



## สมุดบันทึกการทำหัตถการทางจักษุวิทยา ราชวิทยาลัยจักษุแพทย์แห่งประเทศไทย

### คำนำ

การทำหัตถการทางจักษุวิทยา เป็นส่วนหนึ่งของการฝึกอบรมแพทย์ประจำบ้านและการสอบเพื่อวุฒิบัตรความรู้ความชำนาญในการประกอบวิชาชีพเวชกรรม สาขาจักษุวิทยา แพทย์ประจำบ้านและแพทย์ใช้ทุนจะต้องฝึกทักษะในการทำหัตถการให้ครบถ้วนตามหลักสูตรอย่างมีมาตรฐาน และนำไปปฏิบัติได้จริงหลังจบการฝึกอบรม

### สมุดบันทึกการทำหัตถการทางจักษุวิทยา

แพทย์ประจำบ้านและแพทย์ใช้ทุนสาขาจักษุวิทยา จะต้องบันทึกการทำหัตถการต่างๆ เพื่อรวบรวมนำส่งราชวิทยาลัยจักษุแพทย์แห่งประเทศไทย ในการสมัครสอบเพื่อวุฒิบัตรฯ เมื่อจบการฝึกอบรม มิฉะนั้นจะถือว่าท่านมีคุณสมบัติไม่ครบถ้วนที่จะได้รับอนุมัติให้เข้าสอบ

การบันทึกข้อมูล จะสามารถบันทึกได้เมื่อแพทย์เป็นผู้ทำผ่าตัดเองตลอดทั้งการผ่าตัด ยกเว้นในหมวดหัวข้อที่มีคำกำกับว่า Assist ให้บันทึกได้เมื่อเข้าช่วยผ่าตัดตลอดทั้งการผ่าตัด

### การประเมินหัตถการ

อาจารย์ในสถาบันฝึกอบรมแพทย์ประจำบ้าน อาจารย์ในโรงพยาบาลที่เป็นสถาบันสมทบ แพทย์ประจำบ้านต่อยอด แพทย์ประจำบ้านและแพทย์ใช้ทุนชั้นปีที่สูงกว่า เป็นผู้คุมการทำหัตถการและประเมินโดยเปิดเผย ถ้าประเมินว่าผ่านให้ลงชื่อผู้ประเมินในช่อง Name ด้วยตัวบรรจง พร้อมทั้งให้ผู้ประเมินเซ็นชื่อลงในสมุดบันทึก ในรายที่มีภาวะแทรกซ้อนระหว่างการทำหัตถการ ให้ขึ้นอยู่กับดุลยพินิจของผู้คุมหัตถการว่าจะให้ผ่านหรือไม่

ในรายที่ไม่สามารถทำหัตถการบางอย่างได้ทันในปีที่ 1 หรือ 2 อาจบันทึกในปีถัดไปได้ แต่เมื่อจบการฝึกอบรมต้องทำหัตถการให้ครบตามจำนวน เมื่อลงบันทึกได้ครบ minimum requirement แล้ว หากได้ทำหัตถการมากกว่านั้น ให้ใส่เดิมในตารางที่เหลือและตารางเพิ่มเติมด้านหลังเพื่อประโยชน์ของตัวเอง

ราชวิทยาลัยจักษุแพทย์แห่งประเทศไทยจะเริ่มใช้สมุดบันทึกการทำหัตถการนี้ตั้งแต่เดือนมิถุนายน 2555 เป็นต้นไป

ชื่อ นพ./พญ. ....  
 แพทย์ประจำบ้าน     แพทย์ใช้ทุน  
สถาบัน .....  
วันเริ่มการฝึกอบรม .....  
วันสำเร็จการฝึกอบรม .....

