

APPENDIX 1

QA INSPECTION FORM - ENVIRONMENTAL READINGS

SHIP NAME & HULL #: _____ CONTRACT/TASK ORDER/CLIN: _____ DATE/TIME: _____

LOCATION: _____ WORK ITEM: _____ PARA. NO.: _____

(I) ____ (V) ____ (G) ____ PRODUCT BEING APPLIED: _____

REQ'T DOCUMENT: _____ /FY: _____ TABLE: _____ LINE: _____ COLUMN: _____

(NSTM 631, 634, PPI, NSI 009-32 FY)

MAINTAIN SEPARATE LOG FOR EACH AREA/LOCATION, PREPARED OR PAINTED SURFACE. WHEN AN AREA IS DIVIDED INTO SEPARATE SECTIONS, MAINTAIN A SEPARATE LOG FOR EACH SECTION.

- NOTE #1** FOR ANY UNSAT CONDITION FOUND, PROVIDE THE TECHNICAL ADJUDICATION AND CORRECTIVE ACTION TAKEN IN THE COMMENTS BLOCK.
- NOTE #2** UNLESS OTHERWISE STATED IN SPECIFICATION, SURFACE TEMPERATURE MUST BE A MINIMUM OF 50 DEG F AND AT LEAST 5 DEG F ABOVE DEW POINT.
- NOTE #3** ALL SPACES IN A SECTION ARE TO BE FILLED IN. IF NOT APPLICABLE, INSERT N/A. UNUSED SECTIONS SHALL BE CROSSED OUT AND MARKED N/A.

ACCEPT CRITERIA: % RH: _____ **SURFACE TEMP.:** MIN: _____ MAX: _____

Date	Time	Enter Activity, Surface Preparation, Prime, Stripe, Intermediate, Tack, Top Coat etc.	Measurement Location	Substrate Surface Temp. (°F)	Dew Point (°F)	% RH	Dry Bulb (Ambient Temp) (°F)	Wet Bulb (°F)
Gage # _____ Gage Cal Due Date: _____ Condition of Reading SAT: ☐ UNSAT: ☐ Contractor (print): _____ Govt. Insp. (Print): _____ Contractor (Signature): _____ Govt. Insp. (signature): _____ Comments: _____								
Gage # _____ Gage Cal Due Date: _____ Condition of Reading SAT: ☐ UNSAT: ☐ Contractor (print): _____ Govt. Insp. (Print): _____ Contractor (Signature): _____ Govt. Insp. (signature): _____ Comments: _____								
Gage # _____ Gage Cal Due Date: _____ Condition of Reading SAT: ☐ UNSAT: ☐ Contractor (print): _____ Govt. Insp. (Print): _____ Contractor (Signature): _____ Govt. Insp. (signature): _____ Comments: _____								
Gage # _____ Gage Cal Due Date: _____ Condition of Reading SAT: ☐ UNSAT: ☐ Contractor (print): _____ Govt. Insp. (Print): _____ Contractor (Signature): _____ Govt. Insp. (signature): _____ Comments: _____								

Paint Storage				
Date/Time Range	Enter Product, Prime, Stripe, Intermediate, Tack, Top Coat etc.	Min. Temp. during 24 hr period prior to use	Max Temp. during 24 hr period prior to use	Method of measurement
Contractor (print): _____ Govt. Insp. (Print): _____ Contractor (Signature): _____ Govt. Insp. (signature): _____ Comments: _____				

APPENDIX 2
QA INSPECTION FORM - CLEANLINESS CHECKPOINT

SHIP NAME & HULL #: _____ CONTRACT/TASK ORDER/CLIN: _____ DATE/TIME: _____

LOCATION: _____ WORK ITEM: _____ PARA. NO.: _____

(I) ____ (V) ____ (G) ____ PRODUCT BEING APPLIED: _____

REQ'T DOCUMENT: _____ /FY: _____ SQFT OF AREA PRESERVED: _____ PARTIAL AREA: _____ /FINAL: _____

(NSTM 631, 634, PPI, NSI 009-32 FY)

