STORAGE QUALITY CONTROL REPORT

1. DATE GENERATED *(DDMMMYYYY)*	2. REPORT NUMBER
3. MANAGING ACTIVITY RIC/ADDRESS RIC: _____	4. REPORTING ACTIVITY/SUBMITTER ADDRESS

5. NATIONAL STOCK NUMBER	6. TYPE OF INSPECTION ☐ CYCLIC ☐ SHELF LIFE EXPIRATION ☐ SPECIAL ☐ COSIS ☐ OUTBOUND SHIPMENT ☐ 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 ☐ YES ☐ 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 ☐ A ☐ B ☐ MIN	22. CONDITION OF PACKAGING ☐ SATISFACTORY ☐ UNSATISFACTORY *(Explain in block 35)*

23. ADEQUATE MARKING ☐ YES ☐ NO	24a. SAMPLES SHIPPED TO *(Name of laboratory)*:	24b. QUANTITY SHIPPED	24c. DATE SHIPPED *(DDMMMYYYY)*

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)* $ 0.00

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: ☐ YES ☐ 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 *(DDMMMYYYY)*	41. NAME OF ACTIVITY POINT OF CONTACT	42. DATE SENT *(DDMMMYYYY)*