

<b>AMMUNITION CONDITION REPORT</b> For use of this form, see DA PAM 738-750; the proponent agency is DCSLOG				<i>REQUIREMENT CONTROL SYMBOL</i> <i>CSGLD--1202</i>	
<b>1. THRU:</b> <i>(Include ZIP Code)</i>			<b>2. DATE OF REPORT</b>		<b>3.</b> PAGE ____ OF ____ PAGES
<b>4. TO:</b> <i>(Include ZIP Code)</i>			<b>5. UNIT IDENTIFICATION CODE</b>		
<b>6. FROM:</b> <i>(Include ZIP Code)</i>			<b>7. COMMODITY</b> <input type="checkbox"/> CHEM <input type="checkbox"/> GM <div style="text-align: center;"><input type="checkbox"/> CONV</div>		
<b>8. NOMEN - MODEL ITEM REPORTED</b>	<b>a. PART/NSN NO.</b>	<b>b. SN/LOT NO.</b>	<b>c. DATE OF MFG</b>	<b>d. QTY IN LOT</b>	
<b>9. NOMEN - MODEL EQUIP INSTALLED/USED ON</b>	<b>a. PART/NSN NO.</b>	<b>b. SN/LOT NO.</b>	<b>c. DATE OF MFG</b>	<b>d. QTY IN LOT</b>	
<b>10. QTY INSPECTED</b>	<b>11. QUANTITY DEFECTIVE</b>	<b>12. PRESENT COND CODE</b>		<b>13. ECON REPAIRABLE</b> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> YES           <input type="checkbox"/> NO         </div>	
<b>14. USE</b>  <input type="checkbox"/> WR <input type="checkbox"/> TNG	<b>15. ESTIMATED REPAIR/MAINT/DISPOSAL UNIT COST</b>  <div style="display: flex; justify-content: space-between;"> <span>DIRECT LABOR \$</span> <span>GAE \$</span> <span>OTHER \$</span> </div>				
<b>16. DETAILS</b> <i>(Description, cause, action, disposition)</i>  <div style="height: 300px; border: 1px solid black;"></div>					
<b>17. TYPED/PRINTED NAME, GRADE AND TITLE</b>			<b>18. SIGNATURE</b>		