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UNIVERSAL DOCUMENTATION SYSTEM  
HANDBOOK

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AUG 21 1991  
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VOLUME 3

RESPONSE FORMATS AND INSTRUCTIONS

STATEMENT OF CAPABILITY

PROGRAM SUPPORT PLAN/OPERATIONS DIRECTIVE

RANGE COMMANDERS COUNCIL

WHITE SANDS MISSILE RANGE  
KWAJALEIN ATOLL  
YUMA PROVING GROUND  
ELECTRONIC PROVING GROUND

PACIFIC MISSILE TEST CENTER  
NAVAL WEAPONS CENTER  
ATLANTIC FLEET WEAPONS TRAINING FACILITY  
NAVAL AIR TEST CENTER

EASTERN SPACE AND MISSILE CENTER  
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91 8 20 123

cover 2 x



August 1989

Universal Documentation System Handbook, Volume 3, Response  
Formats and Instructions, Statement of Capability, and  
Program Support Plan/Operations Directive

Documentation Group  
Range Commanders Council  
White Sands Missile Range, NM 88002

RCC Document 501-90  
Volume 3

Range Commanders Council  
STEWS-SA-R  
White Sands Missile Range, NM 88002

same as block 8

New document number (formerly 501-89)

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The handbook describes the Universal Documentation System (UDS). The UDS is used to formally document requesting agency program support requirements and support agency capabilities and commitments to support those requirements. The handbook is separated into 3 volumes.



UDS

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UNCLASSIFIED

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NONE

91 8 20 128

## GENERAL INSTRUCTIONS FOR COMPLETING SF 298

The Report Documentation Page (RDP) is used in announcing and cataloging reports. It is important that this information be consistent with the rest of the report, particularly the cover and title page. Instructions for filling in each block of the form follow. It is important to **stay within the lines to meet optical scanning requirements.**

### Block 1. Agency Use Only (Leave Blank)

**Block 2. Report Date.** Full publication date including day, month, and year, if available (e.g. 1 Jan 88). Must cite at least the year.

**Block 3. Type of Report and Dates Covered.** State whether report is interim, final, etc. If applicable, enter inclusive report dates (e.g. 10 Jun 87 - 30 Jun 88).

**Block 4. Title and Subtitle.** A title is taken from the part of the report that provides the most meaningful and complete information. When a report is prepared in more than one volume, repeat the primary title, add volume number, and include subtitle for the specific volume. On classified documents enter the title classification in parentheses.

**Block 5. Funding Numbers.** To include contract and grant numbers; may include program element number(s), project number(s), task number(s), and work unit number(s). Use the following labels:

<b>C</b> - Contract	<b>PR</b> - Project
<b>G</b> - Grant	<b>TA</b> - Task
<b>PE</b> - Program Element	<b>WU</b> - Work Unit Accession No.

**Block 6. Author(s).** Name(s) of person(s) responsible for writing the report, performing the research, or credited with the content of the report. If editor or compiler, this should follow the name(s).

**Block 7. Performing Organization Name(s) and Address(es).** Self-explanatory.

**Block 8. Performing Organization Report Number.** Enter the unique alphanumeric report number(s) assigned by the organization performing the report.

**Block 9. Sponsoring/Monitoring Agency Name(s) and Address(es).** Self-explanatory.

**Block 10. Sponsoring/Monitoring Agency Report Number.** (If known)

**Block 11. Supplementary Notes.** Enter information not included elsewhere such as: Prepared in cooperation with...; Trans. of ..., To be published in .... When a report is revised, include a statement whether the new report supersedes or supplements the older report.

### Block 12a. Distribution/Availability Statement.

Denote public availability or limitation. Cite any availability to the public. Enter additional limitations or special markings in all capitals (e.g. NOFORN, REL, ITAR)

**DOD** - See DoDD 5230.24, "Distribution Statements on Technical Documents."

**DOE** - See authorities

**NASA** - See Handbook NHB 2200.2.

**NTIS** - Leave blank.

### Block 12b. Distribution Code.

**DOD** - DOD - Leave blank

**DOE** - DOE - Enter DOE distribution categories from the Standard Distribution for Unclassified Scientific and Technical Reports

**NASA** - NASA - Leave blank

**NTIS** - NTIS - Leave blank.

**Block 13. Abstract.** Include a brief (Maximum 200 words) factual summary of the most significant information contained in the report.

**Block 14. Subject Terms.** Keywords or phrases identifying major subjects in the report.

**Block 15. Number of Pages.** Enter the total number of pages.

**Block 16. Price Code.** Enter appropriate price code (NTIS only).

**Blocks 17. - 19. Security Classifications.** Self-explanatory. Enter U.S. Security Classification in accordance with U.S. Security Regulations (i.e., UNCLASSIFIED). If form contains classified information, stamp classification on the top and bottom of the page.

**Block 20. Limitation of Abstract.** This block must be completed to assign a limitation to the abstract. Enter either UL (unlimited) or SAR (same as report). An entry in this block is necessary if the abstract is to be limited. If blank, the abstract is assumed to be unlimited.

**DOCUMENT 501-90**

**UNIVERSAL DOCUMENTATION SYSTEM  
HANDBOOK**

**VOLUME 3**

**RESPONSE FORMATS AND INSTRUCTIONS  
STATEMENT OF CAPABILITY  
PROGRAM SUPPORT PLAN/OPERATIONS DIRECTIVE**

**AUGUST 1989**

**Prepared by  
Documentation Group  
Range Commanders Council**

**Published by  
Secretariat  
Range Commanders Council  
U.S. Army White Sands Missile Range  
New Mexico 88002**



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THROUGH	
FORMATS AND INSTRUCTIONS. . . . .	UDS GEN S



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## VOLUME 3

### RESPONSE FORMATS AND INSTRUCTIONS

#### GENERAL

This volume contains an unclassified sample of each approved SC and PSP/OD format and its preparation instructions.

#### ORGANIZATION

The sample formats are presented in UDS outline numerical order.

#### PURPOSE

Use the sample formats as a document preparation guide. Data will vary for particular programs, however the important consideration is to follow the instructions provided and to present the support responses clearly.

Multi-purpose general formats are provided in this volume which may be used to supplement or extend information or support responses. The general formats provided are UDS GEN SC and UDS GEN S.

#### PREPARATION INSTRUCTIONS

The following instructions are applicable to all UDS formats and should be used in addition to the specific instructions for the sample formats.

#### HEADER

##### CLASSIFICATION:

The highest security classification of information appearing on a format page will be placed in the center of the page at the top. If a format page is unclassified it will be so marked.

##### PROGRAM TITLE:

Enter the program title and, if defined in the requirement document, the subtitle that further identifies the program or document.

##### DOC TYPE/NO.:

Enter the document type (SC, PSP, or OD) and the document number. This number will be assigned to the program and be provided by the lead Support Agency.

