

DATA ITEM DESCRIPTIONForm Approved
OMB No. 0704-0188

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1. TITLE		2. IDENTIFICATION NUMBER	
CONTRACTOR DEVICE PERFORMANCE REPORT		DI-ILSS-80191D	
3. DESCRIPTION/PURPOSE			
3.1 This report documents time distribution, manning, work accomplished, problem areas, and summarizes training device performance during the contract period for Contractor Operation and Maintenance of Simulators/Equipment (COMS/E). This report documents monthly hours to repair and Contractor Measurement Factor (CMF) for hardware assets during the period for Contractor Maintenance Services (CMS).			
4. APPROVAL DATE (YYMMDD)	5. OFFICE OF PRIMARY RESPONSIBILITY (OPR)	6a. DTIC APPLICABLE	6b. GIDEP APPLICABLE
940210	N/NAWCTSD-42		
7. APPLICATION/INTERRELATIONSHIP			
7.1 This Data Item Description (DID) contains the format and content preparation instructions for the data product generated by the specific and discrete task requirement as delineated in the contract.			
7.2 This DID is required when COMS/E performance reporting is a contract line item.			
7.3 This DID shall be tailored by applying 10.2.1, 10.2.2 or 10.2.3, and 10.2.4 on the Contract Data Requirements List (CDRL).			
7.4 This DID supersedes DI-ILSS-80191C.			
APPROVAL LIMITATION		9a. APPLICABLE FORMS	9b. AMSC NUMBER
			N6997
10. PREPARATION INSTRUCTIONS			
10.1 Format. The report shall contain up to three parts as specified in the contract. Each part shall be prepared as delineated in the contract on hardcopy and/or on 3 1/2 inch disk in ASCII, DOS format. Hard copy format reports shall be reproducible on standard office copiers. Computer disk formats shall be readable on a DOS, IBM compatible computer. The summary portion Part II and Part III shall be presented in columnar format to facilitate reporting of data on multistation devices or where multiple devices are collocated.			
10.2 Content.			
10.2.1 Part I. The main body of the report shall contain information on the distribution, work accomplished, manning, and problem areas encountered. Data elements not applicable to a specific device shall be marked "NA" for alphanumeric fields and "0" (zero) for numeric fields. Data elements to be addressed are as follows, in the order shown. (See Figure 1 for a sample Contractor Device Performance Report.)			
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DISTRIBUTION STATEMENT

DISTRIBUTION STATEMENT A: Approved for public release; distribution is unlimited.

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Block 10, Preparation Instruction (Continued)

- a. To. Addressees shall be in accordance with the contract.
- b. From. Name of contractor providing services.
- c. Title. Data shall be titled the same as the data item description.
- d. Device/Equipment nomenclature. Identify by nomenclature the trainer(s) which is(are) the subject of the report. Use a 32 character alphanumeric field.
- e. Device/Equipment Number. Identify the 12 character alphanumeric training device designation number assigned to the device by the Naval Air Warfare Center Training Systems Division (NAVAIRWARCENTRASYS DIV), excluding the initial character (prefix) of the training device designator. The first character must be numeric (1-9) or blank; the second character must be numeric (0-9); the third character must be alphabetic (A-Z); and the remaining characters can be a mix of numbers (0-9), letters (A-Z), and special characters. Devices not utilizing a NAVAIRWARCENTRASYS DIV designator must begin with "99Z".
- f. Serial Number. Enter a six character alphanumeric serial number assigned to the device. To enable alphanumeric sorting, leading zeros (e.g., 000001, 000002) are required for numeric serial numbers.
- g. Training Device Designator Prefix. Enter as a separate alpha character the initial character (prefix) of the training device designator. The default is "blank", which is the Cog 2"0" designator. Typical designators are prototype ("X"), Army ("A"), Air Force ("B"), non-Cog 2"0" ("S"), Interactive Courseware Hardware ("I").
- h. Contract No. Self explanatory. A 16 character alphanumeric field.
- i. Contract Support Period. Enter the start and completion dates of the contract. Use a MMDDYY numerical format for each date.
- j. Date of Report. Enter the date that the report is completed. Use a MMDDYY numerical format.

