

C6349001

MODEL 700<sup>TM</sup> M24

Model **SMS** <sup>TM</sup>

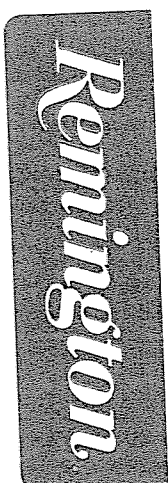
Action

Barrel Length

Capacity

Order No. **5716**

\*Includes 1 in chamber.





84B

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                               |  |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                 |  |                                                  |  |
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| <b>MAINTENANCE REQUEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                               |  | PAGE NO.<br>1                           | NO. OF PAGES<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | REQUIREMENTS CONTROL SYMBOL<br>CSGLD - 1047(R1) |  |                                                  |  |
| For use of this form, see DA PAM 738-750; the proponent agency is DCSLOG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                               |  |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                 |  |                                                  |  |
| <b>SECTION I - EQUIPMENT DATA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                               |  |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                 |  |                                                  |  |
| <b>CONTROL NUMBER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | WORK ORDER NO.                                |  | WESDC                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ORG. PD                                         |  | PD AUTHENTICATION                                |  |
| <input type="checkbox"/> Work Request<br><input type="checkbox"/> MWO<br><input checked="" type="checkbox"/> Warranty Claim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 1A. ORGANIZATION<br><br>B Co 3/5              |  | B. LOCATION<br><br>H. Campbell RY 42223 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | C. UNIT IDENT CODE<br><br>WH06B0                |  |                                                  |  |
| 2. SERIAL NO.<br><br>C634 9001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 3. NOUN NOMENCLATURE<br><br>Rifle Sniper 7.62 |  | 4. LINE NO.                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 5. MODEL<br><br>M24                             |  | 6. NATIONAL STOCK NUMBER<br><br>1005-01-240-2136 |  |
| 7A. MAINTENANCE ACTIVITY<br><br>IMO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | B. LEVEL                                      |  | 8. UTILIZATION CODE                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 9A. MCSR ITEM                                   |  | 9B. ERC                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                               |  |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 9C. PACING ITEM                                 |  | 10. HOURS                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                               |  |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                 |  | 11. MILES                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                               |  |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                 |  | 12. ROUNDS                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                               |  |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                 |  | 13. STARTS                                       |  |
| 14. FAILURE DETECTED DURING (Select one - use <input checked="" type="checkbox"/> or X)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                               |  |                                         | 15. FIRST INDICATION OF TROUBLE (Select one - use <input checked="" type="checkbox"/> or X)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                 |  |                                                  |  |
| <input type="checkbox"/> A Sch. Main. <input type="checkbox"/> C Test <input type="checkbox"/> E Storage <input type="checkbox"/> G Flight<br><input type="checkbox"/> B Handling <input type="checkbox"/> D Normal Op <input type="checkbox"/> F Inspection <input checked="" type="checkbox"/> H Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                               |  |                                         | <input type="checkbox"/> 068 Inoperative <input type="checkbox"/> 258 Overheating <input type="checkbox"/> 790 Out of Adjustment<br><input type="checkbox"/> 008 Noisy <input type="checkbox"/> 387 Low Performance <input checked="" type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                 |  |                                                  |  |
| 16A. DESCRIBE DEFICIENCIES OR SYMPTOMS ON THE BASIS OF COMPLETE CHECKOUT AND DIAGNOSTIC PROCEDURE IN EQUIPMENT TM (Do not prescribe repairs)<br><br>RND CNT OVER 5,000 RNDs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                               |  |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                 |  |                                                  |  |
| B. REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                               |  |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                 |  |                                                  |  |
| <b>PREPARATION INSTRUCTIONS (Prior to using this form, read DA PAM 738-750 for detailed preparation instructions)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                               |  |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                 |  |                                                  |  |
| 1. Place a "✓" or an "X" in the box for the type of action required.<br>2. Enter the WESDC if the item is Materiel Condition Status Reportable.<br>3. Enter the priority designator as determined from the urgency of need and force activity designator.<br>4. The Unit Commander, Chief of TDA activity or their designated representative will authenticate, by signature, a priority of 01 through 08.<br>5. <i>Block 1A.</i> Enter the name of the organization submitting the request.<br>6. <i>Block 1B.</i> Enter the unit submitting the request; units overseas enter APO only.<br>7. <i>Block 1C.</i> Enter the unit identification code of the unit in block 1A.<br>8. <i>Block 2.</i> Enter the equipment serial number. For ammunition, enter the lot number. For administrative-use vehicles, enter the USA registration number.<br>9. <i>Block 3.</i> Enter the noun abbreviation of the item.<br>10. <i>Block 4.</i> Enter the item line number, if applicable.<br>11. <i>Block 5.</i> Enter the model number.<br>12. <i>Block 6.</i> Enter the National Stock Number of the item listed in Block 3. |  |                                               |  |                                         | 13. <i>Block 7.</i> Enter the name of the support activity.<br>14. <i>Block 7A.</i> Enter the symbol of the maintenance category (O, F, H, D, or L).<br>15. <i>Block 8.</i> Enter the utilization code.<br>16. <i>Block 9A.</i> Enter the word "yes" if the item is Materiel Condition Status Reportable.<br>17. <i>Block 9B.</i> Enter the equipment readiness code, if applicable.<br>18. <i>Block 9C.</i> Enter the word "yes" if the item is a pacing item.<br>19. <i>Block 10.</i> Enter the hour reading, if applicable.<br>20. <i>Block 11.</i> Enter the mileage from the odometer, if applicable.<br>21. <i>Block 12.</i> Enter the total rounds fired, if applicable.<br>22. <i>Block 13.</i> For turbine engines, enter the number of hot starts.<br>23. <i>Block 14.</i> Enter a "✓" or "X" in the proper block.<br>24. <i>Block 15.</i> Enter a "✓" or "X" in the proper block.<br>25. <i>Block 16.</i> Describe briefly the fault or symptoms needing correction. |                                                 |  |                                                  |  |
| 23. SUBMITTED BY<br><br>[Signature]<br>G. L. [Signature]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 24. RECEIVED BY                               |  |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                 |  |                                                  |  |
| JULIAN DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | JULIAN DATE                                   |  |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                 |  |                                                  |  |

