**Appendix 9K Standard Deficiency Sheet**

Standard Deficiency Sheet Date: DD/MM/YY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The hand written notes are not to be replaced with typed notes latter nor are these sheets to be removed or replaced in the binder at any time.

|  |  |  |  |
| --- | --- | --- | --- |
| Deficiency | Noted BY Initials (Print) | Approved BY (ROH Employee) | Date Fixed  DD/MM/YY |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |