

MATERIAL WEAKNESS/SIGNIFICANT DEFICIENCY OR STATUS OF CORRECTIVE ACTIONS ----- COMPLETE ONLY APPLICABLE AREAS	
1. General Information	
a. Command/Activity:	UIC:
b. Department:	
c. Functional Category:	
d. Work Process/Assessable Unit:	
e. Point of Contact:	
2. Material Weakness/Significant Deficiency or Status of Corrective Actions	
a. Title of material weakness/significant deficiency:	
b. Description of material weakness/significant deficiency and impact on operations:	
c. Source employed to identify material weakness/significant deficiency (process analysis, audit finding, inspection, investigation or management studies):	
(1) Source:	
(2) Date Identified:	
d. Corrective Actions: (Check applicable box, detail actions and milestones below.) <input type="checkbox"/> Completed (Date: _____)	
<input type="checkbox"/> Pending (Est. Completion Date: _____)	
<input type="checkbox"/> Not correctable at this level (Note who must correct and why.)	
e. Explain the methodology that will be (has been) employed to certify the effectiveness of the corrective actions:	
Estimated Date of Certification:	