

NAVSEA  
STANDARD ITEM

FY-16

ITEM NO: 009-21  
DATE: 18 JUL 2014  
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 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: \_\_\_\_\_