



## SHIP'S HAZARDOUS MATERIAL LIST FEEDBACK REPORT (SFR)

### ACTIVITY INFORMATION

Ship/Airwing/Activity Name: \_\_\_\_\_ UIC: \_\_\_\_\_  
 Recommended Action Add/Delete/Other: \_\_\_\_\_ TYCOM: \_\_\_\_\_  
 Priority: \_\_\_\_\_ For hardcopy submissions, forward SFR request to: Commanding Officer  
 Naval Inventory Control Point  
 P.O. Box 2020 Code 0541.SFR  
 5450 Carlisle Pike  
 Mechanicsburg, PA 17055-0788

### MANUFACTURER DATA

NSN: \_\_\_\_\_ Trade Name/Nomenclature: \_\_\_\_\_  
 Part Number or SPEC: \_\_\_\_\_  
 Manufacturer Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ CAGE: \_\_\_\_\_

### TECHNICAL DATA

Is MSDS sheet available in HMIS: \_\_\_ Y/N MSDS Number: \_\_\_\_\_  
 Maintenance Index Page Number (MIP): \_\_\_\_\_  
 Maintenance Requirement Card Number (MRC): \_\_\_\_\_  
 APL/AEL: \_\_\_\_\_ Tech Manual: \_\_\_\_\_ Rev: \_\_\_\_\_  
 Estimated yearly requirement: \_\_\_\_\_ UI: \_\_\_\_\_ Aircraft Application: \_\_\_\_\_ Y/N  
 Mat'l's application/equipment or use: \_\_\_\_\_

Other pertinent data: \_\_\_\_\_

Currently used NSN/product to be replaced: \_\_\_\_\_

Why is this product preferred/justification/comments: \_\_\_\_\_

Provide copies of any available identification documentation.

### CERTIFICATION

Requestor Point of Contact Information _____ Signature _____ Date/Time _____ Printed Name and Title _____ Telephone _____	<b>TYCOM/HSC ONLY Recommended Action:</b> Hardware Sys Com: _____ TYCOM: _____ Approved/Disapproved: _____ TYCOM Printed Name and Title _____ Telephone _____ Use Alternate: _____
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### ENDORSEMENTS

**\*\*Commanding Officer's Printed Name and Title:**

LAST	FI.	MI.	RANK	Phone
Signature _____				Date _____

**\*\* CO's signature denotes acceptance of the procurement and use of this non-SHML hazardous material. Electronics Submission of SHML Feedback Reports Constitutes CO's Approval.**