



**Narrative Report**

Type of Material Failure

Metallic  Non-Metallic  Software

10

		Signature	Rank & Name	Appointment	Telephone	Date
11	<b>Originator</b>					

**Report to be forwarded to Supply Organisation**

12	<b>QAA, Distributor/ESD and Manufacturer</b>
	QAA: _____
	Distributor/ESD: _____ _____
	Manufacturer: _____

13	<b>Disposal Details (If not quarantined at reporting unit)</b>
	Authority for Disposal: _____
	Qty Dispatched: _____ Iss Voucher No: _____ Date: _____
	Mode of Conveyance: _____
	Consignee: _____ _____

14	<b>Additional Information for Not-In-Use Items and EETE</b>												
	<table border="1" style="border-style: dashed; border-width: 2px;"> <thead> <tr> <th></th> <th>Qty Inspected</th> <th>Qty Rejected</th> <th>Qty Held Suspect</th> </tr> </thead> <tbody> <tr> <td>Packaged</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unpackaged</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Qty Inspected	Qty Rejected	Qty Held Suspect	Packaged				Unpackaged			
		Qty Inspected	Qty Rejected	Qty Held Suspect									
	Packaged												
	Unpackaged												
	Contract No: _____												
	Lot/Batch No: _____												
Allotment Issue Voucher No: _____													
Packaging Details: _____													
Received From and Date: _____													

15	<b>Supply Action</b>				
	Comments: _____ _____				
	Scarce Item <input type="checkbox"/>		Supply Authority: _____		
	Signature	Rank & Name	Appointment	Telephone	Date

**Report to be forwarded to ESD/Senior Specialist Officer**

16	<b>ESD Recommendations for Not-In-Use Equipment</b>				
	Investigation required    Yes/No*    ESD <input type="checkbox"/> MODPM <input type="checkbox"/>				Comments:
	MFRI Action <input type="checkbox"/>	Stock Holdings: _____		Stock Examination Recommended: <input type="checkbox"/>	
	Signature	Rank & Name	Appointment	Telephone	Date

**Report to be forwarded to Senior Specialist Officer**

17	<b>Senior Specialist Officer</b>	Signature	Rank & Name	Appointment	Telephone	Date

**Report to be forwarded to TAA/DT**

18	<b>TAA/DT Decision</b>				
	Investigation Required    Yes/No*				
	Remarks (To be completed in capitals):				
	Signature	Rank & Name	Appointment	Telephone	Date

19	<b>Distribution:</b>
	(1) Supply Authority: _____ (2) Parent FLC HQ: _____ (3) Originator: _____ Additional Distribution: _____ _____