

NAVSEA
STANDARD ITEM

FY-19

ITEM NO: 009-21
DATE: 01 OCT 2017
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 The technical point of contact for the requirements contained in this NAVSEA Standard Item is the local Class Maintenance Team Logistician.

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: _____