Accomplish degreasing/cleaning to ensure the removal of surface contaminants, such as sea salts, loose rust, mud, marine growth, grease, oil, and or other petroleum products.	SAT:	UNSAT:
Accomplish degreasing/cleaning a maximum of 4 hrs. prior to surface preparation, ensuring the adequate removal of surface contaminants.	SAT:	UNSAT:
Accomplish degreasing/cleaning a maximum of 4 hrs. prior to surface preparation, ensuring the adequate removal of surface contaminants.	SAT:	UNSAT:
If evidence of contamination exists, accomplish degreasing/cleaning a maximum of 4 hrs. prior to the application of each coat of paint to ensure removal of surface contaminants.	SAT:	UNSAT:
COMMENTS: _____		
Contractor (print): _____	Date: _____	
Contractor (Signature): _____	Time: _____	
Govt. Insp. (print): _____	Date: _____	
Govt. Insp. (Signature): _____	Time: _____	

APPENDIX 3**QA INSPECTION FORM - SURFACE PROFILE / PREPARATION & CLEANLINESS LOG**

SHIP NAME & HULL #: _____ CONTRACT/TASK ORDER/CLIN: _____ DATE/TIME: _____

LOCATION: _____ WORK ITEM: _____ PARA. NO.: _____

(I) _____ (V) _____ (G) _____ PRODUCT BEING APPLIED: _____

REQ'T DOCUMENT: _____ /FY: _____ SQFT OF AREA PRESERVED: _____ PARTIAL AREA: _____ /FINAL: _____
(NSTM 631, 634, PPI, NSI 009-32 FY)**MAINTAIN SEPARATE LOG FOR EACH AREA/LOCATION, PREPARED OR PAINTED SURFACE. WHEN AN AREA IS DIVIDED INTO SEPARATE SECTIONS, MAINTAIN A SEPARATE LOG FOR EACH SECTION.****NOTE #1** FOR PAINTS: 1 PROFILE READING REQUIRED FOR EVERY 200 SQFT (3 INDIVIDUAL TAPES) FOR THE FIRST 1000 SQFT AREA (15 INDIVIDUAL TAPES TOTAL); 2 PROFILE READINGS REQUIRED FOR EACH ADDITIONAL 1000 SQFT AREA (6 INDIVIDUAL TAPES).**NOTE #2** FOR NONSKID: 1 PROFILE READINGS REQUIRED EVERY 100 SQFT (3 INDIVIDUAL TAPES) FOR THE FIRST 500 SQFT AREA (15 INDIVIDUAL TAPES TOTAL); IF READINGS ARE SATISFACTORY, 1 PROFILE READING PER 1000 SQFT REMAINING (3 INDIVIDUAL TAPES).**NOTE #3** FOR ANY UNSAT CONDITION FOUND, PROVIDE THE TECHNICAL ADJUDICATION AND CORRECTIVE ACTION TAKEN IN THE COMMENTS BLOCK.**ACCEPTANCE CRITERIA: PROFILE RANGE _____ MILS TO _____ MILS**

Place TESTEX PRESS-O-FILM In Spaces Below, Retain As Permanent QA Record			Mils (Average of 3 tapes)
Reading: _____ mils	Reading: _____ mils	Reading: _____ mils	
Reading: _____ mils	Reading: _____ mils	Reading: _____ mils	
Reading: _____ mils	Reading: _____ mils	Reading: _____ mils	
Reading: _____ mils	Reading: _____ mils	Reading: _____ mils	
TOTAL AVG:			

COMMENTS: _____

Abrasive Manufacturer: _____ Type: _____ Mesh Size: _____
(If Applicable) (If Applicable) (If Applicable)

TYPE OF SURFACE PREPARATION: _____

GAGE # _____	(Base Metal Reading) (Type 1 gage)	SURFACE PROFILE INSP.: _____	SURFACE PREP. INSP.: _____	CLEANLINESS INSP.: _____
GAGE CAL DUE DATE: _____	BMR _____	SAT: ☐ UNSAT: ☐	SAT: ☐ UNSAT: ☐	SAT: ☐ UNSAT: ☐

Contractor (print): _____	Date: _____
Contractor (Signature): _____	Time: _____
Govt. Insp. (print): _____	Date: _____
Govt. Insp. (Signature): _____	Time: _____

APPENDIX 4

QA INSPECTION FORM - SURFACE CONDUCTIVITY LOG

SHIP NAME & HULL #: _____ CONTRACT/TASK ORDER/CLIN: _____ DATE/TIME: _____

LOCATION: _____ WORK ITEM: _____ PARA. NO.: _____

(I) _____ (V) _____ (G) _____

PRODUCT BEING APPLIED: _____

REQ'T DOCUMENT: _____ /FY: _____ SQFT OF AREA PRESERVED: _____ PARTIAL AREA: _____ /FINAL: _____
(NSTM 631, 634, PPI, NSI 009-32 FY)

MAINTAIN SEPARATE LOG FOR EACH AREA/LOCATION, PREPARED OR PAINTED SURFACE. WHEN AN AREA IS DIVIDED INTO SEPARATE SECTIONS, MAINTAIN A SEPARATE LOG FOR EACH SECTION.

MAXIMUM CONDUCTIVITY (IMMERSED SURFACES) (30) $\mu\text{S/cm}$
MAXIMUM CONDUCTIVITY (NON-IMMERSED SURFACES) (70) $\mu\text{S/cm}$
(BASED ON 5 READINGS PER 1000 SQFT)

NOTE FOR ANY UNSAT CONDITION FOUND, PROVIDE THE TECHNICAL ADJUDICATION AND CORRECTIVE ACTION TAKEN IN THE COMMENTS BLOCK.

[illegible]

COMMENTS: _____

GAGE #	DATE	TIME	TESTER	TEST	RESULT	REMARKS
1	2023-10-27	14:30	John Doe	Pressure	120/80	Normal
2	2023-10-27	15:00	John Doe	Temperature	37.5	Normal
3	2023-10-27	15:30	John Doe	Heart Rate	72	Normal
4	2023-10-27	16:00	John Doe	Respiratory Rate	18	Normal
5	2023-10-27	16:30	John Doe	Oxygen Saturation	98%	Normal
6	2023-10-27	17:00	John Doe	Blood Glucose	100 mg/dL	Normal
7	2023-10-27	17:30	John Doe	Blood Pressure	110/70	Normal
8	2023-10-27	18:00	John Doe	Heart Rate	68	Normal
9	2023-10-27	18:30	John Doe	Respiratory Rate	16	Normal
10	2023-10-27	19:00	John Doe	Oxygen Saturation	99%	Normal
11	2023-10-27	19:30	John Doe	Blood Glucose	95 mg/dL	Normal
12	2023-10-27	20:00	John Doe	Blood Pressure	105/65	Normal
13	2023-10-27	20:30	John Doe	Heart Rate	65	Normal
14	2023-10-27	21:00	John Doe	Respiratory Rate	15	Normal
15	2023-10-27	21:30	John Doe	Oxygen Saturation	98%	Normal
16	2023-10-27	22:00	John Doe	Blood Glucose	90 mg/dL	Normal
17	2023-10-27	22:30	John Doe	Blood Pressure	100/60	Normal
18	2023-10-27	23:00	John Doe	Heart Rate	60	Normal
19	2023-10-27	23:30	John Doe	Respiratory Rate	14	Normal
20	2023-10-27	00:00	John Doe	Oxygen Saturation	97%	Normal
21	2023-10-27	00:30	John Doe	Blood Glucose	85 mg/dL	Normal
22	2023-10-27	01:00	John Doe	Blood Pressure	95/55	Normal
23	2023-10-27	01:30	John Doe	Heart Rate	58	Normal
24	2023-10-27	02:00	John Doe	Respiratory Rate	13	Normal
25	2023-10-27	02:30	John Doe	Oxygen Saturation	96%	Normal
26	2023-10-27	03:00	John Doe	Blood Glucose	80 mg/dL	Normal
27	2023-10-27	03:30	John Doe	Blood Pressure	90/50	Normal
28	2023-10-27	04:00	John Doe	Heart Rate	55	Normal
29	2023-10-27	04:30	John Doe	Respiratory Rate	12	Normal
30	2023-10-27	05:00	John Doe	Oxygen Saturation	95%	Normal
31	2023-10-27	05:30	John Doe	Blood Glucose	75 mg/dL	Normal
32	2023-10-27	06:00	John Doe	Blood Pressure	85/45	Normal
33	2023-10-27	06:30	John Doe	Heart Rate	50	Normal
34	2023-10-27	07:00	John Doe	Respiratory Rate	11	Normal
35	2023-10-27	07:30	John Doe	Oxygen Saturation	94%	Normal
36	2023-10-27	08:00	John Doe	Blood Glucose	70 mg/dL	Normal
37	2023-10-27	08:30	John Doe	Blood Pressure	80/40	Normal
38	2023-10-27	09:00	John Doe	Heart Rate	48	Normal
39	2023-10-27	09:30	John Doe	Respiratory Rate	10	Normal
40	2023-10-27	10:00	John Doe	Oxygen Saturation	93%	Normal
41	2023-10-27	10:30	John Doe	Blood Glucose	65 mg/dL	Normal
42	2023-10-27	11:00	John Doe	Blood Pressure	75/35	Normal
43	2023-10-27	11:30	John Doe	Heart Rate	45	Normal
44	2023-10-27	12:00	John Doe	Respiratory Rate	9	Normal
45	2023-10-27	12:30	John Doe	Oxygen Saturation	92%	Normal
46	2023-10-27	13:00	John Doe	Blood Glucose	60 mg/dL	Normal
47	2023-10-27	13:30	John Doe	Blood Pressure	70/30	Normal
48	2023-10-27	14:00	John Doe	Heart Rate	42	Normal
49	2023-10-27	14:30	John Doe	Respiratory Rate	8	Normal
50	2023-10-27	15:00	John Doe	Oxygen Saturation	91%	Normal
51	2023-10-27	15:30	John Doe	Blood Glucose	55 mg/dL	Normal
52	2023-10-27	16:00	John Doe	Blood Pressure	65/25	Normal
53	2023-10-27	16:30	John Doe	Heart Rate	40	Normal
54	2023-10-27	17:00	John Doe	Respiratory Rate		