84B

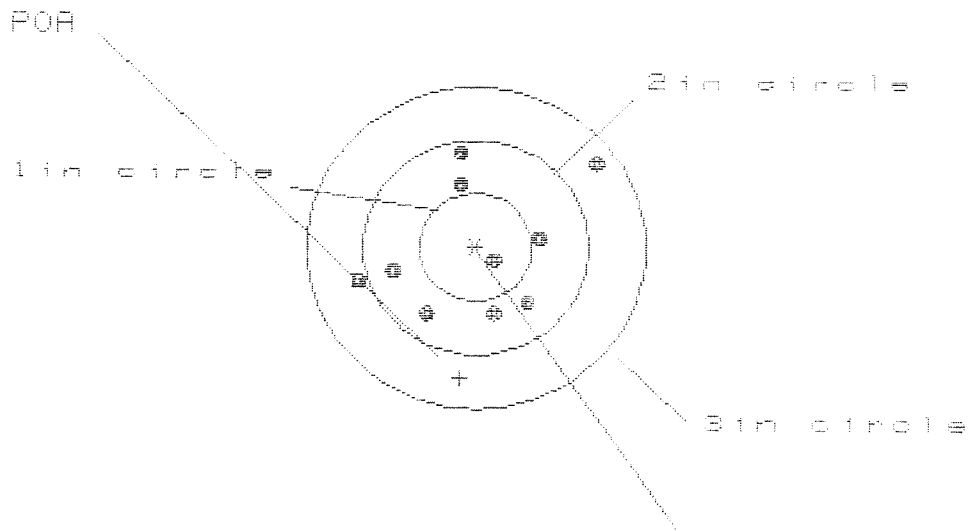
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |                                                |                                             |                                                                                      |                                     |                                                                                                                                                                                                                                                                                                     |                                  |                                              |                          |                                                                                                                                                                                                                                                                                                                                                       |                                 |                                       |                                   |                                     |                                      |                                       |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                     |  |  |  |  |  |  |  |                                          |                                          |                                                |                                    |                                              |                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------|-----------------------------------|-------------------------------------|--------------------------------------|---------------------------------------|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------|--|--|--|--|--|--|--|------------------------------------------|------------------------------------------|------------------------------------------------|------------------------------------|----------------------------------------------|-------------------------------------------|
| <b>MAINTENANCE REQUEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                              |                                                |                                             | PAGE NO.<br>1                                                                        | NO. OF PAGES<br>1                   | REQUIREMENTS CONTROL SYMBOL<br>CSGLD - 1047(R1)                                                                                                                                                                                                                                                     |                                  |                                              |                          |                                                                                                                                                                                                                                                                                                                                                       |                                 |                                       |                                   |                                     |                                      |                                       |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                     |  |  |  |  |  |  |  |                                          |                                          |                                                |                                    |                                              |                                           |
| For use of this form, see DA PAM 738-750; the proponent agency is DCSLOG                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                              |                                                |                                             |                                                                                      |                                     |                                                                                                                                                                                                                                                                                                     |                                  |                                              |                          |                                                                                                                                                                                                                                                                                                                                                       |                                 |                                       |                                   |                                     |                                      |                                       |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                     |  |  |  |  |  |  |  |                                          |                                          |                                                |                                    |                                              |                                           |
| <b>SECTION I - EQUIPMENT DATA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                              |                                                |                                             |                                                                                      |                                     |                                                                                                                                                                                                                                                                                                     |                                  |                                              |                          |                                                                                                                                                                                                                                                                                                                                                       |                                 |                                       |                                   |                                     |                                      |                                       |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                     |  |  |  |  |  |  |  |                                          |                                          |                                                |                                    |                                              |                                           |
| <b>CONTROL NUMBER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                              | <b>WORK ORDER NO.</b>                          |                                             | <b>WESDC</b>                                                                         |                                     | <b>ORG. PD</b>                                                                                                                                                                                                                                                                                      |                                  | <b>PD AUTHENTICATION</b>                     |                          |                                                                                                                                                                                                                                                                                                                                                       |                                 |                                       |                                   |                                     |                                      |                                       |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                     |  |  |  |  |  |  |  |                                          |                                          |                                                |                                    |                                              |                                           |
| <input type="checkbox"/> Work Request<br><input type="checkbox"/> MWO<br><input checked="" type="checkbox"/> Warranty Claim                                                                                                                                                                                                                                                                                                                                                                                                       |                                              | 1A. ORGANIZATION<br>B co 3/5                   |                                             | B. LOCATION<br>H. Campbell RY 42223                                                  |                                     |                                                                                                                                                                                                                                                                                                     | C. UNIT IDENT CODE<br>WH06B0     |                                              |                          |                                                                                                                                                                                                                                                                                                                                                       |                                 |                                       |                                   |                                     |                                      |                                       |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                     |  |  |  |  |  |  |  |                                          |                                          |                                                |                                    |                                              |                                           |
| 2. SERIAL NO.<br>C634 9001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                              | 3. NOUN NOMENCLATURE<br>Rifle Sniper 7.62      |                                             | 4. LINE NO.                                                                          |                                     | 5. MODEL<br>M24                                                                                                                                                                                                                                                                                     |                                  | 6. NATIONAL STOCK NUMBER<br>1005-01-240-2136 |                          |                                                                                                                                                                                                                                                                                                                                                       |                                 |                                       |                                   |                                     |                                      |                                       |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                     |  |  |  |  |  |  |  |                                          |                                          |                                                |                                    |                                              |                                           |
| 7A. MAINTENANCE ACTIVITY<br>IMO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              | B. LEVEL                                       |                                             | 8. UTILIZATION CODE                                                                  |                                     | 9A. MCSR ITEM                                                                                                                                                                                                                                                                                       |                                  | 9B. ERC                                      |                          | 9C. PACING ITEM                                                                                                                                                                                                                                                                                                                                       |                                 | 10. HOURS                             |                                   | 11. MILES                           |                                      | 12. ROUNDS                            |                                             | 13. STARTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |                                     |  |  |  |  |  |  |  |                                          |                                          |                                                |                                    |                                              |                                           |
| 14. FAILURE DETECTED DURING (Select one - use <input checked="" type="checkbox"/> or X)<br><table border="0" style="width:100%;"><tr><td><input type="checkbox"/> A Sch. Main.</td><td><input type="checkbox"/> C Test</td><td><input type="checkbox"/> E Storage</td><td><input type="checkbox"/> G Flight</td></tr><tr><td><input type="checkbox"/> B Handling</td><td><input type="checkbox"/> D Normal Op</td><td><input type="checkbox"/> F Inspection</td><td><input checked="" type="checkbox"/> H Other</td></tr></table> |                                              |                                                |                                             |                                                                                      |                                     |                                                                                                                                                                                                                                                                                                     |                                  |                                              |                          | <input type="checkbox"/> A Sch. Main.                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> C Test | <input type="checkbox"/> E Storage    | <input type="checkbox"/> G Flight | <input type="checkbox"/> B Handling | <input type="checkbox"/> D Normal Op | <input type="checkbox"/> F Inspection | <input checked="" type="checkbox"/> H Other | 15. FIRST INDICATION OF TROUBLE (Select one - use <input checked="" type="checkbox"/> or X)<br><table border="0" style="width:100%;"><tr><td><input type="checkbox"/> 068 Inoperative</td><td><input type="checkbox"/> 258 Overheating</td><td><input type="checkbox"/> 790 Out of Adjustment</td></tr><tr><td><input type="checkbox"/> 008 Noisy</td><td><input type="checkbox"/> 387 Low Performance</td><td><input checked="" type="checkbox"/> Other</td></tr></table> |                                            |                                     |  |  |  |  |  |  |  | <input type="checkbox"/> 068 Inoperative | <input type="checkbox"/> 258 Overheating | <input type="checkbox"/> 790 Out of Adjustment | <input type="checkbox"/> 008 Noisy | <input type="checkbox"/> 387 Low Performance | <input checked="" type="checkbox"/> Other |
| <input type="checkbox"/> A Sch. Main.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> C Test              | <input type="checkbox"/> E Storage             | <input type="checkbox"/> G Flight           |                                                                                      |                                     |                                                                                                                                                                                                                                                                                                     |                                  |                                              |                          |                                                                                                                                                                                                                                                                                                                                                       |                                 |                                       |                                   |                                     |                                      |                                       |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                     |  |  |  |  |  |  |  |                                          |                                          |                                                |                                    |                                              |                                           |
| <input type="checkbox"/> B Handling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> D Normal Op         | <input type="checkbox"/> F Inspection          | <input checked="" type="checkbox"/> H Other |                                                                                      |                                     |                                                                                                                                                                                                                                                                                                     |                                  |                                              |                          |                                                                                                                                                                                                                                                                                                                                                       |                                 |                                       |                                   |                                     |                                      |                                       |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                     |  |  |  |  |  |  |  |                                          |                                          |                                                |                                    |                                              |                                           |
| <input type="checkbox"/> 068 Inoperative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> 258 Overheating     | <input type="checkbox"/> 790 Out of Adjustment |                                             |                                                                                      |                                     |                                                                                                                                                                                                                                                                                                     |                                  |                                              |                          |                                                                                                                                                                                                                                                                                                                                                       |                                 |                                       |                                   |                                     |                                      |                                       |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                     |  |  |  |  |  |  |  |                                          |                                          |                                                |                                    |                                              |                                           |
| <input type="checkbox"/> 008 Noisy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> 387 Low Performance | <input checked="" type="checkbox"/> Other      |                                             |                                                                                      |                                     |                                                                                                                                                                                                                                                                                                     |                                  |                                              |                          |                                                                                                                                                                                                                                                                                                                                                       |                                 |                                       |                                   |                                     |                                      |                                       |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                     |  |  |  |  |  |  |  |                                          |                                          |                                                |                                    |                                              |                                           |
| 16A. DESCRIBE DEFICIENCIES OR SYMPTOMS ON THE BASIS OF COMPLETE CHECKOUT AND DIAGNOSTIC PROCEDURE IN EQUIPMENT TM (Do not prescribe repairs).<br>RND CNT over 5,000 RNDOS                                                                                                                                                                                                                                                                                                                                                         |                                              |                                                |                                             |                                                                                      |                                     |                                                                                                                                                                                                                                                                                                     |                                  |                                              |                          |                                                                                                                                                                                                                                                                                                                                                       |                                 |                                       |                                   |                                     |                                      |                                       |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                     |  |  |  |  |  |  |  |                                          |                                          |                                                |                                    |                                              |                                           |
| B. REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                              |                                                |                                             |                                                                                      |                                     |                                                                                                                                                                                                                                                                                                     |                                  |                                              |                          |                                                                                                                                                                                                                                                                                                                                                       |                                 |                                       |                                   |                                     |                                      |                                       |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                     |  |  |  |  |  |  |  |                                          |                                          |                                                |                                    |                                              |                                           |
| <b>SECTION II - WORK ACCOMPLISHED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                              |                                                |                                             |                                                                                      |                                     |                                                                                                                                                                                                                                                                                                     |                                  |                                              |                          |                                                                                                                                                                                                                                                                                                                                                       |                                 |                                       |                                   |                                     |                                      |                                       |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                     |  |  |  |  |  |  |  |                                          |                                          |                                                |                                    |                                              |                                           |
| 17A. REPAIR ORGANIZATION/ACTIVITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                              |                                                |                                             | C. UNIT IDENT. CODE                                                                  |                                     | 18. TYPE ORGANIZATION/ACTIVITY ACCOMPLISHING WORK (Select one - use <input checked="" type="checkbox"/> or X)<br><table border="0" style="width:100%;"><tr><td><input type="checkbox"/> 1 TOE</td><td><input type="checkbox"/> 2 TD</td><td><input type="checkbox"/> 3 Contractor</td></tr></table> |                                  |                                              |                          | <input type="checkbox"/> 1 TOE                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> 2 TD   | <input type="checkbox"/> 3 Contractor | 19. AMS ACCT. CODE                |                                     |                                      |                                       |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                     |  |  |  |  |  |  |  |                                          |                                          |                                                |                                    |                                              |                                           |
| <input type="checkbox"/> 1 TOE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> 2 TD                | <input type="checkbox"/> 3 Contractor          |                                             |                                                                                      |                                     |                                                                                                                                                                                                                                                                                                     |                                  |                                              |                          |                                                                                                                                                                                                                                                                                                                                                       |                                 |                                       |                                   |                                     |                                      |                                       |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                     |  |  |  |  |  |  |  |                                          |                                          |                                                |                                    |                                              |                                           |
| B. LOCATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              |                                                |                                             |                                                                                      |                                     |                                                                                                                                                                                                                                                                                                     |                                  |                                              |                          |                                                                                                                                                                                                                                                                                                                                                       |                                 |                                       |                                   |                                     |                                      |                                       |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                     |  |  |  |  |  |  |  |                                          |                                          |                                                |                                    |                                              |                                           |
| 20A. ACT. CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                              | B. FAILURE CODE                                |                                             | C. COMPONENT/PART NOUN, SVC, OR MWO NO.<br>(1) CB CODE (2) REF DESIGN. (3) MFR. CODE |                                     |                                                                                                                                                                                                                                                                                                     | D. MANHOURS (Hrs. & tenths)      |                                              | E. NATIONAL STOCK NUMBER |                                                                                                                                                                                                                                                                                                                                                       | F. PART SOURCE CODE             |                                       | G. QTY.                           |                                     | H. PARTS COST                        |                                       |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                     |  |  |  |  |  |  |  |                                          |                                          |                                                |                                    |                                              |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |                                                |                                             |                                                                                      |                                     |                                                                                                                                                                                                                                                                                                     | .                                |                                              |                          |                                                                                                                                                                                                                                                                                                                                                       |                                 |                                       |                                   |                                     | \$                                   |                                       |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                     |  |  |  |  |  |  |  |                                          |                                          |                                                |                                    |                                              |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |                                                |                                             |                                                                                      |                                     |                                                                                                                                                                                                                                                                                                     | .                                |                                              |                          |                                                                                                                                                                                                                                                                                                                                                       |                                 |                                       |                                   |                                     | \$                                   |                                       |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                     |  |  |  |  |  |  |  |                                          |                                          |                                                |                                    |                                              |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |                                                |                                             |                                                                                      |                                     |                                                                                                                                                                                                                                                                                                     | .                                |                                              |                          |                                                                                                                                                                                                                                                                                                                                                       |                                 |                                       |                                   |                                     | \$                                   |                                       |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                     |  |  |  |  |  |  |  |                                          |                                          |                                                |                                    |                                              |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |                                                |                                             |                                                                                      |                                     |                                                                                                                                                                                                                                                                                                     | .                                |                                              |                          |                                                                                                                                                                                                                                                                                                                                                       |                                 |                                       |                                   |                                     | \$                                   |                                       |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                     |  |  |  |  |  |  |  |                                          |                                          |                                                |                                    |                                              |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |                                                |                                             |                                                                                      |                                     |                                                                                                                                                                                                                                                                                                     | .                                |                                              |                          |                                                                                                                                                                                                                                                                                                                                                       |                                 |                                       |                                   |                                     | \$                                   |                                       |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                     |  |  |  |  |  |  |  |                                          |                                          |                                                |                                    |                                              |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |                                                |                                             |                                                                                      |                                     |                                                                                                                                                                                                                                                                                                     | .                                |                                              |                          |                                                                                                                                                                                                                                                                                                                                                       |                                 |                                       |                                   |                                     | \$                                   |                                       |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                     |  |  |  |  |  |  |  |                                          |                                          |                                                |                                    |                                              |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |                                                |                                             |                                                                                      |                                     |                                                                                                                                                                                                                                                                                                     | .                                |                                              |                          |                                                                                                                                                                                                                                                                                                                                                       |                                 |                                       |                                   |                                     | \$                                   |                                       |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                     |  |  |  |  |  |  |  |                                          |                                          |                                                |                                    |                                              |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |                                                |                                             |                                                                                      |                                     |                                                                                                                                                                                                                                                                                                     | .                                |                                              |                          |                                                                                                                                                                                                                                                                                                                                                       |                                 |                                       |                                   |                                     | \$                                   |                                       |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                     |  |  |  |  |  |  |  |                                          |                                          |                                                |                                    |                                              |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |                                                |                                             |                                                                                      |                                     |                                                                                                                                                                                                                                                                                                     | .                                |                                              |                          |                                                                                                                                                                                                                                                                                                                                                       |                                 |                                       |                                   |                                     | \$                                   |                                       |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                     |  |  |  |  |  |  |  |                                          |                                          |                                                |                                    |                                              |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |                                                |                                             |                                                                                      |                                     |                                                                                                                                                                                                                                                                                                     | .                                |                                              |                          |                                                                                                                                                                                                                                                                                                                                                       |                                 |                                       |                                   |                                     | \$                                   |                                       |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                     |  |  |  |  |  |  |  |                                          |                                          |                                                |                                    |                                              |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |                                                |                                             |                                                                                      |                                     |                                                                                                                                                                                                                                                                                                     | .                                |                                              |                          |                                                                                                                                                                                                                                                                                                                                                       |                                 |                                       |                                   |                                     | \$                                   |                                       |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                     |  |  |  |  |  |  |  |                                          |                                          |                                                |                                    |                                              |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |                                                |                                             | I. TOTAL MANHOURS                                                                    |                                     |                                                                                                                                                                                                                                                                                                     |                                  | J. TOTAL MANHOURS COST<br>\$                 |                          |                                                                                                                                                                                                                                                                                                                                                       |                                 | K. TOTAL PARTS COST<br>\$             |                                   |                                     |                                      |                                       |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                     |  |  |  |  |  |  |  |                                          |                                          |                                                |                                    |                                              |                                           |
| 21. DELAY (Select One)<br><table border="0" style="width:100%;"><tr><td><input type="checkbox"/> 1 Parts</td><td><input type="checkbox"/> 2 Manpower</td><td><input type="checkbox"/> 3 Facilities</td><td><input type="checkbox"/> 4 Funds</td><td><input type="checkbox"/> 5 Tools</td></tr></table>                                                                                                                                                                                                                            |                                              |                                                |                                             | <input type="checkbox"/> 1 Parts                                                     | <input type="checkbox"/> 2 Manpower | <input type="checkbox"/> 3 Facilities                                                                                                                                                                                                                                                               | <input type="checkbox"/> 4 Funds | <input type="checkbox"/> 5 Tools             |                          |                                                                                                                                                                                                                                                                                                                                                       |                                 |                                       | 22. Data Transcribed              |                                     |                                      |                                       |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                     |  |  |  |  |  |  |  |                                          |                                          |                                                |                                    |                                              |                                           |
| <input type="checkbox"/> 1 Parts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> 2 Manpower          | <input type="checkbox"/> 3 Facilities          | <input type="checkbox"/> 4 Funds            | <input type="checkbox"/> 5 Tools                                                     |                                     |                                                                                                                                                                                                                                                                                                     |                                  |                                              |                          |                                                                                                                                                                                                                                                                                                                                                       |                                 |                                       |                                   |                                     |                                      |                                       |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                     |  |  |  |  |  |  |  |                                          |                                          |                                                |                                    |                                              |                                           |
| 23. SUBMITTED BY<br>[Signature]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              | 24. RECEIVED BY                                |                                             | 25. WORK STARTED BY                                                                  |                                     | 26. INSPECTED BY                                                                                                                                                                                                                                                                                    |                                  | 27. ACCEPTED BY                              |                          | 28. DISPOSITION (Select One)<br><table border="0" style="width:100%;"><tr><td><input type="checkbox"/> A To User</td><td><input type="checkbox"/> D Evacuated</td></tr><tr><td><input type="checkbox"/> B To Stock</td><td><input type="checkbox"/> E Cannibalization</td></tr><tr><td><input type="checkbox"/> C Salvaged</td><td></td></tr></table> |                                 |                                       |                                   |                                     |                                      | <input type="checkbox"/> A To User    | <input type="checkbox"/> D Evacuated        | <input type="checkbox"/> B To Stock                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> E Cannibalization | <input type="checkbox"/> C Salvaged |  |  |  |  |  |  |  |                                          |                                          |                                                |                                    |                                              |                                           |
| <input type="checkbox"/> A To User                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> D Evacuated         |                                                |                                             |                                                                                      |                                     |                                                                                                                                                                                                                                                                                                     |                                  |                                              |                          |                                                                                                                                                                                                                                                                                                                                                       |                                 |                                       |                                   |                                     |                                      |                                       |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                     |  |  |  |  |  |  |  |                                          |                                          |                                                |                                    |                                              |                                           |
| <input type="checkbox"/> B To Stock                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> E Cannibalization   |                                                |                                             |                                                                                      |                                     |                                                                                                                                                                                                                                                                                                     |                                  |                                              |                          |                                                                                                                                                                                                                                                                                                                                                       |                                 |                                       |                                   |                                     |                                      |                                       |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                     |  |  |  |  |  |  |  |                                          |                                          |                                                |                                    |                                              |                                           |
| <input type="checkbox"/> C Salvaged                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |                                                |                                             |                                                                                      |                                     |                                                                                                                                                                                                                                                                                                     |                                  |                                              |                          |                                                                                                                                                                                                                                                                                                                                                       |                                 |                                       |                                   |                                     |                                      |                                       |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                     |  |  |  |  |  |  |  |                                          |                                          |                                                |                                    |                                              |                                           |
| JULIAN DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              | JULIAN DATE                                    |                                             | JULIAN DATE                                                                          |                                     | JULIAN DATE                                                                                                                                                                                                                                                                                         |                                  | JULIAN DATE                                  |                          |                                                                                                                                                                                                                                                                                                                                                       |                                 |                                       |                                   |                                     |                                      |                                       |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                     |  |  |  |  |  |  |  |                                          |                                          |                                                |                                    |                                              |                                           |

