

SUPPLIER HEAVYWEIGHT GRADE B 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?	<input type="checkbox"/> ^R	<input type="checkbox"/>	
G2	Heavyweight Shock test procedure is required to be approved by NAVSEA prior to testing. Was the procedure approved and did you attach a Copy of procedure and approval with the test report?	<input type="checkbox"/> ^R	<input type="checkbox"/>	
G3	Was Test performed in accordance with the shock test procedure?	<input type="checkbox"/> ^R	<input type="checkbox"/>	
G4	Is MIL-S-901 and Revision listed in the report?	<input type="checkbox"/> ^R	<input type="checkbox"/>	
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	<input type="checkbox"/> ^R	<input type="checkbox"/>	
G6	Test Fixture is required to be NAVSEA approved prior to performing the shock test. Was the text fixture approved by NAVSEA prior to performing test?	<input type="checkbox"/> ^R	<input type="checkbox"/>	
G7	Item is required to be operating during testing for Grade B shock tests when required by MIL-S-901D Para 3.1.8.4 (a). Was item operating during testing?	<input type="checkbox"/> ^R	<input type="checkbox"/>	
G8	All Grade B Electrical items must be energized during shock testing. Was item energized during testing?	<input type="checkbox"/> ^R	<input type="checkbox"/>	
G9	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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G10	If shock test instrumentation is employed, did you include data recorded during the test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G11	Is reference to the applicable equipment military specifications or acquisition document including the applicable revision and date of issue included in the report?	<input type="checkbox"/> ^R	<input type="checkbox"/>	

EQUIPMENT IDENTIFICATION AND TEST INSTALLATION REQUIREMENTS (901D - 10.3.5)		YES	NO	N/A
I1	Is the following item characteristic and description information included?			
	a. Name	<input type="checkbox"/> ^R	<input type="checkbox"/>	
	b. Type	<input type="checkbox"/> ^R	<input type="checkbox"/>	
	c. Nomenclature	<input type="checkbox"/> ^R	<input type="checkbox"/>	
	d. Rating (if applicable)	<input type="checkbox"/> ^R	<input type="checkbox"/>	
	e. Service (ex; Furniture, Storage, Water, Air Electrical, Gas)	<input type="checkbox"/> ^R	<input type="checkbox"/>	
	f. Manufacturing specification	<input type="checkbox"/> ^R	<input type="checkbox"/>	
	g. Technical manual number (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I2	Is the manufacturer (name and address) included?	<input type="checkbox"/> ^R	<input type="checkbox"/>	
I3	Is the model number and serial number (if applicable) included?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I4	Is the size or capacity (if applicable) included?	<input type="checkbox"/> ^R	<input type="checkbox"/>	
I5	Is the plan number (sectional assembly and outline; revision and date) included?	<input type="checkbox"/> ^R	<input type="checkbox"/>	

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I6	Is the approximate overall dimensions of equipment included?			
	a. Length (if not round)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Height	<input type="checkbox"/> R	<input type="checkbox"/>	
	c. Width (if not round)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Diameter (if round)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I7	Is the weight of item being tested included?	<input type="checkbox"/> R	<input type="checkbox"/>	
I8	Is the weight of item and test fixture as mounted on the heavyweight test platform included?	<input type="checkbox"/> R	<input type="checkbox"/>	
I9	Is the total weight on the shock test platform included in the report?	<input type="checkbox"/> R	<input type="checkbox"/>	
I10	Is the location of center-of-gravity shown (on drawing/sketch listed in report or listed in report)?	<input type="checkbox"/> R	<input type="checkbox"/>	
I11	Is the Contract number (From NNS PO) listed in the report?	<input type="checkbox"/> R	<input type="checkbox"/>	
I12	Are the following requirements of MIL-S-901 included?			
	a. Test category (Heavyweight)	<input type="checkbox"/> R	<input type="checkbox"/>	
	b. Grade B	<input type="checkbox"/> R	<input type="checkbox"/>	
	c. Equipment class	<input type="checkbox"/> R	<input type="checkbox"/>	
	d. Shock test type (A, B or C)	<input type="checkbox"/> R	<input type="checkbox"/>	
	e. Mounting location (Hull, Deck, Mast, Shell, Wetted-surface)	<input type="checkbox"/> R	<input type="checkbox"/>	
I13	Is Mounting aboard ship represented during shock test and is this included in the report?			
	a. Plane	<input type="checkbox"/> R	<input type="checkbox"/>	
	b. Orientation (restricted or unrestricted)	<input type="checkbox"/> R	<input type="checkbox"/>	
I14	Does the report include identification of Hold-down fasteners or locating devices used for attachment of items to their foundation or test fixture during shock tests?			
	a. Grade	<input type="checkbox"/> R	<input type="checkbox"/>	
	b. Size	<input type="checkbox"/> R	<input type="checkbox"/>	
	c. Fastener Material	<input type="checkbox"/> R	<input type="checkbox"/>	
	d. Specifications	<input type="checkbox"/> R	<input type="checkbox"/>	
	e. Quantity	<input type="checkbox"/> R	<input type="checkbox"/>	
I15	Is Hold-down bolt torque included (when specified)?	<input type="checkbox"/> R	<input type="checkbox"/>	
I16	For Class II, I/II, and III items only Description of resilient mounts is the following information included?			
	a. Size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Specification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Manufacturer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I17	Is identification of major components and attached items in test included?	<input type="checkbox"/> R	<input type="checkbox"/>	
I18	Does the report include the Shock Test facility Name and address?	<input type="checkbox"/> R	<input type="checkbox"/>	

