

Encl 1
 DLAI 4145.4
 AR 740-3
 AFJMAN 23-231
 NAVSUPINST 4400.100
 MCO 4450.15

DD Form 1225 Storage Quality Control Report

STORAGE QUALITY CONTROL REPORT			1. DATE GENERATED (DDMMYYYY)		2. REPORT NUMBER	
3. MANAGING ACTIVITY RIC/ADDRESS RIC:			4. REPORTING ACTIVITY/SUBMITTER ADDRESS			
5. NATIONAL STOCK NUMBER		6. TYPE OF INSPECTION <input type="checkbox"/> CYCLIC <input type="checkbox"/> SHELF LIFE EXPIRATION <input type="checkbox"/> SPECIAL <input type="checkbox"/> COSIS <input type="checkbox"/> OUTBOUND SHIPMENT <input type="checkbox"/> OTHER (Explain in block 35)				
7. NOMENCLATURE			8. CAGE AND PART/MODEL NO. (If applicable)		9. SERIAL NO. (If applicable)	
10. CONDITION CODE		11. LOT/BATCH/CONTROL NO.	12. EXPIRATION DATE (MM/YYYY)	13. UNIT PRICE \$	14. UNIT OF ISSUE	
15. CONTRACTOR CONSIDERED LIABLE <input type="checkbox"/> YES <input type="checkbox"/> NO		16. CONTRACTOR or PACKED BY (As applicable)	17. CONTRACT NO. (When applicable)		18. DATE OF MANUFACTURE (MM/YYYY)	
19a. DATE OF PACK (MM/YYYY)	19b. DATE OF LAST COSIS INSPECTION (MM/YYYY)	20. METHOD OF PRESERVATION	21. LEVEL OF PACKING <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> MIN	22. CONDITION OF PACKAGING <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY (Explain in block 35)		
23. ADEQUATE MARKING <input type="checkbox"/> YES <input type="checkbox"/> NO		24a. SAMPLES SHIPPED TO (Name of laboratory):			24b. QUANTITY SHIPPED	
					24c. DATE SHIPPED (DDMMYYYY)	
25. SGL	26. NO. SAMPLES EXAMINED	27a. LOT SIZE	27b. LOT TYPE	28. SERVICEABILITY STANDARD		
29. RECLASSIFICATION OF SUPPLIES INSPECTED						
CONDITION CODE	QUANTITY	LOCATION (If applicable)		CONDITION CODE	QUANTITY	LOCATION (If applicable)
30. REPAIR COST \$	31a. PACKAGING LABOR COST \$	31b. PACKAGING MATERIALS COST \$	32. TOTAL COST (Blocks 30, 31a, and 31b) \$ 0.00			
33. NAME OF ACTIVITY WHICH CAN PERFORM REPAIRS			34. AUTHORITY FOR INSPECTION			
35. FINDINGS AND RECOMMENDATIONS (Details of cause and nature of defect, malfunction, or repair. Photographs and drawings when they assist in describing or substantiating the defect or recommendation.)						
CONTINUED ON ATTACHMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO						
36a. TYPED NAME OF PREPARER (Last, First, MI)			36b. VOICE TELEPHONE NUMBER (Include Area Code)		36c. FAX TELEPHONE NUMBER (Include Area Code)	
37a. TYPED NAME OF SR COORDINATOR (Last, First, MI)			37b. VOICE TELEPHONE NUMBER (Include Area Code)		37c. FAX TELEPHONE NUMBER (Include Area Code)	
38. DISC/DP DISPOSITION INSTRUCTIONS						
39. NAME OF ICP/DSC POINT OF CONTACT		40. DATE SENT (DDMMYYYY)	41. NAME OF ACTIVITY POINT OF CONTACT		42. DATE SENT (DDMMYYYY)	

DD FORM 1225, SEP 2001

PREVIOUS EDITION IS OBSOLETE

Reset

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INSTRUCTIONS FOR PREPARING DD FORM 1225

Complete DD Form 1225 as follows for reimbursable SR actions. The numbers to the left of the text correspond to the block number on the form. The acronyms in the parentheses indicate the organization responsible for the entry, i.e., DD, ICP/DSC.

1. (DD) DATE GENERATED: Enter the date the form was prepared.
2. (DD) REPORT NUMBER: Provide Report Number, consisting of the DoDAAC of the DD that is preparing the form, followed by a dash (-), and a locally assigned four-digit code.
3. (DD) MANAGING ACTIVITY RIC/ADDRESS: Provide the RIC and address of the managing ICP/DSC SR coordinator (go to https://ddcnet.ddc.dla.mil/distribution/ga_cosis.htm).
4. (DD) REPORTING ACTIVITY/SUBMITTER ADDRESS: Provide the address of the preparing DD/organization.
5. (DD) NATIONAL STOCK NUMBER: Provide the NSN (or local number if no NSN) of the item.
6. (DD) TYPE OF INSPECTION: Enter the appropriate type of inspection. When it is "OTHER," explain in Block 35.
7. (DD) NOMENCLATURE: Enter short nomenclature.
8. (DD) CAGE and PART/MODEL NUMBER: Enter the CAGE and part or model number.
9. (DD) SERIAL NUMBER: Enter serial number for report on a single item if appropriate. If there is no serial number, leave blank. List serial numbers for multiple items in Block 35.
10. (DD) CONDITION CODE: Enter the supply condition code of the materiel as shown on record.
11. (DD) LOT/BATCH/CONTROL NO.: Indicate, as appropriate, otherwise leave blank.
12. (DD) EXPIRATION DATE: Indicate, as appropriate (shelf life, storage serviceability, etc.), otherwise leave blank.
13. (DD) UNIT PRICE: Enter the unit price of serviceable item from FLIS.
14. (DD) UNIT OF ISSUE: Enter the unit of issue.
15. (DD) CONTRACTOR CONSIDERED LIABLE?: Enter "YES" when the item is in an unopened vendor pack and the level of pack is less than the level marked on the container or when the item is in an unopened vendor pack and the materiel is not packaged as required by the ICP/DSC (serviceable materiel only). Otherwise, enter "NO."