2/17/96

13 Jan 1988

FILE:/PATTERNING/CENTERFIRE\_PATT/08349881

# CENTERFIRE PATTERNS # 1



# OF SHOTS= 10

# IN CIR

1 in = 1

2 in = 8

3 in = 10

HS= 2.060

VS= 1.492

GS= 2.332

CENTROID #

| PATTERN #                   | : | 1      | 2     | 3     |
|-----------------------------|---|--------|-------|-------|
| SHOTS (BEST OF)             | : | 10     | 9     | 8     |
| MAXIMUM X                   | : | 1.057  | .713  | .683  |
| MINIMUM X                   | : | -1.003 | -.886 | -.707 |
| MAXIMUM Y                   | : | .920   | 1.004 | .972  |
| MINIMUM Y                   | : | -.572  | -.488 | -.519 |
| CENTROID X                  | : | .138   | .021  | .131  |
| CENTROID Y                  | : | 1.214  | 1.130 | 1.161 |
| POA TO CENTROID in.         | : | 1.222  | 1.130 | 1.169 |
| MIN RADIUS                  | : | .255   | .334  | .236  |
| MEAN RADIUS                 | : | .752   | .684  | .640  |
| MAX RADIUS                  | : | 1.300  | 1.004 | .980  |
| HORIZONTAL SPREAD           | : | 2.060  | 1.599 | 1.310 |
| VERTICAL SPREAD             | : | 1.492  | 1.492 | 1.492 |
| EXTREME SPREAD              | : | 2.332  | 1.667 | 1.565 |
| NUMBER IN ONE INCH CIRCLE   | = | 1      |       |       |
| NUMBER IN TWO INCH CIRCLE   | = |        | 8     |       |
| NUMBER IN THREE INCH CIRCLE | = |        | 10    |       |

PREVIOUS  
AMR  
7944

**Remington**<sup>®</sup>

  
REG. U.S. PAT. & TM. OFF.

VERY IMPORTANT:  
Instruction Book  
enclosed to assure  
safe use of this  
firearm.

MODEL 700<sup>TM</sup> H24

01

SERIAL NO.  
C6349001

ORDER NO.  
5716

MADE IN ILION, N.Y. U.S.A. Reg. U.S. Pat & Tm. Off, Marca Registrada Marque Deposee.



5716 C6349001

UPC



0 47700 25716 7

CONTRACT # DAAA21-87-C-0086

GUN SERIAL # C6349001

| OP. #     | OP. NAME                                                 | READINGS | DATE    | INIT |
|-----------|----------------------------------------------------------|----------|---------|------|
| 575 & 580 | Assemble Action and Stock                                | 4 12     | 90      | RW   |
| 600       | Proof                                                    | 4 12     | 90      | A    |
| 607       | Check Headspace                                          | 4 12     | 90      | A    |
| 610       | Dis-assemble Gun                                         | 4 12     | 90      | RW   |
| 612       | Magnaflux Barrel Action                                  | 4-19-90  |         | KCR  |
|           | Magnaflux Bolt                                           | 4-19-90  |         | KCR  |
| 615       | Rollmark Caliber                                         | 4-19-90  |         | SL   |
| 617       | Drill and Tap Sight Holes                                |          | 4/23/90 | FB   |
| 618       | Polish Barrel RB                                         |          | 4/24/90 | WB   |
| 620       | Apply Coatings (Barrel Action)                           |          | 4-30-90 | JA   |
|           | Apply Coating (Bolt)                                     |          |         |      |
| 625       | Final Assembly                                           |          |         |      |
|           | A) Clean inside of Bolt Assembly                         |          | 4/18/90 | RW   |
|           | B) Inspect Rear Firing Pin Hole for Chamfer in Bolt Head |          | 4/18/90 | RW   |
|           | C) Inspect Ejector Hole for Chamfer                      |          | 4/18/90 | RW   |
|           | D) Oil Firing Pin Ass'y                                  |          | 4/18/90 | RW   |
|           | E) Adjust Trigger Pull to Min Setting and Stake          |          | 5/8/90  | SL   |

| op. #        | OP. NAME                                                    | READINGS |       |       |      |      | DATE    | INIT |
|--------------|-------------------------------------------------------------|----------|-------|-------|------|------|---------|------|
| 625<br>cont. | F) Safety On Force                                          | 4        | 4     | 4     |      |      | 5/8/90  | RM   |
|              | G) Safety Off Force                                         | 2        | 2     | 2     |      |      | 5/8/90  | RM   |
|              | H) Trigger Pull Test & Retainability                        |          |       |       |      |      | 5/8/90  | RM   |
|              | I) Firing Pin Indent                                        | .0205    | .0215 | .0215 |      |      | 5/8/90  | RM   |
|              | J) Assemble Stock                                           |          |       |       |      |      | 5/8/90  | RW   |
|              | K) Assemble Swivel Studs                                    |          |       |       |      |      | 5/10/90 | WB   |
|              | L) Attach Front and Rear Sight Assemblies                   |          |       |       |      |      | 5/8/90  | RW   |
|              | M) Iron Sight Alignment                                     |          |       |       |      |      | 5/8/90  | RW   |
|              | N) Detach Front & Rear Sights & place in numbered container |          |       |       |      |      | 5/8/90  | RW   |
|              | O) Attach Scope to Rifle                                    |          |       |       |      |      | 5/8/90  | RM   |
|              | P) Detach & Attach Scope 20 Times                           |          |       |       |      |      | 5/8/90  | RM   |
| 640          | Gallery Target & Test                                       |          |       |       |      |      | 5-8-90  | DH   |
|              | A) Time                                                     |          |       |       |      |      | 5-8-90  | DH   |
|              | B) Malfunctions                                             |          |       |       |      |      | 5-8-90  | DH   |
|              | C) Pierced Primers                                          |          |       |       |      |      | 5-8-90  | DH   |
|              | D) Optical Clarity of Scope                                 |          |       |       |      |      | 5-8-90  | DH   |
| 645          | Inspect for Live Ammo                                       |          |       |       |      |      | 5-8-90  | DH   |
| 655          | Final Inspection                                            |          |       |       |      |      | 5/10/90 | WB   |
|              | A) Headspace                                                |          |       |       |      |      | 5/9/90  | WB   |
|              | B) Trigger Pull                                             | 2.61     | 2.57  | 2.55  | 2.59 | 2.59 | 5/9/90  | WB   |
|              | C) Function                                                 |          |       |       |      |      | 5/10/90 | WB   |
| 660          | Pack                                                        |          |       |       |      |      | 6-20-90 | DH   |



