PRINT

PRIVACY ACT SPOT CHECK RECORD

Date:	Name of Inspector:	
AREA OF FINDING		
Code or Division:	Shop or W/C Name:	
Building#:	Room/Door #:	Other Identifying Information:
Supervisor Name:	Phone:	Email:
FINDING INFORMATION		
Name:	Phone:	Computer #:
Describe the finding *(be as detailed as possible)*:		
PAO/Counsel Office (code 11000) Notified	Date:	Person notified:
IMMEDIATE CORRECTIVE ACTION (SUPERVISOR)		
Name:	Date of Immediate Action:	
Immediate Action Taken *(be as detailed as possible)*:		
Signature		
PERMANENT CORRECTIVE ACTION TO PREVENT RECURRENCE (GROUP LEADS/MILITARY EQUIVALENT)		
Name:	Date(s) of Action(s):	
Permanent Action Taken *(be as detailed as possible)*:		
Signature		
FOLLOW-UP ON PERMANENT CORRECTIVE ACTION(S)		
Date:	Name of Inspector:	
Determination:		

All fields are required

Complete all required fields and mark unused optional fields with N/A.

FRCSE 5211/2 (Rev. 8-2011)