Clear Form

SUBMEPP UACS # _____

SUBMARINE MAINTENANCE STANDARD
USER ACTIVITY COMMENT SHEET

FROM:

ACTIVITY/SHIP: _____ CODE/DEPT/SHOP: _____

ORIGINATOR: _____ TEL EXT: _____ DATE: _____

AFFECTED STD (s): _____ _____

_____ _____

PROBLEM AREA:

SUBMEPP RESOLUTION:

RESPONDER:

CODE: _____ EXT: _____ DATE: _____

PROGRAM MANAGER: _____

CODE: _____ EXT: _____ DATE: _____

MAIL TO:
COMMANDING OFFICER
ATTN CODE 1833.2
SUBMEPP
P O BOX 7002
PORTSMOUTH, NH 03802-7002