

# GEAR REPAIR/REPLACEMENT REPORT

Patrol Name: \_\_\_\_\_ Report #: \_\_\_\_\_

Patrol Leader: \_\_\_\_\_

Problem:

Cause of problem:

Corrective Action:

Date Submitted: \_\_\_\_\_

Date Completed: \_\_\_\_\_

\_\_\_\_\_  
Signature of Patrol Leader

\_\_\_\_\_  
Signature of Quartermaster

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