

CONTRACT DEFICIENCY REPORT

CONTRACT NUMBER: _____ DELIVERY ORDER NO. _____

CONTRACTOR NAME: _____ PORT: _____

| TO BE COMPLETED BY CONTRACTING OFFICER | |
|--|----------------------------------|
| DEFICIENCY | |
| Date Deficiency Occurred: Ship Name and Port: Description of Deficiency: | |
| TO BE COMPLETED BY CONTRACTOR | |
| EXPLANATION | |
| Reason/Cause (why performance was unacceptable): How Will Performance Be Returned to Acceptable Levels: How Will Recurrence of the Problem Be Prevented in the Future: | |
| ADJUSTMENT/ACTION | |
| (TO BE COMPLETED BY CONTRACTING OFFICER AFTER RECEIPT OF CONTRACTOR'S EXPLANATION) | |
| The following adjustment will be made or action taken: FULL PAYMENT: (Briefly explain why full payment is warranted) REDUCED PAYMENT: (Briefly explain method used to calculate adjustment to payment - must be consistent with PER Table) TERMINATION: (Must be in accordance with termination provisions of the contract; be fully documented, including concurrence of Legal Counsel; and fully compliant with all applicable procurement regulations) | |
| DISCREPANCY REPORTED BY | |
| (To Be Completed By Contracting Officer.) | |
| Name: | Title/Position: |
| Activity/Organization: | Telephone Number/E-Mail Address: |
| Validated/Verified: | |
| (Name, Date, Method, Disposition [forwarded to Contractor, closed, no further action required, etc.] | |
| Contracting Officer's Signature: | |
| Date: | |