##### REVISION:

Enter 00 if this is the original issue of the document. If an existing format is replaced because of a revision, enter the revision number (for example, 01, 02, etc.).

Note: In some automated systems, the date of revision may be used in lieu of the revision number. Revision may also be made to the "response" level by dating the last change to the individual response.

##### DATE:

Enter the publication date of the original document or revision.

## FOOTER

### PAGE:

Pages will be sequentially numbered to be consistent within the document in which they are used. If additional pages have to be inserted at any time, a page number will be established by adding, after a decimal point, consecutive decimal numbers (for example, 26.0, 26.1, 26.2,) to the basic page number. This method will be followed in order to maintain the desired sequence of subject matter and to keep in ascending order of page numbers.

### CLASSIFICATION:

The highest security classification of information appearing on a format page will be placed in the center of the page at the bottom. If a format page is unclassified it will be so marked.

STATEMENT OF CAPABILITY (SC)  
FORMATS AND PREPARATION INSTRUCTIONS

STATEMENT OF CAPABILITY PREPARATION INSTRUCTIONS

FORMAT 1000 - ADMINISTRATIVE

PROGRAM TITLE: Enter the program title.

SHORT TITLE: Enter the official or accepted unclassified short title.

PROGRAM INFORMATION:

Enter the items of information listed. Enter the name of the requesting agency. The contractors named should be the prime contractors for the program. Beginning, First Test, and Completion Dates should be those shown in the PI unless subsequently changed. The lead support agency is the support agency having prime responsibility for integrating all support. The lead support agency representative is the Program Manager, Project Engineer, Project Monitor, or other individual assigned responsibility for coordinating program support. A support agency is an organization that provides support to a requesting agency's requirements. Enter the agencies providing support. Test site is the launch complex or test area assigned to the program. Enter the priority assigned to the program.

RECOMMENDATIONS/APPROVALS:

For management recommendations relative to the program. The appropriate block should be checked to indicate whether the recommendation/approval is applicable to planning only, support of the requesting agency program requirements.

CLASSIFICATION:

\* \* \*

\* \* \*

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

=====
1000 - ADMINISTRATIVE

PROGRAM TITLE:

SHORT TITLE:

RESPONDS TO PI NO.:

REVISION:

DATE:

PROGRAM INFORMATION:

Requesting Agency:

Contractor:

Beginning Date:

First Test Date:

Completion Date:

Lead Support Agency:

Lead Support Agency Representative:

Support Agency:

Test Site(s):

Program Priority:

RECOMMENDATIONS/APPROVALS:

RECOMMENDATIONS:

PLANNING

SUPPORT

NON-ACCEPTANCE

SIGNATURE: \_\_\_\_\_

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NAME:

TITLE:

AGENCY:

PHONE:

DATE:

SIGNATURE: \_\_\_\_\_

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NAME:

TITLE:

AGENCY:

PHONE:

DATE:

APPROVAL:

SIGNATURE: \_\_\_\_\_

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NAME:

TITLE:

AGENCY:

PHONE:

DATE:

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PAGE -

CLASSIFICATION:

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UDS 1000 SC
JAN90

## STATEMENT OF CAPABILITY PREPARATION INSTRUCTIONS

### FORMAT 1000 - ADMINISTRATIVE (CONT'D)

#### STATEMENT OF RESPONSIBILITIES:

Describe divisions of responsibility between the requesting agency and support agency which are not self-evident within the information content of the PI/SC or which involve deviations from policy; e.g., exceptions to normal responsibility for providing on-board instrumentation, exceptions to policy concerning disposition of original test data records. If the requesting agency will be required to provide funds in accordance with established policy, describe the circumstances and show the amounts involved. Indicate requesting agency responsibilities for providing additional information such as telemetry simulation tapes or theoretical trajectory tapes needed for flight safety considerations. Indicate what additional documentation the program will be required to submit.

#### PROGRAM/SUPPORT RESTRAINTS:

If there are stated requirements which the support agency is incapable of supporting, explain the support restraints and any related actions. If the support agency plans, or is in the process of developing capability to relieve a restraint, describe the action and refer to the status chart.

#### SUPPORT DEVELOPMENT PLANS STATUS:

List support agency actions, such as instrumentation development and/or procurement, installation, and facilities construction which are planned for the relief of any support restraint. On the time chart, indicate target dates, completion dates, or other significant milestones. Define symbols used on the chart or other explanatory notes concerning the actions listed.

CLASSIFICATION:

\* \* \*

\* \* \*

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

=====
1000 - ADMINISTRATIVE - (CONT'D)

STATEMENT OF RESPONSIBILITIES:

Requesting Agency:

Support Agency:

Additional Documentation Required:

PROGRAM/SUPPORT RESTRAINTS:

SUPPORT DEVELOPMENT PLANS STATUS:

Table with columns: ITEM, CY (1-4), CY (1-4), CY (1-4). Row 1: 1.

CLASSIFICATION:

\* \* \*

\* \* \*

UDS 1000 SC
JAN90



STATEMENT OF CAPABILITY PREPARATION INSTRUCTIONS

FORMAT 1100 - PROGRAM/MISSION INFORMATION - PROGRAM DESCRIPTION

Reply to specific information contained in this section of the Program Introduction (PI).

CLASSIFICATION:

\* \* \*

\* \* \*

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

=====

1100 - PROGRAM/MISSION INFORMATION - PROGRAM DESCRIPTION

=====

PAGE -

CLASSIFICATION:

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UDS 1100 SC  
JAN90

STATEMENT OF CAPABILITY PREPARATION INSTRUCTIONS

FORMAT 1300 - SYSTEM INFORMATION

Reply to specific information contained in this section of the Program Introduction (PI).

CLASSIFICATION:

\* \* \*

\* \* \*

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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1300 - SYSTEM INFORMATION

=====

PAGE -

CLASSIFICATION:

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UDS 1300 SC  
JAN90

STATEMENT OF CAPABILITY PREPARATION INSTRUCTIONS

FORMAT 1400 - INSTRUMENTATION SYSTEMS

Reply to specific information contained in this section of the Program Introduction (PI).

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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1400 - INSTRUMENTATION SYSTEMS

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PAGE -

CLASSIFICATION:

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UDS 1400 SC  
JAN90

STATEMENT OF CAPABILITY PREPARATION INSTRUCTIONS

FORMAT 1500 - REQUESTING AGENCY'S SUPPORT INSTRUMENTATION/EQUIPMENT

Reply to specific information contained in this section of the Program Introduction (PI).

