# FORM No. 200

Weapons Inspection Report for _____

| Commands | Field Officers | Captains | Lieutenants | Enlsted Men Present | Horses | | | | Weapons | | | | | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Officers' | Enlisted Men's | Total * | Aggregate ** | Pistols | Long Arms | Sabers | Total * | Aggregate ** | |
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| TOTALS | | | | | | | | | | | | | | |

** Total means all enlisted & NCO's* *** Aggregate means ALL men including officers*

Station: _____

Date: _____

**All weapons, cylinders and ammunition of the men under my command have been duly inspected and meet the safety requirements for battle scenarios using blank ammunition.**

*Repectfully:* _____

*Commanding*