



APPENDIX B. DEFICIENCY REPORT

B.1 DEFICIENCY REPORT

Table B-1 describes the functional deficiency and resolution discovered during the EVS 5.2.2.0 test campaign.

Table B-1. Functional Deficiency Report

NTS NOD ID	EAC VRT ID ²	Test/Requirement	Deficiency Summary	Resolutions
NOD 1	NA VRT DOWN	Electromagnetic Emissions: (Conducted Emissions) Vol. I Sec. 4.1.2.9	The ExpressVote, exceeded the Conducted Emissions Test Limit between 100 kHz & 200 kHz.	*ES&S replaced power supply.
NOD 2	NA VRT DOWN	Electrical Fast Transient Vol. I Sec 4.1.2.6	The ExpressVote QR Scanner's operation was interrupted on Line 1 at 2,000 volts and did not recover.	*ES&S replaced the QR Scanner.
NOD 3	NA VRT DOWN	Electrical Fast Transient Vol. I Sec. 4.1.2.6	The ExpressVote QR Scanner's operation was interrupted on Line 1 at 2,000 volts and did not recover.	*ES&S replaced the power cord for the power supply and replaced the QR Scanner from the EUT from NOD 2.
NOD 4	NA VRT DOWN	Electromagnetic Emissions: (Radiated Emissions) Vol. I Sec. 4.1.2.9	The DS450 exceeded the Radiated Emissions Test Limit.	*ES&S replaced the monitor, replaced the power supply, and added 2 ferrites.
NOD 5	NA VRT DOWN	Electrostatic Disruption Vol. I Sec. 4.1.2.8	The ExpressVote QR Scanner's operation was interrupted at -15kV, air and did not recover.	*ES&S replaced QR scanner and added a ferrite to the scanner USB cable.
NOD 6	NA VRT DOWN	Electrical Fast Transient Vol. I Sec 4.1.2.6	The DS450 Log Printer operation was interrupted on Line 1 at 2,000 volts and did not recover.	ES&S added a ferrite to the Log Printer's USB Cable.
NOD 7	NA VRT DOWN	Functional Configuration Audit Vol. I Sec 9.7.2	The Electionware Help Icon does not display the icon function name as described in the TDP.	ES&S detailed this deviation in the TDP, Electionware Administrator Guide Ver. 1.4.

*Note: All replacement parts were of the same manufacturer and model number as the removed part.

² The EAC VRT ID numbers may not be sequential. The deficiency tracking system (VRT) that is utilized by the EAC creates unique ID numbers based on overall entries within the database and not within individual projects.



