --- | --- | --- | --- | --- |
| **Ask Why?** | | | | | **Potential Corrective Actions** |
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|  |  |  |  |  |  |

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| Analysis Completed By: |  | Analysis Date: |  |