

AMMUNITION MALFUNCTION REPORT For use of this form, see AR 75-1; the proponent agency is DCSLOG				1. REPORT NO.		<i>Requirements Control Symbol - CSGLD 1961</i>	
2. MALFUNCTIONING ITEM				3. ITEM COMPONENTS			
4. MALFUNCTION DESCRIPTION							
5. SITE OF MALFUNCTION		6. UNIT CONTROLLING SITE		7. UNIT USING AMMUNITION			
8a. DATE MALFUNCTION OCCURRED	8b. TIME						
9a. CASUALTIES (No. Killed)		9b. CASUALTIES (Hospitalized)		9c. CASUALTIES (Other Injuries)			
9d. DESCRIPTION							
10. DAMAGE a. WEAPON DAMAGED? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A b. DAMAGE REPAIRABLE AT UNIT LEVEL? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				10c. DESCRIPTION			
11. DETONATION <input type="checkbox"/> a. None <input type="checkbox"/> b. In Weapon				c. M FROM WEAPON		d. M FROM NEAREST PERSON	
12. Quantity Remaining				13. EXHIBITS AVAILABLE (Hold Exhibits Pending Disposition Instructions per AR 75-1, para. 2-1). <input type="checkbox"/> a. Fragments <input type="checkbox"/> b. Intact Components <input type="checkbox"/> c. Weapon <input type="checkbox"/> d. None			
a. FIRING SITE	b. LOCAL STORAGE	c. SUSPENDED? <input type="checkbox"/> YES <input type="checkbox"/> NO					
14. Firing Conditions for Malfunction Lot							
a. WEAPON				b. TARGET			
c. RANGE M	d. AZIMUTH	e. ELEVATION		f. ZONE		g. FUZE SETTING	
h. FIRED HOW MANY ROUNDS PER MINUTE FROM WEAPON		i. FOR HOW MANY MINUTES BEFORE MALFUNCTION		j. TOTAL FIRED FROM WEAPON ON DAY OF MALFUNCTION			
k. TOTAL MALFUNCTIONED		l. TOTAL FIRED		m. MALFUNCTION RATE %			
15. Terrain							
a. FIRING SITE	b. DOWN RANGE	c. POSSIBLE OBSTRUCTIONS				d. CLEAR VIEW OF FLIGHT PATH M	
16. Weather Conditions							
a. VISIBILITY	b. PRECIPITATION	c. TEMPERATURE F	d. PRIOR 24 HOURS		e. RELATIVE HUMIDITY		
			HIGH F	LOW F			
17. Malfunction Lot Storage Conditions				18. Packaging of Malfunction Lot		YES	NO
a. Firing Site: <input type="checkbox"/> Open <input type="checkbox"/> Enclosed b. Local Storage: <input type="checkbox"/> Open <input type="checkbox"/> Enclosed				a. Original Package?			
c. UNPACKED HOW MANY HRS. BEFORE MALFUNCTION	d. MAGAZINE TYPE	e. STORED HOW MANY MONTHS		b. Original Seal?			
				c. Package Adequate?			
				d. Package Damaged?			
19. ADDITIONAL DATA (If more space is needed, use continuation sheet or back of form)							
20a. FOR ADDITIONAL DATA, CONTACT				21a. PERSON COMPLETING REPORT			
b. TELEPHONE NO. (Include Area Code)				b. TELEPHONE NO. (Include Area Code)		c. DATE	