

EQUIPMENT REPLACEMENT RECORD For use of this form, see DA PAM 30-22; the proponent agency is DCS, G4.		1. UNIT DESIGNATION	2. ADDRESS		3. BLDG. NO.	4. Page _____ of _____	
5. ITEM DESCRIPTION		6. ACQUISITION DATE FROM DATA PLATE (YYYYMMDD)	7. LIFE EXPECTANCY YEARS	8. APPROPRIATE AUTHORITY TB-43-0002	9. PROGRAMED REPLACEMENT COST	10. PROGRAMED REPLACEMENT YEAR	11. REMARKS
NOUN:							
NSN:							
MANUFACTURER:							
MODEL: SERIAL NO(s)							
NOUN:							
NSN:							
MANUFACTURER:							
MODEL: SERIAL NO(s)							
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MODEL: SERIAL NO(s)							
NOUN:							
NSN:							
MANUFACTURER:							
MODEL: SERIAL NO(s)							
12a. NAME/RANK OF PREPARER		12b. SIGNATURE			12c. DATE (YYYYMMDD)		
13a. VERIFIED FOR ACCURACY BY		13b. SIGNATURE			13c. DATE (YYYYMMDD)		