DEPARTMENT OF FIRE, BUILDING AND LIFE SAFETY
OFFICE OF MANUFACTURED HOUSING
SAA RECORD REVIEW

MANUFACTURER:		DATE:
STREET ADDRESS:		
CITY:	STATE:	ZIP:
MANUFACTURER ATTENDEES		
NAME:		TITLE:
SAA ATTENDEES		
NAME:		TITLE:
ACTIVITY PERIOD FOR CURRENT REVIEW		
FROM LAST REVIEW DATE:		TO:
MANUFACTURER ACTIVITY		
RANGE OF SERIAL NUMBERS MANUFACTURED DURING ACTIVITY PERIOD:		
QUANTITY OF HOMES MANUFACTURED DURING ACTIVITY PERIOD:		
WERE ANY OPEN DIRECTIVES FROM HUD OR SAA CLOSED OUT DURING ACTIVITY PERIOD?		
BRIEFLY DESCRIBE ANY CHANGES IN RECORD KEEPING, INVESTIGATIVE, OR OTHER RELEVANT PROCEDURES SINCE THE LAST REVIEW.		
BRIEFLY DESCRIBE ANY CHANGES IN MANAGEMENT OR PERSONS INVOLVED IN REGULATORY COMPLIANCE SINCE THE LAST REVIEW.		
QUANTITY OF CONSUMER, DEALER AND/OR SAA COMPLAINTS RECEIVED DURING ACTIVITY PERIOD:		

3282 SUBPART I GENERAL CAMPAIGN DATA

QUANTITY AND STATUS OF OPEN SUBPART I NOTIFICATION AND CORRECTION CAMPAIGNS:

QUANTITY AND BRIEF DESCRIPTION OF COMPLETED NOTIFICATION AND/OR CORRECTION CAMPAIGNS DURING ACTIVITY PERIOD:

DOES MANUFACTURER KEEP FILES IN SUCH A MANNER THAT EACH NOTIFICATION AND/OR CORRECTION CAMPAIGN CAN BE READILY RENEWED? YES_____ NO_____
IF NO, DESCRIBE SITUATION:

DO THE CAMPAIGN RECORDS KEPT BY THE MANUFACTURER INDICATE A REPETITIVE FAILURE TO CONFORM TO THE HUD REQUIREMENTS FOR RECORD KEEPING? YES_____ NO_____
IF YES, DESCRIBE SITUATION:

3282 SUBPART I INDIVIDUAL CAMPAIGN DATA ON FILE

USE ONE FOR EACH CLOSED CAMPAIGN

SAA COMPLAINT NUMBER:	DATE OPENED:	DATE CLOSED:
CAMPAIGN SUBJECT:		
QUANTITY OF HOMES AFFECTED:		
SERIAL NUMBERS (RANGE) OF AFFECTED HOMES:		
SEVERITY OF ITEM. NC_____ DEF_____ SER DEF_____ ISH_____		
DETERMINATION MADE BY:		
BASIS FOR DETERMINATION:		
COPY OF NOTICE SENT TO DEALER/PURCHASER IN FILE. YES_____ NO_____		
COMPLETE LIST OF PURCHASER NAMES AND ADDRESSES IN FILE. YES_____ NO_____		
MAILING RECIEPTS IN FILE. YES_____ NO_____		
COPY OF IPIA CONCURRENCE IN FILE. YES_____ NO_____		
COPIES OF NOTICES SENT TO CORRECT AGENCIES IN FILE. YES_____ NO_____		
ALL DEADLINES MET. YES_____ NO_____		
REMIDIAL ACTION ADEQUATE. YES_____ NO_____ IF NO, PROVIDE BRIEF DESCRIPTION OF SITUATION:		
CERTIFICATION STATEMENT BY MANUFACTURER, IN FILE, THAT THE REPAIR MADE COMPLETELY SATISFIES THE STANDARDS IN EFFECT AT TIME OF REPAIR. YES_____ NO_____ NO REPAIRS REQUIRED_____		
CERTFICATION BY MANUFACTURER, IN FILE, THAT AFTER PROPER NOTIFICATION, THE HOME OWNER REFUSED CORRECTION. YES _____ NO_____ QUANTITY OF HOMES AFFECTED_____		
NOTES:		
REVIEWER:	DATE:	

HOME FILE REVIEW

USE ONE FOR EACH HOME FILE

SERIAL #:	CONSUMER NAME:
SAA COMPLAINT NUMBER(IF APPLICABLE):	
DATE SERVICE REQUEST RECEIVED:	DATE WORK COMPLETED:
EXAMPLE OF VERIFIED COMPLAINT OR SERVICE ITEM:	
HOW WAS ITEM CORRECTED?	
ROOT CAUSE OF ITEM:	
SEVERITY OF ITEM: NC_____ DEF_____ SER DEF_____ ISH_____	
WAS ITEM SYSTEMATICALLY INTRODUCED INTO THE PRODUCTION PROCESS? YES_____ NO_____ QUANTITY OF HOMES AFFECTED:	
DETERMINATION MADE BY:	
BASIS OF DETERMINATION:	
WORK ORDER COINCIDES WITH SERVICE ITEM: YES_____ NO_____	
WORK ORDER SIGNED BY SERVICE PERSON: YES_____ NO_____	
CONSUMER ACCEPTANCE NOTED: YES_____ NO_____	
SITE INSPECTION DOCUMENTATION FOR AC HOME: YES_____NO_____ N/A_____	
FILE DOCUMENTS MATCH: YES_____ NO_____ IF NO, DESCRIBE SITUATION:	
NOTES:	
PURCHASER INFO CARD IN FILE: YES_____ NO_____	
NAME OF DEALER:	
ADDRESS OF DEALER:	
CITY:	STATE: ZIP:
REVIEWER:	DATE:

SUMMARY OF REVIEW FINDING

OBSERVATIONS:	
RECOMMENDATIONS:	
REVIEWER:	DATE: