

CONTRACT DISCREPANCY REPORT

1. CONTRACT NUMBER		2. REPORT NUMBER OF CDR	
3. TO: (Contractor/Manager)		4. FROM: (COR)	
5. DATES			
PREPARED	RETURNED BY CONTRACTOR	ACTION COMPLETE	
<p>6. THE FOLLOWING DISCREPANCY/PROBLEM REQUIRE RESPONSE TO THE FOLLOWING:</p> <ul style="list-style-type: none"> A. CORRECTIVE ACTION TAKEN TO CORRECT THE DISCREPANCY/PROBLEM. B. IDENTIFY ROOT CAUSE OF DISCREPANCY/PROBLEM. C. CORRECTIVE ACTION TAKEN FOR ROOT CAUSE. D. PREVENTIVE ACTION TAKEN TO PREVENT RECURRENCE. E. ACTION TAKEN TO DETERMINE IF OTHER SERVICES OR PRODUCTS ARE AFFECTED BY THE SAME OR SIMILAR DEFICIENCY. F. ACTION TAKEN TO CORRECT THE WEAKNESS IN QUALITY CONTROL PROCEDURES WHICH ALLOWED THE SERVICES OR PRODUCTS TO BE OFFERED TO THE GOVERNMENT. G. TARGET DATES FOR IMPLEMENTATION OF IDENTIFIED ACTIONS. 			
<p>7. DISCREPANCY OR PROBLEM: (Describe in detail, include reference(s) (PWS, QAP, Directive))</p>			
<p>8. IT IS REQUESTED THAT A REPLY TO PARAGRAPH 6 & 7 BE SUBMITTED WITHIN SEVEN DAYS OF RECEIPT OF THIS FORM. THE REVERSE SIDE OF THIS FORM WILL BE USED FOR YOUR REPLY. REFER TO THE ABOVE REPORT NUMBER (BLK 2) IF SEPARATE COMMUNICATION IS USED.</p>			
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> CONTRACTING OFFICER SIGNATURE		<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> ISSUE DATE	
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> DATE CONTRACTOR RECEIVED		<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> RECEIVED BY	

9. CONTRACTOR'S RESPONSE TO: PARAGRAPH 6, A. B. C. D. E. F. & G.

SIGNATURE OF CONTRACTOR'S REPRESENTATIVE

DATE

10. GOVERNMENT EVALUATION: (Reason for Acceptance or Rejection)

11. GOVERNMENT ACTION: (Payment Deduction, Cure Notice, Show Cause, Other.)

CLOSE OUT

	NAME-TITLE	SIGNATURE	DATE
CONTRACTOR			
COR			
ACO			