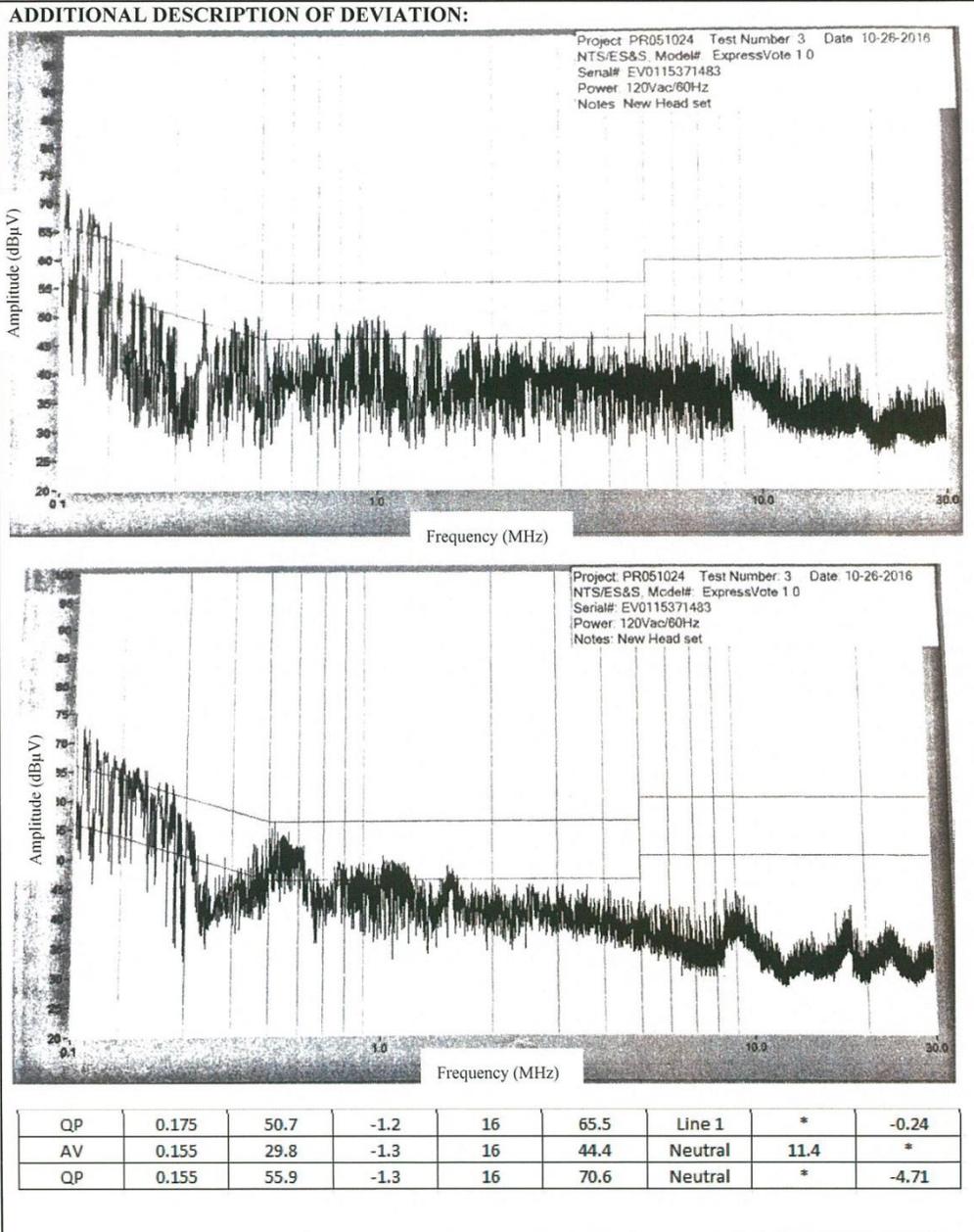
NOTICE OF DEVIATION		DATE:	1/10/2017
NOTICE NO: <u>1</u>	P.O. NUMBER: <u>ES&S-MSA-TA072</u>	CONTRACT NO:	<u>CON044644</u>
CUSTOMER: <u>ES&S</u>		NTS JOB NO:	<u>PR051024</u>
NOTIFICATION MADE TO: <u>Sue McKay</u>		NOTIFICATION DATE:	<u>10/26/2016</u>
NOTIFICATION MADE BY: <u>Lisa Johnson</u>		VIA:	<u>Verbal/Email</u>
CATEGORY: <input checked="" type="checkbox"/> SPECIMEN <input type="checkbox"/> PROCEDURE <input type="checkbox"/> TEST EQUIPMENT		DATE OF DEVIATION:	<u>10/26/2016</u>
PART NAME: <u>ExpressVote 1.0 with stand/booth configuration</u>		PART NO:	<u>EV0115371483</u>
TEST: <u>Electromagnetic Emissions (Conducted Emissions)</u>		I.D. NO:	<u>HW 1.0</u>
SPECIFICATION: <u>2005 VVSG Vol. I (FCC Part 15, Class B)</u>		PARA. NO:	<u>§ 4.1.2.9</u>
REQUIREMENTS:			
4.1.2.9 Electromagnetic Emissions: Vote scanning and counting equipment for paper-based systems, and all DRE equipment, shall comply with the Rules and Regulations of the Federal Communications Commission, Part 15; Class B requirements for both radiated and conducted emissions.			
DESCRIPTION OF DEVIATION:			
The EUT exceeded the Conducted Emissions Test Limit between 100 kHz to 200 kHz by as much as 8 dBµV.			
DISPOSITION • COMMENTS • RECOMMENDATIONS:			
The customer was notified of the failure.			
SAFETY RELATED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO POTENTIAL 10 CFR PART 21: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			
RESPONSIBILITY TO ANALYZE ANOMALIES AND COMPLY WITH 10 CFR PART 21: <input checked="" type="checkbox"/> CUSTOMER <input type="checkbox"/> NTS HUNTSVILLE			
CPAR REQUIRED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CPAR NUMBER:			
VERIFICATION:			
CLIENT TEST WITNESS: <u>Sue McKay</u> <small>(IF APPLICABLE)</small>	PROJECT ENGINEER: <u>Charles R. Matjenny</u> 1/10/17		
GOV. QAR: <u>N/A</u> <small>(IF APPLICABLE)</small>	DEPT. MANAGER: <u>Ryan G. [Signature]</u> 01/10/2017		
NTS QUALITY REPRESENTATIVE: <u>Lisa C. Johnson</u>	DATE: <u>01/10/2017</u>		
FOR NTS QA USE	Tracking Code:	<input type="text" value="3"/>	
<input type="checkbox"/> 1. Employee Error	<input type="checkbox"/> 2. Test Equipment Problem	<input type="checkbox"/> 3. Customer Item Problem	<input type="checkbox"/> 4. Weather
<input type="checkbox"/> 5. Power Failure	<input type="checkbox"/> 6. Equipment Limitations	<input type="checkbox"/> 7. Other	



