## QUALITY ASSURANCE TEAM (QAT)
## PROJECT REVIEW REPORT

| Project Name | Agency | Review Location | | | |
|---|---|---|---|---|---|
| | | **On-site** | ☐ | **Off-site** | ☐ |

| Meeting Logistics | | | |
|---|---|---|---|
| Date: | Location: | Start Time: | End Time: |

| Project Manager | | Phone | Email | |
|---|---|---|---|---|
| | | | | |

| Project Review Contact | Title | Email | Phone |
|---|---|---|---|
| | | | |

| Attendees | Title | Email | Phone |
|---|---|---|---|
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## PROJECT PERFORMANCE SUMMARY:

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## PROJECT PERFORMANCE STATUS:

| Scope |
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| Budget |
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| Schedule |
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| Project Life Cycle |
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| Demo (when applicable) |
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| Additional Information |
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**QAT ACTION:**

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|---|---|---|---|---|---|
| Request Additional Project Information | ☐ | Request Corrective Action Plan | ☐ | Request Project Audit or Assistance | ☐ |
| Make Project Recommendations | ☐ | Make Legislative Recommendations | ☐ | Take No Action | ☐ |

| Description |
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