GAGE CAL DUE DATE: _____

CONDITION OF CHECKPOINT

SAT: ☐ UNSAT: ☐

Contractor (print): _____

Date: _____

Contractor (Signature): _____

Time: _____

Govt. Insp. (print): _____

Date: _____

Govt. Insp. (Signature): _____

Time: _____

APPENDIX 5
QA INSPECTION FORM - PRESSURE SENSITIVE TAPE SAMPLES

SHIP NAME & HULL #: _____ CONTRACT/TASK ORDER/CLIN: _____ DATE/TIME: _____

LOCATION: _____ WORK ITEM: _____ PARA. NO.: _____

(I) _____ (V) _____ (G) _____ PRODUCT BEING APPLIED: _____

REQ'T DOCUMENT: _____ /FY: _____ SPECIFIC FEATURES OF AREA TO BE TESTED: _____
(NSTM 631, 634, PPI, NSI 009-32 FY)

ADHESIVE TAPE TYPE(S) FOR DUST MEASUREMENT: _____

MAINTAIN SEPARATE LOG FOR EACH AREA/LOCATION, PREPARED OR PAINTED SURFACE. WHEN AN AREA IS DIVIDED INTO SEPARATE SECTIONS, MAINTAIN A SEPARATE LOG FOR EACH SECTION.

- NOTE #1** FOR THE UNDERWATER HULL, 5 INDIVIDUAL READINGS REQUIRED FOR THE FIRST 1000 SQFT AREA, 2 INDIVIDUAL READINGS REQUIRED FOR EACH ADDITIONAL 1000 SQFT AREA.
- NOTE #2** FOR FLIGHT DECK NONSKID, 3 INDIVIDUAL READINGS REQUIRED EVERY 100 SQFT FOR THE FIRST 500 SQFT; IF READINGS ARE SATISFACTORY, 1 INDIVIDUAL READING PER 1000 SQFT REMAINING.
- NOTE #3** FOR ANY UNSAT CONDITION FOUND, PROVIDE THE TECHNICAL ADJUDICATION AND CORRECTIVE ACTION TAKEN IN THE COMMENTS BLOCK.
- NOTE #4:** FOR EVERY SURFACE OF ONE (1) PARTICULAR TYPE AND ASPECT, CARRY OUT NOT LESS THAN 3 SEPARATE TESTS.