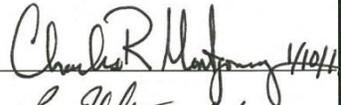
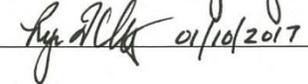
ORIGINAL COPY

NOTICE OF DEVIATION (CONTINUED)

NOTICE NO: 1 JOB NO: PR051024 DATE: 10/26/2016





NOTICE OF DEVIATION		DATE:	1/10/2017							
NOTICE NO: 2	P.O. NUMBER: ES&S-MSA-TA072	CONTRACT NO:	CON044644							
CUSTOMER: ES&S		NTS JOB NO:	PR051024							
NOTIFICATION MADE TO: Sue McKay		NOTIFICATION DATE:	10/31/2016							
NOTIFICATION MADE BY: Lisa Johnson		VIA:	Verbal/Email							
CATEGORY: <input checked="" type="checkbox"/> SPECIMEN <input type="checkbox"/> PROCEDURE <input type="checkbox"/> TEST EQUIPMENT		DATE OF DEVIATION:	10/31/2016							
PART NAME: ExpressVote 1.0 with stand/booth configuration		PART NO:	EV0115371483							
TEST: Electrical Fast Transient (EFT)		I.D. NO:	H.W. 1.0							
SPECIFICATION: 2005 VVSG Vol. 1		PARA. NO:	4.1.2.6							
REQUIREMENTS:										
4.1.2.6 Electrical Fast Transient:										
Vote scanning and counting equipment for paper-based systems, and all DRE equipment, shall be able to withstand, without disruption of normal operation or loss of data, electrical fast transients of:										
a. + 2 kV and - 2 kV on External Power lines (both AC and DC)										
b. + 1 kV and - 1 kV on Input/Output lines (signal, data, and control lines) longer than 3 meters										
c. Repetition Rate for all transient pulses will be 100 kHz										
DESCRIPTION OF DEVIATION:										
The QR Scanner's operation was interrupted on Line 1 at 2000 volts and did not recover.										
DISPOSITION • COMMENTS • RECOMMENDATIONS:										
The customer was notified of the failure.										
SAFETY RELATED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO POTENTIAL 10 CFR PART 21: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A										
RESPONSIBILITY TO ANALYZE ANOMALIES AND COMPLY WITH 10 CFR PART 21: <input checked="" type="checkbox"/> CUSTOMER <input type="checkbox"/> NTS HUNTSVILLE										
CPAR REQUIRED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CPAR NUMBER:										
VERIFICATION:										
CLIENT TEST WITNESS: Sue McKay <small>(IF APPLICABLE)</small>	PROJECT ENGINEER:									
GOV. QAR: N/A <small>(IF APPLICABLE)</small>	DEPT. MANAGER:									
NTS QUALITY REPRESENTATIVE: Lisa C. Johnson	DATE:	01/10/2017								
FOR NTS QA USE	Tracking Code:	3								
<table border="1"> <tr> <td>1. Employee Error</td> <td>2. Test Equipment Problem</td> <td>3. Customer Item Problem</td> <td>4. Weather</td> <td>5. Power Failure</td> <td>6. Equipment Limitations</td> <td>7. Other</td> </tr> </table>				1. Employee Error	2. Test Equipment Problem	3. Customer Item Problem	4. Weather	5. Power Failure	6. Equipment Limitations	7. Other
1. Employee Error	2. Test Equipment Problem	3. Customer Item Problem	4. Weather	5. Power Failure	6. Equipment Limitations	7. Other				



