

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
Matl'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	TYCOM/HSC ONLY Recommended Action:
Signature _____ Date/Time _____	Hardware Sys Com: _____
Printed Name and Title _____ Telephone _____	TYCOM: _____ Approved/Disapproved: _____
	TYCOM Printed Name and Title _____ Telephone _____
	Use Alternate: _____

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.