CLASSIFICATION:

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\* \* \*

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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1500 - REQUESTING AGENCY'S SUPPORT INSTRUMENTATION/EQUIPMENT

=====

PAGE -

CLASSIFICATION:

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UDS 1500 SC  
JAN90



STATEMENT OF CAPABILITY PREPARATION INSTRUCTIONS

FORMAT 1600 - SYSTEMS READINESS/PRELAUNCH TESTS

Reply to specific information contained in this section of the Program Introduction (PI).

CLASSIFICATION:

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PROGRAM TITLE:  
DOC TYPE/NO.:

REVISION:

DATE:

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1600 - SYSTEMS READINESS/PRELAUNCH TESTS

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PAGE -

CLASSIFICATION:

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UDS 1600 SC  
JAN90

STATEMENT OF CAPABILITY PREPARATION INSTRUCTIONS

FORMAT 1700 - TEST ENVELOPE INFORMATION

Reply to specific information contained in this section of the Program Introduction (PI).

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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1700 - TEST ENVELOPE INFORMATION

=====

PAGE -

CLASSIFICATION:

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UDS 1700 SC  
JAN90

STATEMENT OF CAPABILITY PREPARATION INSTRUCTIONS

FORMAT 1800 - OPERATIONAL HAZARDS

Reply to specific information contained in this section of the Program Introduction (PI).

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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1800 - OPERATIONAL HAZARDS

=====

PAGE -

CLASSIFICATION:

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UDS 1800 SC  
JAN90

STATEMENT OF CAPABILITY PREPARATION INSTRUCTIONS

FORMAT 2000 - TEST OPERATIONAL CONCEPTS/SUMMARIES

Indicate support to be provided to specific requirements contained in this section of the Program Introduction (PI).

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2000 - TEST OPERATIONAL CONCEPTS/SUMMARIES

=====

PAGE -

CLASSIFICATION:

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UDS 2000 SC  
JAN90



STATEMENT OF CAPABILITY PREPARATION INSTRUCTIONS

FORMAT 2100 - METRIC DATA

Indicate support to be provided to specific requirements contained in this section of the Program Introduction (PI).

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2100 - METRIC DATA

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PAGE -

CLASSIFICATION:

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UDS 2100 SC  
JAN90

STATEMENT OF CAPABILITY PREPARATION INSTRUCTIONS

FORMAT 2200 - TELEMETRY DATA

Indicate support to be provided to specific requirements contained in this section of the Program Introduction (PI).

CLASSIFICATION:

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PROGRAM TITLE:  
DOC TYPE/NO.:

REVISION:

DATE:

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2200 - TELEMETRY DATA

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PAGE -

CLASSIFICATION:

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UDS 2200 SC  
JAN90

STATEMENT OF CAPABILITY PREPARATION INSTRUCTIONS

FORMAT 2300 - COMMAND CONTROL/DESTRUCT

Indicate support to be provided to specific requirements contained in this section of the Program Introduction (PI).

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2300 - COMMAND CONTROL/DESTRUCT

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PAGE -

CLASSIFICATION:

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UDS 2300 SC  
JAN90

STATEMENT OF CAPABILITY PREPARATION INSTRUCTIONS

FORMAT 2400 - AIR/GROUND VOICE COMMUNICATIONS

Indicate support to be provided to specific requirements contained in this section of the Program Introduction (PI).

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2400 - AIR/GROUND VOICE COMMUNICATIONS

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PAGE -

CLASSIFICATION:

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UDS 2400 SC  
JAN90



STATEMENT OF CAPABILITY PREPARATION INSTRUCTIONS

FORMAT 2500 - COMPOSITE SYSTEMS

Indicate support to be provided to specific requirements contained in this section of the Program Introduction (PI).

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2500 - COMPOSITE SYSTEMS

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PAGE -

CLASSIFICATION:

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UDS 2500 SC  
JAN90

STATEMENT OF CAPABILITY PREPARATION INSTRUCTIONS

FORMAT 2600 - OTHER SYSTEMS

Indicate support to be provided to specific requirements contained in this section of the Program Introduction (PI).

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2600 - OTHER SYSTEMS

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PAGE -

CLASSIFICATION:

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UDS 2600 SC  
JAN90

STATEMENT OF CAPABILITY PREPARATION INSTRUCTIONS

FORMAT 2700 - GROUND COMMUNICATIONS

Indicate support to be provided to specific requirements contained in this section of the Program Introduction (PI).

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2700 - GROUND COMMUNICATIONS

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PAGE -

CLASSIFICATION:

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UDS 2700 SC  
JAN90

STATEMENT OF CAPABILITY PREPARATION INSTRUCTIONS

FORMAT 2800 - OTHER COMMUNICATIONS

Indicate support to be provided to specific requirements contained in this section of the Program Introduction (PI).

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2800 - OTHER COMMUNICATIONS

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PAGE -

CLASSIFICATION:

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UDS 2800 SC  
JAN90



STATEMENT OF CAPABILITY PREPARATION INSTRUCTIONS

FORMAT 3000 - REALTIME DATA DISPLAY/CONTROL

Indicate support to be provided to specific requirements contained in this section of the Program Introduction (PI).

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3000 - REALTIME DATA DISPLAY/CONTROL

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PAGE -

CLASSIFICATION:

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UDS 3000 SC  
JAN90

STATEMENT OF CAPABILITY PREPARATION INSTRUCTIONS

FORMAT 3100 - PHOTOGRAPHIC

Indicate support to be provided to specific requirements contained in this section of the Program Introduction (PI).

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3100 - PHOTOGRAPHIC

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PAGE -

CLASSIFICATION:

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UDS 3100 SC  
JAN90

STATEMENT OF CAPABILITY PREPARATION INSTRUCTIONS

FORMAT 3200 - METEOROLOGICAL

Indicate support to be provided to specific requirements contained in this section of the Program Introduction (PI).

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3200 - METEOROLOGICAL

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PAGE -

CLASSIFICATION:

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UDS 3200 SC  
JAN90

STATEMENT OF CAPABILITY PREPARATION INSTRUCTIONS

FORMAT 3300 - RECOVERY

Indicate support to be provided to specific requirements contained in this section of the Program Introduction (PI).

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3300 - RECOVERY

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PAGE -

CLASSIFICATION:

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UDS 3300 SC  
JAN90



STATEMENT OF CAPABILITY PREPARATION INSTRUCTIONS

FORMAT 3400 - OTHER TECHNICAL SUPPORT

Indicate support to be provided to specific requirements contained in this section of the Program Introduction (PI).

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CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3400 - OTHER TECHNICAL SUPPORT

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PAGE -

CLASSIFICATION:

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UDS 3400 SC  
JAN90

STATEMENT OF CAPABILITY PREPARATION INSTRUCTIONS

FORMAT 3500 - MEDICAL

Indicate support to be provided to specific requirements contained in this section of the Program Introduction (PI).