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**Investigation/Interpretation**

**1. Visual field interpretation**

| No. | HN | Date | Supervisor |           |
|-----|----|------|------------|-----------|
|     |    |      | Name       | Signature |
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| 30                                    |  |  |  |  |
| <b>Minimum requirement = 30 cases</b> |  |  |  |  |
| 31                                    |  |  |  |  |
| 32                                    |  |  |  |  |
| 33                                    |  |  |  |  |
| 34                                    |  |  |  |  |
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**2. CT and MRI interpretation**

| No.                                   | HN | Date | Supervisor |           |
|---------------------------------------|----|------|------------|-----------|
|                                       |    |      | Name       | Signature |
| 1                                     |    |      |            |           |
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| 9                                     |    |      |            |           |
| 10                                    |    |      |            |           |
| <b>Minimum requirement = 10 cases</b> |    |      |            |           |
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| 14                                    |    |      |            |           |
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| 19                                    |    |      |            |           |
| 20                                    |    |      |            |           |

**Refraction, Contact Lens, and Low Vision**

**3. Retinoscopy**

| No. | HN | Date | Supervisor |           |
|-----|----|------|------------|-----------|
|     |    |      | Name       | Signature |
| 1   |    |      |            |           |
| 2   |    |      |            |           |
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**Retinoscopy (continued)**

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| 29                                    |  |  |  |  |
| 30                                    |  |  |  |  |
| <b>Minimum requirement = 30 cases</b> |  |  |  |  |
| 31                                    |  |  |  |  |
| 32                                    |  |  |  |  |
| 33                                    |  |  |  |  |
| 34                                    |  |  |  |  |
| 35                                    |  |  |  |  |
| 36                                    |  |  |  |  |
| 37                                    |  |  |  |  |
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| 43                                    |  |  |  |  |
| 44                                    |  |  |  |  |

**4. Lensometry (manual or automated)**

| No. | HN | Date | Supervisor |           |
|-----|----|------|------------|-----------|
|     |    |      | Name       | Signature |
| 1   |    |      |            |           |
| 2   |    |      |            |           |
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**Lensometry (manual or automated) (continued)**

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| 28                                    |  |  |  |  |
| 29                                    |  |  |  |  |
| 30                                    |  |  |  |  |
| <b>Minimum requirement = 30 cases</b> |  |  |  |  |

**5. Keratometry (manual or automated)**

| No.                                   | HN | Date | Supervisor |           |
|---------------------------------------|----|------|------------|-----------|
|                                       |    |      | Name       | Signature |
| 1                                     |    |      |            |           |
| 2                                     |    |      |            |           |
| 3                                     |    |      |            |           |
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| 8                                     |    |      |            |           |
| 9                                     |    |      |            |           |
| 10                                    |    |      |            |           |
| <b>Minimum requirement = 10 cases</b> |    |      |            |           |
| 11                                    |    |      |            |           |
| 12                                    |    |      |            |           |
| 13                                    |    |      |            |           |
| 14                                    |    |      |            |           |
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| 18                                    |    |      |            |           |
| 19                                    |    |      |            |           |
| 20                                    |    |      |            |           |

**6. Contact lens fitting**

| No.                                  | HN | Date | Supervisor |           |
|--------------------------------------|----|------|------------|-----------|
|                                      |    |      | Name       | Signature |
| 1                                    |    |      |            |           |
| 2                                    |    |      |            |           |
| 3                                    |    |      |            |           |
| 4                                    |    |      |            |           |
| 5                                    |    |      |            |           |
| <b>Minimum requirement = 5 cases</b> |    |      |            |           |
| 6                                    |    |      |            |           |
| 7                                    |    |      |            |           |
| 8                                    |    |      |            |           |
| 9                                    |    |      |            |           |
| 10                                   |    |      |            |           |

**7. Low vision prescription**

| No.                                  | HN | Date | Supervisor |           |
|--------------------------------------|----|------|------------|-----------|
|                                      |    |      | Name       | Signature |
| 1                                    |    |      |            |           |
| 2                                    |    |      |            |           |
| 3                                    |    |      |            |           |
| <b>Minimum requirement = 3 cases</b> |    |      |            |           |
| 4                                    |    |      |            |           |
| 5                                    |    |      |            |           |

