

CERTIFICATE OF RESEARCH

For use of this form, see AR 740-26; the proponent agency is DCSLOG

1. Stock Number		2. CIIC		3. DATE (YYYYMMDD)	
4. Unit of Issue	5. Quantity	5.a. Short <input type="checkbox"/>	5.b. Over <input type="checkbox"/>	6. Unit Price	7. Total Cost
8. Report to Security (Date & Case Number)				9. Requester	
10. REASON FOR SHORTAGE	10.a. Denial <input type="checkbox"/>	10. b. Invent Drop <input type="checkbox"/>		10.c. Other <input type="checkbox"/> Specify	
11. In an effort to resolve the shortage or explain the loss, the following research was conducted: (Check only the blocks which describe the research actually performed).					
All current active locations checked			Deleted locations checked for same period as retired transaction history		
Adjacent and similar locations checked			Care and preservation areas checked for material.		
Receipt holding areas checked			Relevant hard copy of documents compared to transaction histories for accuracy of postings. Kinds of documents checked: GBLs, receipts, adjustments, denials, re-identifications, cancellations, repicks.		
Depot Maintenance and Rebuild programs checked to ensure records accurately reflect transactions. Checks included comparison of records and physical search in maintenance area.			DRMO shipments shown on transaction histories compared with actual receipts for errors, duplicates, or missing entries.		
TRANSACTION HISTORIES CHECK ONE OF THE BOXES AT RIGHT FOR ERRONEOUS, DUPLICATE, OR MISSING ENTRIES AND ANY DOCUMENTS WHICH MIGHT OCCUR FOR SHORTAGE:			Field Service <input type="checkbox"/>	Depot Property <input type="checkbox"/>	Other Owners <input type="checkbox"/>
Other (Explain)					
I certify that I have personally conducted the above research and was unable to resolve the shortage or explain the loss sufficiently to reduce the shortage below the mandatory causative research parameters.					
12. Name, Grade, and Position _____					
Date _____					
13. Concur: _____					
Date _____					