

EXHIBIT 2

OCRWM AUDIT OBSERVATION INQUIRY	
Audit No. _____	
Log No. _____	
Name _____	Organization _____
Requirement Reference _____	
Question/Concern: _____ _____ _____ _____ _____ _____	
Response: _____ _____ _____ _____ _____ _____ _____ _____	
<div style="border-top: 1px solid black; width: 100%;"></div> Observer's Acknowledgment	
<div style="display: flex; justify-content: space-between;"><div><i>Cleared for Submittal to Affected Organization</i></div><div style="text-align: right;"><div style="border-top: 1px solid black; width: 100%;"></div>Auditor/Technical Specialist</div></div> <div style="margin-top: 10px;"><input type="checkbox"/> <i>Incorporated in Audit Checklist . . . Reference</i> _____</div>	
<div style="border-top: 1px solid black; width: 100%;"></div> Audit Team Leader	