



Office of Logistics Management (OLM)

Compliance and Risk Assessment Monitoring IC-15

Logistics Management Division

Reporting Compliance Issue: _____

DATE: ____/____/____

DEPARTMENT: _____

CONTACT PERSON: _____

LOCATION: _____

MAIL CODE: _____ PHONE: _____

DESCRIPTION: _____

Describe potential risks for non-compliance:

CORRECTIVE ACTION: _____

SIGNATURES: (Signatures Must Be In Order Stated Below)

(1) _____ /_____/_____
Logistics Manager/Supervisor Date

(2) _____ /_____/_____
University Director, Logistics Management Date

IC-15 Revised: 10/19/2015