

LOCAL AGENCY PFA STAFF MEETING DOCUMENTATION

PFA Study #/Date: _____

Problem Identified: _____

Solution: _____

Estimated Date of Implementation: _____

Notes: _____

Local Agency Director Signature: _____ Date: _____



Follow-up Study Date: _____

Did the Solution make a difference? _____

Are further actions necessary? _____

Notes: _____

Local Agency Director Signature: _____ Date: _____