SUPPLIER HEAVYWEIGHT GRADE A SHOCK TEST REPORT

USAGE NOTE:
In questions where N/A is grayed out choose YES or NO. There is an "R" added beside the checkbox to identify information that is required to be included in the shock test report per MIL-S-901, DI-ENVR-80708 and DI-ENVR-80709 as referenced in paragraph 6.2.2 of MIL-S-901D. Make sure this information gets added to the shock test report prior to submittal for approval.

	SHOCK TEST REPORT GENERAL (901D – 10.2.1)	Has this information been included in the test report?		
		YES	NO	N/A
G1	Is the shock test report provided in an 8 1/2" X 11" sheet (metric size A4) format?	☐R	☐	
G2	Heavyweight Shock test procedure is required to be approved by NAVSEA prior to testing. Copy of procedure and approval to be provided with test report. Has your procedure been approved by NAVSEA?	☐R	☐	
G3	Was Test performed in accordance with the shock test procedure?	☐R	☐	
G4	MIL-S-901 and Revision listed in the report	☐R	☐	
G5	Did you include clear color photographs of each equipment mounting configuration used during the shock test in the report? (Must be able to identify the item)	☐R	☐	
G6	Test Fixture is required to be NAVSEA approved prior to performing the shock test. Has the test fixture been approved by NAVSEA?	☐R	☐	
G7	Item being tested is required to be operating during testing for all Grade A shock tests. Was the item operating during testing?	☐R	☐	
G8	If a gauge was used during testing, did you use a gauge that measures in increments that is practical for the pressure/voltage etc. the equipment is being tested at? In other words do not use a 5000 psi gauge for an item pressurized to 150 psi and is this noted in the report?	☐	☐	☐
G9	If shock test instrumentation is employed, did you include data recorded during the test?	☐	☐	☐
G10	Is reference to the applicable equipment military specifications or acquisition document including the applicable revision and date of issue included in the report?	☐R	☐	

	EQUIPMENT IDENTIFICATION AND TEST INSTALLATION REQUIREMENTS (901D - 10.3.5)	YES	NO	N/A
I1	Item			
	a. Name	☐R	☐	
	b. Type	☐R	☐	
	c. Nomenclature	☐R	☐	
	d. Rating (if applicable)	☐	☐	☐
	e. Service (ex; Electrical, Water, Fuel Oil, Compressed Air)	☐R	☐	
	f. Manufacturing specification	☐R	☐	
	g. Technical manual number (if applicable)	☐R	☐	
I2	Manufacturer (name and address)	☐R	☐	
I3	Model number and serial number (if applicable)	☐	☐	
I4	Size or capacity (if applicable)	☐R	☐	
I5	Plan number (sectional assembly and outline; revision and date)	☐R	☐	

		YES	NO	N/A
I6	Approximate overall dimensions of equipment			
	a. Length (if not round)	☐	☐	☐
	b. Height	☐	☐	☐
	c. Width (if not round)	☐	☐	☐
	d. Diameter (if round)	☐	☐	☐
I7	Weight of item being tested	☐R	☐	
I8	Weight of item and test fixture as mounted on the heavyweight test platform	☐R	☐	
I9	Total weight on the shock test platform	☐R	☐	
I10	Location of center-of-gravity (on drawing/sketch listed in report or listed in report)	☐R	☐	
I11	Contract number (From NNS PO)	☐R	☐	
I12	Requirements of MIL-S-901			
	a. Test category (Heavyweight)	☐R	☐	
	b. Grade A	☐R	☐	
	c. Equipment class	☐R	☐	
	d. Shock test type (A)	☐R	☐	
	e. Mounting location (Hull, Deck, Mast, Shell, Wetted-surface)	☐R	☐	
I13	Mounting aboard ship represented during shock test			
	a. Plane	☐R	☐	
	b. Orientation (restricted or unrestricted)	☐R	☐	
I14	Hold-down fasteners or locating devices used for attachment of items to their foundation or test fixture during shock tests			
	a. Grade	☐R	☐	
	b. Size	☐R	☐	
	c. Fastener Material	☐R	☐	
	d. Specifications	☐R	☐	
	e. Quantity	☐R	☐	
I15	Hold-down bolt torque (when specified)	☐	☐	☐
I16	For Class II, I/II, and III items only Description of resilient mounts			
	a. Size	☐	☐	☐
	b. Type	☐	☐	☐
	c. Location	☐	☐	☐
	d. Specification	☐	☐	☐
	e. Manufacturer	☐	☐	☐
I17	Major components and attached items in test	☐R	☐	
I18	Shock Test facility Name and address	☐R	☐	