**Anesthetic Block**

**8. Retrobulbar/peribulbar block**

| No. | HN | Date | Supervisor |           |
|-----|----|------|------------|-----------|
|     |    |      | Name       | Signature |
| 1   |    |      |            |           |
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| 30                                    |  |  |  |  |
| <b>Minimum requirement = 30 cases</b> |  |  |  |  |
| 31                                    |  |  |  |  |
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| 44                                    |  |  |  |  |
| 45                                    |  |  |  |  |

**Cataract**

**9. ECCE with IOL insertion**

| No.                                   | HN | Date | Supervisor |           |
|---------------------------------------|----|------|------------|-----------|
|                                       |    |      | Name       | Signature |
| 1                                     |    |      |            |           |
| 2                                     |    |      |            |           |
| 3                                     |    |      |            |           |
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| 10                                    |    |      |            |           |
| <b>Minimum requirement = 10 cases</b> |    |      |            |           |
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**10. Phacoemulsification with IOL insertion**

| No.                                   | HN | Date | Supervisor |           |
|---------------------------------------|----|------|------------|-----------|
|                                       |    |      | Name       | Signature |
| 1                                     |    |      |            |           |
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| 19                                    |    |      |            |           |
| 20                                    |    |      |            |           |
| <b>Minimum requirement = 20 cases</b> |    |      |            |           |

**Phacoemulsification with IOL insertion (continued)**

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**Phacoemulsification with IOL insertion (continued)**

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| 50 |  |  |  |  |

**Glaucoma**

**11. Trabeculectomy**

| No.                                 | HN | Date | Supervisor |           |
|-------------------------------------|----|------|------------|-----------|
|                                     |    |      | Name       | Signature |
| 1                                   |    |      |            |           |
| <b>Minimum requirement = 1 case</b> |    |      |            |           |
| 2                                   |    |      |            |           |
| 3                                   |    |      |            |           |

**Oculoplastic Surgery**

**12. Lidplasty, ptosis surgery**

| No.                                  | HN | Date | Supervisor |           |
|--------------------------------------|----|------|------------|-----------|
|                                      |    |      | Name       | Signature |
| 1                                    |    |      |            |           |
| 2                                    |    |      |            |           |
| <b>Minimum requirement = 2 cases</b> |    |      |            |           |
| 3                                    |    |      |            |           |
| 4                                    |    |      |            |           |

**13. Repair eyelid**

| No.                                  | HN | Date | Supervisor |           |
|--------------------------------------|----|------|------------|-----------|
|                                      |    |      | Name       | Signature |
| 1                                    |    |      |            |           |
| 2                                    |    |      |            |           |
| <b>Minimum requirement = 2 cases</b> |    |      |            |           |
| 3                                    |    |      |            |           |
| 4                                    |    |      |            |           |

**14. Entropion/ectropion correction**

| No.                                  | HN | Date | Supervisor |           |
|--------------------------------------|----|------|------------|-----------|
|                                      |    |      | Name       | Signature |
| 1                                    |    |      |            |           |
| 2                                    |    |      |            |           |
| <b>Minimum requirement = 2 cases</b> |    |      |            |           |
| 3                                    |    |      |            |           |
| 4                                    |    |      |            |           |
| 5                                    |    |      |            |           |

**15. DCR (external or internal)**

| No.                                  | HN | Date | Supervisor |           |
|--------------------------------------|----|------|------------|-----------|
|                                      |    |      | Name       | Signature |
| 1                                    |    |      |            |           |
| 2                                    |    |      |            |           |
| <b>Minimum requirement = 2 cases</b> |    |      |            |           |
| 3                                    |    |      |            |           |

**16. Enucleation/evisceration**

| No.                                  | HN | Date | Supervisor |           |
|--------------------------------------|----|------|------------|-----------|
|                                      |    |      | Name       | Signature |
| 1                                    |    |      |            |           |
| 2                                    |    |      |            |           |
| <b>Minimum requirement = 2 cases</b> |    |      |            |           |
| 3                                    |    |      |            |           |
| 4                                    |    |      |            |           |
| 5                                    |    |      |            |           |

