

Unsatisfactory Feature Report

(For Defence Air Environment Technical Information)

Reference: MOD Poster 302 series

Part 1 - Originator Title/Address <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Reference <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Unit Point of Contact & Ext <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Email Address <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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Affected Document (AP, DAP, Form etc)	
Technical Information (TI) Reference <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Amendment/Revision/Issue State <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Title <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Element <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Ac Type <div style="border: 1px solid black; height: 20px; width: 20%;"></div>	Ac Mark <div style="border: 1px solid black; height: 20px; width: 20%;"></div>
Other Types/Marks which may be affected <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

Originator's Report
Unsatisfactory feature(s)

Recommended Change (use continuation sheet(s) if required)

I know of no other TI/Logistic Information Systems (LIS) that may be affected by this recommendation.
 Other TI/LIS affected/further effects* have been reported at:
 (eg MOD Form 765 or Remedy Record Ref)

Signature	Rank/Grade and Name	Tel No.	Email address	Date

Part 2 - Subject Matter Expert (SME) Report**

Passed to TI Sponsor on:
 Info copy(s) to: _____

Signature	Rank/Grade and Name	Tel No.	Email address	Date

✓ Tick box as required. * Delete as appropriate.
 ** An appropriate SME is an individual with experience and knowledge of the affected TI and associated Air System or equipment.

Part 3 - Technical Information Sponsor

- ✓ Report agreed.
- ✓ Report partially agreed.
- ✓ Report not agreed.
- ✓ Amendment(s) passed to Publication Organization.
- ✓ Information copied to other Service users.
- ✓ No other TI/LIS are affected by this recommendation.
- ✓ Other TI/LIS are affected by this recommendation and have been reported at (eg MOD Form 765 or REMEDY RECORD Reference):

Comments (Include continuation sheet(s) if necessary)

Date Unit Feedback despatched Passed to Publication Organization on

Signature	Rank/Grade and Name	Tel No.	Email address	Date

Part 4 - Publication Organization

- ✓ Interim report issued, Ref Dated
- ✓ Temporary amendment issued, formal amendment will follow.
- ✓ Recommendations will be actioned in Amdt/Issue/Rev* to be issued
- ✓ I know of no other TI that may be affected by this recommendation.
- ✓ Other TI affected have been reported at: (MOD Form 765 Ref)

Remarks

Copy returned to TI sponsor, info copies to _____ (Originator), _____ (FLC) & _____

Signature	Rank/Grade and Name	Tel No.	Email address	Date

✓ Tick box as required

* Delete as appropriate