SWS TRIGGER PULL TEST

AVERAGE PULL FORCE BETWEEN  
INITIAL & CYCLE TESTS

2.50# + .50#  
3.00# + .75#  
4.00# + 1.00#

SERIAL NO. 06349001

DATE 5/8/90

TESTER JLL

|         | 2.50#<br>INITIAL | 2.50# AFTER<br>50 CYCLES | FINAL TEST &<br>TO RESET 2.50# |      | COMMENTS                                                               |
|---------|------------------|--------------------------|--------------------------------|------|------------------------------------------------------------------------|
| PULL #1 | 2.52             | 2.41                     | 2.34                           | 2.61 | MIN. SETTING,<br>NO AVG. OF 5<br>READINGS ACCEPT-<br>ABLE LESS THAN 2# |
| PULL #2 | 2.45             | 2.46                     | 2.35                           | 2.57 |                                                                        |
| PULL #3 | 2.41             | 2.46                     | 2.27                           | 2.55 |                                                                        |
| PULL #4 | 2.49             | 2.46                     | 2.32                           | 2.59 |                                                                        |
| PULL #5 | 2.46             | 2.50                     | 2.34                           | 2.59 |                                                                        |
| TOTAL   | 12.33            | 12.29                    | 11.62                          |      |                                                                        |
| AVG.    | 2.466            | 2.458                    | 2.324                          |      |                                                                        |

|         | 3.00#<br>INITIAL | 3.00# AFTER<br>20 CYCLES |  | COMMENTS |
|---------|------------------|--------------------------|--|----------|
| PULL #1 | 3.35             | 3.33                     |  |          |
| PULL #2 | 3.34             | 3.35                     |  |          |
| PULL #3 | 3.37             | 3.35                     |  |          |
| PULL #4 | 3.32             | 3.34                     |  |          |
| PULL #5 | 3.31             | 3.38                     |  |          |
| TOTAL   | 16.69            | 16.75                    |  |          |
| AVG.    | 3.338            | 3.35                     |  |          |

|         | 4.00#<br>INITIAL | 4.00# AFTER<br>20 CYCLES | MAX SETTING<br>GREATER THAN 4# | RESET TO 4# FOR<br>TARGET & ACCURACY |
|---------|------------------|--------------------------|--------------------------------|--------------------------------------|
| PULL #1 | 4.37             | 4.17                     |                                | 4.27                                 |
| PULL #2 | 4.38             | 4.36                     |                                | 4.28                                 |
| PULL #3 | 4.31             | 4.40                     |                                | 4.23                                 |
| PULL #4 | 4.32             | 4.37                     |                                | 4.30                                 |
| PULL #5 | 4.43             | 4.42                     |                                | 4.30                                 |
| TOTAL   | 21.81            | 21.72                    |                                | 21.38                                |
| AVG.    | 4.362            | 4.344                    |                                | 4.276                                |

CENTROIDAL DISTANCE CALCULATIONS  
FOR RIFLE # C6349001  
9 May 1990

CENTROIDAL DISTANCES

|      |   |          |
|------|---|----------|
| 0 TO | 1 | .134469  |
| 1 TO | 2 | .0821523 |
| 1 TO | 3 | .280321  |
| 1 TO | 4 | .178899  |
| 1 TO | 5 | .692018  |

5  
me <----POA

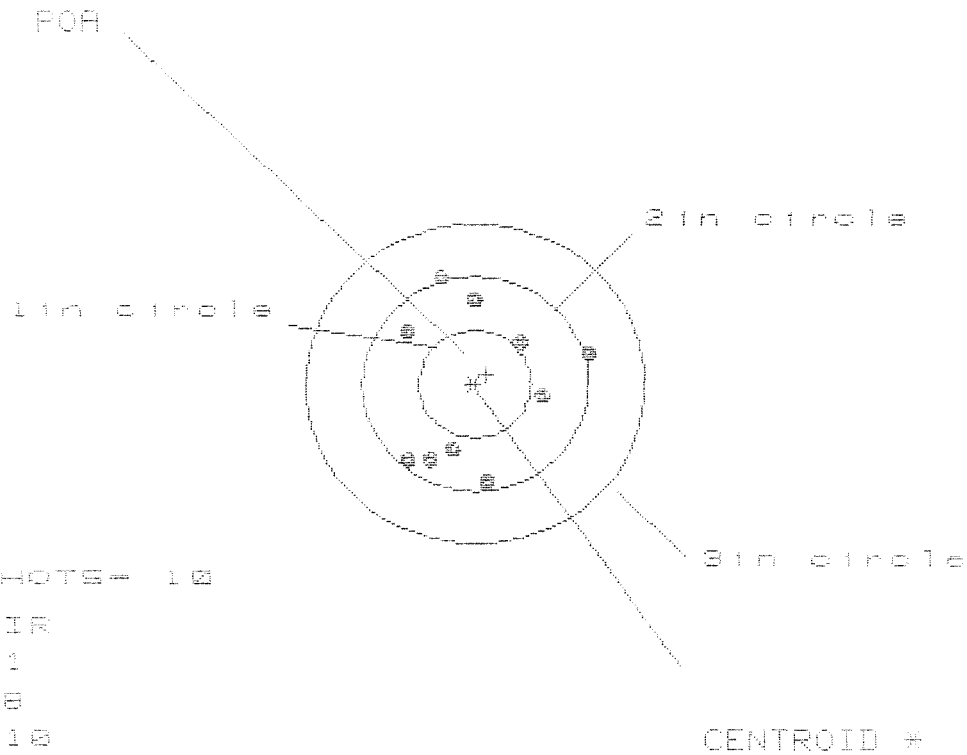
THE AVERAGE X-COORDINATE FOR THIS RIFLE IS: .0722  
THE AVERAGE Y-COORDINATE FOR THIS RIFLE IS: .0492  
THE RESULTING AVERAGE POI RADIUS FOR THIS RIFLE IS: .0873698  
THE AMR FOR THIS RIFLE IS: .7944

