

**QUALITY ASSURANCE TEAM (QAT)
PROJECT REVIEW REPORT**

Project Name		Agency		Review Location	
				On-site	<input type="checkbox"/>
				Off-site	<input type="checkbox"/>
Meeting Logistics					
Date:	Location:		Start Time:	End Time:	
Project Manager		Phone	Email		
Project Review Contact		Title	Email	Phone	
Attendees		Title	Email	Phone	

PROJECT PERFORMANCE SUMMARY:

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PROJECT PERFORMANCE STATUS:

Scope

Budget

Schedule

Project Life Cycle

Demo (when applicable)

Additional Information

QAT ACTION:

Request Additional Project Information <input type="checkbox"/>	Request Corrective Action Plan <input type="checkbox"/>	Request Project Audit or Assistance <input type="checkbox"/>
Make Project Recommendations <input type="checkbox"/>	Make Legislative Recommendations <input type="checkbox"/>	Take No Action <input type="checkbox"/>

Description