

## SUPPLIER MEDIUM WEIGHT 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, 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.

<b>SHOCK TEST REPORT GENERAL (901D – 10.2.1)</b>		<b>Has this information been included in the test report?</b>		
		<b>YES</b>	<b>NO</b>	<b>N/A</b>
G1	Is the shock test report provided in an 8 1/2" X 11" sheet (metric size A4) format?	<input type="checkbox"/> <sup>R</sup>	<input type="checkbox"/>	
G2	Does the report number have a revision or date for the report	<input type="checkbox"/> <sup>R</sup>	<input type="checkbox"/>	
G3	MIL-S-901 and Revision listed in the report	<input type="checkbox"/> <sup>R</sup>	<input type="checkbox"/>	
G4	Was Test performed in accordance with the shock test procedure?	<input type="checkbox"/> <sup>R</sup>	<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"/> <sup>R</sup>	<input type="checkbox"/>	
G6	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 needs 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"/> <sup>R</sup>	<input type="checkbox"/>	
G7	The item being tested is required to be operating during testing for all Grade A shock tests. Was the item running and is this information along with the description of the operating mode included in the report?	<input type="checkbox"/> <sup>R</sup>	<input type="checkbox"/>	
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G9	If shock test instrumentation is employed, did you include data recorded during the test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G10	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"/> <sup>R</sup>	<input type="checkbox"/>	

		<b>YES</b>	<b>NO</b>	<b>N/A</b>
<b>EQUIPMENT IDENTIFICATION AND TEST INSTALLATION REQUIREMENTS (901D - 10.3.5)</b>				
I1	Item			
	a. Name	<input type="checkbox"/> <sup>R</sup>	<input type="checkbox"/>	
	b. Type	<input type="checkbox"/> <sup>R</sup>	<input type="checkbox"/>	
	c. Nomenclature	<input type="checkbox"/> <sup>R</sup>	<input type="checkbox"/>	
	d. Rating (if applicable)	<input type="checkbox"/> <sup>R</sup>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Service (ex; Electrical, Water, Fuel Oil, Compressed Air)	<input type="checkbox"/> <sup>R</sup>	<input type="checkbox"/>	
	f. Manufacturing specification	<input type="checkbox"/> <sup>R</sup>	<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"/> <sup>R</sup>	<input type="checkbox"/>	
I3	Is the model number and serial number included (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
I4	Size or capacity (if applicable)	<input type="checkbox"/> <sup>R</sup>	<input type="checkbox"/>	
I5	Plan number (sectional assembly and outline; revision and date)	<input type="checkbox"/> <sup>R</sup>	<input type="checkbox"/>	

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		YES	NO	N/A
16	Is the approximate overall dimensions of equipment including the following included in the report?			
	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"/>
17	Is the weight of item being tested included?	<input type="checkbox"/> R	<input type="checkbox"/>	
18	Is the weight of item and test fixture as mounted on the lightweight test machine included?	<input type="checkbox"/> R	<input type="checkbox"/>	
19	Is the Location of center-of-gravity (on drawing/sketch listed in report or listed in report) shown	<input type="checkbox"/> R	<input type="checkbox"/>	
110	Is the Contract number (From NNS PO) listed in the report?	<input type="checkbox"/> R	<input type="checkbox"/>	
111	Are the following Requirements of MIL-S-901 included in the report?			
	a. Test category (Medium Weight)	<input type="checkbox"/> R	<input type="checkbox"/>	
	b. Grade A	<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"/>	
112	Mounting aboard ship represented during shock test			
	a. Plane	<input type="checkbox"/> R	<input type="checkbox"/>	
	b. Orientation (restricted or unrestricted)	<input type="checkbox"/> R	<input type="checkbox"/>	
113	Hold-down fasteners or locating devices used for attachment of items to the test fixture during shock tests			
	a. Grade	<input checked="" 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 Specifications	<input type="checkbox"/> R	<input type="checkbox"/>	
	e. Quantity	<input type="checkbox"/> R	<input type="checkbox"/>	
114	Hold-down bolt torque (when specified)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
115	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"/>
116	Major components and attached items in test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
117	Shock Test facility Name and address	<input type="checkbox"/> R	<input type="checkbox"/>	