HEAVY WEIGHT TESTING (901D - 10.3.3)		YES	NO	N/A
H1	Does the report identify the test platform used for the shock test?	<input type="checkbox"/> R	<input type="checkbox"/>	
	a. FSP - Floating Shock Platform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. LSFP - Large Floating Shock Platform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Other (Describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H2	Is the test fixture description including details of the installations, photographs or sketches of the foundation and installation included?	<input type="checkbox"/> R	<input type="checkbox"/>	

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H3	Is information addressing instrumentation included?	<input type="checkbox"/> R	<input type="checkbox"/>	
	a. Instrument type/Name	<input type="checkbox"/> R	<input type="checkbox"/>	
	b. Location	<input type="checkbox"/> R	<input type="checkbox"/>	
	c. Orientation	<input type="checkbox"/> R	<input type="checkbox"/>	
	d. Results	<input type="checkbox"/> R	<input type="checkbox"/>	
	e. Calibration & expiration dates	<input type="checkbox"/> R	<input type="checkbox"/>	
H4	Does the report include monitored performance notes for each blow?			
	a. Shot number	<input type="checkbox"/> R	<input type="checkbox"/>	
	b. Shot direction	<input type="checkbox"/> R	<input type="checkbox"/>	
	c. Standoff distance	<input type="checkbox"/> R	<input type="checkbox"/>	
	d. Depth	<input type="checkbox"/> R	<input type="checkbox"/>	
	e. Visual inspection after each blow	<input type="checkbox"/> R	<input type="checkbox"/>	
	f. Operating mode	<input type="checkbox"/> R	<input type="checkbox"/>	
	g. Reference measurements	<input type="checkbox"/> R	<input type="checkbox"/>	
	h. Post-test measurements or conditions	<input type="checkbox"/> R	<input type="checkbox"/>	
H5	Does the report identify if damage did or did not occur during the test, if damage was found, list the damage and include photographs of the damage?	<input type="checkbox"/> R	<input type="checkbox"/>	
H6	Is information concerning modifications, <u>if any</u> , accomplished prior to or during test with applicable rationale, description, sketches, etc. included?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H7	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H8	Are any additional remarks included?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H9	Are certification signatures by test facility as to correctness of report included?	<input type="checkbox"/> R	<input type="checkbox"/>	
H10	Is Witness and certification signature by Government representative as to correctness of report included?	<input type="checkbox"/> R	<input type="checkbox"/>	

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POST-SHOCK TEST – TESTING AND INSPECTION (901D –10.2.1.b and 10.3.4)				
P1	Is identification of item being inspected through the use of such information as component number, manufacturer, and drawing number included?	<input type="checkbox"/> _R	<input type="checkbox"/>	
P2	Is the type of shock test performed: Platform Heavyweight included?	<input type="checkbox"/> _R	<input type="checkbox"/>	
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. Is this information included?	<input type="checkbox"/> _R	<input type="checkbox"/>	
P4	Are repairs which were necessary during the post test inspection (if damage is found) included?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P5	Is the condition of item (including items listed below) being tested/inspected included?	<input type="checkbox"/> _R	<input type="checkbox"/>	
	a. Hazard To Shock Grade A item	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Created Personnel Hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Breakage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Came adrift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Fire Hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. Electrical Shock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g. Smoke Hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P6	Is the disposition of unit (Reconditioned & provided to customer, Scrapped, Retained by Manufacturer, etc...) included in the report?	<input type="checkbox"/> _R	<input type="checkbox"/>	
P7	Are signatures certifying the report as correct included?			
	a. Test facility (only if performed at test facility)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Contractor or manufacturer	<input type="checkbox"/> _R	<input type="checkbox"/>	
	c. Government representative	<input type="checkbox"/> _R	<input type="checkbox"/>	

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