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Block 10, Preparation Instruction (Continued)

k. Report Period. Enter the ending date of the period covered by the report using a YYYYMM numerical format. When data is reported on a quarterly basis, use the last month in the quarter.

l. Activity Serviced/Device Location. Enter by 25 character alphanumeric field the activity assigned as the device custodian.

m. Activity Unit Identification Code (UIC). Enter the 5 digit Unit Identification Code (UIC) assigned to the custodian activity.

n. Report No. Number the reports consecutively throughout the COMS/E contract period. Use a 3 digit numeric field.

o. CASREP. Identify whether or not the device was CASREPT during the reporting period ("Yes" or "No").

p. Personnel Time Distribution. The time distribution of all contractor personnel for the report period covered shall be classified in the following categories:

- (1) Operation
- (2) Maintenance
- (3) Supply Support
- (4) Modification
- (5) Training
- (6) Verification of Documentation
- (7) Other

For each category, enter the number of hours to the nearest hour, a numeric field limited to 99999.

q. Trainer Downtime. The number of hours the trainer was down and not available for scheduled training shall be reported. Downtime hours shall be classified as follows:

- (1) Maintenance
- (2) Device Modifications
- (3) Parts/Supply Problems
- (4) Facility Problems
- (5) Lack of Instructors/Operators
- (6) Lack of Setup Times
- (7) Miscellaneous Other

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Block 10, Preparation Instruction (Continued)

The sum of all such categorizations shall equal Total Trainer Downtime for the reporting period, a numeric field limited to 9999.9.

r. Course Identification Numbers (CINs). Enter the nine or ten digit alphanumeric code used to identify the course the device is used to support. If multiple courses are supported, enter the primary CINs up to a total of 5, with additional CIN data to be separately provided as may be requested.

s. Summary of Work Accomplished. Include, at the end of the report, a narrative summary containing the following:

(1) Operation, Maintenance, Supply Support. Provide a brief summary of major work items accomplished, citing any problem areas encountered.

(2) Modification. Describe all Government approved changes made to the device configuration.

(3) Training. Describe the nature and extent of training provided by the COMS contractor to its on site personnel.

t. Signature of Contractor Site Manager and Contracting Officer's Technical Representative (COTR). The report is to be signed by the Site Manager and by the COTR. Signature authority may be delegated to a designated Technical Assistant (TA) in writing by the COTR.

u. Classification of Report. Report originator shall ensure proper classification of the report in accordance with existing Navy regulations.

v. Contractor Personnel. At the end of the report, list all currently employed on and off site contractor personnel by name and Department of Labor category associated with this contract. Indicate if full time ("F") or part time ("P"). Describe nature and date of any change in employment status or assignment of contractor personnel.

10.2.2 Part II (Option 1) - Trainer Performance Summary, Aviation COMS/E. (See Figure 2 for a sample Aviation Performance Summary.) The following data elements shall be included:

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Block 10, Preparation Instruction (Continued)

a. Report Period. Enter the ending date of the period covered by the report using a YYYYMM numerical format. When data is reported on a quarterly basis, use the last month in the quarter.

b. Activity Serviced/Device Location. Enter by 25 character alphanumeric field the activity assigned as the device custodian.

c. Device Number. Enter the appropriate alphanumeric device number and serial number.

d. Trainee Station. Indicate the trainee station number for multistation devices, or device serial number where multiple devices are collocated.

e. Contracted Training Time (CTT). The total time for the reporting period that the training device is contracted to be available for training. It is determined by adding the daily contracted training time hours as specified in the contract for all days of the reporting period, plus premium time and/or make up training time.

f. Contracted Training Time Utilized (CTTU). The "actual" portion of contracted training time that training occurs.

g. Scheduled Training Time (STT). Enter the total training hours scheduled by the scheduling authority for the reporting period.

h. Nonchargeable Downtime (NCDT). That portion of total downtime for which the contractor is not held responsible.

i. Chargeable Downtime (CDT). That portion of total downtime attributable to the failure of the contractor to provide systems capable of being used for training, such that training was either postponed, canceled or materially degraded.

j. Partial Mission Capability Quantity (PMCQ). That portion of CTT in which the device is used in a degraded status. The product of Partial Mission Capability Factor (PMCF) multiplied by Partial Mission Capability Time (PMCT).

