



George C. Marshall Space Flight Center



INDEPENDENT ASSESSMENT FINDING

SECTION 1

| | | | |
|------------------------------------------------------------------------------------------------|--|--------------------|-----------|
| 1. FINDING NUMBER: | | 2. DATE GENERATED: | |
| 3. FINDING TITLE: | | | |
| 4. AUTHOR: | | 5. PHONE: | |
| 6. APPLICABLE PROJECT: | | | |
| 7. REQUIRES PROGRAM/PROJECT RESPONSE: <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| 8. PROGRAM / PROJECT POINT OF CONTACT: | | | 9. PHONE: |

SECTION 2

| | | | |
|----------------------------------------------|----------------------------------------------|--------------------|-------------------------------|
| 10. PROGRAM / PROJECT RESPONSE: | | | |
| 11. ACCEPT FINDING: <input type="checkbox"/> | 12. REJECT FINDING: <input type="checkbox"/> | 13. RESPONSE DATE: | 14. EXPECTED COMPLETION DATE: |

SECTION 3

| | |
|------------------------------------------|--------------------|
| 15. REQUIREMENT(S) / RATIONALE: | |
| 16. FINDING: | |
| 17. IAT RECOMMENDATION: | |
| 18. PROGRAM RESPONSE AND CLOSURE ACTION: | |
| 19. FINDING IMPACT: | 20. FINDING CAUSE: |
| 21. FACTS: | 22. OTHER: |

SECTION 4

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|-----------------------------------------------------------------------------------|--|
| 23. FINDING STATUS: <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED | |
| 24. IA CLOSURE RATIONALE: | |
| 25. NOTES: | |

CONCURRENCE / APPROVAL

| | |
|--------------------------------------|-------|
| 26. IA SUPERVISOR CONCURRENCE: | DATE: |
| 27. IA MANAGER OR DESIGNEE APPROVAL: | DATE: |