REPORT OF INSPECTION ON OPERATIONAL RATIONS TYPE: ____________________ NSN: ____________________

PART I - INSPECTION ACTIVITY INFORMATION	
INSPECTOR:	DATE OF INSPECTION:
SECTION:	BRANCH:
ACTIVITY:	REGION:

PART II – INSPECTED UNIT INFORMATION	
INSTALLATION:	UNIT NAME:
STORAGE LOCATION OF RATIONS:	RATIONS RECEIVED FROM:

PART III – RATION ASSEMBLER INFORMATION	
CONTRACT NUMBER: ___NA	ASSEMBLER:

PART IV – INSPECTION INFORMATION		
CLASS OF INSPECTION:		TYPE OF INSPECTION: ___ROUTINE ___SPECIAL
TYPE OF INSPECTION LOT: ___GRAND ____CONTRACTORS/ASSEMBLERS	LOT SIZE:	LOT INFORMATION:

PART V – INSPECTION RESULTS	
CONDITION CODE: ___A ___B ___C ___H ___J ___L	NEXT INSPECTION DUE:
SPECIAL INSPECTION REQUIRED: ___NO ___YES	TTI STATUS: ___0 ___1 ___2 ___3 ___4 ___ 5 ___NA ___MISSING
STORAGE CONDITION: ___REFRIGERATED ___NON-REFRIGERATED	STORAGE TEMPERATURE: ___<80*F ___>80*F ___UNKNOWN
OVERRIDE SPECIAL INSPECTION:	OVERRIDE AUTHORIZED BY:
JUSTIFICATION OF OVERRIDE:	

PART VI - SAMPLING PLANS

RATION COMPONENT (SPECIAL ONLY)	DEFECT TABLE	SAMPLING TABLE	SAMPLE SIZE	DEFECT CLASS	ACTION NUMBER	TOTAL DEFECTS	DEFECTS BY COMPONENT CLASSIFICATION
							PRIMARY - SECONDARY - ANCILLARY - N/A ☐
							PRIMARY - SECONDARY - ANCILLARY - N/A ☐
							PRIMARY - SECONDARY - ANCILLARY - N/A ☐
							PRIMARY - SECONDARY - ANCILLARY - N/A ☐
							PRIMARY - SECONDARY - ANCILLARY - N/A ☐
							PRIMARY - SECONDARY - ANCILLARY - N/A ☐
							PRIMARY - SECONDARY - ANCILLARY - N/A ☐
							PRIMARY - SECONDARY - ANCILLARY - N/A ☐
							PRIMARY - SECONDARY - ANCILLARY - N/A ☐

(FOR USE OF THIS FORM, SEE DLA Troop SupportH 4155.2, APPROPRIATE APPENDIX)

REPORT OF INSPECTION ON OPERATIONAL RATIONS TYPE: _____ **NSN:** _____ PAGE ___OF ___

PART VII – NONCONFORMANCE SUMMARY

ASSEMBLER LOT NO.	MENU NO.	COMPONENT & CODE	COMPONENT PROCESSOR	DEFECT TABLE	DEFECT NO.	DEFECT CODE	DESCRIPTION OF DEFECTS/REMARKS	DEFECT TALLY*									
								Primary			Secondary			Ancillary			N/A
								A	B	M	A	B	M	A	B	M	
* A = MAJ A, B = MAJ B, M = MINOR, N/A = Items with no Component Classification (Primary, Secondary, Ancillary) DEFECT TOTALS								0	0	0	0	0	0	0	0	0	0

PART VIII - NARRATIVE COMMENTS

PART IX – SIGNATURE BLOCK

NAME / SIGNATURE OF INSPECTOR	DATE	NAME / SIGNATURE OF SUPERVISOR	TELEPHONE NO.	DATE