

| 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) | |
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| 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.) | | | | | | | |
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| 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) | |
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| 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) |
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