1. **SCOPE:**

   1.1 Title: Logistics and Technical Data; provide

2. **REFERENCES:**

   2.1 None.

3. **REQUIREMENTS:**

   3.1 Complete Attachment A for all Government Furnished Material (GFM) and Contractor Furnished Material (CFM) equipment or components installed or permanently removed. This applies to all configuration changes, including alterations and repairs.

   3.1.1 Provide individual Attachment A forms for each piece of equipment or component, including contractor submission and SUPERVISOR receipt signatures.

   3.1.2 Submit data required by Attachment A, in approved transferrable media (spreadsheet or word processing document), to the SUPERVISOR no later than 5 days after installation or removal of GFM and CFM equipment or components from shipboard system(s).

   3.2 Submit all copies of technical manuals, Maintenance Index Pages (MIP), and Maintenance Requirements Cards (MRC) received with GFM and CFM equipment to the SUPERVISOR no later than 5 days after receipt of equipment.

   3.3 Data received in 3.2 required for installation and testing will be provided to the contractor.

4. **NOTES:**

   4.1 None.
ATTACHMENT A
EQUIPMENT/COMPONENT LOGISTICS AND TECHNICAL DATA
NAVSEA STANDARD ITEM 009-21

INSTALLED/REMOVED DATE: ________________

ALL DATA FIELDS ARE MANDATORY FILL. WRITE "NONE" WHERE NOT APPLICABLE.

SHIP NAME: ___________________________ HULL: _________

SPEC PKG. NO.: _______________ AUTHORITY (WORK ITEM): _______________

ACTION: ________ RIC: __________________________

SHIP CHANGE DOCUMENT (SCD)/SHIPALT NO: ________________________________

SERIAL NUMBER: _______________________________

ITEM UNIQUE IDENTIFIER (IUID)/UNIQUE ITEM IDENTIFIER (UII): ______________

VALVE MARK/ELECTRICAL SYMBOL NUMBER: _________________________________

QUANTITY: _______________ SHIPBOARD LOCATION: __________________________

RIC NOMENCLATURE: _______________________________

TM(S) RECEIVED: _________________

PMS MIP/MRC'S RECEIVED: _________________

OBRP(S) RECEIVED: __________________________

INSTALLATION DRAWING NO: ________________________________

RIC CHARACTERISTICS:

1. MFR - ___________________________

2. MFR DWG - ___________________________

3. MFR ID - ___________________________

4. NSN - ___________________________

CIRCLE ONE: GFM or CFM

COMMENTS: __________________________________________________________________

_____________________________________________________________________________

REPORTING CONTRACTOR: _____________________________________________________

PRINTED NAME: ______________________________________________________________

SIGNATURE: _________________________________________________________________

RECEIVING SUPERVISOR: ______________________________________________________

PRINTED NAME: ______________________________________________________________

SIGNATURE: _________________________________________________________________

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PY-17