NNSY 5224/21 REV 10-04

NORFOLK NAVAL SHIPYARD SURVEILLANCE REPORT FORM							☐ Audit ☐ Surveillance (Code 136/2350 Use Only)
Survelliance Org.:			Serial No.:			Date /Time:	
Work-In-Progress						Follow-Up	
JO of work in progress:		KEOP		Location:		Associated Report:	
SubSafe:	Nuclear:	Rad:	Rx. Serv.	Project:*	Ship /Facility /Crane:		Offyard:

*Leave blank if the JO is filled in

Item No.: 1	Level:	Responsible Code / Shop:	Program / Process:	Metric Cat/ Subcat:	Process Improvement:
Requirements:					
DESCRIPTION:					
Person(s) Contacted:					Phone:
Observed By:					Phone:

Item No.: 2	Level:	Responsible Code / Shop:	Program / Process:	Metric Cat/ Subcat:	Process Improvement:
Requirements:					
DESCRIPTION:					
Person(s) Contacted:					Phone:
Observed By:					Phone:

NO RESPONSE TO THIS SURVEILLANCE IS REQUIRED

NORFOLK NAVAL SHIPYARD SURVEILLANCE REPORT FORM
Continuation Sheet

Survelliance Org.:	Serial No.:

Item No.:	Level:	Responsible Code / Shop:	Program / Process:	Metric Cat/ Subcat:	Process Improvement:
Requirements:					
DESCRIPTION:					
Person(s) Contacted:					Phone:
Observed By:					Phone:

Item No.:	Level:	Responsible Code / Shop:	Program / Process:	Metric Cat/ Subcat:	Process Improvement:
Requirements:					
DESCRIPTION:					
Person(s) Contacted:					Phone:
Observed By:					Phone:

NO RESPONSE TO THIS SURVEILLANCE IS REQUIRED