**17. Tarsorrhaphy (permanent or temporary)**

| No.                                  | HN | Date | Supervisor |           |
|--------------------------------------|----|------|------------|-----------|
|                                      |    |      | Name       | Signature |
| 1                                    |    |      |            |           |
| 2                                    |    |      |            |           |
| 3                                    |    |      |            |           |
| 4                                    |    |      |            |           |
| 5                                    |    |      |            |           |
| <b>Minimum requirement = 5 cases</b> |    |      |            |           |
| 6                                    |    |      |            |           |
| 7                                    |    |      |            |           |
| 8                                    |    |      |            |           |

**Pediatric Ophthalmology and Strabismus**

**18. Extraocular muscle surgery**

| No.                                  | HN | Date | Supervisor |           |
|--------------------------------------|----|------|------------|-----------|
|                                      |    |      | Name       | Signature |
| 1                                    |    |      |            |           |
| 2                                    |    |      |            |           |
| 3                                    |    |      |            |           |
| 4                                    |    |      |            |           |
| 5                                    |    |      |            |           |
| <b>Minimum requirement = 5 cases</b> |    |      |            |           |
| 6                                    |    |      |            |           |
| 7                                    |    |      |            |           |
| 8                                    |    |      |            |           |
| 9                                    |    |      |            |           |
| 10                                   |    |      |            |           |

**19. Probing nasolacrimal duct in children**

| No.                                  | HN | Date | Supervisor |           |
|--------------------------------------|----|------|------------|-----------|
|                                      |    |      | Name       | Signature |
| 1                                    |    |      |            |           |
| 2                                    |    |      |            |           |
| 3                                    |    |      |            |           |
| 4                                    |    |      |            |           |
| 5                                    |    |      |            |           |
| <b>Minimum requirement = 5 cases</b> |    |      |            |           |
| 6                                    |    |      |            |           |
| 7                                    |    |      |            |           |
| 8                                    |    |      |            |           |

**External Disease and Cornea**

**20. Pterygium excision with graft**

| No.                                  | HN | Date | Supervisor |           |
|--------------------------------------|----|------|------------|-----------|
|                                      |    |      | Name       | Signature |
| 1                                    |    |      |            |           |
| 2                                    |    |      |            |           |
| 3                                    |    |      |            |           |
| 4                                    |    |      |            |           |
| 5                                    |    |      |            |           |
| <b>Minimum requirement = 5 cases</b> |    |      |            |           |
| 6                                    |    |      |            |           |
| 7                                    |    |      |            |           |
| 8                                    |    |      |            |           |
| 9                                    |    |      |            |           |
| 10                                   |    |      |            |           |

**21. Corneal scraping**

| No.                                  | HN | Date | Supervisor |           |
|--------------------------------------|----|------|------------|-----------|
|                                      |    |      | Name       | Signature |
| 1                                    |    |      |            |           |
| 2                                    |    |      |            |           |
| 3                                    |    |      |            |           |
| 4                                    |    |      |            |           |
| 5                                    |    |      |            |           |
| <b>Minimum requirement = 5 cases</b> |    |      |            |           |
| 6                                    |    |      |            |           |
| 7                                    |    |      |            |           |
| 8                                    |    |      |            |           |

**22. Assist penetrating keratoplasty**

| No.                                 | HN | Date | Supervisor |           |
|-------------------------------------|----|------|------------|-----------|
|                                     |    |      | Name       | Signature |
| 1                                   |    |      |            |           |
| <b>Minimum requirement = 1 case</b> |    |      |            |           |
| 2                                   |    |      |            |           |
| 3                                   |    |      |            |           |

