

**Night Vision Goggles (NVG)
Usage Report**

Instructions For Use

1. This form is to be used to report NVG usage for a single sortie only. On completion of an active NVG sortie, the user is to:
 - a. Enter the NVG Unit Serial No.
 - b. Enter the Aircraft Type, as appropriate.
 - c. Complete the 'Light Condition/Duration' block, as appropriate. (See 'Light Condition Guidelines' below).

Note: All NVG training carried out in high light levels is to be recorded under Column A - Full Moon (>50 mLux).

 - d. Tick the 'Batteries Replaced' box and enter the usage since replacement. (Only if they replaced the batteries or battery pack).
 - e. Complete the 'NVG Condition' block, as appropriate.
 - f. Complete the 'User Certificate'.
 - g. Return the completed form to the Ship/Sqn/Unit engineering organization at the earliest opportunity.

Light Condition Guidelines

1. The following light condition assessment guidelines are to be applied when entering durations of use in Columns 'A', 'B' and 'C':
 - a. **Column A - Full Moon (>50 mLux).** Light conditions generally perceived to produce excessively bright NVG images such that some eyestrain might occur following an extended period of use.
 - b. **Column B - Overcast (5-50 mLux).** Light conditions generally perceived to produce clear, reasonably lit NVG images.
 - c. **Column C - Starlight (0-5 mLux).** Light conditions generally perceived to produce dull, grainy NVG images.

Night Vision Goggles(NVG) Usage Report

NVG Unit Serial No.	<input style="width: 100%;" type="text"/>
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Aircraft Type	<input style="width: 100%;" type="text"/>
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Batteries Replaced(3)	<input style="width: 100%; height: 30px;" type="text"/>
Usage Since Replacement	<input style="width: 100%; height: 30px;" type="text"/>

Light Condition/Duration

A		B		C		D	
Full Moon (>50 mLux)		Overcast (5-50mLux)		Starlight (0-5mLux)		(A+B+C)	
Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins
<input style="width: 20px; height: 20px;" type="text"/>							

NVG Condition

Post-Use Condition(3):	Serviceable <input type="checkbox"/>	Unserviceable <input type="checkbox"/>
Fault/Remarks:		
<input style="width: 100%; height: 100%;" type="text"/>		

User Certificate

Certified that the information entered above is correct									
Name	<input style="width: 100%;" type="text"/>					Signature:			
Ship/Sqn/Unit	<input style="width: 100%;" type="text"/>								
Time	<input style="width: 20px; height: 20px;" type="text"/>	Day/Month/Year		<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>				