

40-MM GRENADE LAUNCHER SCORECARD

For use of this form, see TM 3-22.31; the proponent agency is TRADOC.

1. ID CODE *				2. UNIT		3. DATE (YYYYMMDD)										
4. ZERO LEAF SIGHT		DEFILADE		ELEVATION		5. ZERO QUADRANT SIGHT										
DEFILADE		ELEVATION		DEFILADE		ELEVATION										
6. RECORD FIRE	TASK NO.	TIME (MIN)	TGT	HIT	MISS	8. RATING SCALE										
DAY	1	2	1	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">TOTAL POINTS (Block 7)</th> <th style="text-align: center;">RATING</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">80 - 90</td> <td style="text-align: center;">EXPERT <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">70 - 75</td> <td style="text-align: center;">FIRST CLASS <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">60 - 65</td> <td style="text-align: center;">SECOND CLASS <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">0 - 55</td> <td style="text-align: center;">UNQUALIFIED <input type="checkbox"/></td> </tr> </tbody> </table>	TOTAL POINTS (Block 7)	RATING	80 - 90	EXPERT <input type="checkbox"/>	70 - 75	FIRST CLASS <input type="checkbox"/>	60 - 65	SECOND CLASS <input type="checkbox"/>	0 - 55	UNQUALIFIED <input type="checkbox"/>
			TOTAL POINTS (Block 7)	RATING												
	80 - 90	EXPERT <input type="checkbox"/>														
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	60 - 65	SECOND CLASS <input type="checkbox"/>														
	0 - 55	UNQUALIFIED <input type="checkbox"/>														
2	<input type="checkbox"/>	<input type="checkbox"/>														
2	2	1	<input type="checkbox"/>	<input type="checkbox"/>												
		2	<input type="checkbox"/>	<input type="checkbox"/>												
3	2	1	<input type="checkbox"/>	<input type="checkbox"/>												
		2	<input type="checkbox"/>	<input type="checkbox"/>												
CBRN	4	2	1	<input type="checkbox"/>	<input type="checkbox"/>											
	5	2	1	<input type="checkbox"/>	<input type="checkbox"/>											
NIGHT	6	2	1	<input type="checkbox"/>	<input type="checkbox"/>	9. GRADER'S INITIALS										
* Do not use personal information		7. TOTAL POINTS (Award 10 points for each hit)				10. DATE (YYYYMMDD)										
						11. OIC'S INITIALS		12. DATE (YYYYMMDD)								