

HFMEA™ Number _____

Date Started _____ Date Completed _____

Team Members 1. _____ 6. _____

2. _____ 7. _____

3. _____ 8. _____

4. _____ 9. _____

5. _____ 10. _____

Team Leader _____

Are all affected areas represented? YES / NO

Are different levels and types of knowledge represented on the team? YES / NO

Who will take minutes and maintain records? _____



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