Clear

AUTOMATED DATA PROCESSING/TELECOMMUNICATIONS *(ADPIT)* WORK REQUEST *(AWR)*

PART VIII - PROBLEM TROUBLE REPORT (PTR) *(TO BE COMPLETED BY CDA/DEVELOPER OR ORIGINATOR)*		AIS	ACT.	YR		SEQ. NO.	REV.
	CONTROL NO.				-		
	PTR NO:						

1. PROBLEM INFORMATION

a. CDA/Developer Receiving Call:

b. System Identifier:

c. Date/Time of Original Call-in *(YYYYMMDD/1600):*

d. Doc or Conf Item ID Number:

e. Name of Reporter of Problem:

f. Reporter's Office:

g. Reporter's Phone Number (DSN):

h. Date Resolution Required *(YYYYMMDD):*

i. Problem Type: ☐ Software ☐ Hardware ☐ Telecom ☐ Operations ☐ Test ☐ Documentation ☐ Other:

j. PTR Maintenance Priority: ☐ Hotline ☐ Warmline

k. Test Problem Priority: ☐ Mandated ☐ Critical ☐ Routine

L. Supporting Documents: ☐ Core Dump ☐ Sys Output ☐ Sys Log ☐ Other:

m. Activity Configuration Item Installed At:

n. PTR Status Date *(YYYYMMDD):*

2. PROBLEM STATEMENT

a. Software:
- Version Release Number:
- Program No./Version No. of Module:
- Sys SW Version/DBMS in Use:
- Cycle, Schedule, On-Line Application Running:
- Other Processes Running:

b. Hardware:
- Unit Type:
- Model:
- Serial Number:
- Downtime:
- System Config Status:

c. Telecom:
- Type of Service:
- Network:
- Node:
- Circuit No:
- Telecom Hardware:

d. Documentation:
- Documentation Cl No.:
- No. of Deficient Document:

e. Test:
- Item Being Tested:
- Test Type:

f. Operations:
- Tape:
- Remote Terminal:
- Environmental:
- Date:

g. Problem Description:

h. Action Taken:

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PART VIII - PROBLEM TROUBLE REPORT (PTR) *(CONTINUATION)*		AIS	ACT.	YR		SEQ. NO.	REV.
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3. PROBLEM RESOLUTION

a. Recommended Problem Solution/Timing:

b. Date/time Problem Correction *(YYYYMMDD/1600):*

c. Problem Status: ☐ Open ☐ Closed ☐ Merge ☐ Other:

d. Problem Resolution: ☐ Verified and implemented ☐ Duplicate Problem ☐ Not a Problem ☐ Merged ☐ Deferred ☐ Other:

e. PTR Merged with Request Type: ☐ SCR ☐ OR ☐ TWR ☐ TR ☐ ECP ☐ MNS Request No.:

f. Problem Type/Resolution Description:

g.(1) Name of Person Who Resolved Problem	(2) Signature	(3) Office Symbol:	(4) Date *(YYYYMMDD)*
h.(1) Name of Approving Official	(2) Signature	(3) Office Symbol:	(4) Date *(YYYYMMDD)*
i.(1) Originator Notified? ☐ YES ☐ NO	(2) Means of Notification	(3) Date Notified *(YYYYMMDD)*	