DLA STRATEGIC MATERIALS INSPECTION REPORT FORM 30

(Revision 8 October 2015)

Part 1 *(Inspection Characterization)*

Inspection Description

1A

Name of Commodity/Facility: _____

Inspection Location: Select

Date(s) of Inspection: _____

Date Last Inspected: _____

Minimum Inspection Frequency: _____

Inspected By:

Designated Responsible Person * Select

Type of Inspection

1B

- ☐ Commodity Inspection at DLA Site — ☐ Narrative / Part 2 Continuation Sheet(s) Attached
- ☐ Commodity Inspection at Vendor Site — ☐ Narrative / Part 2 Continuation Sheet(s) Attached
- ☐ Facility Inspection at DLA Site. Attach narrative.
- ☐ Facility Inspection at Vendor Site. Attach narrative.
- ☐ Scale Inspection at DLA Site — ☐ Narrative Attached
- ☐ Scale Inspection at Commercial Site — ☐ Narrative Attached
- ☐ Other _____ Attach narrative.

REPORT NUMBER **

1C

Corrective Action(s)

1D

- ☐ Corrective Action(s) Review Requested (See Part 6)
- ☐ Corrective Action(s) Review Completed (See Part 7)
- ☐ Corrective Action(s) Required (See Part 7)
- ☐ Corrective Action(s) Performed (See Part 8)
- ☐ Corrective Action(s) Documented (See Part 9)

* Designated Responsible Person: 1)for "Commodity Inspection" is the assigned Commodities Logistics Specialist, 2)for "Facility Inspection" is the assigned Program Manager (HQ), 3)for "Scale Inspection" is the Facilities Manager (Depot Manager) and 4)for "Other Inspection" will be determined at time of inspection.

** The Report Number shall be formatted as follows: The point of inspection initials followed by a three digit sequential report number.

Part 2 *(Commodity Inspection)*

LEAVE THIS PART BLANK IF INSPECTING FACILITIES, SCALES OR OTHER TYPE OF INSPECTION. The "Designated Responsible Person" for "Commodity Inspection" is the assigned Commodities Logistics Specialist.

Part 2 to be used for commodity inspections only. Attach "Narrative" or "Part 2 Continuation Sheet(s)" as required.

2A EBS Item Number K0000(xxxx)	2B Lot/Contract Number	2C EBS Weight (If applicable)	2D EBS Piece Count (If applicable)	2E EBS and Actual Weights/Piece Counts Agree (Y = yes N = no) *	2F % of item/lot Inspected (Minimum 40%) **	2G Container Type	2H Container Opened (Y = yes N = no)	2I Stored IAW Requirements (Y = yes N = no) ***	2J Shipment Ready (Y = yes N = no)****	2K Corrective Action(s) Review Requested (Y = yes N = no)

Remarks

2L.

* If EBS and actual weights/piece counts DO NOT agree, enter "N" in this block. Then enter "Y" in block 2K of this Part and specify why a corrective action(s) review is being requested in block 2L of this Part.

** List the actual % of item/lot inspected. If less than 40% of the item/lot is visually accessible, the item/lot cannot be inspected until actions are taken to increase the items/lots visual accessibility to a minimum of 40%. The inspector shall inspect the maximum % of each item/lot that is visually accessible. Do not stop at inspecting 40% of an item/lot when more of the item/ lot is visually accessible. (Minimum % of item/lot to be inspected was determined by an adaptation of MIL-STD-1916)

*** These requirements may include, but are not limited to, such items as storage patterns, climate controls, security requirements, fire protection and environmental controls. See commodity specific storage requirements as delineated in Chapter 4 of the Storage Manual.

**** "Shipment Ready" is defined as "The material can be readied for shipment within two (2) business days. If any physical condition identified during this inspection (e.g. broken pallet(s) or damaged drum(s)) can be overcome and the material can be readied for shipment within two (2) business days, the material IS "Shipment Ready". An active contract and/or shipment order are not required for material to be" Shipment Ready". If entering an "N" in this block, a corrective action review must be requested in block 2K of Part 2 along with a reason in block 2L (Remarks) why the material is NOT shipment ready.

Part 3 *(Facility Inspection)*

LEAVE THIS PART BLANK IF INSPECTING COMMODITIES, SCALES OR OTHER TYPE OF INSPECTION. The "Designated Responsible Person" for "Facility Inspection" is the assigned Program Manager (HQ).