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3500 - MEDICAL

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PAGE -

CLASSIFICATION:

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UDS 3500 SC  
JAN90

STATEMENT OF CAPABILITY PREPARATION INSTRUCTIONS

FORMAT 3600 - PUBLIC AFFAIRS SERVICES

Indicate support to be provided to specific requirements contained in this section of the Program Introduction (PI).

CLASSIFICATION:

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PROGRAM TITLE:  
DOC TYPE/NO.:

REVISION:

DATE:

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3600 - PUBLIC AFFAIRS SERVICES

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PAGE -

CLASSIFICATION:

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UDS 3600 SC  
JAN90

STATEMENT OF CAPABILITY PREPARATION INSTRUCTIONS

FORMAT 4000 - DATA COORDINATE SYSTEMS DESCRIPTION

Indicate support to be provided to specific requirements contained in this section of the Program Introduction (PI).

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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4000 - DATA COORDINATE SYSTEMS DESCRIPTION

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PAGE -

CLASSIFICATION:

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UDS 4000 SC  
JAN90



STATEMENT OF CAPABILITY PREPARATION INSTRUCTIONS

FORMAT 4100 - DATA COMPUTER PROCESSING SPECIFICATIONS

Indicate support to be provided to specific requirements contained in this section of the Program Introduction (PI).

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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4100 - DATA COMPUTER PROCESSING SPECIFICATIONS

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PAGE -

CLASSIFICATION:

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UDS 4100 SC  
JAN90

STATEMENT OF CAPABILITY PREPARATION INSTRUCTIONS

FORMAT 4200 - DATA DISPOSITION

Indicate support to be provided to specific requirements contained in this section of the Program Introduction (PI).

CLASSIFICATION:

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PROGRAM TITLE:  
DOC TYPE/NO.:

REVISION:

DATE:

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4200 - DATA DISPOSITION

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PAGE -

CLASSIFICATION:

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UDS 4200 SC  
JAN90

STATEMENT OF CAPABILITY PREPARATION INSTRUCTIONS

FORMAT 5000 - BASE FACILITIES/LOGISTICS

Indicate support to be provided to specific requirements contained in this section of the Program Introduction (PI).

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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5000 - BASE FACILITIES/LOGISTICS

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PAGE -

CLASSIFICATION:

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UDS 5000 SC  
JAN90

STATEMENT OF CAPABILITY PREPARATION INSTRUCTIONS

FORMAT 5100 - PERSONNEL ASSIGNMENT SCHEDULES

Indicate support to be provided to specific requirements contained in this section of the Program Introduction (PI).

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

=====

5100 - PERSONNEL ASSIGNMENT SCHEDULES

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PAGE -

CLASSIFICATION:

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UDS 5100 SC  
JAN90



STATEMENT OF CAPABILITY PREPARATION INSTRUCTIONS

FORMAT 5200 - TRANSPORTATION

Indicate support to be provided to specific requirements contained in this section of the Program Introduction (PI).

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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5200 - TRANSPORTATION

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PAGE -

CLASSIFICATION:

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UDS 5200 SC  
JAN90

STATEMENT OF CAPABILITY PREPARATION INSTRUCTIONS

FORMAT 5300 - SERVICES

Indicate support to be provided to specific requirements contained in this section of the Program Introduction (PI).

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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5300 - SERVICES

=====

PAGE -

CLASSIFICATION:

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UDS 5300 SC  
JAN90

STATEMENT OF CAPABILITY PREPARATION INSTRUCTIONS

FORMAT 5400 - LABORATORY

Indicate support to be provided to specific requirements contained in this section of the Program Introduction (PI).

CLASSIFICATION:

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\* \* \*

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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5400 - LABORATORY

=====

PAGE -

CLASSIFICATION:

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UDS 5400 SC  
JAN90

STATEMENT OF CAPABILITY PREPARATION INSTRUCTIONS

FORMAT 5500 - MAINTENANCE

Indicate support to be provided to specific requirements contained in this section of the Program Introduction (PI).

CLASSIFICATION:

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\* \* \*

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

=====

5500 - MAINTENANCE

=====

PAGE -

CLASSIFICATION:

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\* \* \*

UDS 5500 SC  
JAN90



STATEMENT OF CAPABILITY PREPARATION INSTRUCTIONS

FORMAT 5600 - FACILITIES

Indicate support to be provided to specific requirements contained in this section of the Program Introduction (PI).

CLASSIFICATION:

\* \* \*

\* \* \*

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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5600 - FACILITIES

=====

PAGE -

CLASSIFICATION:

\* \* \*

\* \* \*

UDS 5600 SC  
JAN90

STATEMENT OF CAPABILITY PREPARATION INSTRUCTIONS

FORMAT 6000 - OTHER SUPPORT

Indicate support to be provided to specific requirements contained in this section of the Program Introduction (PI).

CLASSIFICATION:

\* \* \*

\* \* \*

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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6000 - OTHER SUPPORT

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CLASSIFICATION:

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UDS 6000 SC  
JAN90

STATEMENT OF CAPABILITY PREPARATION INSTRUCTIONS

FORMAT (GENERAL)

NOTE: This format is used anywhere in the document where narrative or graphic data cannot be presented on the prescribed numbered (UDS section) format. It may also be used to supplement the prescribed format when additional space is required for expanded data entry.

(UDS SECTION NO. - TITLE):

Enter the UDS section number and title from the UDS document outline for the appropriate section used.

ITEM NO.:

Follow preparation instructions for Format 1000.

REQUESTER:

Follow preparation instructions for Format 1000.

SUPPLIER:

Follow preparation instructions for Format 1000.

TEST CODE:

Follow preparation instructions for Format 1000.

LOCATION:

Follow preparation instructions for Format 1000.

RESPONSE ( ) INFORMATION ( ):

Indicate whether each item number documented is a response or is for informational purposes only. Enter the response or information desired.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

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JAN90



PROGRAM SUPPORT PLAN (PSP)/OPERATIONS DIRECTIVE (OD)

FORMATS AND PREPARATION INSTRUCTIONS



## PSP/OD PREPARATION INSTRUCTIONS

### FORMAT 1000 - ADMINISTRATIVE

**NOTE 1:** This format is used to enter any administrative information of a general nature pertaining to the program or mission.

**NOTE 2:** The codes below are to be completed if applicable for clarification of the support response to a requirement or information item and will be used throughout the documentation during the course of the program.

#### ITEM NO.:

A sequential number, commencing at "01" identifying the item listed under each UDS. This label is used for each Requirement, Response or Informational item documented. (See Note 2.) The item number used for responses to requirements will be the same as that of the corresponding item number appearing in the PRD/OR. The corresponding PRD/OR section number will also be listed for clarification. Also, if there are supplemental support agency generated information items, explain the items on UDS Format 1061 - Special Code Definition.

