

**EXPEDITE**

NUCLEAR WEAPONS UNSATISFACTORY REPORT  
NAVSEA FORM 8110/4 (REV. 9-10)

SEE NAVY SWOP 5-8 FOR INSTRUCTIONS ON PREPERATION AND DISTRIBUTION OF THIS FORM

TO:

DATE (Da. Mo. Yr.)

**1. REPORTING ACTIVITY**

ACTIVITY NAME AND MAILING ADDRESS

NAME (TYPED OR STAMPED) AND SIGNATURE

UR SERIAL NO.

**2. IDENTIFICATION OF REPORTED ITEM / PUBLICATION**

ITEM	TYPE (MK, MOD, MC)	DATE AND CHANGE NO.	QTY DEFECTIVE	SERIAL NO.	PART NO.
ITEM INSTALLED ON TYPE (MK AND MOD)			DATE OF MFG./LOT NO.	SERIAL NO.	PART NO.
MAJOR ASSEMBLY			<input type="checkbox"/> WR <input type="checkbox"/> SLBM <input type="checkbox"/> PUB <input type="checkbox"/> TR <input type="checkbox"/> SPARE <input type="checkbox"/> OTHER	SERIAL NO.	PART NO.

**3. REFERENCE DOCUMENTS**

GOVERNING DIRECTIVE, DATE AND CHANGE	REFERENCE/ENCLOSURE
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**4. DISPOSITION OF MATERIAL**

REPAIRED LOCALLY   
 OTHER (SPECIFY IN DETAILS)   
 SHIPPED TO (DATE AND ACTIVITY)

**5. DETAILS**

(1) DESCRIPTION, (2) CAUSE, (3) ACTION TAKEN, (4) RECOMMENDATIONS, (5) ADDITIONAL COMMENTS

**6. ANSWER DESIRED**

YES     NO

**7. TELEPHONE CONTACT**

NAME \_\_\_\_\_  
TELEPHONE \_\_\_\_\_

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