OFF-SPECIFICATION AND EXPIRED MATERIAL RETURN FORM

The proponent is DPW-ENRD.

ORGANIZATION NAME AND LOCATION	POINT OF CONTACT INFORMATION	DATE

For DPW and HMCC use only.

NSN	MANUFACTURER NAME	PRODUCT NAME	SDS NUMBER	QUANTITY	WEIGHT OR VOLUME	HCC	PROFILE

Email completed forms to travis.a.farmer5.civ@army.mil. This form must accompany all returned, off-specification and expired material.