NOTICE OF DEVIATION		DATE:	1/10/2017
NOTICE NO: <u>3</u>	P.O. NUMBER: <u>ES&S-MSA-TA072</u>	CONTRACT NO:	<u>CON044644</u>
CUSTOMER: <u>ES&S</u>		NTS JOB NO:	<u>PR051024</u>
NOTIFICATION MADE TO: <u>Sue McKay</u>		NOTIFICATION DATE:	<u>11/2/2016</u>
NOTIFICATION MADE BY: <u>Lisa Johnson</u>		VIA:	<u>Verbal/Email</u>
CATEGORY:		DATE OF DEVIATION:	<u>11/2/2016</u>
PART NAME: <u>ExpressVote 1.0 Tabletop</u>		PART NO:	<u>EV0115371779</u>
TEST: <u>Electrical Fast Transient (EFT)</u>		I.D. NO:	<u>H.W. 1.0</u>
SPECIFICATION: <u>2005 VVSG Vol. 1</u>		PARA. NO:	<u>4.1.2.6</u>
REQUIREMENTS:			
4.1.2.6 Electrical Fast Transient:			
Vote scanning and counting equipment for paper-based systems, and all DRE equipment, shall be able to withstand, without disruption of normal operation or loss of data, electrical fast transients of:			
a. + 2 kV and - 2 kV on External Power lines (both AC and DC)			
b. + 1 kV and - 1 kV on Input/Output lines (signal, data, and control lines) longer than 3 meters			
c. Repetition Rate for all transient pulses will be 100 kHz			
DESCRIPTION OF DEVIATION:			
The QR Scanner's operation was interrupted on Line 1 at 2000 volts and did not recover.			
DISPOSITION • COMMENTS • RECOMMENDATIONS:			
The customer was notified of the failure.			
SAFETY RELATED:	POTENTIAL 10 CFR PART 21:		
RESPONSIBILITY TO ANALYZE ANOMALIES AND COMPLY WITH 10 CFR PART 21:			
CPAR REQUIRED:	CPAR NUMBER:		
VERIFICATION:			
CLIENT TEST WITNESS: <u>Sue McKay</u>	(IF APPLICABLE)	PROJECT ENGINEER:	<u>Charles R. Montgomery 1/10/17</u>
GOV. QAR: <u>N/A</u>	(IF APPLICABLE)	DEPT. MANAGER:	<u>Rp. 2/10/2017</u>
NTS QUALITY REPRESENTATIVE: <u>Lisa C. Johnson</u>		DATE:	<u>01/10/2017</u>
FOR NTS QA USE	Tracking Code:	<u>3</u>	
1. Employee Error 2. Test Equipment Problem 3. Customer Item Problem 4. Weather 5. Power Failure 6. Equipment Limitations 7. Other			

