

## MCO Health Care

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## **Incident & Action Log**

| Date | Details of Incident /<br>Untoward Event | Signature | Preventive / Corrective Action Needed |         |           | COMPLETED    | VERIFIED     |
|------|---|-----------|---------------------------------------|---------|-----------|--------------|--------------|
|      |   |           | Details of Action                     | By Date | Signature | (Signature & | (Signature & |
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