9 May 1958

FILE:/PATTERNING/CENTERFIRE\_PATT/C8345001

# CENTERFIRE PATTERNS

# 1



# OF SHOTS= 10

# IN CIR

1in = 1

2in = 8

3in = 10

ME= 1.818

VS= 1.872

GS= 1.819

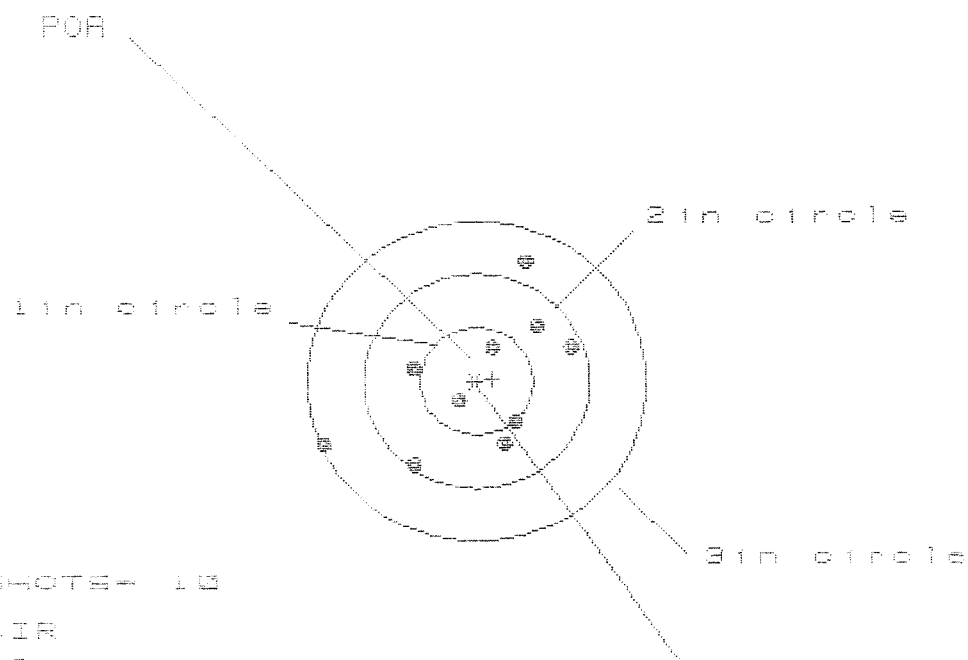
| PATTERN #                   | : |       |       |       |
|-----------------------------|---|-------|-------|-------|
| SHOTS (BEST OF)             | : | 10    | 9     | 8     |
| MAXIMUM X                   | : | .998  | .758  | .739  |
| MINIMUM X                   | : | -.614 | -.503 | -.522 |
| MAXIMUM Y                   | : | .984  | 1.021 | 1.003 |
| MINIMUM Y                   | : | -.888 | -.851 | -.723 |
| CENTROID X                  | : | -.899 | -.210 | -.191 |
| CENTROID Y                  | : | -.891 | -.128 | -.256 |
| POA TO CENTROID in.         | : | .135  | .246  | .319  |
| MIN RADIUS                  | : | .498  | .607  | .498  |
| MEAN RADIUS                 | : | .819  | .788  | .739  |
| MAX RADIUS                  | : | 1.054 | 1.034 | 1.006 |
| HORIZONTAL SPREAD           | : | 1.612 | 1.261 | 1.261 |
| VERTICAL SPREAD             | : | 1.872 | 1.872 | 1.726 |
| EXTREME SPREAD              | : | 1.919 | 1.911 | 1.731 |
| NUMBER IN ONE INCH CIRCLE   | = |       | 1     |       |
| NUMBER IN TWO INCH CIRCLE   | = |       | 8     |       |
| NUMBER IN THREE INCH CIRCLE | = |       | 10    |       |

9 May 1990

FILE:/PATTERNING/CENTERFIRE\_PATT/08345001

# CENTERFIRE PATTERNS

# 2



# OF SHOTS= 10

# IN CIR

1in = 3

2in = 7

3in = 10

HS= 2.177

VS= 1.906

GS= 2.419

CENTROID #

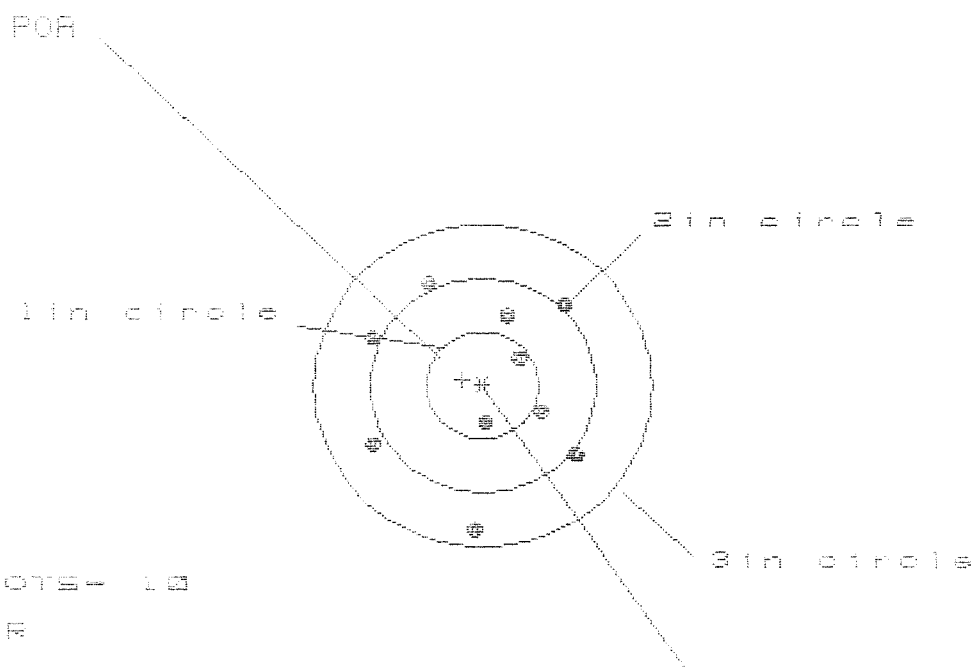
| PATTERN #                     | 1      | 2      | 3      |
|-------------------------------|--------|--------|--------|
| SHOTS (BEST OF)               | 10     | 9      | 8      |
| MAXIMUM X                     | .859   | .713   | .752   |
| MINIMUM X                     | -1.318 | -1.737 | -1.698 |
| MAXIMUM Y                     | 1.078  | 1.015  | .586   |
| MINIMUM Y                     | -.828  | -.891  | -.764  |
| CENTROID X                    | -.142  | .004   | -.035  |
| CENTROID Y                    | -.821  | .042   | -.085  |
| POR TO CENTROID in.           | .144   | .042   | .092   |
| MIN RADIUS                    | .190   | .304   | .237   |
| MEAN RADIUS                   | .762   | .677   | .617   |
| MAX RADIUS                    | 1.434  | 1.143  | 1.022  |
| HORIZONTAL SPREAD             | 2.177  | 1.450  | 1.450  |
| VERTICAL SPREAD               | 1.906  | 1.906  | 1.344  |
| EXTREME SPREAD                | 2.419  | 2.165  | 1.864  |
| NUMBER IN ONE INCH CIRCLE =   |        | 3      |        |
| NUMBER IN TWO INCH CIRCLE =   |        | 7      |        |
| NUMBER IN THREE INCH CIRCLE = |        | 10     |        |

