1. **SCOPE:**

1.1 Title: Integrated Total Ship Testing; manage

2. **REFERENCES:**

2.1 S9AAO-AB-GOS-010, General Specifications for Overhaul of Surface Ships (GSO)

2.2 S9095-AD-TRQ-010/TSTP, Total Ship Test Program

3. **REQUIREMENTS:**

3.1 Prepare and manage a Comprehensive Test Plan (CTP) in accordance with Section 092c of 2.1, using 2.2 for guidance.

   3.1.1 Define and document the responsibility, lines of authority, and interrelation of personnel who manage, perform, or verify work.

   3.1.2 Include a schedule of the restoration of ship's installed services to support completion of Stage 5 testing.

   3.1.3 Include a procedure for reporting problems in delivery dates of the Contractor furnished material (CFM), Government furnished material (GFM), Government furnished equipment (GFE), and Government furnished information (GFI) for ship's systems.

   3.1.4 Include organizational responsibility for equipment and system installation, repair, maintenance, start-up, operation, and test.

   3.1.5 Submit one legible copy, in approved transferrable media, of the CTP to the SUPERVISOR not later than 15 working days prior to availability start date.

3.2 Develop an Integrated Total Ship Test Plan, using contracted work package and available GFI.

   3.2.1 Include a shipyard Test Sequence Network (TSN) and test schedule, with Government and Contractor responsibilities defined.
3.2.2 Include required external services, with Government and Contractor responsibilities.

3.2.3 Include a list of necessary test equipment and software, with required dates and responsible provider.

3.2.4 Include organizational responsibility for equipment operation and accomplishment of testing, including Government and Contractor manning requirements.

3.2.5 Include a list of SUPERVISOR, contractor, Alteration Installation Team (AIT), and Ship's Force key test team personnel, with test sign-off authority.

3.2.6 Include administrative procedures for submittal of Test Problem Reports (TPRs), Test Procedures (TPs), Test Failure Reports (TFRs), and test status.

3.2.7 Include identification and display of the combat system critical path for testing.

3.2.8 Include provision for completion of total ship testing through Stage 5 prior to dock trials.

3.2.9 Define the requirements of both Contractor and Government for general and special purpose test equipment, weapon test shapes, dummy loads, and test weights, to accomplish total ship testing. Identify known and anticipated deficiencies in required type, quantity, calibration, or availability, to support the production or test schedule.

3.2.10 Submit one legible copy, in approved transferrable media, of the Test Plan to the SUPERVISOR at the start of the availability.

3.3 Develop and manage a Total Ship Testing Task Group.

3.3.1 The group shall consist of representatives of the SUPERVISOR, Contractor, AIT Team(s) on scene, Ship's Force, and shall meet as requested by the SUPERVISOR.

3.3.2 The SUPERVISOR’s representative shall act as Chairman.

3.3.2.1 Provide an updated Total Ship Test Plan and status of Total Ship Testing including growth and new work. Document problems impeding progress of meeting scheduled dates or of satisfying technical requirements.

3.3.2.2 Maintain minutes and agendas. Minutes shall include a list of attendees, action items with assignments, highlights of proceedings, and identified problems with their potential impact.
3.3.2.3 Submit one legible copy, in approved transferrable media, of the minutes and updated Test Plan to the members not later than 2 working days after each meeting.

3.4 Manage Total Ship Testing.

3.4.1 Accomplish the requirements of the Test Plan of 3.2.

3.4.2 Coordinate testing in accordance with the Test Plan.

3.4.3 Coordinate stationing of test personnel in accordance with the Test Plan. Provide test procedures and test data sheets to test personnel.

3.4.4 Coordinate the performance of each test procedure and the recording of each test result on data sheet provided in Attachment A.

3.4.4.1 Ensure sufficient information is provided on the comment sheet for any identified discrepancy, including corrective action.

3.4.4.2 Submit one legible copy, in hard copy or approved transferrable media, of completed data sheets and test procedures for each test in accordance with the Test Plan to the SUPERVISOR within 5 working days of test completion. Include the documentation of each test procedure not completed, and reasons for incompleteness.

3.4.5 Coordinate preparations for sea trials.

3.4.6 Develop a test status program completion report that summarizes the results of the Total Ship Test Plan (TSTP) in accordance with Paragraph 3.6 of 2.2.

3.4.6.1 Provide the rationale for test procedures not attempted, incomplete, or failed.

3.4.6.2 Provide details and status of test procedures that were completed with discrepancies.

3.4.7 Submit one legible copy, in hard copy or approved transferrable media, of the test status report to the SUPERVISOR not later than 5 working days after completion of availability.

4. NOTES:

4.1 The ship's Commanding Officer will provide personnel for recording data during Ship's Force/Government responsible total ship testing.

4.2 GFI required to develop the Test Plan may include: Integrated Test Package (ITP), Total Ship's Test Requirements Index (TSTR), Test Index, Test Summary, and known AIT test requirements.
4.3 Stage 5 testing is that testing normally conducted between 2 or more sub-elements within the combat, mobility, support, or containment areas of the ship.
ATTACHMENT A

TEST PERFORMANCE, RESPONSIBILITY/WITNESS RECORD

TEST PROCEDURE: __________________________ TITLE: __________________________

SHIP'S NAME: __________________________ HULL NO.: __________________________

TEST PERFORMANCE

TEST RESULTS / STATUS (Check all that apply)

☐ Complete    ☐ Failed
☐ Complete w/Discrepancies ☐ Not attempted
☐ Incomplete  ☐ Aborted

If TPR issued TPR #: ________________________________________________

Comments: __________________________________________________________

_____________________________________________________________________

TEST RESPONSIBILITY / WITNESS

Test performed by: ☐ Contractor ☐ Ship’s Force ☐ Government

Print and Sign Name: ________________________________________________
Position and Responsibility: _________________________________________
If SF/GOV: Ship/Agency Name: _______________________________________
               Dept/Code: ________________________________________________
               Tel/Fax Number: _________________________________________

Test witnessed by: ☐ Contractor ☐ Ship’s Force ☐ Government

Print and Sign Name: ________________________________________________
Position and Responsibility: _________________________________________
If SF/GOV: Ship/Agency Name: _______________________________________
               Dept/Code: ________________________________________________
               Tel/Fax Number: _________________________________________

Test record reviewed by: ☐ SUPERVISOR (Only)

Print and Sign Name: ________________________________________________
Position and Responsibility: _________________________________________
Tel/Fax Number: ____________________________________________________