

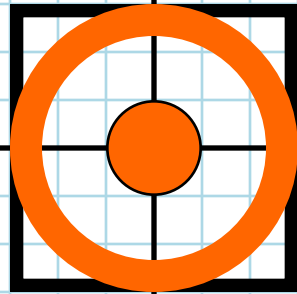
Test Location	Altitude	Density Altitude	Range	Bright	<input type="checkbox"/>	Light (3 mph)	<input type="checkbox"/>	Wind
			100 Y / M	Hazy	<input type="checkbox"/>		Moderate (7 mph)	
Temperature	Humidity	Barometric Pressure	300 Y / M	Overcast	<input type="checkbox"/>	Heavy (15 mph)	<input type="checkbox"/>	
			400 Y / M	Note:		Note:		
			Other					

DATE: _____
RIFLE: _____
CASE: _____

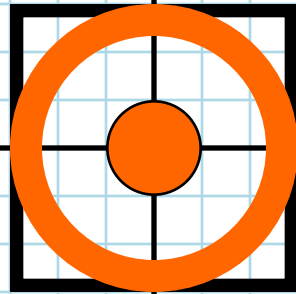
BULLET: _____
POWDER: _____
PRIMER: _____

POWDER TEST TYPE:
SEATING DEPTH TEST:

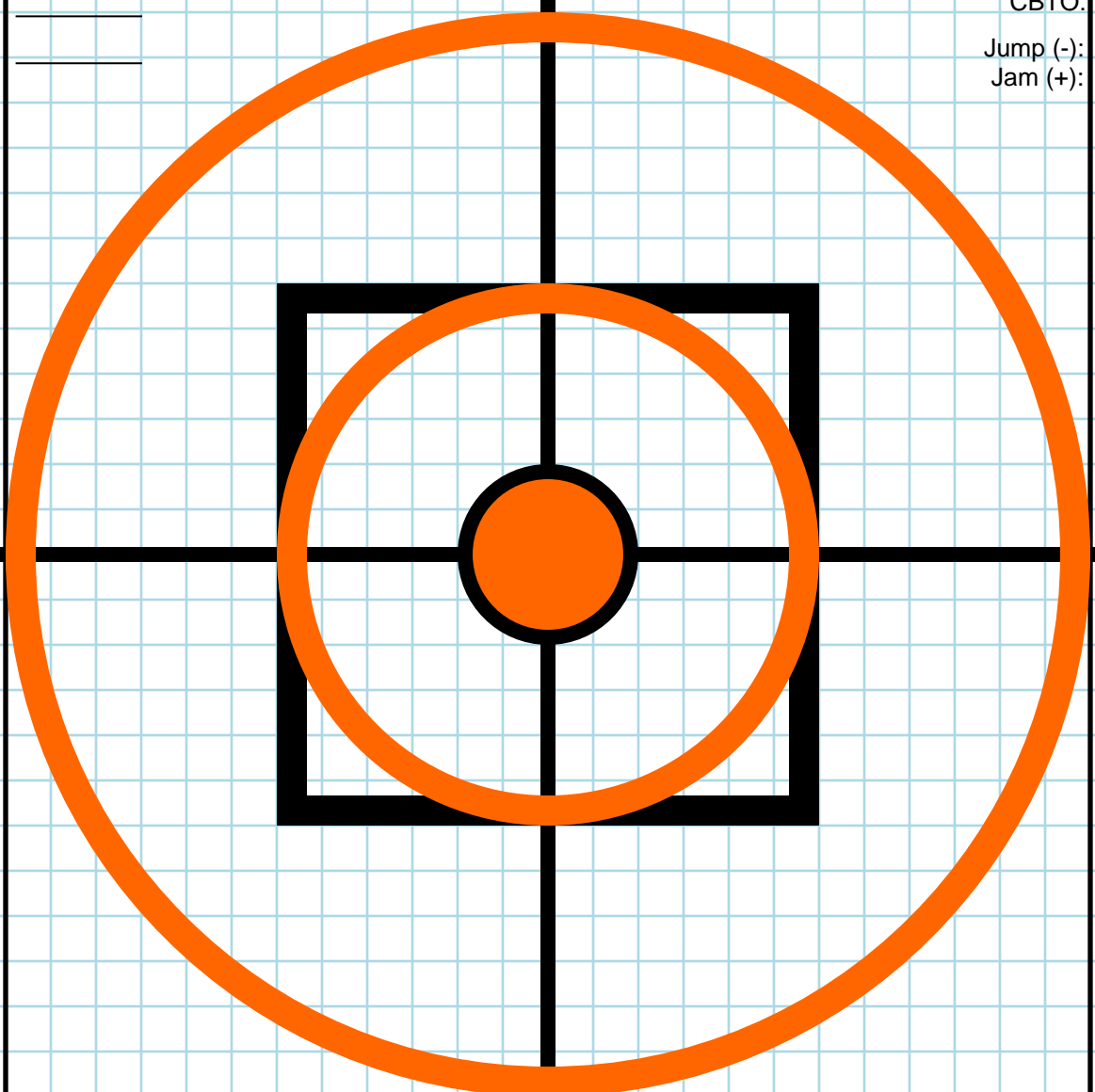
PRIMER TEST TYPE:
FIREFORM:



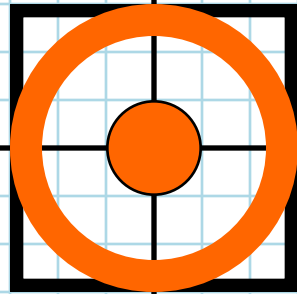
Charge Wt: _____
CBTO: _____
Jump (-): _____
Jam (+): _____



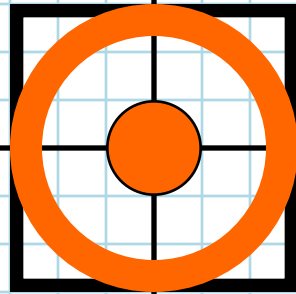
Charge Wt: _____
CBTO: _____
Jump (-): _____
Jam (+): _____



Charge Wt: _____
CBTO: _____
Jump (-): _____
Jam (+): _____



Charge Wt: _____
CBTO: _____
Jump (-): _____
Jam (+): _____



Charge Wt: _____
CBTO: _____
Jump (-): _____
Jam (+): _____