Spot Measurement	Dust Quantity Rating	Dust Size Class	Approximate Location

Spot Measurement	Dust Quantity Rating	Dust Size Class	Approximate Location

Spot Measurement	Dust Quantity Rating	Dust Size Class	Approximate Location

Spot Measurement	Dust Quantity Rating	Dust Size Class	Approximate Location

Spot Measurement	Dust Quantity Rating	Dust Size Class	Approximate Location

CONDITION OF CHECKPOINT	
SAT:	UNSAT:

COMMENTS: _____

Contractor (print): _____	Date: _____
Contractor (Signature): _____	Time: _____
Govt. Insp. (print): _____	Date: _____
Govt. Insp. (Signature): _____	Time: _____

APPENDIX 6

QA INSPECTION FORM - PAINT APPLICATION EQUIPMENT AND PAINT CONSUMPTION LOG

SHIP NAME & HULL #: _____ CONTRACT/TASK ORDER/CLIN: _____ DATE/TIME: _____

LOCATION: _____ WORK ITEM: _____ PARA. NO.: _____

(I) ____ (V) ____ (G) ____ PRODUCT BEING APPLIED: _____

REQ'T DOCUMENT: _____ /FY: _____ TABLE: _____ LINE: _____ COLUMN: _____

(NSTM 631, 634, PPI, NSI 009-32 FY)

MAINTAIN SEPARATE LOG FOR EACH AREA/LOCATION, PREPARED OR PAINTED SURFACE. WHEN AN AREA IS DIVIDED INTO SEPARATE SECTIONS, MAINTAIN A SEPARATE LOG FOR EACH SECTION.

		Prime Coat	Stripe Coat (if applicable)	Intermediate Coat (if applicable)	Stripe Coat (if applicable)	Topcoat	Other
Airless Paint Hose Size							
Airless Paint Hose Length							
Airless Tip Orifice Diameter / Fan Width							
Airless Pump Used & Model	Plural Airless						
	Conventional Airless						
Airless Pump Ratio, If Plural Component:							
Fixed:							
Variable:							
If Using Inline Heater Temperature in °F (Fahrenheit)	Temperature Setting At Heater						
	Temperature At Tip						
Product Applied							
Product Manufacturer							
Color Applied							
Product VOC							
Base Portion Batch No # (Part A)							
Expiration Date (Part A)							
Hardener Portion Batch No # (Part B)							
Expiration Date (Part B)							
Gallons Used Per Coat							
Square Feet Painted							
Start (Date/Time)							
Stop (Date/Time)							

APPENDIX 7
QA INSPECTION FORM - DRY FILM THICKNESS MEASUREMENTS

SHIP NAME & HULL #: _____ CONTRACT/TASK ORDER/CLIN: _____ DATE/TIME: _____
LOCATION: _____ WORK ITEM: _____ PARA. NO.: _____
(I) ____ (V) ____ (G) ____ PRODUCT BEING APPLIED: _____

REQ'T DOCUMENT: _____ /FY: _____ SQFT OF AREA PRESERVED: _____ PARTIAL AREA: _____ /FINAL: _____
(NSTM 631, 634, PPI, NSI 009-32 FY)

MAINTAIN SEPARATE LOG FOR EACH AREA/LOCATION, PREPARED OR PAINTED SURFACE. WHEN AN AREA IS DIVIDED INTO SEPARATE SECTIONS, MAINTAIN A SEPARATE LOG FOR EACH SECTION.

NOTE: FOR ANY UNSAT CONDITION FOUND, PROVIDE THE TECHNICAL ADJUDICATION AND CORRECTIVE ACTION TAKEN IN COMMENTS BLOCK.

Select Type of Gage being used: Type 1 ☐ Type 2 ☐ Base Metal Reading (Type 1 gage): _____
Gage # _____ Current Calibration Due Date: _____ Accuracy Adjustment (Type 1 gage): _____

ACCEPTANCE CRITERIA

☐ PRIMER COAT DFT _____ TO _____ MILS ☐ TOPCOAT DFT _____ TO _____
☐ INTERMEDIATE COAT DFT _____ TO _____ MILS ☐ TOTAL SYSTEM DFT _____ TO _____

TOTAL SPOT MEASUREMENTS REQUIRED PER SQUARE FOOT OF AREA PRESERVED

0 - 100 SQFT = 5 SPOTS REQUIRED 201 - 1000 SQFT = 15 SPOTS REQUIRED
101 - 200 SQFT = 10 SPOTS REQUIRED > 1000 SQFT = 5 ADDITIONAL SPOTS REQUIRED PER 1000 SQFT AREA

