

NORTHROP GRUMMAN SYSTEMS
MATERIAL USAGE LOG

Facility: _____ Equip. ID: (Registration if applicable) _____

Project Location (e.g. Building #) _____ Project Name: _____ NG Project Contact: _____

Contractor's Name: _____

Contractor Contact Name: _____ Contractor's Phone Number: _____

Duration of Project/Work date: _____ Start Date: _____ End Date: _____

Date	CRP #	Category	Amount Used (gal or lb)	User Initials

- Note:
1. The form shall be submitted to **chijioke.akunyili@ngc.com** and **yijin.wang@ngc.com** by 12/31 annually or at the end of the project whichever is sooner.
 2. Please contact AQ staff for any questions: Chi Akunyili (primary for RB) @(310)812-5105, Yijin Wang (primary for MB) @(310)812-1333