## AMS CHANGE REQUEST COVER SHEET

**Change Request Number:** 12-03

**Date Received:** 10/21/11

**Title:** Update to IOARD Template

**Initiator Name:** Elizabeth Turcich

**Organization Name and Routing Symbol:** Independent Safety Assessment (AJS-23)

**Telephone:** (609) 485-7035

**ASAG Member**: Elizabeth Turcich **Telephone Number**: 609-485-7035

Policy OR Guidance: Guidance

Affected Section/Text Location: Test and Evaluation Guidelines, Appendix C-12

**Summary of Change:** Update template with required safety language

**Reason for Change:** The template needs to conform with the required information for determining

system readiness for entering Independent Operational Assessment (IOA)

**Development, Review, and Concurrence:** AJS-23

**Target Audience:** Service teams with programs designated for IOA

Potential Links in FAST for the Change: None.

Attachments: redline and final.

**Briefing Planned:** Yes.

**ASAG Responsibilities:** Review and comment.