

DEFICIENCY REPORT

Deficiency Report Number:		Date:
Work Order Number:		Bldg. No.:
Drawing Specification Number	Revision Number	
Deficiency Description: (Use additional pages if necessary)		
Reported by:	Company Name:	Date:
Recommended Disposition: (Use additional pages if necessary)		
Disposition by:		Date:
Disposition: Repair _____ Use As Is _____ Reject _____		
DOCUMENTS TO BE REVISED		
<u>DOCUMENT IDENTIFICATION</u>		<u>REVISION</u>
SAIC Lead Engineer		Date:
SAIC COTR		Date:
SAIC Manager of Engineering		Date:
SAIC Project Manager		Date:
Construction Contracts Manager		Date:
Completed Work Reviewed By		Date: