

DATA ITEM DESCRIPTION			Form Approved OMB No. 0704-0188 Exp. Date: Jun 30, 1986	
1. TITLE Report of Tube Failure Preliminary Analysis		2. IDENTIFICATION NUMBER DI-MNTY-80174		
3. DESCRIPTION/PURPOSE 3.1 This report shall provide the preliminary analysis and test methods used to analyze and determine the type and cause of microwave tube failure.				
4. APPROVAL DATE (YYMMDD) 860606	5. OFFICE OF PRIMARY RESPONSIBILITY (OPR) N/NWSC-11612DA	6a. DTIC REQUIRED	6b. GIDEP REQUIRED	
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 for this report included in the contract. 7.2 This DID is related to DI-MNTY-80175.				
8. APPROVAL LIMITATION		9a. APPLICABLE FORMS		9b. AMSC NUMBER N3862
10. PREPARATION INSTRUCTIONS 10.1 <u>Contract</u> . This data item is generated by the contract which contains a specific and discrete work task to develop this data product. 10.2 <u>Content and format</u> . Content and format for the Report of Tube Failure Preliminary Analysis shall be as follows: 10.2.1 Report shall be typewritten on metric size A4 (210 mm x 297 mm), 8-1/2 x 11 inch (216 mm x 279 mm) white paper or computer generated printout on 11 x 14-7/8 inch (279mm x 378mm) white paper. The Government may also provide forms to be used for this report. 10.2.2 Report number shall be identical as the Government's Tube Analysis Record (TAR) number. 10.2.3 Title of Report. 10.2.4 Contract number and Contractor's name. 10.2.5 Applicable Exhibit Line Item Number (ELIN) associated with the contract Data Requirements List (CDRL). 10.2.6 Government microwave tube serial number. 10.2.7 Government part number of failed tube.				

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10. PREPARATION INSTRUCTIONS (Cont'd)

- 10.2.8 Original manufacturer's model number.
- 10.2.9 Completion date of preliminary failure analysis.
- 10.2.10 Confirmed failure _____ Non-confirmed failure _____.
- 10.2.11 Responsibility for failure: Contractor _____ Government _____.
- 10.2.12 Confirm warranty return: Yes _____ No _____.
- 10.2.13 Preliminary failure analysis.
- 10.2.14 Test equipment(s) used to perform failure analysis.
- 10.2.15 Test parameters as measured during test.

- 10.2.16 Plan of action (e.g., further testing, warranty repair, warranty replacement, etc.).

- 10.2.17 Signature of Government on-site representative and date.
- 10.2.18 Signature of originator of report and date.