

REQUEST FOR ACTION CHIT

R F A I N I T I A T O R	TYPE: <input type="checkbox"/> SRR <input type="checkbox"/> PDR <input type="checkbox"/> OTHER: _____		ASSIGNMENT: <input type="checkbox"/> RFA <input type="checkbox"/> RFI <input type="checkbox"/> Minutes/Action			
	SUBJECT/TITLE: _____		SUBSYSTEM PANEL: _____		REQUEST NO: _____	
	REFERENCED DOC: _____					
	SPECIFIC PROBLEM OR CONCERN: _____					
	RECOMMENDED ACTION: _____					
I P T R E S P O N S E	RECOMMENDED CATEGORY: _____		RECOMMENDED URGENCY/DATE: _____			
	INITIATOR'S NAME: _____	IPT: _____	ACTIVITY/CODE/PHONE: _____		DATE: _____	
	PROPOSED ACTION: _____					
	PROPOSED SCHEDULE: _____					
	RECOMMENDED CATEGORY: _____		RECOMMENDED URGENCY/DATE: _____			
ENGINEER'S NAME: _____		ACTIVITY/DEPT/PHONE: _____		DATE: _____		
E X E C U T I V E S E S I O N	EXECUTIVE REVIEW AND DECISION: _____					
	ASSIGNED CATEGORY: _____		ASSIGNED URGENCY/DATE: _____			
	IMPACT: _____					
	PROGRAM REPRESENTATIVE: _____		DATE: _____	CONTRACTOR REPRESENTATIVE: _____		DATE: _____
	DRB DIRECTOR: _____		DATE: _____			