

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: _____ _____				
E X E C U T I V E S E S I O N	RECOMMENDED CATEGORY: _____		RECOMMENDED URGENCY/DATE: _____		
	ENGINEER'S NAME: _____		ACTIVITY/DEPT/PHONE: _____	DATE: _____	
	EXECUTIVE REVIEW AND DECISION: _____ _____				
	ASSIGNED CATEGORY: _____		ASSIGNED URGENCY/DATE: _____		
IMPACT: _____					
PROGRAM REPRESENTATIVE: _____		DATE: _____	CONTRACTOR REPRESENTATIVE: _____	DATE: _____	
DRB DIRECTOR: _____		DATE: _____			