HEAVY WEIGHT TESTING (901D - 10.3.3)		YES	NO	N/A
H1	Identify the test platform you are using for the shock test	☐R	☐	
	a. FSP - Floating Shock Platform	☐	☐	☐
	b. LSFP - Large Floating Shock Platform	☐	☐	☐
	c. Other (Describe)	☐	☐	☐
H2	Test fixture description including details of the installations. Photographs or sketches of the foundation and installation	☐R	☐	

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		YES	NO	N/A
H3	If test is a simulating of deck mounted conditions, is a frequency analysis included? See 3.1.6.3(c) of MIL-S-901D for frequency requirements for deck mounted equipment. This is a required field and YES should be checked if simulating deck mounted conditions.	☐	☐	☐
H4	Did you include instrumentation information?	☐R	☐	
	a. Instrument type/Name	☐R	☐	
	b. Location	☐R	☐	
	c. Orientation	☐R	☐	
	d. Results	☐R	☐	
	e. Calibration & expiration dates	☐R	☐	
H5	Did you include monitored performance notes for each blow?			
	a. Shot number	☐R	☐	
	b. Shot direction	☐R	☐	
	c. Standoff distance	☐R	☐	
	d. Depth	☐R	☐	
	e. Visual inspection after each blow	☐R	☐	
	f. Operating mode	☐R	☐	
	g. Reference measurements	☐R	☐	
	h. Post-test measurements or conditions	☐R	☐	
H6	Report must identify if damage did or did not occur during the test, if damage was found, list the damage and include photographs of the damage?	☐R	☐	
H7	Modifications, if any, accomplished prior to or during test with applicable rationale, description, sketches, etc.	☐	☐	☐
H8	Remarks	☐	☐	☐
H9	Certification signature by test facility as to correctness of report	☐R	☐	
H10	Witness and certification signature by Government representative as to correctness of report	☐R	☐	

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POST-SHOCK TEST – TESTING AND INSPECTION (901D –10.2.1.b and 10.3.4)		YES	NO	N/A
P1	Identification of item being inspected through the use of such information as component number, manufacturer, and drawing number	☐R	☐	
P2	Type of shock test performed: Platform Heavyweight	☐R	☐	
P3	Post-Test Inspection and functional tests. To include Input-output of/to item, Operating Temperatures (Bearing and Coil windings), Cyclic operations to determine compliance with design specifications. Type of test accomplished and approval by the appropriate inspectors	☐R	☐	
P4	Repairs which were necessary during the post test inspection (if damage is found)	☐	☐	☐
P5	Condition of item being tested/inspected (If none of the following occurred, list in report but state "none" or "N/A" beside that line)	☐R	☐	
	a. Breakage	☐R	☐	
	b. Deformation	☐R	☐	
	c. Misalignment	☐R	☐	
	d. Unbalance	☐R	☐	
	e. Yielding	☐R	☐	
	f. Cracks	☐R	☐	
	g. Momentary Malfunction	☐R	☐	
	h. Separation	☐R	☐	
	i. Critical Tolerance clearances	☐R	☐	
	j. Bolting Torque	☐R	☐	
P6	Disposition of unit (Reconditioned & provided to customer, Scrapped, Retained by Manufacturer, etc…)	☐R	☐	
P7	Signatures certifying the report as correct			
	a. Test laboratory (only if performed at test facility)	☐	☐	☐
	b. Contractor or manufacturer	☐R	☐	
	c. Government representative	☐R	☐	