

NAVSEA TECHNICAL MANUAL ACQUISITION REQUIREMENTS CHECKLIST (TMARC) Sheet 1 of _____

INSTRUCTIONS: 1. Provide the required info. in blocks 1 thru 10. Fill out blocks 11 thru 22, following the instructions given.

- 2. Use Sheet 4 to detail any tailoring to the TMCR or TMSR.
- 3. For assistance or further information telephone (NSWSES) AV 360-5523/4997.

| | | |
|---|--|---------------|
| NSDSA Task Mgr. | Date | TMCR/TMSR No. |
| 1. FROM: (Enter mailing address of Procuring Activity) | 2. Name of TMCR/TMSR Requestor | |
| | Code | Date |
| | Phone No. | |
| | 4. In-Service Eng. Agent (ISEA)/Cognizant Tech. Act. (CTA) | |
| 3. TO: COMMANDING OFFICER NAVAL SHIP WEAPON SYSTEMS ENGINEERING STATION CODE 5H34 PORT HUENEME, CA 93043-5007 | Code | Phone No. |
| | 5. Tech. Man. Maint. Act. (TMMA) | |
| | Code | Phone No. |
| 7. Name, Address, and ZIP Code of TM Preparing Activity | 6. Life Cycle Manager (LCM) | |
| | Code | Phone No. |
| | 8. Tasking Document/Contract Number | |

SYSTEM/EQUIPMENT IDENTIFICATION

9. Descriptive Information (Nomenclature):

| | |
|--|----------------------------|
| CAGE (Commercial And Govt. Entity)/Mfr. Name and Address | Part/Model/Type No./Mk/Mod |
| | APL No. |

10. Select either a. or b.

a. The TM will be prepared by a contractor (requires a Technical Manual Contract Requirements (TMCR))

b. The TM will be prepared by a government activity (requires a Technical Manual SEATASK Requirements)

11. Is this an amendment to a previous TMCR or TMSR? YES NO

If YES, then provide the existing TMCR or TMSR No. _____

12. Is this an equipment/system acquisition? (Stand-alone TMCR or TMSR) YES NO

If YES go to top of Sheet 2, if NO continue with Number 13.

13. Is this a ship acquisition? (Master/Subordinate TMCRs) YES NO

If YES, provide the following information. If NO, go to top of Sheet 2.

a. Attached is the approved Ship Specification Section 086 for:

Ship Name _____ Hull No. _____ Class _____

Lead Follow-On

b. Fill out a separate Sheet 2 and 3 for each subordinate technical manual type TMCR or TMSR required.

TMCN/TMSR No. _____

For new manuals answer Number 14, for changes and revisions answer Number 15. In both instances also complete Sheet

14. Type of New Technical Manual. Select the type of new technical manual. Select only one block in a. or b. If the procurement is for more than one manual, list them on Sheet 4.

a. Manuals Applicable to Equipment and/or System

| DESCRIPTION | DESCRIPTION |
|--|---|
| <input type="checkbox"/> Commercial Equip. | <input type="checkbox"/> HM&E Equipment |
| <input type="checkbox"/> Elect./Interior Communication Equip. | <input type="checkbox"/> HM&E System |
| <input type="checkbox"/> Elect./Interior Communication Equip.-Experimental | <input type="checkbox"/> Weapon Equipment |
| <input type="checkbox"/> Elect./Interior Communication Equip.-Service Test | <input type="checkbox"/> Weapon System |
| <input type="checkbox"/> Elect./Interior Communication System | Technical Repair Standards (TRS) |
| <input type="checkbox"/> Elect./Interior Communication System-Experimental | <input type="checkbox"/> Electronic Equipment TRS |
| <input type="checkbox"/> Elect./Interior Communication System-Service Test | <input type="checkbox"/> HM&E Equipment TRS |
| <input type="checkbox"/> Other (describe and include specification number) _____ | <input type="checkbox"/> Weapon Equipment TRS |

b. Manuals Applicable to Specific Ships and/or ship class

| DESCRIPTION | DESCRIPTION |
|--|--|
| <input type="checkbox"/> Combat System Technical Operations Manual (CSTOM) | <input type="checkbox"/> Operational Stations Book (OSB) |
| <input type="checkbox"/> Combat System Alignment Manual (CSAM) | <input type="checkbox"/> Ship Information Book (SIB) |
| <input type="checkbox"/> Damage Control Book (DCB) | <input type="checkbox"/> Training Aid Booklet (TAB) |
| <input type="checkbox"/> Other (describe and include specification number) _____ | |

15. Technical Manual Revisions and Permanent Change Pages. Select either block a. or b, and answer all applicable questions. If the procurement is for more than one manual list them on Sheet 4. List the manual that is being revised or changed in Number 21.

