

COMPANY REPORT
MORNING REPORT

STATION **1st Lt. [illegible]**

ORGANIZATION **1st [illegible]**

SERIAL NUMBER **[illegible]** NAME **[illegible]**

NO. OF [illegible]
NUMBER OF [illegible]
USE OTHER ORGANIZATION [illegible]

OFFICER	PLD OF 00 CASES		ATTN		ASST		ASST		ASST	
	PREP	ASST	PREP	ASST	PREP	ASST	PREP	ASST	PREP	ASST
ASSIGNED	2	1								
ATTACHED										
UNASSIGNED										
ATTACHED TO OTHER ORGN										
TOTAL	2	1								
AVN CASES & ENLISTED STRENGTH	EVATION CASES		PRESENT		ASSENT		ASSENT		ASSENT	
ASSIGNED										
ATTACHED										
UNASSIGNED										
ATTACHED TO OTHER ORGN										
TOTAL										

R	ESTIMATED NUMBER OF	DAY OF WEEK	
A	RATIONS REQUIRED FOR	DATE	
T	WELL ATTENDANCE FOR DAY OF THIS REPORT		
I	EXCESSIVE [illegible] [illegible] [illegible] [illegible]		
G	MEM. REFERRED TO		
N	MEM. REFERRED TO OTHER		
S	MEM. REFERRED TO OTHER		

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