

REPORT OF INSPECTION ON _____ OPERATIONAL RATIONS

(ENTER TYPE OF RATION)

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:
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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

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 - NA ANCILLARY -
							PRIMARY - SECONDARY - NA ANCILLARY -
							PRIMARY - SECONDARY - NA ANCILLARY -
							PRIMARY - SECONDARY - NA ANCILLARY -
							PRIMARY - SECONDARY - NA ANCILLARY -
							PRIMARY - SECONDARY - NA ANCILLARY -
							PRIMARY - SECONDARY - NA ANCILLARY -
							PRIMARY - SECONDARY - NA ANCILLARY -
							PRIMARY - SECONDARY - NA ANCILLARY -

REPORT OF INSPECTION ON _____ OPERATIONAL RATIIONS (CONT)

(USE ADDITIONAL SHEETS IF NECESSARY)

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

PART VIII - NARRATIVE COMMENTS

PART IX – SIGNATURE BLOCK

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