TECHNICAL MANUSCRIPT REVIEW FORM

Title		Author(s)	
		Project Officer/Organization/Address	
Date Review Requested Date Review Red	Requested Date Review Required		
Type of Publication/Audience		Reviewer/Organiz	zation/Address
Review Coordinator (e.g., PO, TIM, Supervisor)			
You are asked to review and comment on the in comments section below, particularly regardance manuscript by the required date above, please welcomed.	rding your recomn	nendations for revision	ions. If you are unable to review the
SUMMARY RATING			RECOMMENDATIONS
Please rate the manuscript as follows:	Satisfactory	Unsatisfactory	
Content and Scope			G (1) Acceptable as is
Organization and Presentation			G (2) Acceptable after minor revision
Quality of data and validity of analytical technique	es		G (3) Acceptable after major revisions
Soundness of Conclusions			G (4) Not acceptable
Editorial Quality			If you have checked either 3 or 4,
Other (specify)			please specifically state reason(s) in the comments space below.
			Reviewer's Signature Date
Comments:			