



TAG #
LINER
Y N

CUSTOMER/ DEPARTMENT NAME		DATE RECEIVED
CONTACT / AUTHORIZATION NAME		CONTACT NUMBER
		PO #
INITIAL INSPECT	REPAIR	FINAL INSPECT

DATE AUTHORIZED	REPAIR ALL DAMAGE Y N	<input type="radio"/> JACKET <input type="radio"/> TROUSER <input type="radio"/> OTHER	<input type="radio"/> STRUCTURAL <input type="radio"/> WILDLAND <input type="radio"/> EMS <input type="radio"/> OTHER	ORDER COUNT
DATE COMPLETED	RUSH Y N			DATE OF MANUFACTURE
	JOB GUIDE Y N			SIZE

ISSUED TO	MANUFACTURER	MODEL	SN/ID
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OUTER SHELL	THERMAL LINER	MOISTURE BARRIER
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RECEIVED CLEAN	GENERAL CLEAN	PRE-TREAT (SOIL, TAR, GREASE)	SOAK	BLOOD BORNE DE-CON
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REPAIRS:
