|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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? | R |  |  |
| G2 | Does the report number have a revision or date for the report | R |  |  |
| G3 | Is MIL-S-901 and Revision listed in the report | R |  |  |
| G4 | Is there a note included in the report stating the test was performed in accordance with the shock test procedure? | R |  |  |
| G5 | Are clear color photographs of each equipment mounting configuration usedduring the shock test in the report included?Must be able to identify the item | R |  |  |
| G6 | Are drawings of any modifications to the standard test fixture included in the report? 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. | R |  |  |
| G7 | Items are required to be operating during testing for Grade B shock tests only when specified. Was this specified and if so is this included in the report along with operating parameters during testing? | R |  |  |
| G8 | All Grade B Electrical items must be energized during shock testing, was the item energized and is this information included in the report? |  |  |  |
| 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? |  |  |  |
| G10 | If shock test instrumentation isemployed, did you include a description of such instrumentation and a clear copy of data recorded during the test? |  |  |  |
| G11 | 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, TEST INSTALLATION AND CONDUCT REQUIREMENTS (901D - 10.3.5)** | | YES | NO | | | N/A | |
| I1 | Item |  | | | | | |
|  | 1. Name | R |  | | |  | |
|  | 1. Type | R |  | | |  | |
|  | 1. Nomenclature | R |  | | |  | |
|  | 1. Rating (if applicable) | R |  | | |  | |
|  | 1. Service (ex; Furniture, Storage, Water, Air) | R |  | | |  | |
|  | 1. Manufacturing specification | R |  | | |  | |
|  | 1. 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 |  | | |  | |
| I6 | Approximate overall dimensions of equipment |  | | | | | |
|  | 1. Length (if not round) |  |  | | |  | |
|  | 1. Height (if not round) |  |  | | |  | |
|  | 1. Width (if not round) |  |  | | |  | |
|  | 1. Diameter (if round) |  |  | | |  | |
| I7 | Weight of item being tested | R |  | | |  | |
| I8 | Weight of item and test fixture as mounted on the lightweight test machine | R |  | | |  | |
| I9 | Location of center-of-gravity (on drawing/sketch listed in report or listed in report) | R |  | | |  | |
| I10 | Contract number (From NNS PO) | R |  | | |  | |
| I11 | Requirements of MIL-S-901 |  | | | | | |
|  | 1. Test category (Medium Weight) | R | | |  | |  |
|  | 1. Grade B | R | | |  | |  |
|  | 1. Equipment class | R | | |  | |  |
|  | 1. Shock test type (A, B or C) | R | | |  | |  |
|  | 1. Mounting location | R | | |  | |  |
| I12 | Mounting aboard ship represented during shock test |  | | | | | |
|  | 1. Plane | R | | |  | |  |
|  | 1. Orientation (restricted or unrestricted) | R | | |  | |  |
| I13 | Hold-down fasteners or locating devices used for attachment of items to the test fixture during shock tests |  | | | | | |
|  | 1. Grade | R | |  | |  | |
|  | 1. Size | R | |  | |  | |
|  | 1. Material | R | |  | |  | |
|  | 1. Fastener Specifications | R | |  | |  | |
|  | 1. Quantity | R | |  | |  | |
| I14 | Hold-down bolt torque (when specified) |  | |  | |  | |

|  |  |  |
| --- | --- | --- |
| YES | NO | N/A |
| I15 | For Class II, I/II, and III items only Description of resilient mounts |  | | |
|  | 1. Size |  |  |  |
|  | 1. Type |  |  |  |
|  | 1. Location |  |  |  |
|  | 1. Specification |  |  |  |
|  | 1. Manufacturer |  |  |  |
| I16 | Major components and attached items in test |  |  |  |
| I17 | Test laboratory and address |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MEDIUM WEIGHT SHOCK MACHINE 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 | R |  |  |
| 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. |  |  |  |
| M3 | If instrumentation was used, did you include the: |  |  |  |
| Instrument Type |  |  |  |
| Location |  |  |  |
| Orientation |  |  |  |
| Results |  |  |  |
|  | Calibration & expiration dates |  |  |  |
| M4 | Did you include the monitored performance including (for each blow): |  | | |
| 1. Blow number | R |  |  |
| 1. Group number | R |  |  |
| 1. Height of Hammer Drop | R |  |  |
| 1. Axis (Vertical, Inclined, Rotated 90 or 30 degrees & Inclined) | R |  |  |
| 1. Visual inspection after each blow | R |  |  |
| 1. Operating mode | R |  |  |
| 1. Reference measurements | R |  |  |
| 1. Post-test measurements or corrections | R |  |  |
| M5 | The minimum number of Blows required for a Restricted shock approval is 6 |  |  |  |
| M6 | The minimum number of Blows required for a unrestricted shock approval is 9 |  |  |  |
| M7 | Additional Blows are required when more than 2 operating conditions are required |  |  |  |
| 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? | R |  |  |
| M9 | Were any modifications made, if any, accomplished prior to or during test with applicable rationale, description, etc. |  |  |  |
| M10 | Did you include any applicable remarks? | R |  |  |
| M11 | If witnessed by a designated Government representative, does the report include the signature of the witness and certification of test report? |  |  |  |

|  |  |  |
| --- | --- | --- |
| YES | NO | N/A |
| M12 | Is the Certification/signature of the report by the test laboratory representative included? | R |  |  |
| M13 | Include the shock test procedure with the submittal or incorporate as part of test report | R |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **POST-SHOCK TEST – TESTING AND INSPECTION (Required for all shock tests) (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 | Reference to the test report # | R |  |  |
| P3 | Type of shock test performed (Medium weight test machine) | R |  |  |
| P4 | Inspection and functional tests. Type of test accomplished and approval by the appropriate inspectors | R |  |  |
| P5 | Repairs which were necessary after testing during the post test inspection (if damage is found) |  |  |  |
| P6 | Condition of item being tested/inspected is to be included in the report – Is the following included in the report? If there was no damage observed, state that there was no damage. | R |  |  |
| P7 | 1. Hazard To Shock Grade A item | R |  |  |
|  | 1. Created Personnel Hazard | R |  |  |
|  | 1. Breakage | R |  |  |
|  | 1. Came adrift | R |  |  |
|  | 1. Fire Hazard | R |  |  |
|  | 1. Electrical Shock | R |  |  |
|  | 1. Smoke Hazard | R |  |  |
| P8 | Disposition of unit (Reconditioned & provided to customer, Scrapped, Retained by Manufacturer, etc…) | R |  |  |
| P9 | Signatures certifying the report as correct |  | | |
|  | 1. Test laboratory (only if performed at test facility) |  |  |  |
|  | 1. Contractor | R |  |  |
|  | 1. Government representative | R |  |  |