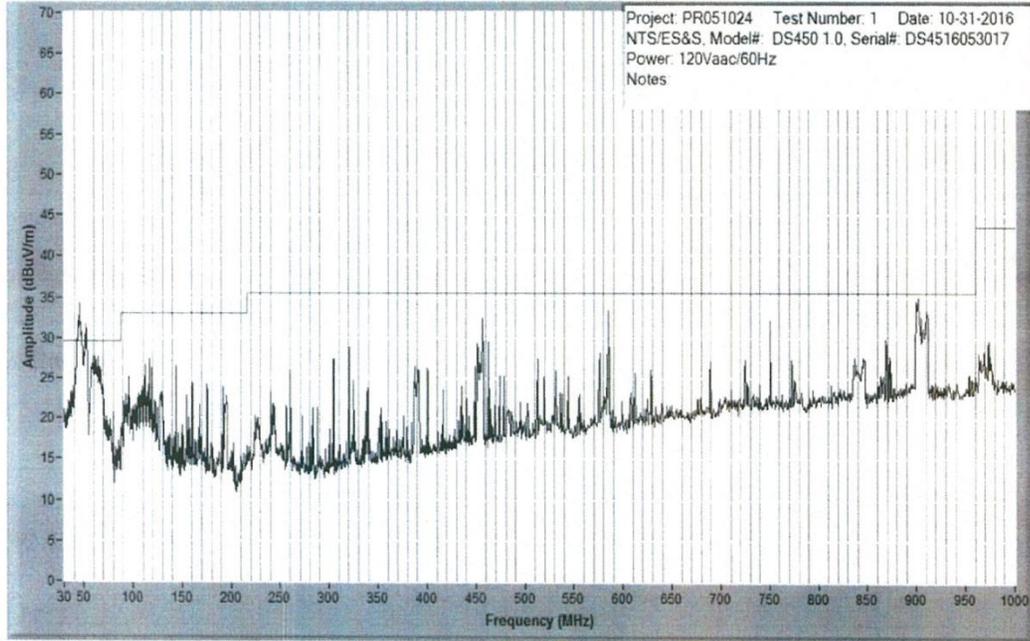


NOTICE OF DEVIATION		DATE:	1/10/2017
NOTICE NO: <u>4</u>	P.O. NUMBER: <u>ES&S-MSA-TA072</u>	CONTRACT NO:	<u>CON044644</u>
CUSTOMER: <u>ES&S</u>		NTS JOB NO:	<u>PR051024</u>
NOTIFICATION MADE TO: <u>Sue McKay</u>		NOTIFICATION DATE:	<u>10/31/2016</u>
NOTIFICATION MADE BY: <u>Lisa Johnson</u>		VIA:	<u>Verbal/Email</u>
CATEGORY: <input checked="" type="checkbox"/> SPECIMEN <input type="checkbox"/> PROCEDURE <input type="checkbox"/> TEST EQUIPMENT		DATE OF DEVIATION:	<u>10/31/2016</u>
PART NAME: <u>DS450 Central Count Scanner</u>		PART NO:	<u>DS4516053017</u>
TEST: <u>Electromagnetic Emissions (Radiated Emissions)</u>		I.D. NO:	<u>H.W. 1.0</u>
SPECIFICATION: <u>2005 VVSG Vol. 1</u>		PARA. NO:	<u>4.1.2.9</u>
REQUIREMENTS: 4.1.2.9 Electromagnetic Emissions: Vote scanning and counting equipment for paper-based systems, and all DRE equipment, shall comply with the Rules and Regulations of the Federal Communications Commission, Part 15; Class B requirements for both radiated and conducted emissions.			
DESCRIPTION OF DEVIATION: The EUT exceeded the Radiated Emissions test limit.			
DISPOSITION • COMMENTS • RECOMMENDATIONS: The customer was notified of the failure.			
SAFETY RELATED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO POTENTIAL 10 CFR PART 21: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			
RESPONSIBILITY TO ANALYZE ANOMALIES AND COMPLY WITH 10 CFR PART 21: <input type="checkbox"/> CUSTOMER <input type="checkbox"/> NTS HUNTSVILLE			
CPAR REQUIRED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CPAR NUMBER:			
VERIFICATION:			
CLIENT TEST WITNESS: <u>Sue McKay</u> <small>(IF APPLICABLE)</small>	PROJECT ENGINEER: <u>Charles R. Murphy</u> <small>1/10/17</small>		
GOV. QAR: <u>N/A</u> <small>(IF APPLICABLE)</small>	DEPT. MANAGER: <u>Lisa Johnson</u> <small>01/10/2017</small>		
NTS QUALITY REPRESENTATIVE: <u>Lisa C. Johnson</u>	DATE: <u>01/10/2017</u>		
FOR NTS QA USE	Tracking Code:	<u>3</u>	
1. Employee Error 2. Test Equipment Problem 3. Customer Item Problem 4. Weather 5. Power Failure 6. Equipment Limitations 7. Other			



NOTICE OF DEVIATION (CONTINUED)

NOTICE NO: 4 JOB NO: PR051024 DATE: 10/31/2016



Type	Frequency (MHz)	Level (dBuV)	Transducer (dB/m)	Gain / Loss (dB)	Final (dBuV/m)	Azm(deg)/Pol/Hgt(m)	Margin: FCC Class B QP (dB)	Margin: FCC Class B AV (dB)
QP	46.131	50.6	9.5	-29.9	30.2	340/V-Pole/1.00	-0.71	-
QP	52.708	50.9	7.3	-30.0	28.1	288/V-Pole/1.00	1.41	-