a. Revision

Is this for a complete revision to an existing TM? YES NO

Is this an update revision? YES NO

Is this a non-superseding revision? YES NO

Title of existing TM. _____

TM no. _____ Date of issue _____

b. Permanent Change Pages

Title of existing TM. _____

TM no. _____ Date of issue _____

Last change no. _____ Last change date _____

Include the reason for this change:

SHIPALT _____ TMDER _____

ORDALT _____ OTHER _____

TMCR/TMSR No. _____

16. Can the system/equipment/component be overhauled? YES NO

17. If Number 16 is YES and there is an existing TRS, then provide the following information. If a TRS does not exist, then a TRS TMCR or TMSR will be provided in addition to the TMCR or TMSR requested.
 TRS no. _____
 TRS title _____

18. Parts Data. If the procurement is for a Change or Update Revision then go to Number 19.
 a. Parts List (not applicable with weapon equipment or systems manuals) - - - - - YES NO
 b. Illustrated Parts Breakdown (IPB) (not applicable to systems or FOMM equip. manuals) - - - - - YES NO
 c. Will the IPB be a separate volume? - - - - - YES NO

19. Technical Manual Characteristics. Select the appropriate blocks. For Changes and Update Revisions do not answer c.

| | |
|---|--|
| a. Volumes <input type="checkbox"/> Single <input type="checkbox"/> Multi | d. Maintenance Levels <input type="checkbox"/> Organizational <input type="checkbox"/> Intermediate <input type="checkbox"/> |
| b. Manual Size <input type="checkbox"/> 8 1/2 x 11 <input type="checkbox"/> 4 x 8 <input type="checkbox"/> 11 x 17 <input type="checkbox"/> 27 x 11 <input type="checkbox"/> 5 x 8 | e. Security Classification <input type="checkbox"/> Classified <input type="checkbox"/> Unclassified Anticipated Distribution (Unclassified Only) See OPNAVINST 5510.1G <input type="checkbox"/> Statement A <input type="checkbox"/> Statement E <input type="checkbox"/> Statement B <input type="checkbox"/> Statement F Reason(See OPNAVINST 5510.1G) <input type="checkbox"/> Statement C <input type="checkbox"/> Other _____ for this information)._____ <input type="checkbox"/> Statement D _____ |
| c. Presentation Style <input type="checkbox"/> Typically Structured <input type="checkbox"/> Functionally Structured (only for FOMM MIL-M-24100B) | Distribution Control (only if other than SEA-09B2) |

20. Deliverables. Select the blocks in a. and b. that apply to the procurement.

| | |
|--|---|
| a. Data Items <input type="checkbox"/> Status Reports <input type="checkbox"/> Schedules and Status Reports <input type="checkbox"/> TMOP <input type="checkbox"/> Man., Tech.; Quality Assurance Program Plan <input type="checkbox"/> Chart <input type="checkbox"/> Man., Tech.; Validation Plan | <input type="checkbox"/> Man., Tech.; Validation Certification <input type="checkbox"/> Man., Tech.; Verification Plan <input type="checkbox"/> Man., Tech.; Verification Planning Data Cards <input type="checkbox"/> Man., Tech.; Verification Sequence Control <input type="checkbox"/> Man., Tech.; Verif. Incorporation Certification |
| b. Products <input type="checkbox"/> Index of Technical Publications (ITP) (for ship only) <input type="checkbox"/> Manual, Tech.; Commercial (off-the-shelf equip.) <input type="checkbox"/> Magnetic Media (identify the media) _____ <input type="checkbox"/> Manual, Technical; Standard* <input type="checkbox"/> Revision <input type="checkbox"/> Change <input type="checkbox"/> Manual, Technical; Supplement <input type="checkbox"/> Other (cite spec. and DID) _____ | <input type="checkbox"/> Technical Repair Standard* <input type="checkbox"/> Technical Manual Outline/Book Plan* <input type="checkbox"/> Manuscript Copy* <input type="checkbox"/> Preliminary Copy* <input type="checkbox"/> Reproducible Copy and Artwork* <input type="checkbox"/> Photolithographic Negatives <input type="checkbox"/> Photolithographic Negs. Screens and Masks <input type="checkbox"/> Photolithographic Negs. Screens and Masks for Pocket Manual |

*** Note: These Product names may appear differently in the TMCR or TMSR due to differences in specifications.**

21. Government Furnished Material (GFM). Include all data needed to prepare the TM, revision, or change.

22. Number of TMCR or TMSR copies requested. _____

TMCR/TMSR No. _____

Use this sheet to list any tailoring requirements. Give details. If more space is needed, use extra copies of Sheet 4 as necessary.

Empty space for listing tailoring requirements.