

CONTRACT DEFICIENCY REPORT FORM

CONTRACT ADMINISTRATION

Vessel Name:

Contract Number:

Prime Contractor:

Report Number:

Report Date:

REFERENCES

Work Item/Request #:

Drawing #(s):

Other (specify):

Contract requirements:

Description of deficiency:

Impact of deficiency (e.g.: will delay completion ____ days, safety hazard, inability to complete contract line item, etc.):

Recommended corrective action:

| |
|--|
| |
|--|

CONTRACTING OFFICER'S REPRESENTATIVE

| Rank and Name: | Signature: | Date: |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

DISTRIBUTION

| | |
|----------|---------------------------------------|
| Original | Contractor |
| Copy | SFLC C&PD |
| Copy | SFLC Product Line |
| Copy | SFLC Port Engineer (when not the COR) |

CONTRACTOR'S RESPONSE

(Provide response and return to COR.)

| |
|--|
| |
|--|

CONTRACTOR'S AUTHORIZED REPRESENTATIVE

| Name: | Signature: | Date: |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

CONTRACTING OFFICER'S REPRESENTATIVE COMMENTS

(Provide comments and send to Contracting Officer.)

| |
|--|
| |
|--|

CONTRACTING OFFICER'S EVALUATION

Statement of verification and evaluation of Contractor's response:

- Contractor's response is satisfactory.
- Contractor's response is unsatisfactory.
- See attached memorandum.

CONTRACTING OFFICER'S EVALUATION

| Name: | Signature: | Date: |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Follow-up action, if necessary:

| |
|--|
| |
|--|

DISTRIBUTION

| | |
|----------|--------------------|
| Original | Contractor |
| Copy | SFLC C&PD |
| Copy | SFLC Product Line |
| Copy | SFLC Port Engineer |
| Copy | Unit |