

Morning Report

Company _____

Station _____

Date _____

Company Officer _____

	EXPECTED	PRESENT
Captains		
Lieutenants		
Sergeants		
Corporals		
Privates		
Musicians		
Couriers		
Other _____		
Total		

Cavalry - Mounted		
Cavalry - Dismounted		
Artillery - Men		
Artillery - Pieces		
Total		

First Sergeant

Commanding Officer

Weapons Inspection Form 100

Company _____

Station _____

Date _____

Company Officer _____

Captains	
Lieutenants	
Sergeants	
Corporals	
Privates	
Musicians	
Couriers	
Other _____	
Total	

	PASSED	FAILED
Long Arms		
Pistols		
Sabers/Swords		
Artillery - Pieces		
Total		

All Weapons, Cylinders and Ammunition Of The Men Under My Command Have Been Duly

Inspected and Meet The Safety Requirements For Scenarios Using Blank Ammunition.

Commanding Officer