TECHNICAL DIRECTIVE DISCREPANCY REPORT

TD NUMBER _____ **BUNO** _____ **SEQ** _____

TITLE _____ **PAGE** ___ **OF** ___

DISCREPANCY NO.	TD REFERENCE	INITIATOR	QA FINAL REVIEW
DISCREPANCY			
CORRECTIVE ACTION			

DISCREPANCY NO.	TD REFERENCE	INITIATOR	QA FINAL REVIEW
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CORRECTIVE ACTION			

Sections are utilized as needed, all other fields are required

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