

AMMUNITION MALFUNCTION REPORT				1. REPORT NO.		<i>Requirements Control Symbol - CSGLD 1961</i>		
2. MALFUNCTIONING ITEM				3. ITEM COMPONENTS				
4. MALFUNCTION DESCRIPTION								
5. SITE OF MALFUNCTION		6. UNIT CONTROLLING SITE		7. UNIT USING AMMUNITION				
8a. DATE MALFUNCTION OCCURRED	8b. TIME							
9a. CASUALTIES <i>(No. Killed)</i>		9b. CASUALTIES <i>(Hospitalized)</i>		9c. CASUALTIES <i>(Other Injuries)</i>				
9d. DESCRIPTION								
10. DAMAGE				10c. DESCRIPTION				
a. WEAPON DAMAGED? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A								
b. DAMAGE REPAIRABLE AT UNIT LEVEL? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A								
11. DETONATION				c. M FROM WEAPON		d. M FROM NEAREST PERSON		
<input type="checkbox"/> a. None <input type="checkbox"/> b. In Weapon								
12. Quantity Remaining				13. EXHIBITS AVAILABLE <i>(Hold Exhibits Pending Disposition Instructions per AR 75-1, para. 2-1).</i>				
a. FIRING SITE	b. LOCAL STORAGE	c. SUSPENDED?		<input type="checkbox"/> a. Fragments		<input type="checkbox"/> b. Intact Components		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> c. Weapon		<input type="checkbox"/> d. None		
14. Firing Conditions for Malfunction Lot								
a. WEAPON				b. TARGET				
c. RANGE	d. AZIMUTH	e. ELEVATION		f. ZONE		g. FUZE SETTING		
M								
h. FIRED HOW MANY ROUNDS PER MINUTE FROM WEAPON		i. FOR HOW MANY MINUTES BEFORE MALFUNCTION		j. TOTAL FIRED FROM WEAPON ON DAY OF MALFUNCTION				
k. TOTAL MALFUNCTIONED		l. TOTAL FIRED		m. MALFUNCTION RATE				
				%				
15. Terrain								
a. FIRING SITE	b. DOWN RANGE	c. POSSIBLE OBSTRUCTIONS			d. CLEAR VIEW OF FLIGHT PATH			
						M		
16. Weather Conditions								
a. VISIBILITY	b. PRECIPITATION		c. TEMPERATURE	d. PRIOR 24 HOURS		e. RELATIVE HUMIDITY		
			F	HIGH	LOW			
				F	F			
17. Malfunction Lot Storage Conditions				18. Packaging of Malfunction Lot			YES	NO
a. Firing Site: <input type="checkbox"/> Open <input type="checkbox"/> Enclosed b. Local Storage: <input type="checkbox"/> Open <input type="checkbox"/> Enclosed				a. Original Package?				
c. UNPACKED HOW MANY HRS. BEFORE MALFUNCTION		d. MAGAZINE TYPE		e. STORED HOW MANY MONTHS		b. Original Seal?		
						c. Package Adequate?		
						d. Package Damaged?		
19. ADDITIONAL DATA <i>(If more space is needed, use continuation sheet or back of form)</i>								
20a. FOR ADDITIONAL DATA, CONTACT				21a. PERSON COMPLETING REPORT				
b. TELEPHONE NO. <i>(Include Area Code)</i>				b. TELEPHONE NO. <i>(Include Area Code)</i>		c. DATE		