

40-MM GRENADE LAUNCHER SCORECARD

For use of this form, see FM 3-22.31; the proponent agency is TRADOC.

1. ID CODE *				2. UNIT		3. DATE (YYYYMMDD)															
4. ZERO LEAF SIGHT		DEFILADE		ELEVATION		5. ZERO QUADRANT SIGHT															
DEFILADE		ELEVATION		DEFILADE		ELEVATION															
6. RECORD FIRE	TASK NO.	TIME (MIN)	TGT	HIT	MISS	8. RATING SCALE															
DAY	1	2	1	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">TOTAL POINTS <i>(Block 7)</i></td> <td colspan="2" style="text-align: center;">RATING</td> </tr> <tr> <td style="text-align: center;">80 - 90</td> <td style="text-align: center;">EXPERT</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">70 - 75</td> <td style="text-align: center;">FIRST CLASS</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">60 - 65</td> <td style="text-align: center;">SECOND CLASS</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">0 - 55</td> <td style="text-align: center;">UNQUALIFIED</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	TOTAL POINTS <i>(Block 7)</i>	RATING		80 - 90	EXPERT	<input type="checkbox"/>	70 - 75	FIRST CLASS	<input type="checkbox"/>	60 - 65	SECOND CLASS	<input type="checkbox"/>	0 - 55	UNQUALIFIED	<input type="checkbox"/>
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2	<input type="checkbox"/>	<input type="checkbox"/>																			
2	2	1	<input type="checkbox"/>	<input type="checkbox"/>																	
		2	<input type="checkbox"/>	<input type="checkbox"/>																	
3	2	1	<input type="checkbox"/>	<input type="checkbox"/>																	
		2	<input type="checkbox"/>	<input type="checkbox"/>																	
CBRN	4	2	1	<input type="checkbox"/>	<input type="checkbox"/>	9. GRADER'S INITIALS	10. DATE (YYYYMMDD)														
	5	2	1	<input type="checkbox"/>	<input type="checkbox"/>																
NIGHT	6	2	1	<input type="checkbox"/>	<input type="checkbox"/>	11. OIC'S INITIALS	12. DATE (YYYYMMDD)														
* Do not use personal information			7. TOTAL POINTS <i>(Award 10 points for each hit)</i>																		