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Block 10, Preparation Instruction (Continued)

k. Hours Lost Because of No-shows and Cancellations. Enter the number of scheduled training time hours lost during the reporting period due to student no-shows and student cancellations. When an alternate event (i.e., a replacement event) is conducted during this period, do not count as lost hours.

l. Number of Students Scheduled (NSS). From the training schedule(s), enter the number of students so scheduled.

m. Number of Students Completed (NSC). Enter the number of students who completed training, as provided by the Government.

n. Utilization [of Availability] (UA). The quotient expressed by dividing CTTU, data element 10.2.2.f, by CTT, data element 10.2.2.e. The quotient will be expressed as a percentage to the nearest tenth of a percent.

o. Cumulative Contracted Training Time (CCTT). The total cumulative sum of all CTT, data element 10.2.2.e, for the fiscal year.

p. Cumulative Contracted Training Time Utilized (CCTTU). The total cumulative sum of all CTTU, data element 10.2.2.f, for the fiscal year.

q. Cumulative Utilization [of Availability]. The quotient expressed by dividing the CCTTU, data element 10.2.2.p, by the CCTT, data element 10.2.2.o. The quotient will be expressed as a percentage to the nearest tenth of a percent.

r. Student Completion Percent. The quotient expressed by dividing the Number of Students Completed by the Number of Students Scheduled.

s. Cumulative Student Completion. The quotient expressed by dividing the cumulative Number of Students Completed by the cumulative Number of Students Scheduled.

t. Contractor Performance Factor (CPF). A percentage calculated in accordance with the CPF formula specified in the contract.

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Block 10, Preparation Instruction (Continued)

u. Cumulative CPF. A percentage calculated in accordance with the CPF formula specified in the contract utilizing the cumulative individual values of the elements of the formula's numerator and denominator. Such accumulations shall be over the current Government fiscal year reporting periods, expressed as a percentage to the nearest tenth of a percent.

10.2.3 Part II (Option 2) - Trainer Performance Summary, Sea/Land COMS/E. The following data elements shall be included for each device:

a. Trainee Station. Indicate the trainee station number for multistation devices, or device serial number where multiple devices are collocated.

b. Standard Utilization. Enter the currently approved standard utilization hours, normalized for a monthly or quarterly period, as appropriate. This is a numeric field limited to 9999.9 hours.

c. Standard Utilization Source. Enter the single alpha character indicating the source of the standard utilization, i.e., the Military Characteristics document ("M") or the Program Sponsor ("S").

d. Scheduled Usage Time. Enter the total device usage hours scheduled by the scheduling authority for the reporting period. This is a numeric field limited to 9999.9 hours.

e. Operationally Ready (OR) Time. Enter that portion of Scheduled Training Time during which all subsystems essential to the accomplishment of the scheduled usage mission are fully functional throughout the mission, or during which the material condition of the trainer otherwise enables successful completion of the scheduled mission, and, when required, a properly qualified trainer operator is present and performs operator duties. Mathematically, OR Time is equal to the Scheduled Training Time less Noncontractor Downtime, less Contractor Downtime. This is a numeric field limited to 9999.9 hours.

f. OR Time Utilized. Enter the total number of hours used for all events during the reporting period. The hours to be entered shall be total clock time, whether single student, multistudent, or crew/team training was conducted. The use of the device for all purposes, including demonstrations, will be included. OR Time Utilized cannot exceed OR Time, and is a numeric field limited to 9999.9 hours.

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Block 10, Preparation Instruction (Continued)

g. Noncontractor Downtime. That portion of total downtime for which the contractor is not held responsible. The sum of Noncontractor Downtime and Contractor Downtime must equal Total Trainer Downtime.

h. Contractor Downtime. That portion of total downtime attributable to the failure of the contractor to provide systems capable of being used for its scheduled purpose, such that the scheduled usage was either postponed, canceled or materially degraded. The sum of Noncontractor Downtime and Contractor Downtime must equal Total Trainer Downtime.

i. Number of Students/Teams Scheduled. From the training schedule(s), enter the number of students/teams so scheduled. A numeric field limited to 99999.

j. Number of Students/Teams Completed. Enter the number of students/teams who completed training. A numeric field limited to 99999.

k. Standard Utilization Rate. The quotient expressed by dividing OR Time Utilized, data element 10.2.3.f., by the Standard Utilization, data element 10.2.3.b. The quotient will be expressed as a percentage to the nearest tenth of a percent. This percentage may exceed 100%, and is a numeric field limited to 999.9 percent.

