

Administrative Restriction – Status

Sector: Source: Station(s): Date Issued: Issued by: _____

Component or Condition being Restricted: _____

Reason for Restriction: _____

Resolution Required: _____

Reference (ICMS documents): _____

Posting EFO group member: _____ **Date/Time:** _____

Review by or expiration date: _____ **Last Review Date/Reviewer:** _____

CLOSED – EFO group member: _____ **Date/Time:** _____