**EXPLOSIVES SAFETY SUBMISSION DETERMINATION REQUEST**

**Instructions:** Project managers shall complete all blocks of this ESS DR and attach it to a digitally-signed e-mail sent to either:

<table>
<thead>
<tr>
<th>NOSSA (N53)</th>
<th>COMMARSYS COM (PM Ammo)</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-mail: <a href="mailto:inhdnossa-ess@navy.mil">inhdnossa-ess@navy.mil</a></td>
<td>E-mail: <a href="mailto:explosivesafety@usmc.mil">explosivesafety@usmc.mil</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Site name/number, Activity, City, State and ZIP code</th>
<th>Date submitted</th>
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</thead>
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<table>
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<tr>
<th>Project manager and ESO: Names and contact information</th>
<th>EOD Det/UXO contractor: Name(s) and contact information</th>
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<tr>
<th>Site history: Briefly describe past MEC or MPPEH use at the site</th>
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<tr>
<th>MEC or MPPEH known or suspected to be present: Identify quantity, type/ nomenclature, and condition</th>
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<tr>
<th>Work task/project being proposed: Briefly describe proposed work; identify encumbering ESQD arcs</th>
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<tr>
<th>Likelihood of encountering MEC or MPPEH: Low, Medium or High; include rationale for selected likelihood</th>
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<tr>
<th>Likelihood:</th>
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</table>

Enclosure (2)