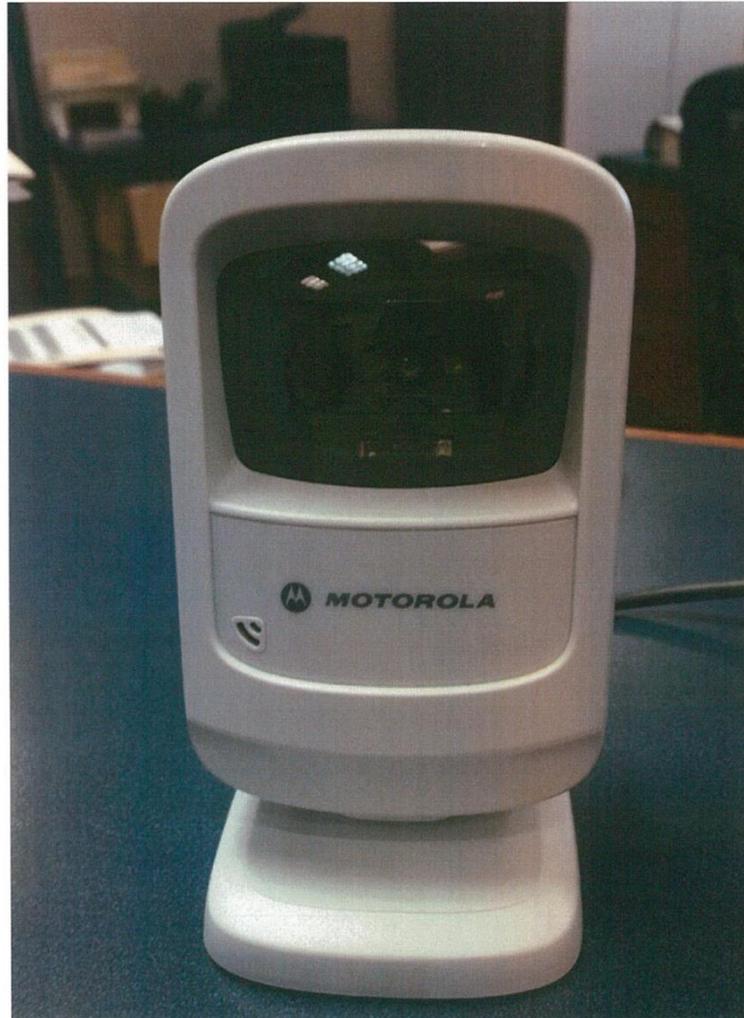
NOTICE OF DEVIATION		DATE:	1/10/2017
NOTICE NO: <u>5</u>	P.O. NUMBER: <u>ES&S-MSA-TA072</u>	CONTRACT NO:	<u>CON044644</u>
CUSTOMER: <u>ES&S</u>		NTS JOB NO:	<u>PR051024</u>
NOTIFICATION MADE TO: <u>Sue McKay</u>		NOTIFICATION DATE:	<u>11/4/2016</u>
NOTIFICATION MADE BY: <u>Lisa Johnson</u>		VIA:	<u>Verbal/Email</u>
CATEGORY: <input checked="" type="checkbox"/> SPECIMEN <input type="checkbox"/> PROCEDURE <input type="checkbox"/> TEST EQUIPMENT		DATE OF DEVIATION:	<u>10/26/2016</u>
PART NAME: <u>ExpressVote 1.0 Tabletop</u>		PART NO:	<u>EV0115371779</u>
TEST: <u>Electrostatic Disruption (ESD)</u>		I.D. NO:	<u>HW 1.0</u>
SPECIFICATION: <u>2005 VVSG Vol. 1 (FCC Part 15, Class B)</u>		PARA. NO:	<u>§ 4.1.2.9</u>
REQUIREMENTS:			
4.1.2.8 Electrostatic Disruption			
Vote scanning and counting equipment for paper-based systems, and all DRE equipment, shall be able to withstand ±15 kV air discharge and ±8 kV contact discharge without damage or loss of data. The equipment may reset or have momentary interruption so long as normal operation is resumed without human intervention or loss of data. Loss of data means votes that have been completed and confirmed to the voter.			
DESCRIPTION OF DEVIATION:			
The QR Scanner's operation was interrupted at -15kV, air and did not recover.			
DISPOSITION • COMMENTS • RECOMMENDATIONS:			
The customer was notified of the failure. Run #1 failed 11/4/2016 and Run #2 11/7/2016.			
SAFETY RELATED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO POTENTIAL 10 CFR PART 21: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			
RESPONSIBILITY TO ANALYZE ANOMALIES AND COMPLY WITH 10 CFR PART 21: <input checked="" type="checkbox"/> CUSTOMER <input type="checkbox"/> NTS HUNTSVILLE			
CPAR REQUIRED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CPAR NUMBER:			
VERIFICATION:			
CLIENT TEST WITNESS: <u>Sue McKay</u> (IF APPLICABLE)		PROJECT ENGINEER:	<u>Charles R. Montgomery 1/10/17</u>
GOV. QAR: <u>N/A</u> (IF APPLICABLE)		DEPT. MANAGER:	<u>Lisa Johnson 01/10/2017</u>
NTS QUALITY REPRESENTATIVE: <u>Lisa C. Johnson</u>		DATE:	<u>01/10/2017</u>
FOR NTS QA USE	Tracking Code:	<u>3</u>	
1. Employee Error 2. Test Equipment Problem 3. Customer Item Problem 4. Weather 5. Power Failure 6. Equipment Limitations 7. Other			



