

NAVSEA
STANDARD ITEM

FY-15

ITEM NO: 009-21
DATE: 29 JUL 2011
CATEGORY: I

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 working 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 working 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 The technical point of contact for the requirements contained in this NAVSEA Standard Item is the local Naval Supervisory Authority (NSA) logistics representative.

ATTACHMENT A
EQUIPMENT/COMPONENT LOGISTICS AND TECHNICAL DATA
NAVSEA STANDARD ITEM 009-21

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: _____