

SUPPLIER LIGHT WEIGHT 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, and DI-ENVR-80708 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	Does the report number have a revision or date for the report	<input type="checkbox"/> _R	<input type="checkbox"/>	
G3	Is MIL-S-901 and Revision listed in the report	<input type="checkbox"/> _R	<input type="checkbox"/>	
G4	Did you include 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"/>	
G5	Did you include a drawing of any modifications to the standard test fixture? Modifications to standard fixtures may be submitted as marked-up drawings but need to be approved prior to testing. The use of non-standard fixtures has to be approved prior to testing. Not required when a MIL-S-901 Standard test fixture is used without modification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G6	Item is to be Required to be operating during testing for Grade B shock tests only <u>when specified</u> . Was it specified that the item had to be operating, was the item operating during testing, and is this noted in the test report?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G7	All Grade B Electrical items must be energized during shock testing. Was item energized and is this noted in the report?	<input type="checkbox"/> _R	<input type="checkbox"/>	
G8	If shock test instrumentation is employed, did you include a description of such instrumentation and a clear copy of data recorded during the test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G9	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	Item			
	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"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Service (ex; Furniture, Storage, Water, Air)	<input type="checkbox"/> _R	<input type="checkbox"/>	
	f. Manufacturing specification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g. Technical manual number (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I2	Manufacturer (name and address)	<input type="checkbox"/> _R	<input type="checkbox"/>	
I3	Model number and serial number (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I4	Size or capacity (if applicable)	<input type="checkbox"/> _R	<input type="checkbox"/>	
I5	Plan number (sectional assembly and outline; revision and date)	<input type="checkbox"/> _R	<input type="checkbox"/>	

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		YES	NO	N/A
I6	Approximate overall dimensions of equipment			
	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	Weight of item being tested	<input type="checkbox"/> R	<input type="checkbox"/>	
I8	Weight of item and test fixture as mounted on the lightweight test machine	<input type="checkbox"/> R	<input type="checkbox"/>	
I9	Location of center-of-gravity (on drawing/sketch listed in report or listed in report)	<input type="checkbox"/> R	<input type="checkbox"/>	
I10	Contract number (From NNS PO)	<input type="checkbox"/> R	<input type="checkbox"/>	
I11	Requirements of MIL-S-901			
	a. Test category (Lightweight)	<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)	<input type="checkbox"/> R	<input type="checkbox"/>	
I12	Mounting aboard ship represented during shock test			
	a. Plane	<input type="checkbox"/> R	<input type="checkbox"/>	
	b. Orientation (unrestricted)	<input type="checkbox"/> R	<input type="checkbox"/>	
I13	Hold-down fasteners or locating devices used for attachment of items to the test fixture during shock tests			
	a. Grade	<input type="checkbox"/> R	<input type="checkbox"/>	
	b. Size	<input type="checkbox"/> R	<input type="checkbox"/>	
	c. Material	<input type="checkbox"/> R	<input type="checkbox"/>	
	d. Fastener Specification	<input type="checkbox"/> R	<input type="checkbox"/>	
	e. Quantity	<input type="checkbox"/> R	<input type="checkbox"/>	
I14	Hold-down bolt torque (when specified)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I15	For Class II, I/II, and III items only Description of resilient mounts			
	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"/>
I16	Major components and attached items in test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I17	Test laboratory and address	<input type="checkbox"/> R	<input type="checkbox"/>	

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LIGHT WEIGHT TESTING REQUIREMENTS (901D – 10.3.1)		YES	NO	N/A
L1	Did you include the type of test fixture and is it as defined by MIL-S-901.	<input type="checkbox"/> _R	<input type="checkbox"/>	
	a. <u>If</u> using type 4C, did you indicate the mounting platform?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. <u>If</u> using type 6E, did you indicate panel number?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. <u>If</u> nonstandard, did you provide photographs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L2	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"/>
L2	<u>If</u> instrumentation was used, did you include the:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a. Instrument type/name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Calibration & expiration date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L3	Did you include the Monitored performance including (for each blow):			
	a. Blow number	<input type="checkbox"/> _R	<input type="checkbox"/>	
	b. Drop feet	<input type="checkbox"/> _R	<input type="checkbox"/>	
	c. Axis	<input type="checkbox"/> _R	<input type="checkbox"/>	
	d. Operating mode	<input type="checkbox"/> _R	<input type="checkbox"/>	
	e. Reference measurements	<input type="checkbox"/> _R	<input type="checkbox"/>	
	f. Post-test measurements or corrections	<input type="checkbox"/> _R	<input type="checkbox"/>	
L4	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?	<input type="checkbox"/> _R	<input type="checkbox"/>	
L5	Were any modifications made, <u>if any</u> , accomplished prior to or during test with applicable rationale, description, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L6	<u>If witnessed</u> by a designated Government representative the report shall include signature of witness and certification of test report.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L7	Is the Certification/signature of the report by the test facility representative included?	<input type="checkbox"/> _R	<input type="checkbox"/>	
L8	Any applicable remarks 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)		YES	NO	N/A
P1	Identification of item being inspected through the use of such information as component number, manufacturer, and drawing number	<input type="checkbox"/> R	<input type="checkbox"/>	
P2	Reference to the test report #	<input type="checkbox"/> R	<input type="checkbox"/>	
P3	Type of shock test performed (Lightweight test machine)	<input type="checkbox"/> R	<input type="checkbox"/>	
P4	Inspection for damage, and approval by the appropriate inspectors	<input type="checkbox"/> R	<input type="checkbox"/>	
P5	Repairs which were necessary during the inspection (if damage is found)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P6	Meets MIL-S-901 Grade B Acceptance Criteria	<input type="checkbox"/> R	<input type="checkbox"/>	
	a. Hazard To Shock Grade A item	<input type="checkbox"/> R	<input type="checkbox"/>	
	b. Created Personnel Hazard	<input type="checkbox"/> R	<input type="checkbox"/>	
	c. Breakage	<input type="checkbox"/> R	<input type="checkbox"/>	
	d. Came adrift	<input type="checkbox"/> R	<input type="checkbox"/>	
	e. Fire Hazard	<input type="checkbox"/> R	<input type="checkbox"/>	
	f. Electrical Shock	<input type="checkbox"/> R	<input type="checkbox"/>	
	g. Smoke Hazard	<input type="checkbox"/> R	<input type="checkbox"/>	
P7	Is the Disposition of the tested unit (Reconditioned & provided to customer, Scrapped, Retained by Manufacturer, etc...) included in the report?	<input type="checkbox"/> R	<input type="checkbox"/>	
P8	Signatures certifying the report as correct			
	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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