

STORAGE QUALITY CONTROL REPORT				1. DATE GENERATED (DDMMYYYY)		2. REPORT NUMBER	
3. MANAGING ACTIVITY RIC/ADDRESS RIC: _____				4. REPORTING ACTIVITY/SUBMITTER ADDRESS			
5. NATIONAL STOCK NUMBER		6. TYPE OF INSPECTION		<input type="checkbox"/> CYCLIC		<input type="checkbox"/> SHELF LIFE EXPIRATION	
		<input type="checkbox"/> COSIS		<input type="checkbox"/> OUTBOUND SHIPMENT		<input type="checkbox"/> OTHER (Explain in block 35)	
7. NOMENCLATURE			8. CAGE AND PART/MODEL NO. (If applicable)		9. SERIAL NO. (If applicable)		
10. CONDITION CODE	11. LOT/BATCH/CONTROL NO.		12. EXPIRATION DATE (MM/YYYY)		13. UNIT PRICE	14. UNIT OF ISSUE	
					\$		
15. CONTRACTOR CONSIDERED LIABLE	16. CONTRACTOR or PACKED BY (As applicable)			17. CONTRACT NO. (When applicable)		18. DATE OF MANUFACTURE (MM/YYYY)	
<input type="checkbox"/> YES <input type="checkbox"/> NO							
19a. DATE OF PACK (MM/YYYY)	19b. DATE OF LAST COSIS INSPECTION (MM/YYYY)	20. METHOD OF PRESERVATION	21. LEVEL OF PACKING		22. CONDITION OF PACKAGING		
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> MIN		<input type="checkbox"/> SATISFACTORY		
					<input type="checkbox"/> UNSATISFACTORY (Explain in block 35)		
23. ADEQUATE MARKING	24a. SAMPLES SHIPPED TO (Name of laboratory):			24b. QUANTITY SHIPPED		24c. DATE SHIPPED (DDMMYYYY)	
<input type="checkbox"/> YES <input type="checkbox"/> NO							
25. SQL	26. NO. SAMPLES EXAMINED		27a. LOT SIZE	27b. LOT TYPE	28. SERVICEABILITY STANDARD		
29. RECLASSIFICATION OF SUPPLIES INSPECTED							
CONDITION CODE	QUANTITY	LOCATION (If applicable)		CONDITION CODE	QUANTITY	LOCATION (If applicable)	
30. REPAIR COST	31a. PACKAGING LABOR COST		31b. PACKAGING MATERIALS COST		32. TOTAL COST (Blocks 30, 31a, and 31b)		
\$	\$		\$		\$		
33. NAME OF ACTIVITY WHICH CAN PERFORM REPAIRS				34. AUTHORITY FOR INSPECTION			
35. FINDINGS AND RECOMMENDATIONS (Details of cause and nature of defect, malfunction, or repair. Photographs and drawings when they assist in describing or substantiating the defect or recommendation.)							
CONTINUED ON ATTACHMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO							
36a. TYPED NAME OF PREPARER (Last, First, MI)				36b. VOICE TELEPHONE NUMBER (Include Area Code)		36c. FAX TELEPHONE NUMBER (Include Area Code)	
37a. TYPED NAME OF SR COORDINATOR (Last, First, MI)				37b. VOICE TELEPHONE NUMBER (Include Area Code)		37c. FAX TELEPHONE NUMBER (Include Area Code)	
38. DSC/ICP DISPOSITION INSTRUCTIONS							
39. NAME OF ICP/DSC POINT OF CONTACT			40. DATE SENT (DDMMYYYY)	41. NAME OF ACTIVITY POINT OF CONTACT			42. DATE SENT (DDMMYYYY)