l. Cumulative Utilization. The quotient expressed by dividing the accumulated OR Time Utilized by the accumulated Standard Utilization. The quotient will be expressed as a percentage to the nearest tenth of a percent. This percentage may exceed 100%, and is a numeric field limited to 999.9 percent.

m. Student/Team Completion Percent. The quotient expressed by dividing the Number of Students/Teams Completed by the Number of Students/Teams Scheduled, expressed as a percentage. This is a numeric field limited to 999.9.

n. Cumulative Student/Team Completion. The quotient expressed by dividing the accumulated Number of Students/Teams Completed by the accumulated Number of Students/Teams Scheduled. This is a numeric field limited to 999.9.

o. Utilization [of Availability] (UA). The quotient expressed by dividing OR Time Utilized, data element 10.2.3.f., by OR Time, data element 10.2.3.e. The quotient will be expressed as a percentage to the nearest tenth of a percent, and cannot exceed 100%. It is a numeric field limited to 999.9.

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Block 10, Preparation Instruction (Continued)

p. Cumulative UA. The quotient expressed by dividing the accumulated OR Time Utilized by the accumulated OR Time. The quotient will be expressed as a percentage to the nearest tenth of a percent, and cannot exceed 100%. It is a numeric field limited to 999.9.

q. Hours Device Used By Activity. Enter by individual activity short-title the total number of hours that the device was used by each activity during the reporting period utilizing the following categories: Fleet; Foreign; Readiness Squadron; Reserves; Demonstrations; Quality Assurance and Revalidation (QA&R); Trainer Support; Pipeline Training; Other. These are all considered training utilization for reporting purposes. The sum of these hours must equal OR Time Utilized. For multiple UICs, specify the top five activities by UIC, and aggregate the remaining UICs as another entry. If multiple UICs are involved, and none predominate, enter a locally generated 5 digit numeric code that identifies the class, and can be traced to the attendees if necessary. This is a numeric field limited to 9999.9 hours.

r. Hours Lost Because of No-shows and Cancellations. Enter the number of usage hours lost during the reporting period due to student no-shows and student cancellations. This is a numeric field limited to 9999.9 hours.

s. Operational Performance Factor (OPF). Enter the relevant Operational Performance Factor (OPF), as calculated pursuant to the SOW. It is expressed as a percentage to the nearest tenth of a percent, and cannot exceed 100%.

t. Cumulative OPF. The quotient determined by dividing the accumulated OPF by the accumulated number of performance reporting periods, expressed as a percentage to the nearest tenth of a percent, and cannot exceed 100%.

u. Source. Enter the name of the organization providing the UR data. If the source is a contractor, also enter the name of the site COTR in the "Verified" field. The "Source" field is an 18 character alphanumeric field.

v. Verified. An 18 character alphanumeric field used to enter the name of the Government representative verifying the UR data.

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Block 10, Preparation Instruction (Continued)

w. Explanation/comments. When applicable, enter a brief narrative to clarify any situation during the reporting period that had a material impact on device utilization, whether positive or negative. Include recommended actions to correct any deficiencies identified and/or appropriate plans of action and milestones, as agreed to by the program sponsor, to correct said deficiencies. Additionally, provide status comments to previously reported deficiencies.

10.2.4 Part III. Contractor performance summary for hardware maintenance (CMS). (See Figure 3 for a sample CMS CMF equipment group summary.) The following data elements shall be included:

- a. Contract No. Self explanatory.
- b. Equipment Group. A grouping of hardware equipment under CMS whose aggregate average monthly contractor measurement factor (AMCMF) is associated with an individual contract line item.
- c. Covered period. Enter the ending date of the period covered by the report using a YYYYMM numerical format. When data is reported on a quarterly basis, use the last month in the quarter.
- d. Hardware Nomenclature. Identify the appropriate alphanumeric manufacturer's name of the hardware.
- e. Model Number. Identify hardware model number.
- f. Serial Number. Identify manufacturer's hardware serial number.
- g. Hours to Repair. Time lapse from when the Government notifies the Contractor of the requirement for repair or maintenance action to the time the hardware item is delivered to the Government in operational condition.
- h. Contractor Measurement Factor (CMF). The tangible measure of Contractor success in meeting Government operational requirements of hardware. CMF is computed in accordance with the contract.
- i. Total. The total of hardware CMF for the reporting period.

