DATE DUE: _____

Tracking #: _____

RAB ADVISORY WORKSHEET

RAB COMMITTEE: _____ DATE: _____

RAB CHAIRPERSON: _____ DATE: _____

MCCLELLAN OPR: _____ Phone: _____

ISSUE:

RECOMMENDED APPROACH:

PRO'S:	CON'S:

Continued

DATE DUE: _____

Tracking #: _____

RAB ADVISORY WORKSHEET

RAB COMMITTEE:	DATE:
COMMITTEE CHAIR:	PHONE:

RAB / BASE RECOMMENDATION OR PROGRESS: ❑**Report to RAB**

COORDINATION:

MCCLELLAN RAB POINT OF CONTACT: _____ DATE: _____

ApproachTaken:

DOD RAB CHAIRPERSON: _____ DATE: _____

COMMUNITY RAB CHAIRPERSON: _____ DATE: _____

HOW WAS RECOMMENDATION ADDRESSED: ❑**Report to RAB**

BCT COORDINATION: ❑**INFO** ❑**ACTION**

BEC: _____ DATE: _____

STATE: _____ DATE: _____

EPA: _____ DATE: _____

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