# TALLY CHECKLIST

For use of this form, see DA PAM 5-20; the proponent agency is ASCIM

| OBSERVATION NUMBER | TYPE OF SERVICE | DATE | | | s | o* | REMARKS |
|---|---|---|---|---|---|---|---|
| | | REC'D | DEL'D | INSPT'D | | | |
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*s: Satisfactory*

*o: Other than satisfactory*

** Request contractor's Initial*