Newport News Shipbuilding

## F. Contractor MSDS Cover Sheet

Contractor (Company Name): \_\_\_\_\_ Date: \_\_\_\_\_

Newport News Shipbuilding Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

Product Name <sup>1</sup>	Manufacturer	P.O. Number	Quantity		Check one <sup>2</sup>		
			Quantity <sup>3</sup>	u/m	$I^4$	$R^5$	$U^6$

Send completed form to your Newport News Shipbuilding Contractor Coordinator

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<sup>&</sup>lt;sup>1</sup> Name on MSDS and product label must match.

<sup>&</sup>lt;sup>2</sup> MSDS not required for Revised or Updated quantities as long as one was submitted within one year.

<sup>&</sup>lt;sup>3</sup> Quantity in volume or weight; no drums, cans, feet, pieces, etc.

<sup>&</sup>lt;sup>4</sup> Initial submission of MSDS.

<sup>&</sup>lt;sup>5</sup> Revision of a quantity previously reported. Provide new total quantity used.

<sup>&</sup>lt;sup>6</sup> Updated MSDS or additional quantity reported.