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INSPECTOR FEEDBACK FORM

Inspectors are requested to use this form to inform the Person responsible for promulgation of Guidance Material (chief of OPS, AWS, AGA, PEL) of any errors identified in the Guidance Materials, Forms, Checklist ETC . This form may also be used to suggest areas for review or areas that require additional guidance.

(Tick all applicable items. Attach a copy of the affected pages and suggested amendments continue overleaf if required.)
GUIDANCE MATERIAL, AND ADVISORY PAMPLETS
1. An error (procedural or typographical) has been noted in Handbook/AP/ Checklist / Form/MSI/OD _____ Paragraph/Subparagraph _____, as indicated below/attached
2. An error (procedural or typographical) has been noted in Handbook/AP/ Checklist / Form/MSI/OD _____ Paragraph/Subparagraph _____, as indicated below/attached
3. An error (procedural or typographical) has been noted in Handbook/AP/ Checklist / FormMSI/OD _____ Paragraph/Subparagraph _____, as indicated below/attached
4. An error (procedural or typographical) has been noted in Handbook/AP/ Checklist / Form/MSI/OD _____ Paragraph/Subparagraph _____, as indicated below/attached
5. An error (procedural or typographical) has been noted in Handbook/AP/ Checklist / Form/MSI/OD _____ Paragraph/Subparagraph _____, as indicated below/attached
6. An error (procedural or typographical) has been noted in Handbook/AP/ Checklist/Form/MSI/OD _____ Paragraph/Subparagraph _____, as indicated below/attached

7. An error (procedural or typographical) has been noted in Handbook/AP/ Checklist / Form/MSI/OD _____
Paragraph/Subparagraph _____, as indicated below/attached

8. Recommend a change to Handbook/AP/ Checklist / Form /MSI/OD _____
Paragraph/Subparagraph as follows:

9. In a future change to the Inspector Guidance Manual System, please cover the following subject
(briefly describe what you want added):

10. An error has been noted in (name of document) _____ as indicated below/attached

Submitted by:

Date:

Action taken By:

Date:

Additional information - Number Each Item to Correspond with the Applicable Number Above