Part 3 to be used for facility inspections only. Attach narrative.	3A Corrective Action(s) Review Requested (Y = yes N = no):

Remarks

3B

Part 4 *(Scale Inspection)*

LEAVE THIS PART BLANK IF INSPECTING COMMODITIES, FACILITIES OR OTHER TYPE OF INSPECTION. The "Designated Responsible Person" for "Scale Inspection" is the Facilities Manager (Depot Manager).

Part 4 to be used for scale inspections only. Attach supporting documentation.

4A Scale Type	4B Manufacturer	4C Model Number	4D Serial Number	4E Capacity	4F Smallest Increment	4G Calibrated By *	4H Calibration Date	4I Seal Installed (y = yes N = no)	4J Corrective Action(s) Review Requested (Y = yes N = no)

Remarks

4K

* Enter the name of the person or company that performed the scale calibration. This may or may not be a government employee. This may be a private company (e.g. Toledo scales, etc.) or a municipal agency (e.g. state or county agency, etc.).

Part 5 *(Other Inspection)*

LEAVE THIS PART BLANK IF INSPECTING COMMODITIES, FACILITIES OR SCALES. The "Designated Responsible Person" for "Other Inspection" will be determined at the time of inspection.

Part 5 to be used for other types of inspections not listed above only. Attach narrative.	5A Corrective Action(s) Review Requested (Y = yes N = no):

Remarks

5B

Part 6 *(Facility Manager Review)*

Part 6 to be used by the Facility Manager for review and concurrence of Parts 1 thru 5 as applicable only.

6A Signature of the Facility Manager	6B Date Review/Concurrence completed	6C * ☐ Check this box if a corrective action(s) review is requested. Also check the "Corrective Action(s) Review Requested" box in block 1D of Part 1.
		** ☐ Check this box if NO corrective action(s) review is requested. DO NOT check any box in block 1D of Part 1.

Remarks

6D

* Check this block if a corrective action(s) review is requested in block 2K of Part 2, in block 3A of Part 3, block 4J of Part 4 or block 5A of Part 5 and the Facility Manager concurs that a "Corrective Action(s) Review is required. The Facility Manager can check this block if they determine that a "Corrective Action(s) Review" is required that was not listed in Parts 2, 3, 4 or 5, but must enter remarks in block 6D to justify their decision.

** The Facility Manager MUST enter remarks (to justify their decision) in block 6D of Part 6 if checking this box when corrective action(s) review is requested in block 2K of Part 2, in block 3A of Part 3, block 4J of Part 4 or block 5A of Part 5 and the Facility Manager does NOT concur that a "Corrective Action(s) Review" is required.

Part 7 *(Corrective Action(s) Review)*

LEAVE THIS PART BLANK IF NO CORRECTIVE ACTION(S) REVIEW IS REQUESTED AS IDENTIFIED IN PART 6. THIS PART TO BE COMPLETED BY THE "DESIGNATED RESPONSIBLE PERSON" IDENTIFIED IN BLOCK 1A OF PART 1.

Part 7 to be used for corrective action(s) review only. Attach additional continuation sheets as required.

7A Description of reported deficiency (for commodities list EBS item number), (for facilities list location), (for scales list serial number) to be reviewed	7B Date of Review *	7C Reviewed By Signature	7D Corrective Action(s) Required (Y=yes, N-no) **	7E Assign a corrective action number ***	7F Corrective Action(s)

Remarks

7G

* Upon completion of this "Corrective Action(s) Review", the "Designated Responsible Person" (as identified in block 1A of Part 1) will check the "Corrective Action(s) Review Completed" box in block 1D of Part 1.

** If any corrective action(s) are required, the "Designated Responsible Person" (as identified in block 1A of Part 1) will enter a "Y" in this block for each identified deficiency. The "Designated Responsible Person" (as identified in block 1A of Part 1) will check the "Corrective Action(s) Required" box in block 1D of Part 1. The "Designated Responsible Person" will document the completion of the visual inspection by updating the "Commodity Inspection Schedule" on the shared drive. The "Designated Responsible Person" will enter the initials of the person who performed the visual inspection in the appropriate block in the commodity inspection schedule on the shared drive. The "Designated Responsible Person" will also highlight the background color of the appropriate block in the commodity inspection schedule on the shared drive "red" if corrective action(s) are required. The shared drive target location is "Q > Audit Readiness > Audit Readiness Archive > Evidential Matter > M > MO > Material Inspection Reports > 1 INSPECTION SCHEDULES > FY (specific year) Commodity Inspection Schedule". DO NOT check the "Corrective Action(s) Required" in block 1D of Part 1 If NO corrective action(s) is/are required.

