

QUALITY CONTROL AND SURVEILLANCE RECORD FOR TOE MEDICAL ASSEMBLAGES

For use of this form, see AR 40-61; the proponent agency is OTSG

NO	LOCATION	MANUFACTURER	CONTRACT NO. (If available)	LOT/BATCH NUMBER	EXP/MFR DATE (If available)	QTY ON HAND	DATE LAST INSPECTION	DATE NEXT INSPECTION
NSN		DESCRIPTION			UNIT OF ISSUE	NOTES	INSPECTION FREQUENCY	SHELF LIFE/ ESTIMATED SHELF LIFE