

DATA ITEM DESCRIPTION			Form Approved OMB No 0704-0188	
Public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0188), Washington, DC 20503				
1. TITLE <b>REQUEST FOR EMERGENCY URGENT, OR ROUTINE MAINTENANCE SUPPORT</b>			2. IDENTIFICATION NUMBER <b>DI-ILSS-80233A</b>	
3. DESCRIPTION / PURPOSE <b>3.1 To request maintenance assistance needed to satisfy emergency, urgent, or routine requirements for unprogrammed depot maintenance or direct/indirect maintenance support for problems that are beyond the capability of the maintaining command.</b>				
4. APPROVAL DATE (YYMMDD) <b>901203</b>	5. OFFICE OF PRIMARY RESPONSIBILITY (OPR) <b>F/AFSPACECOM-LKMM</b>	6a. DTIC APPLICABLE	6b. GIDEP APPLICABLE	
7. APPLICATION / INTERRELATIONSHIP <b>7.1 This Data Item Description contains the format and content preparation instructions for the data product generated by the specific and discrete task requirement as delineated in the contract. 7.2 This item is applicable to O&amp;M contracts wherein the contractor is responsible for operation and maintenance of Communications-Electronics systems. 7.3 This data item supersedes DI-ILSS-80233</b>				
APPROVAL LIMITATION		9a. APPLICABLE FORMS	9b. AMSC NUMBER <b>F5085</b>	
10. PREPARATION INSTRUCTIONS <b>10.1 <u>Format</u>. This report shall be in contractor prepared message format. 10.2 <u>Content</u>. The request shall contain the following data:</b> <b>a. Subject: "Request for Emergency or on-site Maintenance Support" (Show both equipment and location.) b. Para 1. Identity of maintaining command requesting support. c. Para 2. Identity of the equipment by type, number, name, National Stock Number (NSN) and serial number, or manufacturer's name and part number, if not type numbered. d. Para 3. Name and location (state or country) of base where equipment is located. e. Para 4. Nature of the problem symptoms (operational and technical).</b>				
<b>(Continued on Page 2)</b>				
11. DISTRIBUTION STATEMENT <b>DISTRIBUTION STATEMENT A: Approved for public release; distribution is unlimited.</b>				

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## Block 10, Preparation Instructions (Continued)

- f. Para 5. Corrective measures taken by the maintaining activity and results obtained.
- g. Para 6. Statement or estimate of maintenance actions required.
- h. Para 7. Material required to make repairs, if known. (If required, is replacement on hand.)
- i. Para 8. Security clearance, special clothing, etc., required or recommended for Mobile Depot Maintenance (MDM) team members.
- j. Para 9. Special tools, test equipment, heavy equipment, facilities, etc., known or thought to be necessary to make repairs, and a statement of availability of these at or in the vicinity of the operating site.
- k. Para 10. Quantity and specialty of maintaining activity personnel available to assist or augment the MDM team.
- l. Para 11. Availability of transportation, messing and billeting for the MDM or field team while at the operating site or in the vicinity.
- m. Para 12. Date that assistance is required. Statement of operational impact of the problem and urgency of repair.
- n. Para 13. Statement that the required maintenance exceeds the capability of the maintaining unit.
- o. Para 14. Date and time that initial telephone request for emergency maintenance support was made. (If emergency request).
- p. Para 15. Name, duty position, organization and telephone number (AUTOVON and extension) of individual making the initial telephone request. (If emergency request).
- q. Para 16. Name, duty position, organization and telephone number (AUTOVON and extension) of individual for field team contact.
- r. Para 17. Name, grade, organization and telephone number (AUTOVON and extension) of individual accepting the initial telephone request. (If emergency request).
- s. Para 18. (Major Command Validation Authority) Name, grade and telephone number (AUTOVON and extension) of individual approving request including time and date of approval.
- t. Para 19. For contract support only: Name, grade (or duty position) and telephone number (AUTOVON and extension) of individual named as project officer.
- u. Para 20. For contract support only: Name, grade (or duty position) and telephone number (AUTOVON and extension) of individual named as quality assurance representative.