**Retina and Vitreous Surgery**

**23. Intravitreal tapping or injection**

| No.                                   | HN | Date | Supervisor |           |
|---------------------------------------|----|------|------------|-----------|
|                                       |    |      | Name       | Signature |
| 1                                     |    |      |            |           |
| 2                                     |    |      |            |           |
| 3                                     |    |      |            |           |
| 4                                     |    |      |            |           |
| 5                                     |    |      |            |           |
| 6                                     |    |      |            |           |
| 7                                     |    |      |            |           |
| 8                                     |    |      |            |           |
| 9                                     |    |      |            |           |
| 10                                    |    |      |            |           |
| 11                                    |    |      |            |           |
| 12                                    |    |      |            |           |
| 13                                    |    |      |            |           |
| 14                                    |    |      |            |           |
| 15                                    |    |      |            |           |
| 16                                    |    |      |            |           |
| 17                                    |    |      |            |           |
| 18                                    |    |      |            |           |
| 19                                    |    |      |            |           |
| 20                                    |    |      |            |           |
| <b>Minimum requirement = 20 cases</b> |    |      |            |           |

**Intravitreal tapping or injection (continued)**

|    |  |  |  |  |
|----|--|--|--|--|
| 21 |  |  |  |  |
| 22 |  |  |  |  |
| 23 |  |  |  |  |
| 24 |  |  |  |  |
| 25 |  |  |  |  |
| 26 |  |  |  |  |
| 27 |  |  |  |  |
| 28 |  |  |  |  |
| 29 |  |  |  |  |
| 30 |  |  |  |  |

**24. Assist PPV or scleral buckling procedure**

| No.                                   | HN | Date | Supervisor |           |
|---------------------------------------|----|------|------------|-----------|
|                                       |    |      | Name       | Signature |
| 1                                     |    |      |            |           |
| 2                                     |    |      |            |           |
| 3                                     |    |      |            |           |
| 4                                     |    |      |            |           |
| 5                                     |    |      |            |           |
| 6                                     |    |      |            |           |
| 7                                     |    |      |            |           |
| 8                                     |    |      |            |           |
| 9                                     |    |      |            |           |
| 10                                    |    |      |            |           |
| <b>Minimum requirement = 10 cases</b> |    |      |            |           |
| 11                                    |    |      |            |           |
| 12                                    |    |      |            |           |
| 13                                    |    |      |            |           |
| 14                                    |    |      |            |           |
| 15                                    |    |      |            |           |
| 16                                    |    |      |            |           |
| 17                                    |    |      |            |           |
| 18                                    |    |      |            |           |

**Eye Injury**

**25. Repair ruptured globe (cornea, sclera)**

| No.                                  | HN | Date | Supervisor |           |
|--------------------------------------|----|------|------------|-----------|
|                                      |    |      | Name       | Signature |
| 1                                    |    |      |            |           |
| 2                                    |    |      |            |           |
| 3                                    |    |      |            |           |
| <b>Minimum requirement = 3 cases</b> |    |      |            |           |
| 4                                    |    |      |            |           |
| 5                                    |    |      |            |           |

**26. Repair canaliculi**

| No.                                 | HN | Date | Supervisor |           |
|-------------------------------------|----|------|------------|-----------|
|                                     |    |      | Name       | Signature |
| 1                                   |    |      |            |           |
| <b>Minimum requirement = 1 case</b> |    |      |            |           |
| 2                                   |    |      |            |           |
| 3                                   |    |      |            |           |

**Laser Treatment**

**27. Nd:YAG laser capsulotomy**

| No.                                   | HN | Date | Supervisor |           |
|---------------------------------------|----|------|------------|-----------|
|                                       |    |      | Name       | Signature |
| 1                                     |    |      |            |           |
| 2                                     |    |      |            |           |
| 3                                     |    |      |            |           |
| 4                                     |    |      |            |           |
| 5                                     |    |      |            |           |
| 6                                     |    |      |            |           |
| 7                                     |    |      |            |           |
| 8                                     |    |      |            |           |
| 9                                     |    |      |            |           |
| 10                                    |    |      |            |           |
| <b>Minimum requirement = 10 cases</b> |    |      |            |           |
| 11                                    |    |      |            |           |
| 12                                    |    |      |            |           |
| 13                                    |    |      |            |           |
| 14                                    |    |      |            |           |
| 15                                    |    |      |            |           |

