

MIL-s-17000/8A(sH)
2 May 1983
SUPERSEDING
MIL-s-17000/8
30 April 1980

MILITARY SPECIFICATION

A

SWITCHING EQUIPMENT, COMBAT SYSTEM, COMMAND AND CONTROL,
FIRE CONTROL AND INTERIOR COMMUNICATION SWITCHBOARD,
SUBMARINE, TYPE IX

This specification sheet is approved for use by the Naval Sea Systems Command, Department of the Navy, and is available for use by all Departments and Agencies of the Department of Defense.

The complete requirements for acquiring the switchboard described herein shall consist of this document and the latest issue of MIL-S-17000.

REQUIREMENTS:

Switchboard construction: Details of construction of the switchboard shall be as specified in the acquisition technical data package and shall be constructed to meet the applicable requirements specified herein.

Size: Switchboard section shall be capable of being passed through a circular hatch 25 inches in diameter and through an opening 20 inches wide and 38 inches high, with 10 inch radius rounded corners with at least 1/2 inch clearance. If too large to pass through an opening of the above size, the switchboard shall be capable of being separated into sections that will pass through these openings.

Mounting: Switchboard enclosure shall be provided with mounting bolt clearance holes as specified in the acquisition technical data package.

Panel-mounted assemblies: Switchboard shall use standard panel-mounted assemblies as specified in MIL-STD-1657 unless space prohibits in which case the design of the panels shall be specified in the acquisition technical data package.

A denotes changes.

FSC 1290

MIL-S-17000/8A(SH)

Ship wiring connections: Type of wiring connection shall be as specified in the acquisition technical data package.

Designation of panel assemblies, terminals, and parts: Switchboard shall use standard designations as specified in MIL-S-17000.

Preparing activity:

Navy - SH

(Project 1290-N384)

INSTRUCTIONS: In a continuing effort to make our standardization documents better, the DoD provides this form for use in submitting comments and suggestions for improvements. All users of military standardization documents are invited to provide suggestions. This form may be detached, folded along the lines indicated, taped along the loose edge (*DO NOT STAPLE*), and mailed. In block 5, be as specific as possible about particular problem areas such as wording which required interpretation, was too rigid, restrictive, loose, ambiguous, or was incompatible, and give proposed wording changes which would alleviate the problems. Enter in block 6 any remarks not related to a specific paragraph of the document. If block 7 is filled out, an acknowledgement will be mailed to you within 30 days to let you know that your comments were received and are being considered.

NOTE: This form may not be used to request copies of documents, nor to request waivers, deviations, or clarification of specification requirements on current contracts. Comments submitted on this form do not constitute or imply authorization to waive any portion of the referenced document(s) or to amend contractual requirements.

(Fold along this line)

(Fold along this line)

DEPARTMENT OF THE NAVY



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE \$300

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO. 12503 WASHINGTON D. C.
POSTAGE WILL BE PAID BY THE DEPARTMENT OF THE NAVY

Commander
Naval Sea Systems Command (SEA 55z3)
DOD Standardization Program and Documents
Division
Department of the Navy
Washington, DC 20362



STANDARDIZATION DOCUMENT IMPROVEMENT PROPOSAL*(See Instructions – Reverse Side)***1. DOCUMENT NUMBER****2. DOCUMENT TITLE****3a. NAME OF SUBMITTING ORGANIZATION****4. TYPE OF ORGANIZATION (Mark one)** **VENDOR** **USER** **MANUFACTURER** **OTHER (Specify):** _____**b. ADDRESS (Street, City, State, ZIP Code)****5. PROBLEM AREAS****a. Paragraph Number and Wording:****b. Recommended Wording:****c. Reason/Rationale for Recommendation:****6. REMARKS****7a. NAME OF SUBMITTER (Last, First, MI) – Optional****b. WORK TELEPHONE NUMBER (Include Area Code) – Optional****c. MAILING ADDRESS (Street, City, State, ZIP Code) – Optional****8. DATE OF SUBMISSION (YYMMDD)****(TO DETACH THIS FORM, CUT ALONG THIS LINE.)**