DEFICIENCY REPORT

1. TO (*Office Symbol*)	2. FROM (*Office Symbol/Phone*)	3. DATE	4. REFERENCE NUMBER

5. SUBJECT

6. DEFICIENCY

SIGNATURE	DATE

7. CORRECTIVE ACTION *(Condition and Cause)*

SIGNATURE	DATE

8. FOLLOW-ON ACTION

SIGNATURE	DATE

9. CLOSE OUT REMARKS

SIGNATURE	DATE

AFMC FORM 78, JUL 92 ***(EF-V2) (JetForm)*** **REPLACES AFLC FORM 389, JUN 87 WHICH IS OBSOLETE**