Note: Each Spot Measurement = The AVG of Three Gage Readings.		
SPOT MEASUREMENT	DFT (Mils) AVG of 3 Gage Readings	Approximate Location
1		
2		
3		
4		
5		
Average:		

Note: Each Spot Measurement = The AVG of Three Gage Readings.		
SPOT MEASUREMENT	DFT (Mils) AVG of 3 Gage Readings	Approximate Location
1		
2		
3		
4		
5		
Average:		

Note: Each Spot Measurement = The AVG of Three Gage Readings.		
SPOT MEASUREMENT	DFT (Mils) AVG of 3 Gage Readings	Approximate Location
1		
2		
3		
4		
5		
Average:		

Note: Each Spot Measurement = The AVG of Three Gage Readings.		
SPOT MEASUREMENT	DFT (Mils) AVG of 3 Gage Readings	Approximate Location
1		
2		
3		
4		
5		
Average:		

Note: Each Spot Measurement = The AVG of Three Gage Readings.		
SPOT MEASUREMENT	DFT (Mils) AVG of 3 Gage Readings	Approximate Location
1		
2		
3		
4		
5		
Average:		

Note: Each Spot Measurement = The AVG of Three Gage Readings.		
SPOT MEASUREMENT	DFT (Mils) AVG of 3 Gage Readings	Approximate Location
1		
2		
3		
4		
5		
Average:		

HOLIDAY INSP.: SAT ☐ UNSAT ☐	DFT INSP.: SAT ☐ UNSAT ☐
CLEANLINESS INSP.: SAT ☐ UNSAT ☐	CHLORIDE/CONDUCTIVITY INSP.: SAT ☐ UNSAT ☐
COMMENTS: _____	
Contractor (print): _____ Date: _____	
Contractor (Signature): _____ Time: _____	
Govt. Insp. (print): _____ Date: _____	
Govt. Insp. (Signature): _____ Time: _____	

APPENDIX 7A
QA INSPECTION FORM - WET FILM THICKNESS MEASUREMENTS

SHIP NAME & HULL #: _____ CONTRACT/TASK ORDER/CLIN: _____ DATE/TIME: _____
LOCATION: _____ WORK ITEM: _____ PARA. NO.: _____
(I) ____ (V) ____ (G) ____ PRODUCT BEING APPLIED: _____
REQ'T DOCUMENT: _____ /FY: _____ SQFT OF AREA PRESERVED: _____ PARTIAL AREA: _____ /FINAL: _____
(NSTM 631, 634, PPI, NSI 009-32 FY)

**MAINTAIN SEPARATE LOG FOR EACH AREA/LOCATION, PREPARED OR PAINTED SURFACE. WHEN AN AREA IS
DIVIDED INTO SEPARATE SECTIONS, MAINTAIN A SEPARATE LOG FOR EACH SECTION.**

NOTE: FOR ANY UNSAT CONDITION FOUND, PROVIDE THE TECHNICAL ADJUDICATION AND CORRECTIVE ACTION TAKEN IN THE
COMMENTS BLOCK WHERE REQUIRED IN LIEU OF DFT.

Indicate Coating System Sequence

_____ Prime Coat	_____ Stripe Coat (if applicable)
_____ Stripe Coat (if applicable)	_____ Topcoat
_____ Intermediate Coat (if applicable)	_____ Other Coat

METALLIC SURFACES

2 SPOT READINGS PER 1000 SQFT:
0 - 1000 SQFT = 2 SPOTS REQUIRED
1001 - 2000 SQFT = 4 SPOTS REQUIRED

NON - METALLIC SURFACES

0 - 100 SQFT = 5 SPOTS REQUIRED
101 - 200 SQFT = 10 SPOTS REQUIRED
201 - 1000 SQFT = 15 SPOTS REQUIRED
> 1000 SQFT = 5 SPOTS REQUIRED PER 1000 SQFT AREA

WFT Measurement Number	Location of Readings	WFT Measurement IAW ASTM D 4414
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

COMMENTS: _____

Contractor (print): _____	Date: _____
Contractor (Signature): _____	Time: _____
Govt. Insp. (print): _____	Date: _____
Govt. Insp. (Signature): _____	Time: _____