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MEDIUM WEIGHT SHOCK TEST		YES	NO	N/A
M1	Did you include the type of test fixtures used and are they standard test fixtures listed in MIL-S-901? If test fixtures are not standard fixtures from MIL-S-901, NAVSEA approval of test fixture is required before testing	<input type="checkbox"/> <sub>R</sub>	<input type="checkbox"/>	
M2	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"/>
M3	If 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 dates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M4	Did you include the monitored performance including (for each blow):			
	a. Blow number	<input type="checkbox"/> <sub>R</sub>	<input type="checkbox"/>	
	b. Group number	<input type="checkbox"/> <sub>R</sub>	<input type="checkbox"/>	
	c. Height of Hammer Drop	<input type="checkbox"/> <sub>R</sub>	<input type="checkbox"/>	
	d. Axis (Vertical, Inclined, Rotated 90 or 30 degrees & Inclined)	<input type="checkbox"/> <sub>R</sub>	<input type="checkbox"/>	
	e. Visual inspection after each blow	<input type="checkbox"/> <sub>R</sub>	<input type="checkbox"/>	
	f. Operating mode	<input type="checkbox"/> <sub>R</sub>	<input type="checkbox"/>	
	g. Reference measurements	<input type="checkbox"/> <sub>R</sub>	<input type="checkbox"/>	
	h. Post-test measurements or corrections	<input type="checkbox"/> <sub>R</sub>	<input type="checkbox"/>	
M5	The minimum number of Blows required for a <u>Restricted</u> shock approval is 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M6	The minimum number of Blows required for a <u>Unrestricted</u> shock approval is 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M7	Additional Blows are required when more than 2 operating conditions are required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M8	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"/> <sub>R</sub>	<input type="checkbox"/>	
M9	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"/>
M10	Did you include any applicable remarks?	<input type="checkbox"/> <sub>R</sub>	<input type="checkbox"/>	
M11	If witnessed by a designated Government representative, does the report include the signature of the witness and certification of test report?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M12	Is the Certification/signature of the report by the test facility representative included?	<input type="checkbox"/> <sub>R</sub>	<input type="checkbox"/>	
M13	Is the shock test procedure included with the submittal or incorporate as part of test report?	<input type="checkbox"/> <sub>R</sub>	<input type="checkbox"/>	

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<b>POST-SHOCK TEST – TESTING AND INSPECTION (901D –10.2.1.b and 10.3.4)</b>		<b>YES</b>	<b>NO</b>	<b>N/A</b>
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 (Medium weight test machine)	<input type="checkbox"/> R	<input type="checkbox"/>	
P4	Inspection and functional tests. Type of test accomplished and approval by the appropriate inspectors	<input type="checkbox"/> R	<input type="checkbox"/>	
P5	Repairs which were necessary after testing during the post test inspection (if damage is found)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P6	Is the condition of item being tested/inspected included in the report and does the report include the following? (Even if nothing was damaged, state so)	<input type="checkbox"/> R	<input type="checkbox"/>	
	a. Breakage	<input type="checkbox"/> R	<input type="checkbox"/>	
	b. Deformation	<input type="checkbox"/> R	<input type="checkbox"/>	
	c. Misalignment	<input type="checkbox"/> R	<input type="checkbox"/>	
	d. Unbalance	<input type="checkbox"/> R	<input type="checkbox"/>	
	e. Yielding	<input type="checkbox"/> R	<input type="checkbox"/>	
	f. Cracks	<input type="checkbox"/> R	<input type="checkbox"/>	
	g. Momentary malfunction	<input type="checkbox"/> R	<input type="checkbox"/>	
P7	Disposition of unit (Reconditioned & provided to customer, Scrapped, Retained by Manufacturer, etc...)	<input type="checkbox"/> R	<input type="checkbox"/>	
P8	Signatures certifying the report as correct			
	a. Test laboratory (only if performed at test facility)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Contractor	<input type="checkbox"/> R	<input type="checkbox"/>	
	c. Government representative	<input type="checkbox"/> R	<input type="checkbox"/>	

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