

RECOVERY STATUS REPORT FORM : RSTRF01

Date: ___/___/___

Start Time: ___:___ **End Time:** ___:___ **Duration:** _____

Name: _____

Department: ICT - Data Centre

Comments:

Conclusions:

Managed By:

Verified By:

Name/Sign: _____
Designation: _____
Remarks: _____

Name/Sign: _____
Designation: _____
Remarks: _____