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Block 10, Preparation Instruction (Continued)

j. Average Monthly Contractor Measurement Factor (AMCMF). The tangible measure of Contractor success in meeting Government operational requirements for an equipment group. AMCMF is computed in accordance with the contract. (Note: A grouping of hardware equipment under CMS whose aggregate AMCMF is associated with an individual contract line item.

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Block 10, Preparation Instruction (Continued)

CONTRACTOR OPERATIONS AND MAINTENANCE OF SIMULATORS/EQUIPMENT/COMS/PERFORMANCE REPORT		1. DEVICE/EQUIP NOMENCLATURE:		2. DEV/EQUIP NO./SER/PREFIX DESIG:	
		3. CONTRACT NO:		4. CONTRACT SUPPORT PERIOD: FROM: _____ TO: _____	
		5. DATE OF REPORT:		6. PERIOD COVERED:	
		7. ACTIVITY SERVICE:		8. ACTIVITY LOCATION/UIC:	
		9. REPORT NO:		10. CASREP THIS PERIOD: _____ YES _____ NO	
11. PERSONNEL TIME DISTRIBUTION		(HRS)		12. TRAINER DOWN TIME	
OPERATION				MAINTENANCE	
MAINTENANCE				DEVICE MODIFICATION	
SUPPLY SUPPORT				PARTS/SUPPLY PROBLEMS	
MODIFICATIONS				FACILITY PROBLEMS	
TRAINING				LACK OF INSTRUCTORS/OPERATORS	
VERIFICATION OF DOCUMENTATION				LACK OF SETUP TIME	
OTHER _____				MISCELLANEOUS	
TOTAL =				TOTAL =	
13. COURSE IDENTIFICATION NUMBERS:					
14. SUMMARY OF WORK ACCOMPLISHED:					
15. SIGNATURE OF CONTRACTOR SITE MANAGER:			16. SIGNATURE OF COTR/DESIGNATED TA:		
17. CLASSIFICATION OF REPORT:			18. REMARKS:		

FIGURE 1. Example of an aviation COMS performance report

Block 10, Preparation Instruction (Continued)

CONTRACTOR PERSONNEL:

CONTRACT NUMBER: _____ **REPORT PERIOD:** _____ **SITE:** _____

DOL CATEGORY	CONTRACTOR EMPLOYEE NAME	STATUS F-FULL P-PART TIME	NATURE AND DATE OF ANY CHANGE IN EMPLOYMENT STATUS OR ASSIGNMENT

FIGURE 1. Example of an aviation COMS performance report - Continued

REPORTING PERIOD:

ACTIVITY/DEVICE/EQUIPMENT LOCATION:

DEVICE:									
TRAINEE STATION:									
1	CONTRACTED TRAINING TIME (CTT)(HRS)								
2	CTT UTILIZED (CTTU) HRS)								
3	SCHEDULED TRAINING TIME (STD)(HRS)								
4	NON-CHARGEABLE DOWNTIME (NCDT)(HRS)								
5	CHARGEABLE DOWNTIME (CDT)(HRS)								
6	PMCO (HRS)								
7	HOURS LOST TO CANCELLATIONS (HRS)								
8	NUMBER OF STUDENTS SCHEDULED								
9	NUMBER STUDENTS COMPLETED								
10	UTILIZATION OF AVAIL. (%)								
11	CUMULATIVE CTT (CCTT)(%)								
12	CUMULATIVE CTTU (CCTTU)(%)								
13	CUMULATIVE UTILIZATION (%)								
14	STUDENT COMPLETION PERCENT (%)								
15	CUMULATIVE STUDENT COMPLETION (%)								
16	CONTRACTOR PERF. FACTOR (CPF) (%)								
17	CUMULATIVE CPF (%)								

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Block 10, Preparation Instruction (Continued)

CMS CMF HARDWARE EQUIPMENT GROUP SUMMARY

CONTRACT NUMBER: _____
 EQUIPMENT GROUP: _____
 COVERED PERIOD: _____

HARDWARE EQUIPMENT NOMENCLATURE	MODEL NUMBER	SERIAL NUMBER	HOURS TO REPAIR	CMF
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
31.				
32.				
33.				
TOTAL =				
HARDWARE EQUIPMENT GROUP AMCMF =				

FIGURE 3. Example of a CMS CMF equipment group summary