CONTRACT DISCREPANCY REPORT For use of this form, see AR 5-20; the proponent agency is OACSIM.	1. CONTRACT NUMBER

2. TO: *(Contractor and Manager Name)*	3. FROM: *(Name of QAE)*

DATES			
PREPARED	ORAL NOTIFICATION	RETURNED BY CONTRACTOR	ACTION COMPLETE

4. DISCREPANCY OR PROBLEM *(Describe in Detail: Include reference in PWS / Directive: Attach continuation sheet if necessary.)*

5. SIGNATURE OF CONTRACTING OFFICER

6. TO: *(Contracting Officer)*	7. FROM: *(Contractor)*

8. CONTRACTOR RESPONSE AS TO CAUSE, CORRECTIVE ACTION AND ACTIONS TO PREVENT RECURRENCE. ATTACH CONTINUATION SHEET IF NECESSARY. *(Cite applicable Q.A. program procedures or new A.W. procedures.)*

9. SIGNATURE OF CONTRACTOR REPRESENTATIVE	10. DATE

11. GOVERNMENT EVALUATION *(Acceptance, partial acceptance, rejection: attach continuation sheet if necessary)*

12. GOVERNMENT ACTIONS *(Payment deduction, cure notice, show cause, other.)*

CLOSE OUT			
	NAME AND TITLE	SIGNATURE	DATE
CONTRACTOR NOTIFIED			
QAE			
CONTRACTING OFFICER			

DA FORM 5479-R, NOV 85 USAPA V1.01