STEREO CONFIGURATION CHANGE REQUEST

For Office		TITLE:	IMPACT	Connector Ground Pin		CLASS:		I	NUMBER:					
Use Only								II	DAT	E:				
CONFIGURED ITEM:						ORIGINATOR: Name: Dave Curtis			PRIORITY:					
STS Number:				Payload: STEREO		Organization: U.C. Berkeley					\checkmark	Rou	tine	
Component :				Experiment: IMPACT		Phone: 510-642-5			998			Urg	ent	
Component Part #:				Serial #:		Email: dwc@ssl.berkel			eley.ed	lu		Em	ergency	
TYPE OF REQUEST:				RESPONSIBLE ORGANIZATION/INDIVIDUAL:				IMPACTS: (If yes attach additional pages)						
Configuration														
Deviation #			#				COST:			Yes	\checkmark	No		
\checkmark	√ Waiver #													
	Other:							SCHE	DULE	:	Yes	\checkmark	No	
REA	SONS FO	OR CHA	NGE:						RETEST REQUIRED:					
	Improvement			ayload Failure		New Document:		No						
DDC	Reliabilit	3		cation Requirements additional pages as required		Other:			Yes					
According to the IMPACT ICD, 7381-9012, section 3.2.2.1, 3.2.2.11, 3.2.3.3, the Boom power and Actuator connectors (BOOM-J1 and BOOM-J3) should each have a pin connected to chassis ground inside the instrument. This is also called out in the IMPACT harness specification. Unfortunately this was not implemented, and the designated pins are open. We would like to waive reworking the instrument to correct this discrepancy.														
RATIONALE (Attach additional pages as required):														
This wire was for contingency use only, and in fact the spacecraft harness does not make use of these ground pins, so nothing is lost by not implementiung them.														
DOCUMENTS/DRAWINGS AFFECTED (Document No./Title/Section) :														
IMPACT ICD, 7381-9012, section 3.2.2.1, 3.2.2.11, 3.2.3.3														
AFFECTED (Check all that apply):														
FLIGHT SYSTEMS: GROUND SYSTEMS:														
Avionics Electrical and Cables														
✓ Experiment Structures and Mechanical				Software/Firmware Other:	oware Other:									
REQUIRED APPROVAL DATE:														
REQUIRED JUSTIFICATION:														
							(Page 1 of 2)							
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STEREO CONFIGURATION CHANGE REQUEST

	TITLE:		CLASS:			NUMB	NUMBER:		
For Office					Ι				
Use Only					II	DATE:			
CONTRAC	T/AGREEMENT NUN	IBER EFFECTIVITY:							
STEREO	O NAS5-97271 √	IMPACT S-13635Y	PLASTIC NAS5-00132			SECCHI S-13631Y			
DOCUMENTS/DRAWINGS TO BE REVISED:									
Document/	Drawing Number:	Document/Drawing Title:	Section(s) No.			EO No.:	Date Completed:		
PROCESSING APPROVAL:									
(ССВ								
Out of Board									
I	Emergency	Systems Engineer				Date			
CCB APPROVAL:									
CCB ACTION	N DATE:	CCB ACTION ITEMS/CONDITIONS:							
1	Approved								
I	Denied								
, v	Withdrawn								
1	Hold								
CLOSEOUT (COMMENTS:			DAT	CLOSEOUT:				
			СМО						

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