

QUALITY CONTROL FACILITY SURVEILLANCE

		1. ITEM NO. (NSN)
		2. CONTRACT NO.
		3. ORDER NO.
4a. ITEM NAME	4b. SPECIFICATION NO.	5. QUANTITY AND UNIT
6. NAME AND ADDRESS OF MANUFACTURER		7. DATE OF MANUFACTURE OR PACK
8. WAREHOUSE LOCATION (<i>City and State</i>)	9. LOCATION OF MATERIAL IN WAREHOUSE	10. LOT OR BATCH NO.
11. SHELF-LIFE CODE (<i>When applicable</i>)	12. DATE OF PRIOR INSPECTION	13. SUITABLE FOR ISSUE <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO
16. REMARKS		

17. SIGNATURE OF QUALITY ASSURANCE SPECIALIST	18. REGION NO.	19. DATE
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