

TASKING SHEET

SOURCE NO: _____

DATE: 8 Nov 94

SUSPENSE: 8 Nov 94

1500 Hrs

1. PROJECT NUMBER: 94-276-0

2. METHOD/TECHNIQUE: Method of Choice

3. BACKGROUND: _____

4. ESSENTIAL ELEMENTS OF INFORMATION: _____
Access and describe target.

5. COMMENTS: Coordinates: 590237/892298

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SG1A

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PROJECT EVALUATION FEEDBACK

PROJECT NO. 94-276-0
 DATE OF PROJECT 8 Nov 94

SG1J

The following is an evaluation form for the project you reviewed. Please complete this form and return to [REDACTED] Chief, Technology Assessment and Support Activity.

A. Is the information accurate? (Circle response)

<u>Categories</u>	Source <u>A</u>	Source <u>B</u>	Source <u>C</u>
Yes (true)	(1)	(1)	(1)
May be true	(2)	(2)	(2)
Possibly true	(3)	(3)	(3)
No	(4)	(4)	(4)
Possibly not true	(5)	(5)	(5)
Unsure	(6)	(6)	(6)

B. What is value of the Source(s)' information? (Circle response)

Major significance	(1)	(1)	(1)
High value	(2)	(2)	(2)
Of value	(3)	(3)	(3)
Low value	(4)	(4)	(4)
No value	(5)	(5)	(5)

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