NOTICE OF DEVIATION (CONTINUED)

NOTICE NO: 5 JOB NO: PR051024 DATE: 11/7/2016

ADDITIONAL DESCRIPTION OF DEVIATION:

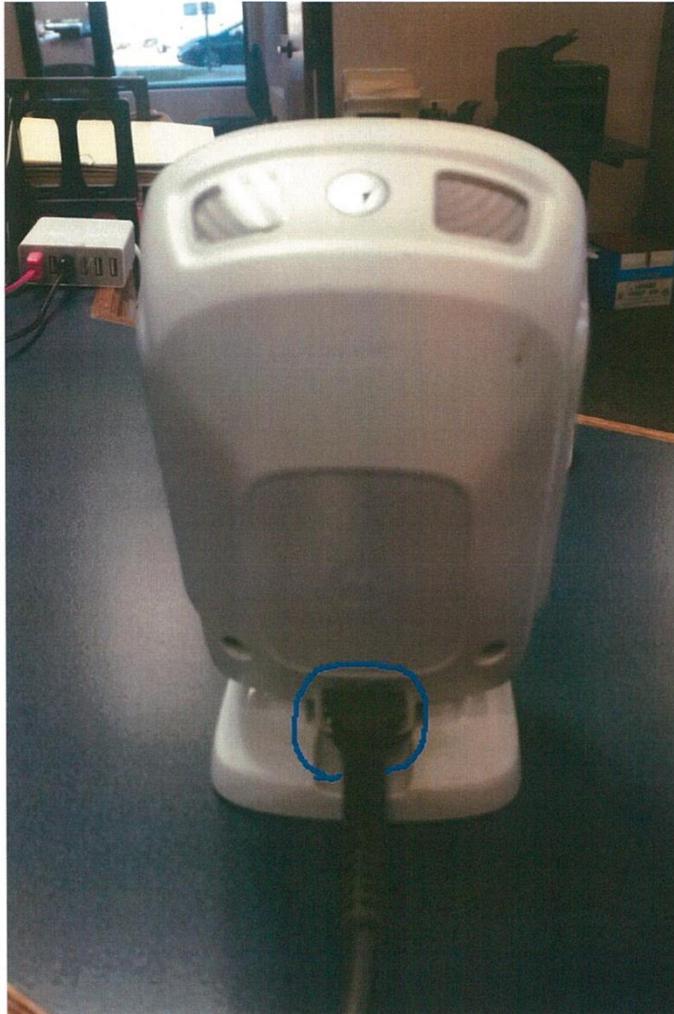


 **NTS**
WE ENGINEER SUCCESS
HUNTSVILLE OPERATIONS
ORIGINAL COPY

NOTICE OF DEVIATION (CONTINUED)

NOTICE NO: 5 JOB NO: PR051024 DATE: 11/7/2016

ADDITIONAL DESCRIPTION OF DEVIATION:





NOTICE OF DEVIATION		DATE:	1/10/2017
NOTICE NO:	6	P.O. NUMBER:	ES&S-MSA-TA072
CUSTOMER:	ES&S	CONTRACT NO:	CON044644
NOTIFICATION MADE TO:	Sue McKay	NTS JOB NO:	PR051024
NOTIFICATION MADE BY:	Lisa Johnson	NOTIFICATION DATE:	11/8/2016
		VIA:	Verbal/Email
CATEGORY:	<input checked="" type="checkbox"/> SPECIMEN <input type="checkbox"/> PROCEDURE <input type="checkbox"/> TEST EQUIPMENT	DATE OF DEVIATION:	11/8/2016
PART NAME:	DS450	PART NO:	DS4516053017
TEST:	Electrical Fast Transient (EFT)	I.D. NO:	H.W. 1.0
SPECIFICATION:	2005 VVSG Vol. 1	PARA. NO:	4.1.2.6
REQUIREMENTS:			
4.1.2.6 Electrical Fast Transient:			
Vote scanning and counting equipment for paper-based systems, and all DRE equipment, shall be able to withstand, without disruption of normal operation or loss of data, electrical fast transients of:			
a. + 2 kV and - 2 kV on External Power lines (both AC and DC)			
b. + 1 kV and - 1 kV on Input/Output lines (signal, data, and control lines) longer than 3 meters			
c. Repetition Rate for all transient pulses will be 100 kHz			
DESCRIPTION OF DEVIATION:			
The Log Printer's operation was interrupted on Line 1 at 2000 volts and did not recover.			
DISPOSITION • COMMENTS • RECOMMENDATIONS:			
The customer was notified of the failure.			
SAFETY RELATED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO POTENTIAL 10 CFR PART 21: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			
RESPONSIBILITY TO ANALYZE ANOMALIES AND COMPLY WITH 10 CFR PART 21: <input checked="" type="checkbox"/> CUSTOMER <input type="checkbox"/> NTS HUNTSVILLE			
CPAR REQUIRED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CPAR NUMBER:			
VERIFICATION:			
CLIENT TEST WITNESS:	Sue McKay (IF APPLICABLE)	PROJECT ENGINEER:	<i>Charles R. M... 1/10/17</i>
GOV. QAR:	N/A (IF APPLICABLE)	DEPT. MANAGER:	<i>Ray G. G... 01/10/2017</i>
NTS QUALITY REPRESENTATIVE:	<i>Lisa C. Johnson</i>	DATE:	01/10/2017
FOR NTS QA USE	Tracking Code:	3	
1. Employee Error 2. Test Equipment Problem 3. Customer Item Problem 4. Weather 5. Power Failure 6. Equipment Limitations 7. Other			



