AMMUNITION CONDITION REPORT

For use of this form, see DA PAM 738-750; the proponent agency is DCS,G-4.

REQUIREMENT CONTROL SYMBOL

CSGLD--1202

1. **THRU:** *(Include ZIP Code)*			2. DATE OF REPORT	3. PAGE _____ OF _____ PAGES
4. **TO:** *(Include ZIP Code)*			5. UNIT IDENTIFICATION CODE	
6. **FROM:** *(Include ZIP Code)*			7. COMMODITY ☐ CHEM ☐ GM ☐ CONV	
8. NOMEN - MODEL ITEM REPORTED	*a.* PART/NSN NO.	*b.* SN/LOT NO.	*c.* DATE OF MFG	*d.* QTY IN LOT
9. NOMEN - MODEL EQUIP INSTALLED/USED ON	*a.* PART/NSN NO.	*b.* SN/LOT NO.	*c.* DATE OF MFG	*d.* QTY IN LOT

10. QTY INSPECTED	11. QUANTITY DEFECTIVE	12. PRESENT COND CODE	13. ECON REPAIRABLE ☐ YES ☐ NO
14. USE ☐ WR ☐ TNG	15. ESTIMATED REPAIR/MAINT/DISPOSAL UNIT COST DIRECT LABOR $	GAE $	OTHER $

16. DETAILS *(Description, cause, action, disposition)*

17. TYPED/PRINTED NAME, GRADE AND TITLE	18. SIGNATURE