The corresponding PRD/OR section number will also be listed for clarification, if necessary. Also, if there are supplemental support agency generated information items, explain on UDS Form 1063 - Special Code Definition.

#### REQUESTER:

A code, identified on UDS Format 1063 - Special Code Definition, assigned to the requester of a requirement. Sub-requesters, similarly identified will be indicated by the use of a slash (/) immediately following the requester code, i. e., T/DE22 might indicate a requirement established by the NASA Johnson Space Center Flight Requirements Office. Each Requester/Sub-requester shall be separated by a space. It is recommended that, where possible, either the assigned agency alphabetical code or the agency acronym, shown in the UDS Handbook, Volume 1, Appendix "B", be used as standard requester codes. (See Note 2.)

#### SUPPLIER:

A code, identified on UDS Format 1063 - Special Code Definition, assigned to the organization providing support. Sub-suppliers, are similarly identified by the use of a slash (/) immediately following the supplier code, i. e., W/SAC might indicate a response provided by the Western Test Range concerning a commitment by the host SAC base. It is recommended, where possible, either the assigned agency alphabetical code or the agency acronym, shown in the UDS Handbook, Volume 1, Appendix "B", be used as standard supplier/sub-supplier codes. (See Note 2.)

#### TEST CODE:

A code, identified on UDS Format 1062 - Test Code Definition. The test codes used in the PSP/OD documents for a given response will be the same as test codes used in the PRD/OR for the corresponding requirement except when information items generated by the Support Agency are included in the PSP/OD. (See Note 2.)

#### LOCATION:

If applicable, enter the location where the support is to be provided.

#### RESPONDS TO:

Enter the UDS requirements document and date to which the PSP/OD responds.

#### INFORMATION:

Enter any administrative information that will help clarify the response to a

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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1000 - ADMINISTRATIVE

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONDS TO:

INFORMATION:

DATE:

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UDS 1000 S  
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PSP/OD PREPARATION INSTRUCTIONS

FORMAT 1010 - APPROVAL AUTHORITY

**NOTE:** This format is used to indicate approval by the Support Agency of the program support planned in response to relevant program requirements.

**ITEM NO.:**  
Follow preparation instructions for Format 1000.

**PRECEDENCE RATING:**  
Enter the applicable precedence rating that is assigned to the program.

**PRIORITY:**  
Enter the priority of the program, mission, or test as designated in the requirements document.

**INITIATION DATE:**  
Indicate the date when support is first required. Dates for special facilities or unique instrumentation, etc., should be entered in REMARKS.

**COMPLETION DATE:**  
Indicate the date when the program, mission, or test is planned to be completed or when support is no longer required.

**SPONSORING AGENCY:**  
Enter the military or government organization which has cognizance and prime responsibility for the program.

**BASIC CONTRACT NO.:**  
Enter the basic contract number for the program, where applicable.

**AUTHORITY (REFERENCES):**  
List the basic document which constitutes authority for conduct of the program.

**REMARKS:**  
Enter the reason for security classification, special handling requirement, etc. List other contractors and their respective contract numbers when necessary. Enter, if necessary, general information pertinent to the applicability, authorization, etc., of the document.

**APPROVAL:**  
Use these entries for approval by the Support Agency Management. Enter the name, rank (if applicable), title, agency, phone, and date, leaving space for signature.

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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1010 - APPROVAL AUTHORITY

ITEM NO.:

PRECEDENCE RATING:

PRIORITY:

INITIATION DATE:

COMPLETION DATE:

SPONSORING AGENCY:

BASIC CONTRACT NO.:

AUTHORITY (REFERENCES):

REMARKS:

APPROVAL

SIGNATURE: \_\_\_\_\_  
NAME/TITLE:  
AGENCY:  
PHONE/DATE:

SIGNATURE: \_\_\_\_\_  
NAME/TITLE:  
AGENCY:  
PHONE/DATE:

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SIGNATURE: \_\_\_\_\_  
NAME/TITLE:  
AGENCY:  
PHONE/DATE:

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PSP/OD PREPARATION INSTRUCTIONS

FORMAT 1020 - DISTRIBUTION LIST

NOTE: This format is used as a distribution list for new documents and for subsequent revisions.

ITEM NO.:  
Follow preparation instructions for Format 1000.

ORGANIZATION ADDRESS:

Enter the title of the organization, address (include post office zip code plus 4), addressee's name and title, and applicable office symbol requesting copies. Make additional entries as necessary to insure distribution to the appropriate recipients.

NUMBER OF COPIES:

List the number of copies, original or revised, for distribution to each recipient.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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1020 - DISTRIBUTION LIST

ITEM NO.:

ORGANIZATION  
ADDRESS

NUMBER OF  
COPIES

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JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 1030 - REVISION APPROVAL

**NOTE:** This format is used as approval authority cover sheet for each published revision to the document. The authorization indicates that the information contained in the revision levies the official Support Agency response to the PRD/OR requirements to support a given program, mission, or test.

**ITEM NO.:**  
Follow preparation instructions for Format 1000.

**REVISION NOTES:**  
Enter any explanatory notes which will summarize the gross nature of the revision package. Enter the document title, number, and revision/date to which the revision responds. This entry may be used to indicate major changes, additions, or deletions to the revision package. Information concerning revision schedules may be entered in this entry.

**REVISION APPROVAL:**  
Use this entry for approval of the document revision. Enter the name, rank (if applicable), title, agency, phone, and date, leaving space for signature.

**NOTE:** If desired, all Revision Approval pages may be retained in the documents to provide a historical record of all changes from Revision 01 to the current revision number.

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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1030 - REVISION APPROVAL

ITEM NO.:

REVISION NOTES:

REVISION APPROVAL:

SIGNATURE: \_\_\_\_\_
NAME/TITLE:
AGENCY:
PHONE/DATE:

SIGNATURE: \_\_\_\_\_
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AGENCY:
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NAME/TITLE:
AGENCY:
PHONE/DATE:

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JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 1031 - REVISION CONTROL AND CLASSIFICATION

**NOTE:** This format is used as a means of revision control in an unclassified or classified document. Classified entries will not be included in the basic unclassified document. Appropriate referenced page(s) should be included in the basic unclassified document where the classified information would appear. The classified pages then appear in a classified addendum to the basic document. Care should be exercised to insure that the complete title and other data does not render the collective pages classified under operational security (OPSEC) guidelines.

All revisions, both classified and unclassified, will require Format 1030 to show approval of the revisions.

**ITEM NO.:**  
Follow preparation instructions for Format 1000.

**UDS SECTION:**  
List each UDS Section number used in the document.

**ITEM:**  
For automated documentation systems indicate the item numbers within the sections.

**PAGE:**  
For manual documentation systems, enter the page number for each section.

**CLASS:**  
Enter the classification: TS - Top Secret, S - Secret, C - Confidential required by the security guide(s) beside each applicable section and its page number in this column.

