

MISSILE FIRING DATA REPORT (SHILLELAGH) <small>For use of this form, see DA PAM 700-19, the proponent agency is ODCSLOG</small>		REQUIREMENT CONTROL SYMBOL AMC-224
When this missile is fired, destroyed, or removed from the vehicle, this form will be sent directly to: <div style="text-align: center; margin-top: 20px;"> </div>		COMMANDER U.S. ARMY MISSILE COMMAND ATTN: AMSMI-RD-QA-RA REDSTONE ARSENAL, AL 35898-5290
SECTION - A		
1. UNIT CO/TRP _____ BN/SQDN _____ DIV/REGT _____		2. UIC OF FIRING ORGANIZATION
3. VEHICLE BUMPER NUMBER	4. VEHICLE TYPE <input type="checkbox"/> SHERIDAN <input type="checkbox"/> M60 SERIES	5. MISSILE SERIAL NUMBER 6. MISSILE LOT NUMBER
7. WARHEAD TYPE <input type="checkbox"/> HEAT <input type="checkbox"/> INERT	8. WARHEAD LOT NO. <i>(If heat warhead)</i>	9. DATE MISSILE ASSIGNED TO TANK DAY _____ MONTH, _____ YR 19 _____
SECTION - B		
10. LOCATION OF FIRING		
a. POST	b. RANGE	
11. PURPOSE OF FIRING <input type="checkbox"/> TRAINING <input type="checkbox"/> ANNUAL SERVICE FIRING <input type="checkbox"/> DEMONSTRATION FIRING	12. NUMBER OF MISSILES PREVIOUSLY FIRED BY THIS GUNNER _____ FIXED TARGET _____ MOVING TARGET	
13. ENVIRONMENTAL CONDITION AT TIME OF FIRING		
a. TEMPERATURE (approx. degree) b. <input type="checkbox"/> FOG c. <input type="checkbox"/> MIST d. <input type="checkbox"/> LIGHT RAIN <input type="checkbox"/> HEAVY RAIN	e. <input type="checkbox"/> CLEAR f. <input type="checkbox"/> SNOWING g. <input type="checkbox"/> SNOW ON GROUND h. <input type="checkbox"/> SLEET	i. <input type="checkbox"/> DAY <input type="checkbox"/> NIGHT <input type="checkbox"/> TWILIGHT j. CROSSWIND <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
14. TYPE OF ILLUMINATION <input type="checkbox"/> SEARCH LIGHT <input type="checkbox"/> FLARE <input type="checkbox"/> OTHER <input type="checkbox"/> NONE	15. FIRING VEHICLE <input type="checkbox"/> STATIONARY <input type="checkbox"/> MOVING _____ MPH (approx.)	16. TURRET CONTROL <input type="checkbox"/> POWER <input type="checkbox"/> MANUAL <input type="checkbox"/> STABILIZED
17. DID MISSILE LAUNCH PROPERLY ON FIRE COMMAND <input type="checkbox"/> YES <input type="checkbox"/> NO	18. WERE VERTICAL TRACKING CORRECTIONS MADE DURING FLIGHT <input type="checkbox"/> YES <input type="checkbox"/> NO	19. AFTER FIRING, G AND C SET: <input type="checkbox"/> NOT CHECKED <input type="checkbox"/> CHECKED GO <input type="checkbox"/> CHECKED NO-GO
SECTION - C		
20. TIME OF MISSILE FIRING TIME _____ HOURS DAY _____ MONTH, _____ YR 19 _____		21. TARGET SIZE <input type="checkbox"/> MEASURED <input type="checkbox"/> ESTIMATED _____ FEET HIGH X _____ FEET WIDE,
22. DIRECTION AND SPEED OF TARGET STATIONARY <input type="checkbox"/> MOVING LEFT TO RIGHT _____ MILES PER HOUR (approx.) <input type="checkbox"/> MOVING RIGHT TO LEFT _____ MILES PER HOUR (approx.)		
23. RANGE TO TARGET _____ METERS <input type="checkbox"/> MEASURED <input type="checkbox"/> ESTIMATED	24. TARGET HIT <input type="checkbox"/> YES <input type="checkbox"/> NO	25. WARHEAD FUNCTION <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA (INERT)
26. TARGET IMPACT POINT <input type="checkbox"/> MEASURED <input type="checkbox"/> ESTIMATED _____ INCHES <input type="checkbox"/> LEFT OF CENTER <input type="checkbox"/> RIGHT OF CENTER _____ INCHES <input type="checkbox"/> ABOVE CENTER <input type="checkbox"/> BELOW CENTER		27. IF MISSILE IMPACTED GROUND SHORT OF TARGET GIVE ESTIMATED RANGE _____ METERS
28. GUNNER'S NAME	29. SIGNATURE (Officer in charge)	30. DATE

MISSILE FIRING DATA REPORT (SHILLELAGH) (Continued)

SECTION - D

31. REMARKS *(If Missile missed target, describe launch and missile flight)*

32. TYPED OR PRINTED NAME AND DSN NO

33. SIGNATURE *(Officer in Charge)*

34. DATE