

<b>CALIBRATION AND REPAIR REQUIREMENTS WORKSHEET</b> For use of this form, see TB 750-25; the proponent agency is USAMC		1. LOCAL CONTROL NO.	2. USATA CONTROL NO.
3. TO	4. FROM <i>(Include ZIP Code)</i>		
5. INFO	6. POC		
	7. TELEPHONE		
<b>SECTION A - INSTRUMENT IDENTIFICATION - APPLICATION</b>			
8. JETDS DESIGNATOR OR MFGR AND MODEL NO.	9. NATIONAL STOCK NO./PART NO.	10. LINE ITEM NO.	
11. NOMENCLATURE	12a. MILITARY PUBLICATION	12b. DATE	
13a. COMMERCIAL PUBLICATION	13b. DATE	14. SYSTEM/END ITEM SUPPORTED	
15. TMDE TYPE:  <input type="checkbox"/> GP <input type="checkbox"/> SP	16. INSTRUMENT SPECIFICATIONS		17. QUANTITY FIELD <i>(By Theater)</i>  _____ a. CONUS _____ b. EUROPE _____ c. FAR EAST _____ d. U.S. ARMY SOUTH
	a. PARAMETER		
	b. RANGE		
	c. ACCURACY		
<b>SECTION B - CALIBRATION SUPPORT CAPABILITY</b>			
18a. CALIBRATION CAPABILITY IS ON HAND AND CALIBRATION IS BEING ACCOMPLISHED EVERY _____ DAYS USING CALIBRATION PROCEDURE:		<input type="checkbox"/> c. CALIBRATION CAPABILITY IS NOT ON HAND. <input type="checkbox"/> d. INSTRUMENT IS NOT BEING CALIBRATED <input type="checkbox"/> e. INSTRUMENT IS BEING CALIBRATED EVERY _____ DAYS.	
b. BY:		f. BY:	
19a. TYPED NAME AND GRADE OR TITLE		b. TELEPHONE	
c. SIGNATURE		d. DATE	
<b>20. RESPONSIBILITY</b> a. CALIBRATION: <input type="checkbox"/> P (USAPSL) <input type="checkbox"/> S (ACL) <input type="checkbox"/> F (DS/GS) <input type="checkbox"/> T (ATST/TSC)                b. REPAIR: <input type="checkbox"/> P (USAPSL) <input type="checkbox"/> S (ACL) <input type="checkbox"/> F (DS/GS) <input type="checkbox"/> T (ATST/TSC)			
21. CALIBRATION PROCEDURE		22. SYSTEM CODE	23. CALIBRATION INTERVAL
24. TB 43-180 ACTION: <input type="checkbox"/> ADD - NEW ITEM <input type="checkbox"/> DELETE <input type="checkbox"/> ADD - NEW APPLICATION <input type="checkbox"/> CHANGE			
25. REMARKS			
26a. TYPED NAME AND GRADE OR TITLE		b. TELEPHONE	
C. SIGNATURE		D. DATE	