**REV:**  
Enter the revision number. When preparing the original document, leave sufficient space vertically between the page numbers to enter additional pages that may be added by later revisions. Enter the revision number and the appropriate letter identifier. "D" for delete, and the revision number (e.g. D1, D2, etc.).

Opposite each page number, enter an "O" in the Rev. column to indicate the section on that page is an original. When the document is revised, indicate the sections and the corresponding pages that have been revised by deleting the "O" and entering the symbol "R", followed by (if applicable) the revision number. If a section is deleted by the revision, the symbol "D" is entered.

**DATE:**  
Enter the date of the section revision.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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1031 - REVISION CONTROL AND CLASSIFICATION

ITEM NO.:

UDS SECTION

ITEM

PAGE

CLASS

REV

DATE

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CLASSIFICATION:

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PSP/OD PREPARATION INSTRUCTIONS

FORMAT 1040 - INDEX OF UDS SECTIONS USED

NOTE : This format is used to present the PSP/OD index of Sections used in the document. This list should be used as a checklist to insure all pertinent support information or responses are documented. Only those UDS SECTIONS which are applicable need be used. The list is preprinted for reference, but when an "X" is entered opposite the SECTION used, this format then serves as an outline of contents for the document. When responding to FRD/OR Sections not listed on this Format, use the UDS GEN S Format for the response or information and add the Section number and its title at the end of this Format.

Enter an "X" opposite those UDS Sections numbers used in the document.

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CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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1040 - INDEX OF UDS SECTIONS USED

- ( ) 1000 - Administrative
- ( ) 1010 - Approval Authority
- ( ) 1020 - Distribution List
- ( ) 1030 - Revision Approval
- ( ) 1031 - Revision Control and Classification
- ( ) 1040 - Index of UDS Sections Used
- ( ) 1050 - Program/Mission Security Information
- ( ) 1052 - System Security Classification
- ( ) 1054 - System Security Classification Matrix
- ( ) 1056 - Security Authorization
- ( ) 1060 - Preface
- ( ) 1061 - Special Abbreviations and Nomenclature
- ( ) 1062 - Test Code Definition
- ( ) 1063 - Special Code Definition
- ( ) 1064 - Key Technical Personnel
- ( ) 1065 - Technical References
- ( ) 1100 - Program/Mission Information - Program Description
- ( ) 1110 - Experiments Description
- ( ) 1140 - Test Program Operations Schedule
- ( ) 1405 - Frequency Utilization Summary
- ( ) 1800 - Operational Hazards
- ( ) 2000 - Test Operational Concepts/Summaries
- ( ) 2010 - Ground Support Instrumentation Summary
- ( ) 2020 - Support Plan Summary
- ( ) 2030 - Support Commitments
- ( ) 2040 - Funding Information
- ( ) 2050 - Implementation Schedule
- ( ) 2051 - Personnel Assignment Schedule
- ( ) 2060 - Support Requirements Which Cannot Be Met
- ( ) 2070 - Engineering Plan
- ( ) 2071 - Engineering Plan - Alternate
- ( ) 2080 - Requester's Responsibilities
- ( ) 2098 - Flight Safety Operational Concepts
- ( ) 2099 - Range Derived Requirements
- ( ) 2100 - Metric Data
- ( ) 2110 - Metric Data - Launch
- ( ) 2111 - Metric Data - Midcourse
- ( ) 2112 - Metric Data - Orbital and Space
- ( ) 2114 - Metric Data - Terminal
- ( ) 2115 - Metric Data - Signature
- ( ) 2116 - Metric Data - Other
- ( ) 2117 - Metric Data Accuracies
- ( ) 2120 - Metric Data Parameter Recordings
- ( ) 2130 - Metric Data Network Coverage
- ( ) 2160 - Metric Data Coverage

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PSP/OD PREPARATION INSTRUCTIONS

FORMAT 1040 - INDEX OF UDS SECTIONS USED (CONT'D)

NOTE : This format is used to present the PSP/OD index of Sections used in the document. This list should be used as a checklist to insure all pertinent support information or responses are documented. Only those UDS SECTIONS which are applicable need be used. The list is preprinted for reference, but when an "X" is entered opposite the SECTION used, this format then serves as an outline of contents for the document. When responding to PRD/OR Sections not listed on this Format, use the UDS GEN S Format for the response or information and add the Section number and its title at the end of this Format.

Enter an "X" opposite those UDS Sections numbers used in the document.

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CLASSIFICATION:

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PROGRAM TITLE:

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DATE:

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1040 - INDEX OF UDS SECTIONS USED (CONT'D)

- ( ) 2170 - Metric Data - Engineering Sequential
- ( ) 2200 - Telemetry Data
- ( ) 2210 - Telemetry Recording Interval
- ( ) 2220 - Telemetry Analog Strip Chart Recording Format
- ( ) 2230 - Telemetry Event Recording Format
- ( ) 2240 - Telemetry Decommuation Processing Specifications
- ( ) 2260 - Telemetry Coverge
- ( ) 2300 - Command Control/Destruct
- ( ) 2310 - Command Control
- ( ) 2320 - Command Destruct
- ( ) 2330 - Command Up-Data Link
- ( ) 2340 - Command Up-Data Link Recordings
- ( ) 2360 - Command Up-Data Link Stations Coverage
- ( ) 2400 - Air/Ground Voice Communications
- ( ) 2410 - Air/Ground Voice Communications Recordings
- ( ) 2460 - Air/Ground Voice Communications Coverage
- ( ) 2500 - Composite Systems
- ( ) 2510 - Composite Systems - Detail
- ( ) 2520 - Composite Systems - Parameter Recordings
- ( ) 2530 - Composite Systems - Event Recording Format
- ( ) 2540 - Composite Systems - Analog Strip Chart Recording Format
- ( ) 2560 - Composite Systems Coverage
- ( ) 2600 - Other System
- ( ) 2601 - Other Systems - Directed Energy
- ( ) 2605 - Other Systems - Support Instrumentation
- ( ) 2606 - Other Systems - Environmental
- ( ) 2610 - Other Systems - Data
- ( ) 2660 - Other Systems Coverage
- ( ) 2700 - Ground Communications
- ( ) 2710 - Ground Communications Detail
- ( ) 2720 - Ground Communications Network Drawings
- ( ) 2730 - Ground Communications Network Transmission - Voice
- ( ) 2731 - Ground Communications Network Transmission - Secure Voice
- ( ) 2733 - Ground Communications Network Transmission - Teletype
- ( ) 2735 - Ground Communications Network Transmission - Secure Data
- ( ) 2736 - Ground Communications Network Transmission - Television/Data
- ( ) 2737 - Ground Communications Network Transmission - Facsimile
- ( ) 2740 - Ground Communications - Intercommunications Systems
- ( ) 2760 - Ground Communications Terminations - Voice
- ( ) 2761 - Ground Communications Terminations - Secure Voice
- ( ) 2762 - Ground Communications Terminations - Point-to-Point
- ( ) 2763 - Ground Communications Terminations - Teletype
- ( ) 2765 - Ground Communications Terminations - Secure Data
- ( ) 2766 - Ground Communications Terminations - Television/Data
- ( ) 2768 - Ground Communications Terminations - Voice Radio
- ( ) 2769 - Ground Communications Terminations - Miscellaneous
- ( ) 2770 - Ground Communications Recordings
- ( ) 2780 - Ground Communications - Telephone
- ( ) 2800 - Other Communications
- ( ) 2805 - Other Communications - Television
- ( ) 2810 - Other Communications - Timing

