

### MISSILE FIRING DATA REPORT (JAVELIN)

For use of this form, see DA PAM 700-19; the proponent agency is DCS, G-4.

1. MISSILE INFORMATION SERIAL NO. _____ DODIC _____ LOT NO. _____ NSN _____		MAIL TO: COMMANDER, US ARMY AVIATION AND MISSILE COMMAND ATTN: AMSRD-AMR-SE RA REDSTONE ARSENAL, AL 35898-5000																													
2. BCU SN _____ LOT NO. _____		3. FIRING AGENCY <input type="checkbox"/> ARMY <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> MARINES <input type="checkbox"/> OTHER _____																													
4. CLU SERIAL NO. _____		5. SOFTWARE VERSION _____																													
6. UNIT MAILING ADDRESS _____		7. LOCATION (POST) WHERE FIRED _____																													
8. MIL TIME        MO        DAY        YR	9. GUNNER EXPERIENCE Previous MSLs _____ <input type="checkbox"/> No Gunner	10. WARHEAD TYPE <input type="checkbox"/> LIVE <input type="checkbox"/> INERT <input type="checkbox"/> TM																													
11. GUNNER POSITION <input type="checkbox"/> SITTING <input type="checkbox"/> KNEELING <input type="checkbox"/> PRONE <input type="checkbox"/> STANDING <input type="checkbox"/> OTHER																															
12. CONDITIONS AT TIME OF LAUNCH <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><u>OBSCURANTS</u></td> <td style="width: 25%;"><u>LIGHT CONDITION</u></td> <td style="width: 25%;"><u>OTHER</u></td> <td style="width: 25%;"><u>TYPE OF ILLUMINATION</u></td> </tr> <tr> <td><input type="checkbox"/> CLEAR</td> <td><input type="checkbox"/> DAY</td> <td>WIND _____ (mph)</td> <td><input type="checkbox"/> NONE</td> </tr> <tr> <td><input type="checkbox"/> RAIN</td> <td><input type="checkbox"/> NIGHT</td> <td>NIGHT _____ (F)</td> <td><input type="checkbox"/> FLARE</td> </tr> <tr> <td><input type="checkbox"/> FOG</td> <td><input type="checkbox"/> TWILIGHT</td> <td></td> <td><input type="checkbox"/> SEARCH LIGHT</td> </tr> <tr> <td><input type="checkbox"/> SNOW</td> <td><input type="checkbox"/> OTHER _____</td> <td></td> <td><input type="checkbox"/> OTHER _____</td> </tr> <tr> <td><input type="checkbox"/> SMOKE</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> DUST</td> <td></td> <td></td> <td></td> </tr> </table>				<u>OBSCURANTS</u>	<u>LIGHT CONDITION</u>	<u>OTHER</u>	<u>TYPE OF ILLUMINATION</u>	<input type="checkbox"/> CLEAR	<input type="checkbox"/> DAY	WIND _____ (mph)	<input type="checkbox"/> NONE	<input type="checkbox"/> RAIN	<input type="checkbox"/> NIGHT	NIGHT _____ (F)	<input type="checkbox"/> FLARE	<input type="checkbox"/> FOG	<input type="checkbox"/> TWILIGHT		<input type="checkbox"/> SEARCH LIGHT	<input type="checkbox"/> SNOW	<input type="checkbox"/> OTHER _____		<input type="checkbox"/> OTHER _____	<input type="checkbox"/> SMOKE				<input type="checkbox"/> DUST			
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13. PURPOSE OF FIRING <input type="checkbox"/> ASP <input type="checkbox"/> SCHOOL <input type="checkbox"/> DEMO <input type="checkbox"/> OTHER _____	14. ACQUISITION MODE <input type="checkbox"/> DAY SIGHT NIGHT SIGHT: <input type="checkbox"/> NFOV <input type="checkbox"/> WFOV	<input type="checkbox"/> TOP ATTACK <input type="checkbox"/> DIRECT ATTACK	15. CLU ETM READINGS PRE FLIGHT _____ hrs POST FLIGHT _____ hrs																												
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17. FIRING RESULTS

MISS       MISFIRE       HANGFIRE       ABORT

HIT

UP       LEFT      INCHES FROM CENTER \_\_\_\_\_

DOWN       RIGHT      INCHES FROM CENTER \_\_\_\_\_

18. WARHEAD FUNCTION

YES

NO

N/A - INERT

19. CLU CHECKOUT       NO CHECKOUT PERFORMED

PREFLIGHT

PASSED

FAILED

POSTFLIGHT

PASSED

FAILED

20. CLU/MISSILE BIT INDICATOR

INDICATE BIT LIGHTS THAT CAME ON IN THE CLU.

21. FORM MISSES AND FAILURES ONLY

MISSILE FAILURE       UNKNOWN EQUIPMENT FAILURE

CLU FAILURE       BROKE LOCKON

BCU FAILURE       GUNNER ERROR (*EXPLAIN BELOW*)

OTHER

RANGE FROM LAUNCHER TO IMPACT POINT

\_\_\_\_\_ METERS

	<u>YES</u>	<u>NO</u>
DID BCU FUNCTION?	<input type="checkbox"/>	<input type="checkbox"/>
DID RESTRAINT PIN FUNCTION?	<input type="checkbox"/>	<input type="checkbox"/>
DID LAUNCH MOTOR FUNCTION?	<input type="checkbox"/>	<input type="checkbox"/>
DID FLIGHT MOTOR FUNCTION?	<input type="checkbox"/>	<input type="checkbox"/>

22. WAS THE MISSILE FLIGHT UNUSUAL OR DID ANY PART OF THE SYSTEM BEHAVE IN AN UNUSUAL MANNER?       YES       NO

EXPLAIN, PLEASE DESCRIBE CIRCUMSTANCES (IN YOUR OWN WORDS AND/OR SKETCHES, USE BACK IF NECESSARY).

23. DATE (YYYYMMDD)

24. GUNNER'S NAME (*TYPE OR PRINT*)

25. OFFICER IN CHARGE (*TYPE OR PRINT*)

26. PHONE (*DSN*)