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| Safety Best Practice | | | A blue and red text on a white background  Description automatically generated |
| **Safety Best Practice Number:** | | | |
| **Location:** | | **Date:** | |
| **Subject:** | | | |
| **Insert Photos/Sketch of practice:** | | | |
| **Learnings/Action Points from best practice:** | | | |
| **1** |  | | |
| **2** |  | | |
| **3** |  | | |
| **4** |  | | |
| **5** |  | | |
| **6** |  | | |
| **7** |  | | |
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| **9** |  | | |
| **10** |  | | |

**I agree that I have read and understood the information communicated in this Safety Alert**

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| **Position** | **Name** | **Signed** | **Date** |
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