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FORMAT 1040 - INDEX OF UDS SECTIONS USED (CONT'D)

NOTE : This format is used to present the PSP/OD index of Sections used in the document. This list should be used as a checklist to insure all pertinent support information or responses are documented. Only those UDS SECTIONS which are applicable need be used. The list is preprinted for reference, but when an "X" is entered opposite the SECTION used, this format then serves as an outline of contents for the document. When responding to PRD/OR Sections not listed on this Format, use the UDS GEN S Format for the response or information and add the Section number and its title at the end of this Format.

Enter an "X" opposite those UDS Sections numbers used in the document.

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PROGRAM TITLE:

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1040 - INDEX OF UDS SECTIONS USED (CONT'D)

- ( ) 2820 - Other Communications - Sequencer
- ( ) 2830 - Other Communications - Visual Countdown and Status Indicators
- ( ) 3000 - Realtime Data Display/Control
- ( ) 3010 - Realtime Flight Control/Support Centers
- ( ) 3020 - Realtime Flight Control Data Acquisition
- ( ) 3030 - Realtime Displays and Consoles
- ( ) 3031 - Realtime Displays
- ( ) 3032 - Realtime Console Command Panels
- ( ) 3033 - Realtime Console Analog Recorders
- ( ) 3034 - Realtime Console Drawings
- ( ) 3035 - Realtime Console Module Description
- ( ) 3036 - Realtime - Summary of Console Locations
- ( ) 3037 - Realtime - Summary of Console Module Locations
- ( ) 3038 - Realtime Data Displays and Consoles - Functional Block Diagram
- ( ) 3039 - Realtime - Other Group Displays and Controls
- ( ) 3040 - Realtime Data Formats
- ( ) 3041 - Realtime Tracking Data Format Control
- ( ) 3042 - Realtime Telemetry Data Format Control
- ( ) 3043 - Realtime Telemetry Data Formats
- ( ) 3044 - Realtime Command Data Format Control
- ( ) 3045 - Realtime Remote Site Data Processing
- ( ) 3050 - Realtime Data Testing
- ( ) 3060 - Realtime Data Interfaces
- ( ) 3061 - Realtime Data Interface Criteria
- ( ) 3062 - Realtime Data Interface Criteria Drawings
- ( ) 3070 - Realtime Data Computer
- ( ) 3080 - Realtime Data Distribution
- ( ) 3100 - Photographic
- ( ) 3110 - Photographic - Documentary
- ( ) 3120 - Photographic - Engineering
- ( ) 3200 - Meteorological
- ( ) 3210 - Meteorological - Minima
- ( ) 3220 - Meteorological - Forecasts
- ( ) 3230 - Meteorological - Observations
- ( ) 3240 - Meteorological - Instrumentation Location Diagram
- ( ) 3250 - Meteorological - Space Environment
- ( ) 3260 - Meteorological - Consultant Services
- ( ) 3300 - Recovery
- ( ) 3310 - Recovery - Ships and Aircraft Coverage
- ( ) 3320 - Recovery - Items to be Recovered
- ( ) 3330 - Recovery - Salvage and Disposition
- ( ) 3340 - Recovery - Planned Areas
- ( ) 3350 - Recovery - Contingency Areas
- ( ) 3360 - Recovery - Abort Areas
- ( ) 3400 - Other Technical Support
- ( ) 3410 - Other Technical Support - Aircraft
- ( ) 3411 - Other Technical Support - Seacraft
- ( ) 3420 - Other Technical Support - Targets
- ( ) 3430 - Summary of Frequency Protection

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FORMAT 1040 - INDEX OF UDS SECTIONS USED (CONT'D)

NOTE : This format is used to present the PSP/OD index of Sections used in the document. This list should be used as a checklist to insure all pertinent support information or responses are documented. Only those UDS SECTIONS which are applicable need be used. The list is preprinted for reference, but when an "X" is entered opposite the SECTION used, this format then serves as an outline of contents for the document. When responding to PRD/OR Sections not listed on this Format, use the UDS GEN S Format for the response or information and add the Section number and its title at the end of this Format.

Enter an "X" opposite those UDS Sections numbers used in the document.

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CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

- =====
- 1040 - INDEX OF UDS SECTIONS USED (CONT'D)
- ( ) 3431 - Emitting Systems Protection
  - ( ) 3440 - Geodetic and Gravitational Data
  - ( ) 3450 - Other Technical Support - Training
  - ( ) 3500 - Medical
  - ( ) 3505 - Medical - Bio-Science
  - ( ) 3510 - Medical - Personnel - Active
  - ( ) 3520 - Medical - Personnel - Standby
  - ( ) 3530 - Medical - Facility/Equipment
  - ( ) 3600 - Public Affairs Services
  - ( ) 3610 - Public Affairs Services - Personnel Assignments
  - ( ) 3620 - Public Affairs Services - News Media Personnel Positions
  - ( ) 4000 - Data Coordinate Systems Description
  - ( ) 4100 - Data Computer Processing Specifications
  - ( ) 4110 - Data Computer Processing Specifications - Detail
  - ( ) 4160 - Data Processing - Other
  - ( ) 4200 - Data Disposition
  - ( ) 4201 - Data Disposition - Data Availability
  - ( ) 4205 - Data Disposition - Reports
  - ( ) 4210 - Data Disposition - Detail - Metric Tracking
  - ( ) 4211 - Data Disposition - Detail - Telemetry
  - ( ) 4214 - Data Disposition - Environmental
  - ( ) 4215 - Data Disposition - Detail - Voice/TV Recording
  - ( ) 4216 - Data Disposition - Detail - Photographic
  - ( ) 4217 - Data Disposition - Detail - Meteorological
  - ( ) 4218 - Data Disposition - Detail - Computer Processing
  - ( ) 4219 - Data Disposition - Detail - Miscellaneous
  - ( ) 5000 - Base Facilities/Logistics
  - ( ) 5100 - Personnel Assignment Schedules
  - ( ) 5110 - Personnel Assignment Schedules - Detail
  - ( ) 5120 - Personnel Assignment Schedules - Housing
  - ( ) 5200 - Transportation
  - ( ) 5210 - Transportation - Surface Logistics Schedule
  - ( ) 5220 - Transportation - Air Logistics Schedule
  - ( ) 5300 - Services
  - ( ) 5301 - Services - Administrative, Personnel, and Office
  - ( ) 5302 - Services - Fire and Rescue
  - ( ) 5303 - Services - Security and Safety
  - ( ) 5304 - Services - Community, Education and Food Service
  - ( ) 5305 - Services - Utilities (Electrical, Water, and Sanitation)
  - ( ) 5306 - Services - Procurement, Shipping, Receiving, and Stock Control
  - ( ) 5307 - Services - Handling, Storage, and Disposal
  - ( ) 5308 - Services - Air Conditioning and Environmental Observations
  - ( ) 5309 - Services - Physical and/or Life Science Experiments
  - ( ) 5310 - Services - Propellants, Gases, and Chemicals
  - ( ) 5320 - Services - Fuels and Lubricants
  - ( ) 5330 - Services - Miscellaneous Lubricants, Hydraulic Fluids, Preservatives Etc.
  - ( ) 5340 - Services - Vehicles and Land Transportation
  - ( ) 5341 - Services - Ground Handling Equipment
  - ( ) 5350 - Services - Requesting Agency Aircraft
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FORMAT 1040 - INDEX OF UDS SECTIONS USED (CONT'D)

