

DATE DUE: _____

Tracking #: _____

RAB ADVISORY WORKSHEET

RAB COMMITTEE: _____

DATE: _____

RAB CHAIRPERSON: _____

DATE: _____

MCCLELLAN OPR: _____

Phone: _____

ISSUE:

RECOMMENDED APPROACH:

PRO'S:

CON'S:

DATE DUE: _____

RAB ADVISORY WORKSHEET

Tracking #: _____

RAB COMMITTEE: _____	DATE: _____
COMMITTEE CHAIR: _____	PHONE: _____
RAB / BASE RECOMMENDATION OR PROGRESS:	<input type="checkbox"/> Report to RAB
COORDINATION:	
MCCLELLAN RAB POINT OF CONTACT: _____ DATE: _____	
Approach Taken: _____	
DOD RAB CHAIRPERSON: _____ DATE: _____	
COMMUNITY RAB CHAIRPERSON: _____ DATE: _____	
HOW WAS RECOMMENDATION ADDRESSED:	<input type="checkbox"/> Report to RAB
BCT COORDINATION:	<input type="checkbox"/> INFO <input type="checkbox"/> ACTION
BEC: _____	DATE: _____
STATE: _____	DATE: _____
EPA: _____	DATE: _____

NOTE: USE ADDITIONAL PAGES IF NECESSARY NOTING TRACKING NUMBER ON THE TOP OF THE NEW PAGE.