

FAILURE ANALYSIS __ OR INADEQUACY __ REPORT VIPER VSW UBA

ACT VSW MCM DET **PHONE #** (619)437 – 0000 **RIG SN**
DATE DISCOVERED **SUBSYSTEM**
DATE CORRECTED **MAN-HOURS TO REPAIR**
SUPERVISOR **TECHNICIAN**

TYPE OF FAILURE:

ROUTINE: Original in rig folder and 1 copy each to PEO MIW (PMS-EOD-M) and Carlton Life Support Division (ISEA).

ACCIDENT or INCIDENT:

IMMEDIATELY notify NAVXDIVGU: DSN 436-4351, Com (850)230-3100

IMMEDIATELY notify NAVSEA (OOC): DSN 327-2766, (703)607-2766
 Original in rig folder; 1 copy each to NAVXDIVGU, NAVSEA (OOC), PEO MIW (PMS-EOD-M), Carlton Life Support Division

DISCOVERED

PREMISSION **PREDIVE** **DURING OPERATIONS**
 POSTDIVE **PMS** **OTHER (DESCRIBE)**

SYMPTOMS (Initial indication)	DESCRIPTION OF FAILURE
ACTION TAKEN (Describe in order actions taken to confirm failure)	SUSPECTED CAUSE
CORRECTIVE ACTIONS Associated REC #'s	FAILED COMPONENTS (Name, PN, and Disposition of part)
SUGGESTIONS/RECOMMENDATIONS	REPLACEMENT PART PROBLEMS