16. (DD) CONTRACTOR or PACKED BY: Enter the name of the contractor, including CAGE (serviceable materiel only). Otherwise, leave blank.
17. (DD) CONTRACT NUMBER: Enter the contract number (serviceable materiel only). Otherwise, leave blank.
18. (DD) DATE OF MANUFACTURE: Enter the date of manufacture if known (serviceable materiel only). Otherwise, leave blank.
- 19a. (DD) DATE OF PACK: Enter the date of pack. If not known, enter "UNK."
- 19b. (DD) DATE OF LAST COSIS INSPECTION: Enter the date the last COSIS inspection was performed. If not known, enter "UNK."
20. (DD) METHOD OF PRESERATION: Enter the method of preservation (i.e., 10, 41, 55).
21. (DD) LEVEL OF PACKING: Enter level of packing (i.e., A, B, or Minimal Military Packing).
22. (DD) CONDITION OF PACKAGING: Indicate, as appropriate. If unsatisfactory, explain in Block 35.
23. (DD) ADEQUATE MARKING: Indicate, as appropriate.
- 24a. (DD) SAMPLES SHIPPED TO LAB: Indicate, as appropriate, otherwise leave blank.
- 24b. (DD) QUANTITY SHIPPED: Indicate, as appropriate, otherwise leave blank.
- 24c. (DD) DATE SHIPPED: Indicate, as appropriate, otherwise leave blank.
25. (DD) STORAGE QUALITY LEVEL (SQL): Indicate, as appropriate, otherwise leave blank.
26. (DD) NUMBER OF SAMPLES EXAMINED: Indicate, as appropriate, otherwise leave blank.
- 27a. (DD) LOT SIZE: Indicate, as appropriate, otherwise leave blank.
- 27b. (DD) LOT TYPE: Indicate, as appropriate, otherwise leave blank.
28. (DD) SERVICEABILITY STANDARD: Enter "Standard COSIS" or the number of the storage serviceability standard, as appropriate.
29. (DD) RECLASSIFICATION OF SUPPLIES INSPECTED: Enter the total quantity on record for the NSN shown in Block 5, with the supply condition code (CC) shown in Block 10. Provide resulting CC after inspection.
30. (DD) REPAIR COST: Enter the cost to return serviceable, deteriorated materiel to serviceable condition. This cost includes maintenance/restoration actions other than packaging. If unknown, enter "0." If the materiel is not deteriorated or it is in storage as an unserviceable Depot Level Repairable, enter "0."
- 31a. (DD) PACKAGING LABOR COST: Enter the estimated cost of packaging labor needed to return the materiel to issuable condition.
- 31b. (DD) PACKAGING MATERIALS COST: Enter the estimated cost of packaging materials and containers needed to return the materiel to issuable condition.

32. (DD) TOTAL COST: Enter the total estimated cost to return the materiel to issuable condition.
33. (DD) NAME OF ACTIVITY WHICH CAN PERFORM REPAIRS: If Block 30 shows anything other than "0," enter the name of the activity. Otherwise, enter "N/A."
34. (DD) AUTHORITY FOR INSPECTION: Enter the message number for any special inspections; otherwise, enter "STANDARD COSIS."
35. (DD) FINDINGS AND RECOMMENDATIONS: Provide the total quantity on hand for the NSN shown in Block 5 and the CC shown in Block 10, and the total quantity recommended for Special COSIS. Provide additional information to explain the scope of the work to the ICP/DSC. Describe how the discrepant materiel is currently packaged, the discrepancies found, and the proposed packaging. Enter the stock number and quantity of required containers and identify any excess containers that will result from this action. Provide any additional information required to explain any of the information above. If additional room is required, continue on the reverse side of the form or on a separate continuation page. Indicate if photographs are available.
- 36a. (DD) NAME OF PREPARER: Enter the name individual preparing this report.
- 36b. (DD) VOICE TELEPHONE NUMBER: Enter the telephone number of the individual preparing this report.
- 36c. (DD) FAX TELEPHONE NUMBER: Enter the FAX telephone number of the individual preparing this report.
- 37a. (DD) NAME OF SR COORDINATOR: Enter the name of the local SR Coordinator.
- 37b. (DD) VOICE TELEPHONE NUMBER: Enter the telephone number of the local SR Coordinator.
- 37c. (DD) FAX TELEPHONE NUMBER: Enter the FAX telephone number of the local SR Coordinator.
38. (ICP/DSC)ICP/DSC INSTRUCTIONS: Provide the approval or disapproval of the proposed action. If approved, provide the JON applicable to this action. If disapproved, provide full rationale for the disapproval, status of the affected materiel, and/or disposition instructions. Continue on the reverse side if necessary.
39. (ICP/DSC)NAME OF ICP/DSC POINT OF CONTACT: Enter the name of the ICP/DSC SR Coordinator.
40. (ICP/DSC)DATE SENT: Enter the date the ICP/DSC completes the form to forward to the original preparer.
41. (DD) NAME OF ACTIVITY POINT OF CONTACT: After the work has been completed, the DD POC signs to certify that the work has been completed.
42. (DD) DATE SENT: Enter the date the DD POC signs to certify that the work has been completed.