

STEREO CONFIGURATION CHANGE REQUEST

For Office Use Only	TITLE:	CLASS:	NUMBER:	
		I II	DATE:	
CONFIGURED ITEM:		ORIGINATOR:		PRIORITY:
STS Number:	Payload: STEREO	Name:	Dave Curtis	<input checked="" type="checkbox"/> Routine
Component :	Experiment: IMPACT	Organization:	U.C. Berkeley	<input type="checkbox"/> Urgent
Component Part #:	Serial #:	Phone:	510-642-5998	<input type="checkbox"/> Emergency
		Email:	dwc@ssl.berkeley.edu	
TYPE OF REQUEST:		RESPONSIBLE ORGANIZATION/INDIVIDUAL:		IMPACTS: (If yes attach additional pages)
<input type="checkbox"/>	Configuration			COST: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/>	Deviation #			SCHEDULE: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/>	Waiver #			
<input type="checkbox"/>	Other:			
REASONS FOR CHANGE:			RETEST REQUIRED:	
<input type="checkbox"/>	Improvement	<input type="checkbox"/> Test/Payload Failure	<input type="checkbox"/> New Document:	<input type="checkbox"/> No
<input type="checkbox"/>	Reliability	<input type="checkbox"/> Specification Requirements	<input checked="" type="checkbox"/> Other:	<input type="checkbox"/> Yes
PROPOSED CHANGE (Attach additional pages as required):				
<p style="color: blue;">Project Parts person is recommending we purchase oscillators to NASA/GSFC MCM2760-XXM. IMPACT parts person believes Mil-O-55310, Class B should be acceptable per GSFC-311-INST-001A as required by the IMPACT PAIP.</p>				
RATIONALE (Attach additional pages as required):				
<p style="color: blue;">Parts purchased to the GSFC spec cost an additional \$2,400 per part. When taken over all the oscillators to be purchased (which goes beyond IMPACT), this adds a significant unfounded cost burden. As the IMPACT Parts Control Board cannot reach an agreement on this issue, it is being forwarded to Project for disposition as called out in the IMPACT PAIP.</p>				
DOCUMENTS/DRAWINGS AFFECTED (Document No./Title/Section) :				
AFFECTED (Check all that apply):				
FLIGHT SYSTEMS:		GROUND SYSTEMS:		
<input type="checkbox"/>	Avionics	<input type="checkbox"/>	Electrical and Cables	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Experiment	<input type="checkbox"/>	Software/Firmware	<input type="checkbox"/>
<input type="checkbox"/>	Structures and Mechanical	<input type="checkbox"/>	Other:	<input type="checkbox"/> Other:
REQUIRED APPROVAL DATE: _____				
REQUIRED JUSTIFICATION:				
				(Page 1 of 2)

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			I		DATE:
		II			
CONTRACT/AGREEMENT NUMBER EFFECTIVITY:					
STEREO 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:					
	CCB				
	Out of Board				
	Emergency	Systems Engineer		Date	
CCB APPROVAL:					
CCB ACTION DATE:		CCB ACTION ITEMS/CONDITIONS:			
	Approved				
	Denied				
	Withdrawn				
	Hold				
CLOSEOUT COMMENTS:				DATE OF CLOSEOUT:	
				CMO	