**28. Laser PI**

| No.                                  | HN | Date | Supervisor |           |
|--------------------------------------|----|------|------------|-----------|
|                                      |    |      | Name       | Signature |
| 1                                    |    |      |            |           |
| 2                                    |    |      |            |           |
| 3                                    |    |      |            |           |
| 4                                    |    |      |            |           |
| 5                                    |    |      |            |           |
| <b>Minimum requirement = 5 cases</b> |    |      |            |           |
| 6                                    |    |      |            |           |
| 7                                    |    |      |            |           |
| 8                                    |    |      |            |           |
| 9                                    |    |      |            |           |
| 10                                   |    |      |            |           |



**29. Pan retinal photocoagulation**

| No.                                   | HN | Date | Supervisor |           |
|---------------------------------------|----|------|------------|-----------|
|                                       |    |      | Name       | Signature |
| 1                                     |    |      |            |           |
| 2                                     |    |      |            |           |
| 3                                     |    |      |            |           |
| 4                                     |    |      |            |           |
| 5                                     |    |      |            |           |
| 6                                     |    |      |            |           |
| 7                                     |    |      |            |           |
| 8                                     |    |      |            |           |
| 9                                     |    |      |            |           |
| 10                                    |    |      |            |           |
| <b>Minimum requirement = 10 cases</b> |    |      |            |           |
| 11                                    |    |      |            |           |
| 12                                    |    |      |            |           |
| 13                                    |    |      |            |           |
| 14                                    |    |      |            |           |
| 15                                    |    |      |            |           |
| 16                                    |    |      |            |           |
| 17                                    |    |      |            |           |
| 18                                    |    |      |            |           |
| 19                                    |    |      |            |           |
| 20                                    |    |      |            |           |

**30. Retinopexy**

| No.                                 | HN | Date | Supervisor |           |
|-------------------------------------|----|------|------------|-----------|
|                                     |    |      | Name       | Signature |
| 1                                   |    |      |            |           |
| <b>Minimum requirement = 1 case</b> |    |      |            |           |
| 2                                   |    |      |            |           |
| 3                                   |    |      |            |           |
| 4                                   |    |      |            |           |





| Operation/Procedure: |    |      |            |           |
|----------------------|----|------|------------|-----------|
| No.                  | HN | Date | Supervisor |           |
|                      |    |      | Name       | Signature |
|                      |    |      |            |           |
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|                      |    |      |            |           |
| Operation/Procedure: |    |      |            |           |
| No.                  | HN | Date | Supervisor |           |
|                      |    |      | Name       | Signature |
|                      |    |      |            |           |
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|                      |    |      |            |           |
| Operation/Procedure: |    |      |            |           |
| No.                  | HN | Date | Supervisor |           |
|                      |    |      | Name       | Signature |
|                      |    |      |            |           |
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| Operation/Procedure: |    |      |            |           |
|----------------------|----|------|------------|-----------|
| No.                  | HN | Date | Supervisor |           |
|                      |    |      | Name       | Signature |
|                      |    |      |            |           |
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|                      |    |      |            |           |
|                      |    |      |            |           |
| Operation/Procedure: |    |      |            |           |
| No.                  | HN | Date | Supervisor |           |
|                      |    |      | Name       | Signature |
|                      |    |      |            |           |
|                      |    |      |            |           |
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|                      |    |      |            |           |
|                      |    |      |            |           |
| Operation/Procedure: |    |      |            |           |
| No.                  | HN | Date | Supervisor |           |
|                      |    |      | Name       | Signature |
|                      |    |      |            |           |
|                      |    |      |            |           |
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**Note**

**Note**