NOTICE OF DEVIATION		DATE:	2/9/2017							
NOTICE NO:	7	P.O. NUMBER:	ES&S-MSA-TA072							
CUSTOMER:	ES&S	CONTRACT NO:	CON044644							
NOTIFICATION MADE TO:	Sue McKay	NTS JOB NO:	PR051024							
NOTIFICATION MADE BY:	Lisa Towers	NOTIFICATION DATE:	1/9/2017							
		VIA:	Email							
CATEGORY:	<input checked="" type="checkbox"/> SPECIMEN <input type="checkbox"/> PROCEDURE <input type="checkbox"/> TEST EQUIPMENT	DATE OF DEVIATION:	1/9/2017							
PART NAME:	Electionware	PART NO:	N/A							
TEST:	FCA	I.D. NO:	Version 4.7.1.1							
SPECIFICATION:	2005 VVSG Vol. II Sec 6.7 FCA	PARA. NO:	1-4							
REQUIREMENTS:										
6.7 Functional Configuration Audit The Functional Configuration Audit encompasses an examination of vendor tests, and the conduct of additional tests, to verify that the system hardware and software perform all the functions described in the vendor's documentation submitted for the TDP.										
DESCRIPTION OF DEVIATION:										
When mousing over the Help icon in Paper Ballot in Electionware, the icon function name does not display as described in the TDP, Electionware Administrator Guide.										
DISPOSITION • COMMENTS • RECOMMENDATIONS:										
The customer was notified of the failure. Per the EAC in phone call on 1/10/17, ES&S addressed the issue by describing the deviation in a TDP update to the Electionware Administrator Guide Ver. 1.4, but did not include the updated TDP in a new trusted build. ES&S is to address the issue per the EAC in Electionware in a future project.										
SAFETY RELATED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO POTENTIAL 10 CFR PART 21: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A										
RESPONSIBILITY TO ANALYZE ANOMALIES AND COMPLY WITH 10 CFR PART 21: <input checked="" type="checkbox"/> CUSTOMER <input type="checkbox"/> NTS HUNTSVILLE										
CPAR REQUIRED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CPAR NUMBER:										
VERIFICATION:										
CLIENT TEST WITNESS:	N/A <small>(IF APPLICABLE)</small>	PROJECT ENGINEER:	<i>Lisa Towers</i> 2/9/17							
GOV. QAR:	N/A <small>(IF APPLICABLE)</small>	DEPT. MANAGER:	<i>[Signature]</i> 02/09/2017							
NTS QUALITY REPRESENTATIVE:	<i>Lisa Johnson</i>	DATE:	02/09/2017							
FOR NTS QA USE	Tracking Code:	3								
<table border="1"> <tr> <td>1. Employee Error</td> <td>2. Test Equipment Problem</td> <td>3. Customer Item Problem</td> <td>4. Weather</td> <td>5. Power Failure</td> <td>6. Equipment Limitations</td> <td>7. Other</td> </tr> </table>				1. Employee Error	2. Test Equipment Problem	3. Customer Item Problem	4. Weather	5. Power Failure	6. Equipment Limitations	7. Other
1. Employee Error	2. Test Equipment Problem	3. Customer Item Problem	4. Weather	5. Power Failure	6. Equipment Limitations	7. Other				