TALLY CHECKLIST

For use of this form, see AR 5-20; the proponent agency is ASCIM

OBSERVATION NUMBER	TYPE OF SERVICE	DATE			s[1]	o[2]*	REMARKS
		REC'D	DEL'D	INSPT'D			

[1]s: *Satisfactory*

[2]o: *Other than satisfactory*

* *Request contractor's Initial*