1. **SCOPE:**

   1.1 Title: Alteration Verification, Logistics and Technical Data; provide

2. **REFERENCES:**

   2.1 None.

3. **REQUIREMENTS:**

   3.1 Accomplish reporting of alterations in accordance with the following:

      3.1.1 Meet with the ship's Commanding Officer's designated representative when required by SUPERVISOR within one day after start of the availability. Accomplish required reporting for each alteration in accordance with Attachments A through C.

      3.1.2 Meet with the Commanding Officer's designated representative when required by the SUPERVISOR throughout the availability.

      3.1.3 Submit one legible copy, in approved transferrable media, of completed Attachments A through C to the SUPERVISOR for each alteration within 3 days after alteration completion.

   3.2 Complete Attachment D 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 *not reported in accordance with 3.1*.

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

      3.2.2 Submit data required by Attachment D, 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).
3.3 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.

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

4. **NOTES:**

4.1 Alterations may include Ship Alterations (ShipAlts), **Boat Alterations (BoatAlts)**, Ordnance Alterations (ORDALTs), Engineering Changes (ECs), Field Changes (FCs), Machinery Alterations (MACHALTs), Ship Change Document (SCD), Alteration Equivalent to Repair (AER), and other configuration changes authorized for accomplishment.

4.2 The requirements of this NAVSEA Standard Item will be accomplished by the activity installing the alteration.

4.3 The technical point of contact for the requirements contained in the NAVSEA Standard Item is the local Class Maintenance Team Logistician for the SUPERVISOR.
ATTACHMENT A

Exceptions to ILS Verification/Itemized Deliverables as Listed on ILS Certification

ALTERATION IDENTIFICATION: _____________________________________________________
                                    (Type Hull-Class-Alteration Number)

SHIP: ___________________  ALTERATION ACCOMPLISHMENT DATE: _____________________
               (Hull No./Name)                                     (From - To)

INSTALLING ACTIVITY: ____________________________________________________________

1. The following ILS was not provided upon completion of this alteration:
   
a. Technical Manuals (listed by identification number and equipment application).
   
b. Spares Support (OBRP and MAMs) that are with/without RIC/PAL No./Interim Repair Parts (listed by Equipment/Nomenclature)
   
c. COSAL Updates (list documentation not onboard)
   
d. Test Equipment (listed by Equipment Nomenclature)
   
e. PMS Documentation (listed by Maintenance Index Pages (MIPs), Maintenance Requirements Card (MRC) Numbers)
   
f. Ship Selected Record Drawings (SSRD) Markups (list mark-ups not onboard)
   
g. Installation Drawings (list drawings not onboard)
   
h. Onboard Initial/Differences Training as listed on ILS cert.

2. The following information is provided for items indicated in paragraph (1):
   
a. Information on how and when this missing ILS was ordered (i.e. Requisition Number, Letter/Transmittal Number, etc.).
   
b. Information on the current status/estimated receipt date/reason for late arrival (if known) (i.e. out of stock, not developed, etc.).
   
c. Information on the anticipated method of transfer to the ship when received (i.e. transhipment, forwarding letter, to be accomplished by someone other than Naval Supervisory Authority (NSA)/Alteration Installation Team (AIT), etc.).
ATTACHMENT B

PHYSICAL CONFIGURATION AUDIT REPORT

ALTERATION IDENT: ________________________________________
(Type Hull-Class-Alteration Number)

SHIP: ___________________ ALTERATION ACCOMP DATE: ____________
(Hull No./Name) (From - To)

INSTALLING ACTIVITY: _____________________________________________

EQUIPMENT NOMENCLATURE _______________________________________

SERIAL NO.: ______________________

LOCATION: ______________________

EQUIPMENT DISPOSITION:

☐ INSTALLED ☐ REMOVED ☐ MODIFIED

EIC NO.: ______________________

TECHNICAL MANUAL(S):
(New/Revised/Copies)

_______________________________________________________________

_______________________________________________________________

APL/AEL/PAL: _______________________________________

TEST EQUIPMENT: _______________________________________

_______________________________________________________________

_______________________________________________________________

PMS DOCUMENTATION: ______________________ (MIP NO.)

REMARKS: ___________________________________________________

_______________________________________________________________

_______________________________________________________________
**ATTACHMENT C**  
**SHIP ALTERATION COMPLETION REPORT**

REPORT NO:

SHIP/HULL  
SSP NO.  
UIC  
FY/TYPE AVAIL.

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ATTACHMENT D
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.

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<tr>
<th>FIELD</th>
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<td>RIC:</td>
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<td>4. NSN -</td>
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<td>CIRCLE ONE: GFM or CFM</td>
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COMMENTS: __________________________________________________________________________________________

_______________________________________________

REPORTING CONTRACTOR: ______________________________________________________
PRINTED NAME: ______________________________________________________________
SIGNATURE: __________
RECEIVING SUPERVISOR: ______________________________________________________
PRINTED NAME: ______________________________________________________________
SIGNATURE: _________________________________________________________________