



CITY OF PITTSBURGH

HEALTH AND SAFETY



ACTION NEEDED REPORT

SUBMITTED BY _____		DATE _____ A/N# _____		
DESCRIPTION OF PROBLEM/HAZARD				
EFFECTS OR COST OF PROBLEM/HAZARD				
CAUSES OF THE PROBLEM/HAZARD				
SUGGESTED CORRECTIVE ACTION				
INVESTIGATION STAGE				
ASSIGNED TO:	REVIEW / DUE DATE:	REASSIGNED TO:	REVIEW DATES	
RECOMMENDATION:				
CORRECTIVE ACTION / RECOMMENDATION STAGE				
ASSIGNED TO:	REVIEW / DUE DATE:	REASSIGNED TO:	REVIEW DATES	
IMPLEMENT. STEPS	RESPONSIBILITY	PLAN COMP	REVIEW DATE	ACT COMP