



School District of Philadelphia

HEALTH AND SAFETY ACTION NEEDED REPORT

Originator to complete sections 1-5 and then forward this form to the Office of Risk Management at 440 N Broad St. Philadelphia, PA 19130, 3rd Floor: Suite D or to the Office of Environmental Management Services at 440 N Broad St. Philadelphia, PA 19130 3rd Floor Suite C. Use additional sheets if necessary and include any additional information that might help define the hazard or solution.

1- SUBMITTED BY:	PHONE NUMBER:	DATE:
_____	_____	_____
LOCATION _____		DEPARTMENT: _____

2- DESCRIPTION OF HAZARD	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>			
3-EFFECTS OF HAZARDS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>			
4-CAUSES OF HAZARD	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>			
5-SUGGESTED CORRECTIVE ACTION	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>			

INVESTIGATION STAGE

ASSIGNED TO:	DUE DATE:	REASSIGNED TO:	DUE DATE:
RECOMMENDATION:			

CORRECTIVE ACTION AND RECOMMENDATION STAGE

CORRECTIVE ACTIONS NECESSARY:	ASSIGNED TO:	DUE DATE:	STATUS: