

Narrative Summary

Objective Number: _____ **Criterion Number:** _____

Evaluator: _____ **Location:** _____

Issue:

A specific statement of the problem, plan, or procedure that was observed.

Discussion:

A discussion of the issue and its specific impact on operational capability.

Office of Primary Responsibility:

The department, agency, or organization responsible for implementation of corrective actions.

Department, Agency, or Organization:

Individual Responsible:

Title:

Date Assigned: ____ / ____ / ____ Suspense Date: ____ / ____ / ____