

Public reporting burden for this collection of information is estimated to average 11 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

<b>2. RECEIVING ACTIVITY</b>	<b>3. ORIGINATING ACTIVITY</b>
a. NAME	a. NAME
b. ADDRESS (Street, City, State and Zip Code)	b. ADDRESS (Street, City, State and Zip Code)

4.a. ITEM NOMENCLATURE	b. AFCLSAC EVALUATION		
		YES	NO

5. NATIONAL STOCK NUMBER	6. SPECIFICATION NUMBER/IMPS NUMBER
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<b>7. CONTRACTOR</b>	<b>8. SOURCE OF SHIPMENT</b> (Depot, Distribution Point, Direct Vendor Delivery, etc.)
a. NAME	
b. PLANT ADDRESS (Street, City, State and Zip Code)	

9. CONTRACT NUMBER	10. CONTRACTOR LOT NUMBER	11. PRODUCT CODE	12. DATE OF PACK (YYMMDD)
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13. REQUISITION NUMBER	14. DATE SUPPLIES RECEIVED (YYMMDD)	15. SIZE OF LOT/SHIPMENT	16. QUANTITY ON HAND
		a. CASES      b. UNITS	

**FOR ALL USERS** (Food Service, Commissary, Veterinary, Troop Issue Subsistence, etc.)

**17. NARRATIVE DESCRIPTION OF UNSATISFACTORY QUALITY AND IDENTIFICATION OF DEFECTS**

**18. RECOMMENDATIONS**

**19. VERIFYING OFFICIAL**

a. TYPED NAME (Last, First, Middle Initial)	b. TITLE	c. GRADE
d. TELEPHONE NUMBER (A - Autovon; C - Comm)	e. SIGNATURE	f. DATE SIGNED (YYMMDD)

**20. INSPECTION RESULTS** (When appropriate, report can be forwarded by users without this section being completed.)

a. TYPE OF EXAMINATION	b. INSPECTION LEVEL	c. ACCEPTANCE QUALITY LEVEL	d. CLASS OF DEFECT	e. ACCEPTANCE NUMBER	f. REJECTION NUMBER	g. SAMPLE SIZE	h. NUMBER OF DEFECTS OR DEFECTIVES	i. SAMPLE UNIT

**21. AUTHORIZED INDIVIDUAL PERFORMING INSPECTION**

a. TYPED NAME (Last, First, Middle Initial)	b. TITLE	c. GRADE
d. TELEPHONE NUMBER (A - Autovon; C - Comm)	e. SIGNATURE	f. DATE SIGNED (YYMMDD)

# INSTRUCTIONS

**GENERAL.** This form should be used to report all unsatisfactory conditions on all subsistence items procured by the Defense Personnel Support Center and is not limited to those in nonconformance with specification requirements. Timely reporting is essential so that action, if appropriate, may be started prior to expiration of the warranty period. When unsatisfactory conditions are not related to specification requirements, special attention should be given to Item 17. Photographs are an excellent method for illustrating the exact nature of many discrepancies. Inspection and testing records should be forwarded with the UMR, when appropriate. Use additional sheets as necessary and identify with related item number.

**ITEM 3.** State complete name and address in the clear.

**ITEM 4a.** State nomenclature in sufficient detail to insure identity including as necessary type, grade, class, etc. (*See Federal Supply Catalog C8900-SL or Master Item Identification List*)

**ITEM 4b.** AFCLSAC (*Armed Forces Consumer Level Subsistence Appraisal Committee*) Evaluation. Self-explanatory.

**ITEM 6.** Specification number or Institutional Meat Purchase Specification (*IMPS*) number from shipping container. If Brand Name Contract, indicate "BNC".

**ITEM 7.** To be obtained from shipping container.

**ITEM 8.** To be obtained from service supply activity. State the name of the DLA depot or distribution point or the vendor's name.

**ITEMS 9 and 10.** To be obtained from shipping container.

**ITEM 11.** List the manufacturer's product code (*usually shown as a series of numerals and letters printed or embossed on bottles, cartons, and cans*) found on primary containers. These codes may also be found printed or stenciled on shipping container.

**ITEM 12.** To be obtained from shipping container.

**ITEMS 13, 14, 15 and 16.** To be obtained from service supply activity records. Enter complete requisition number.

**ITEM 17.** Include a narrative description of the unsatisfactory condition which makes the item unsuitable for intended use or affects consumer satisfaction or acceptance. List storage conditions or other factors which may relate to the unsatisfactory condition of the product. Indicate current status of product, i.e., on hold, normal issue, or expedited issue.

**ITEM 18.** State recommendations regarding disposition of supplies, revision of specification requirements, revision of purchase requirements as to size of units and quantities. List all other discrepancy forms reporting this same discrepancy and item.

**ITEM 19.** Self-explanatory.

**ITEM 20c.** Acceptable Quality Level is the maximum percent defective (*or the maximum number of defects per hundred units*) that, for the purpose of sampling inspection can be considered satisfactory as a process average (*MIL-STD-109*).

**ITEM 21.** Self-explanatory.

## DISTRIBUTION

a. Originator will prepare original and three copies of report, retain one copy and forward remainder to following appropriate service office.

Commander  
US Army Troop Support Agency  
ATTN: DALO-TAF-S  
Fort Lee, VA 23801-6020

Commanding Officer  
Navy Food Service Systems Office  
ATTN: Code SV  
Washington, DC 20374-1662

Air Force  
(*Troop Issue / Specification Items Only*)  
HQ, AFESC-DEHF  
Tyndall AFB, FL 32403-6001

Air Force  
(*Brand Name Resale Items Only*)  
HQ, AFCOMS / SGPM  
Kelly Air Force Base, TX 78241-6290

Commandant of the Marine Corps  
Code LFS-4  
Headquarters US Marine Corps  
Washington, DC 20380-001

b. Service Office will review reports for completeness and validity and, if valid and complete, forward original for action to:

Commander  
Defense Personnel Support Center  
ATTN: DPSC-HQS (CDCFP)  
Philadelphia, PA 19101-8419

and forward information copy to:

Commander  
US Army Research, Development &  
Engineering Center  
ATTN: STRNC-W  
Natick, MA 01760-5000