Brainstorming for best practices form

Discussion leader: Date:

Participants: Date:

**Summary of health or safety issue:**

**Possible solutions:**

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|  | **Description** | **Who, how,****when, where** | **Cost,****time needed,****effectiveness** |
| **Engineering** |  |  |  |
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| **Administrative** |  |  |  |
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| **PPE** |  |  |  |
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