



PROBLEM TAG

Date _____ Shift _____ (part 1)

By _____

- Problem: 4**
- Electrical
 - Mechanical
 - Lubrication
 - Operation
 - Instrument/Control
 - Utility/Facility
 - Other _____

Brief Description of Problem:

PROBLEM TAG

Date _____ Shift _____ (part 2)

By _____

Location/System/Equipment/Part I.D.:

- Problem: 4**
- Electrical
 - Mechanical
 - Lubrication
 - Operation
 - Instrument/Control
 - Utility/Facility
 - Other _____

Description of Problem: (continue on back)

Possible Impact of Problem: 4

- Availability (Uptime)
- Performance/Speed
- Quality of Product
- Environmental
- Waste
- Cost
- _____
- Safety

Corrective Action Plan:

By: _____ W/O # _____
 Date: _____
 By: _____ Date: _____
 By: _____ Date: _____

Root Cause/Action: (continue on back ⇨)

Date Completed: _____ **OK** _____