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# CENTERFIRE PATTERNS

# 3



# OF SHOTS = 10

# IN CIR

1in = 2

2in = 4

3in = 10

HE = 1.757

LS = 2.360

GS = 2.398

CENTROID \*

| PATTERN #                     | 1      | 2      | 3      |
|-------------------------------|--------|--------|--------|
| SHOTS (BEST OF)               | 10     | 9      | 8      |
| MAXIMUM X                     | .796   | .787   | .662   |
| MINIMUM X                     | -.991  | -1.000 | -1.075 |
| MAXIMUM Y                     | .978   | .824   | .733   |
| MINIMUM Y                     | -1.382 | -.810  | -.901  |
| CENTROID X                    | .179   | .188   | .313   |
| CENTROID Y                    | -.055  | .099   | .190   |
| POR TO CENTROID in.           | .187   | .212   | .366   |
| MIN RADIUS                    | .301   | .325   | .174   |
| MEAN RADIUS                   | .872   | .802   | .717   |
| MAX RADIUS                    | 1.384  | 1.236  | 1.118  |
| HORIZONTAL SPREAD             | 1.787  | 1.787  | 1.737  |
| VERTICAL SPREAD               | 2.360  | 1.634  | 1.634  |
| EXTREME SPREAD                | 2.398  | 2.166  | 2.086  |
| NUMBER IN ONE INCH CIRCLE =   |        | 2      |        |
| NUMBER IN TWO INCH CIRCLE =   |        | 4      |        |
| NUMBER IN THREE INCH CIRCLE = |        | 10     |        |

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# CENTERFIRE PATTERNS

# 4

POR

1in circle

2in circle

3in circle

CENTROID \*

# OF SHOTS = 10

# IN CIR

1in = 4

2in = 7

3in = 9

HST = 2.509

VB = 2.165

GS = 2.801

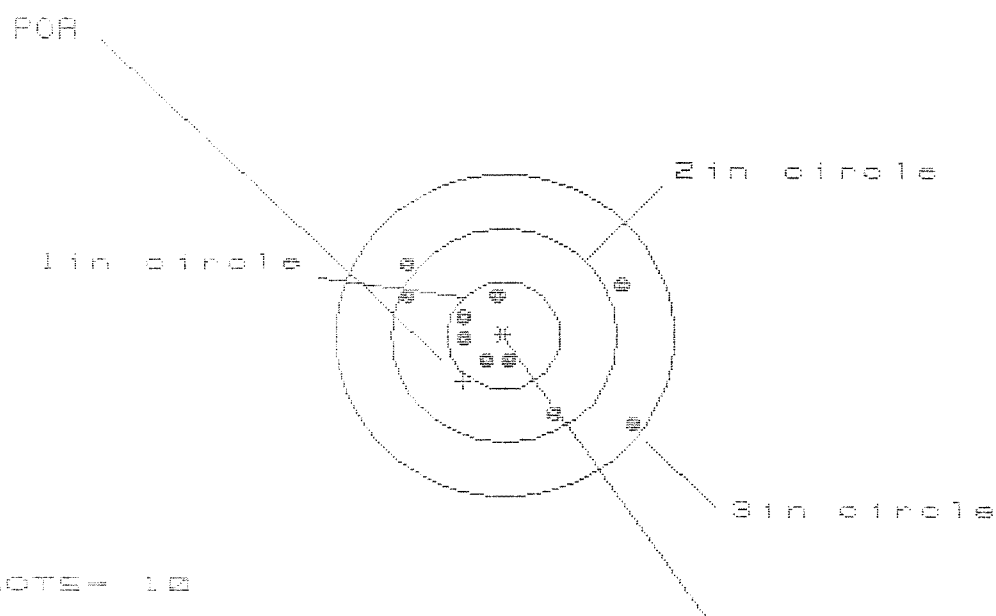
| PATTERN #                   |   | 10     | 9      | 8     |
|-----------------------------|---|--------|--------|-------|
| SHOTS (BEST OF)             | : | 10     | 9      | 8     |
| MAXIMUM X                   | : | .996   | .828   | .927  |
| MINIMUM X                   | : | -1.513 | -.912  | -.813 |
| MAXIMUM Y                   | : | 1.068  | 1.093  | .959  |
| MINIMUM Y                   | : | -1.097 | -1.072 | -.908 |
| CENTROID X                  | : | .062   | .230   | .131  |
| CENTROID Y                  | : | -.013  | -.038  | .096  |
| POR TO CENTROID in.         | : | .063   | .233   | .163  |
| MIN RADIUS                  | : | .217   | .275   | .161  |
| MEAN RADIUS                 | : | .813   | .737   | .625  |
| MAX RADIUS                  | : | 1.529  | 1.332  | 1.026 |
| HORIZONTAL SPREAD           | : | 2.509  | 1.740  | 1.740 |
| VERTICAL SPREAD             | : | 2.165  | 2.165  | 1.867 |
| EXTREME SPREAD              | : | 2.801  | 2.451  | 2.007 |
| NUMBER IN ONE INCH CIRCLE   | = |        | 4      |       |
| NUMBER IN TWO INCH CIRCLE   | = |        | 7      |       |
| NUMBER IN THREE INCH CIRCLE | = |        | 9      |       |

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# CENTERFIRE PATTERNS

# 5



# OF SHOTS- 10

# IN CIR

1 in = 5

2 in = 7

3 in = 10

HSE = 2.022

VS = 1.494

GS = 2.496

CENTROID \*

| PATTERN #                     | 5     | 6     | 7     |
|-------------------------------|-------|-------|-------|
| SHOTS (BEST OF)               | 10    | 9     | 8     |
| MAXIMUM X                     | 1.135 | 1.181 | .724  |
| MINIMUM X                     | -.887 | -.761 | -.613 |
| MAXIMUM Y                     | .636  | .541  | .589  |
| MINIMUM Y                     | -.858 | -.801 | -.753 |
| CENTROID X                    | .361  | .235  | .097  |
| CENTROID Y                    | .426  | .521  | .473  |
| POR TO CENTROID in.           | .558  | .571  | .481  |
| MIN RADIUS                    | .214  | .229  | .087  |
| MEAN RADIUS                   | .706  | .598  | .484  |
| MAX RADIUS                    | 1.423 | 1.243 | 1.045 |
| HORIZONTAL SPREAD             | 2.022 | 1.942 | 1.337 |
| VERTICAL SPREAD               | 1.494 | 1.342 | 1.342 |
| EXTREME SPREAD                | 2.496 | 1.944 | 1.879 |
| NUMBER IN ONE INCH CIRCLE =   | 5     |       |       |
| NUMBER IN TWO INCH CIRCLE =   | 7     |       |       |
| NUMBER IN THREE INCH CIRCLE = | 10    |       |       |