

INSTALLATION QUALITY OF LIFE ISSUE

For use of this form, see DA Circular 608-04-1; the proponent agency is ACSIM

| | |
|----------|---------|
| 1. ISSUE | 2. DATE |
|----------|---------|

3. SCOPE

4. RECOMMENDATION

5. ACTION TAKEN

| | |
|--------------------|-----------------------|
| 6a. BOSS PRESIDENT | 6b. BOSS PHONE NUMBER |
|--------------------|-----------------------|

| | |
|---------------------|----------------|
| 7. INSTALLATION CSM | 8. MWR ADVISOR |
|---------------------|----------------|

9. EXTERNAL COORDINATION *(If necessary)*

| a. ACTIVITY | b. CONCUR | | c. INITIALS | d. DATE |
|-------------|-----------|----|-------------|---------|
| | YES | NO | | |
| | | | | |
| | | | | |
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10. DCA

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|---------------------------------------------------------------------------------------------------------------------------------|-----------|
| 11a. CG RECOMMENDATION <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval <input type="checkbox"/> Other | 11b. DATE |
|---------------------------------------------------------------------------------------------------------------------------------|-----------|

12. AFAP *(If necessary)*