

DATA ITEM DESCRIPTION			Form Approved OMB No. 0704-0188	
Public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing information, sending comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of reporting this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington VA, 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0188), Washington, DC, 20503.				
1. TITLE		2. IDENTIFICATION NUMBER		
SYSTEM PROBLEM REPORT - SPR		DI-MGMT-81232		
3. DESCRIPTION/PURPOSE				
3.1 This report identifies anomalies prohibiting equipment from performing as specified. The anomaly can be related to hardware and software performance and documentation. This report will provide technical information to report anomalies for equipment.				
4. APPROVAL DATE (YYMMDD)	5. OFFICE OF PRIMARY RESPONSIBILITY (OPR)	6a. DTIC APPLICABLE	6b. GIDEP APPLICABLE	
910813	N/AIR-5522			
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 applicable for use during all test program set (TPS) development program phases (design, integration, acceptance testing, and production).				
8. APPROVAL LIMITATION		9a. APPLICABLE FORMS	9b. AMSC NUMBER	
			N6672	
10. PREPARATION INSTRUCTIONS				
10.1 <u>Format</u> . Figure 1 provides a sample SPR format.				
10.1.1 <u>General</u> . The reports shall be written, single-spaced on one side only, single column, flush left, on good grade commercial white bond paper, 8 1/2 inches (width) by 11 inches (length) and 17 inches (width) by 11 inches (length) for foldouts. All pages of the report shall be of such legibility and contrast that every line, number, letter, and character is clear and readable. The left margin shall be wide enough so the text will not be obscured when the report is bound. Pages shall be sequentially numbered. All attachments shall be identified and referenced in the text of the report.				
10.1.2 <u>Binding</u> . The reports shall be bound in the most economical manner unless otherwise stated on the DD Form 1423, Contract Data Requirements List (CDRL).				
10.1.3 <u>Foldout Illustrations</u> . Foldout illustrations should be avoided. However, if a foldout is absolutely necessary, the foldout shall not exceed 17 inches (width) by 11 inches (length).				
11. DISTRIBUTION STATEMENT				
DISTRIBUTION STATEMENT A: Approved for public release; distribution is unlimited.				

DI-MGMT-81232

Block 10, Preparation Instructions (Continued)

10.2 Content. The SPR shall include the following:

a. SPR Number. The SPR number shall include the following:

XXXXX-YYYYY-ZZZZ

XXXXX: Up to five alphabetic characters representing the reporting activity.

YYYYY: Five alphanumeric characters representing the ATE and configuration letters.

ZZZZ: Sequential four digit numeral control number (leading zeroes as necessary)

b. Contractor. Identify the company or agency reporting the anomaly.

c. Date. Enter the date of the report.

d. Prepared Under Contract Number. Enter the contract number under which the anomaly is being reported by inserting the statement " Prepared under Contract Number #####-##-##-####."

e. Problem Title. Enter a brief descriptive title of the anomaly.

f. Priority. Include the conditions that impair schedule performance.

Priority 01: The anomaly has created a work stoppage situation. Work cannot proceed and scheduled events will lapse. A workaround is not possible.

Priority 02: The anomaly, if not acted upon, will affect projected work schedule. Indicate when priority will change to Priority 1 if not corrected. A workaround may be possible, but will not affect schedule.

Priority 03: The anomaly exists, but does not affect work schedule. A workaround is possible to correct the deficiency and does not affect schedule.

g. TPS Affected. Enter the TPS affected by the anomaly. Use a separate report for each TPS affected.

DI_MGMT-81232

h. Problem Relation. Enter the general category the anomaly has effected (hardware, software, documentation).

i. Hardware. Enter effected hardware model number, part number, serial number and reference designator, if applicable.

j. Software. Enter effected software, operating system, test executive, compiler, or post processor, as applicable. Include version number and date.

k. Documentation. Enter the effected volume, book, chapter, page, paragraph, table, and figure, as applicable.

l. Problem Description. Include schedule impact statement here. Include all substantial evidence describing the anomaly. Include, as applicable, program listings, print outs, figures, illustrations, and tables. Indicate if a demonstration is required to manifest the anomaly.

m. Action Taken/Recommended Workaround. Include all programming techniques required to work around the anomaly. Indicate if the workaround will be a permanent "fix" for the TPS or will be required to be removed prior to acceptance testing once the anomaly is resolved.

n. Point of Contact. Include a point of contact in the event additional information is required.

DI-MGMT-81232

SYSTEM PROBLEM REPORT

SPR No.: _____ Contractor: _____ Date: _____

Prepared under Contract Number: _____

Problem Title: _____

Priority (Check one): 01 _____ 02 _____ 03 _____

TPS Affected: _____

Problem related to: Hardware _____ Software _____ Documentation _____

Hardware: Model No. _____ Part No. _____
Serial No. _____ Ref. Des. _____

Software: Software _____ OPS _____ T/E _____
Compiler _____ Post Processor _____

Documentation: Volume _____ Book _____ Chapter _____
Page _____ Para _____ Table _____ Figure _____

Problem Description: _____

Action Taken/Recommended Workaround: _____

Point of Contact: _____ Phone: _____
FAX: _____

Figure 1. System Problem Report Sample