



**BLUE TEAM CLARIFICATIONS/DEFICIENCIES**

Form # 0041  
Rev. # 082504

Reviewed By: Bob Cooper \_\_\_\_\_  
Approved By: R. Gregory Freeland \_\_\_\_\_

Page 1 of 1

<input type="checkbox"/> Deficiency	<input type="checkbox"/> Editorial
<input type="checkbox"/> Clarification	<input type="checkbox"/> Compliment

Date: .....
Name:.....

e-Mail: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Proposal: \_\_\_\_\_

Section: \_\_\_\_\_

Proposal Page # \_\_\_\_\_

**Describe Weakness/Problem:**

**Recommended Fix:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_