

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"/> SPECIAL <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 <input type="checkbox"/> YES <input type="checkbox"/> NO		16. CONTRACTOR or PACKED BY (As applicable)		17. CONTRACT NO. (When applicable)		18. DATE OF MANUFACTURE (MM/YYYY)		
19a. DATE OF PACK (MM/YYYY)		19b. DATE OF LAST COSIS INSPECTION (MM/YYYY)		20. METHOD OF PRESERVATION		21. LEVEL OF PACKING <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> MIN		
22. CONDITION OF PACKAGING <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY (Explain in block 35)		23. ADEQUATE MARKING <input type="checkbox"/> YES <input type="checkbox"/> NO		24a. SAMPLES SHIPPED TO (Name of laboratory):			24b. QUANTITY SHIPPED	24c. DATE SHIPPED (DDMMYYYY)
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)	