

# IN-RANKS INSPECTION WORKSHEET

SCHOOL: \_\_\_\_\_

PLT/COMPANY: \_\_\_\_\_

NO	LAST NAME, FIRST INITIAL	LET LEVEL	UNIFORM	INSIGNIA/ACCESSORIES	GROOMING	BRASS	RIBBONS	SHOES/ BOOTS	UNIFORM QUESTIONS (UP TO 3)	TOTAL
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
<b>TOTAL DEFICIENCIES</b>										
<b>PLACE AN "X" IN THE BOX NEXT TO CADET'S NAME IF DEFICIENCIES ARE NOTED</b>										

Number of Cadets:   
 Number of Deficiencies:   
 Number of Missed Questions: