QUALITY ASSURANCE EVALUATOR SCHEDULE	CONTRACT NUMBER	WEEK OF	MONTH/YEAR

DAY																			
WEEK TOTAL																			
MONTH TOTAL																			

AF FORM 801, MAR 91 ***(EF-V1)*** PREVIOUS EDITIONS ARE OBSOLETE.

FOR OFFICIAL USE ONLY *(When Filled In)*
FOUO NO LONGER APPLIES AFTER COMPLETION OF SCHEDULED WEEK.