

REVIEW RECORD

RESEARCH AND DEVELOPMENT DIVISION
CHICAGO POLICE DEPARTMENT

TASK TITLE	TASK NO.
------------	----------

ANALYST ASSIGNED	DATE ASSIGNED
------------------	---------------

1ST REVIEW	2ND REVIEW (If applicable, after changes from 1st Review are completed.)
------------	---

ANALYST'S COMMENTS	ANALYST'S COMMENTS

SIGNATURE	DATE	SIGNATURE	DATE
-----------	------	-----------	------

<input type="checkbox"/> FORMS REVIEW	<input type="checkbox"/> FORMS REVIEW

SIGNATURE	DATE	SIGNATURE	DATE
-----------	------	-----------	------

<input type="checkbox"/> SERGEANT'S (PRIMARY - IMMEDIATE SUPERVISOR) REVIEW	<input type="checkbox"/> SERGEANT'S (PRIMARY - IMMEDIATE SUPERVISOR) REVIEW

SIGNATURE	DATE	SIGNATURE	DATE
-----------	------	-----------	------

<input type="checkbox"/> SERGEANT'S (SECONDARY - OTHER SUPERVISOR) REVIEW	<input type="checkbox"/> SERGEANT'S (SECONDARY - OTHER SUPERVISOR) REVIEW

SIGNATURE	DATE	SIGNATURE	DATE
-----------	------	-----------	------

<input type="checkbox"/> EDITOR'S REVIEW	<input type="checkbox"/> EDITOR'S REVIEW

SIGNATURE	DATE	SIGNATURE	DATE
-----------	------	-----------	------

<input type="checkbox"/> COMMANDING OFFICER'S REVIEW	<input type="checkbox"/> COMMANDING OFFICER'S REVIEW

SIGNATURE	DATE	SIGNATURE	DATE
-----------	------	-----------	------