*** The corrective action number format is as follows; the report number of this inspection report as listed in block 1C of Part 1 followed by a dash and a sequential number assigned by the "Designated Responsible Person" (as identified in block 1A of Part 1) .

Part 8 *(Corrective Action(s) Performance)*

LEAVE THIS PART BLANK IF NO CORRECTIVE ACTION(S) ARE REQUIRED AS IDENTIFIED IN PART 7. THIS PART TO BE COMPLETED BY THE PERSON PERFORMING CORRECTIVE ACTIONS..

Part 9 to be used for corrective action(s) performance only. Attach additional continuation sheets as required. Attach supporting documentation.

8A Corrective action number	8B Corrective action(s) preformed	8C Date corrective action(s) performed *	8D Signature of person performing corrective action(s)	8E Supporting Documentation attached (Y = yes N = no)

Remarks

8F

* Upon completion of performance of all corrective action(s), check the "Corrective Action(s) Performed" box in block 1D of Part 1. All "Corrective Action(s)" must be completed prior to the next scheduled inspection unless a waiver is obtained from the Chief, Operations & Logistics Division.

Part 9 *(Corrective Action(s) Documented)*

LEAVE THIS PART BLANK IF NO CORRECTIVE ACTION(S) DOCUMENTATION IS REQUIRED. THIS PART TO BE COMPLETED BY THE "DESIGNATED RESPONSIBLE PERSON" IDENTIFIED IN BLOCK 1A OF PART 1.

Part 9 to be used to document completion of all corrective action(s) only. Attach additional continuation sheets as required. Attach supporting documentation.

9A Corrective action number	9B Corrective action(s) documented	9C Date corrective action(s) documented. *	9D Signature of person documenting corrective action(s) **	9E Supporting Documentation attached (Y = yes)

Remarks

9F

* Upon completion of this "Corrective Action(s) Documented", the "Designated Responsible Person" identified in block 1A of part 1 of the DLA STRATEGIC MATERIALS INSPECTION REPORT FORM 30 will check the "Corrective Action(s) Documented" box in block 1D of Part 1.

** The "Designated Responsible Person" documenting the completion of all corrective action(s) will highlight the background color of the appropriate block in the commodity inspection schedule on the shared drive "green" (the background color was previously "red"). The shared drive target location is "Q > Audit Readiness > Audit Readiness Archive > Evidential Matter > M > MO > Material Inspection Reports > 1 INSPECTION SCHEDULES > FY (specific year) Commodity Inspection Schedule".

Part 10 *(Inspection Completed)*

The "Designated Responsible Person" (as identified in block 1A of Part 1) certifies that this inspection is completed and that all corrective action(s) (if any) have been completed and that all required inventory adjustments (if any) in the EBS system are completed and documented.

Part 10 to be used to document completion of inspection only.

10A Signature of the "Designated Responsible Person" (as identified in block 1A of Part 1)	10B Date of inspection completion

Remarks

10C

Part 11 *(Management Review)*

The Chief of the Environmental Division certifies that the management review of this inspection is completed and that all corrective action(s) (if any) have been completed and that all required inventory adjustments (if any) in the EBS system are completed and documented.

Part 11 to be used to document completion of management review only.

11A Signature of the Chief of the Environmental Division	11B Date of management review completion

Remarks

11C

Part 12 *(Inspection Uploaded to Shared Drive)*

By signing below the "Designated Responsible Person" (as identified in block 1A of Part 1) certifies that this completed "DLA Strategic Materials Inspection Report Form 30" (and Supporting Documentation if required) has been uploaded to the shared drive. The shared drive target location is "Q > Audit Readiness > Audit Readiness Archive > Evidential Matter > M > MO > Material Inspection Reports > Material Inspection Reports FY (specific year) > Specific Location".

Part 12 to be used to document the completion of uploading this completed DLA Strategic Materials Inspection Report 30 to the designated share drive.

12A Digital Signature of the "Designated Responsible Person" (as identified in block 1A of Part 1)	12B Date uploaded

Remarks

12C