NOTE : This format is used to present the PSP/OD index of Sections used in the document. This list should be used as a checklist to insure all pertinent support information or responses are documented. Only those UDS SECTIONS which are applicable need be used. The list is preprinted for reference, but when an "X" is entered opposite the SECTION used, this format then serves as an outline of contents for the document. When responding to PRD/OR Sections not listed on this Format, use the UDS GEN S Format for the response or information and add the Section number and its title at the end of this Format.

Enter an "X" opposite those UDS Sections numbers used in the document.

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CLASSIFICATION:                   \* \* \*

PROGRAM TITLE:  
DOC TYPE/NO.:

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DATE:

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1040 - INDEX OF UDS SECTIONS USED (CONT'D)

- ( ) 5351 - Services - Air Operations
- ( ) 5360 - Services - Seacraft
- ( ) 5361 - Services - Marine Operations
- ( ) 5370 - Services - Chemical Cleaning
- ( ) 5380 - Services - Purchase of Equipment and Supplies
- ( ) 5400 - Laboratory
- ( ) 5405 - Laboratory - Technical Shops and Labs
- ( ) 5410 - Laboratory - Chemical and Physical Analysis
- ( ) 5420 - Laboratory - Special Environment
- ( ) 5500 - Maintenance
- ( ) 5510 - Maintenance - Buildings and Grounds
- ( ) 5600 - Facilities
- ( ) 5610 - Facilities - Drawings
- ( ) 5620 - Facilities - Launcher and Platform Characteristics
- ( ) 6000 - Other Support
- ( ) 6010 - Other Support - Test Instrument Maintenance and Calibration

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UDS 1040 S  
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PSP/OD PREPARATION INSTRUCTIONS

FORMAT 1050 - PROGRAM/MISSION SECURITY INFORMATION

NOTE: This format is used to list the security classification of classified data/information pertaining to the program, mission, or test.

ITEM NO.:  
Follow preparation instructions for Format 1000.

SECURITY GUIDES AND DOCUMENTS:  
List the various security guides and documents used to establish the classification and to control the documentation of the information elements listed in the Program/Mission Elements entry.

CONFIRMATION - PROGRAM SECURITY ADVISOR:  
Enter the name and rank or title of the security advisor. The security advisor will, by signature in this entry, certify the correctness of the security classification entered for each item listed in the Program/Mission Elements entry.

PROGRAM/MISSION ELEMENTS:  
Identify program/mission information elements for which security classification is required.

SECURITY CLASSIFICATION:  
Enter the security classification of the program/mission elements identified in the Program/Mission Elements entry. Designators used will be in accordance with instructions in the Program/Mission Elements entry.

The following security classification symbols will be used throughout the document.

TS	TOP SECRET
S	SECRET
C	CONFIDENTIAL
U	UNCLASSIFIED

Special Warning Designators

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RD	RESTRICTED DATA
FRD	FORMERLY RESTRICTED DATA
CNWDI	CRITICAL NUCLEAR WEAPON DESIGN INFORMATION

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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1050 - PROGRAM/MISSION SECURITY INFORMATION

SECURITY GUIDES AND DOCUMENTS:

CONFIRMATION - PROGRAM SECURITY ADVISOR:

SIGNATURE: \_\_\_\_\_

NAME/TITLE:

PROGRAM/MISSION ELEMENTS:  
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SECURITY CLASSIFICATION:  
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UDS 1050 S  
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## PSP/OD PREPARATION INSTRUCTIONS

### FORMAT 1052 - SYSTEM SECURITY CLASSIFICATION

**NOTE:** This format is used by the Project Office and not by the contractor(s). It will serve as a security guide for the program for those that handle data, drawings and equipment.

**ITEM:** This column includes a wide variety of items that may have a unique security classification. Space is provided to add any other items not listed.

**CLASSIFICATION:** Enter the appropriate classification (e.g., TS, S, C, U) and any special warning designators (e.g., RD, FRD, CNWDI).

For example, a particular reentry vehicle is classified SECRET-RESTRICTED DATA. Enter S-RD. Had the reentry vehicle in this example been classified TOP SECRET-RESTRICTED DATA, the entry would have been TS-RD.

Items of a program which require "Encrypt for Transmission Only," to protect UNCLASSIFIED INFORMATION transmitted via electrical messages, will be indicated by placing the notation EFTO in this column.

**DECLASSIFICATION INSTRUCTIONS:** Enter the appropriate downgrading declassification instructions (e.g., Declassify 1998 - D98; Review 2004 - R04).

CLASSIFICATION:

\* \* \*

\* \* \*

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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1052 - SYSTEM SECURITY CLASSIFICATION

ITEM	CLASSIFICATION	DECLASSIFICATION INSTRUCTIONS
A. OVER-ALL PROGRAM:		
B. PRIME CONTRACTOR:		
C. LISTS OF CONTRACTORS, ASSOCIATE CONTRACTORS AND/OR SUB-CONTRACTORS ON TEST PROGRAM:		
D. PRODUCTION, PROCUREMENT & SUPPLY INFORMATION:		
E. TITLE OF R&D PROGRAM:		
F. TEST VEHICLE OR MISSILE NAME:		
G. TYPE DESIGNATION:		
H. EXTERNAL CONFIGURATION (1) VIEWED FROM OUTSIDE LAUNCH COMPLEX: (2) VIEWED FROM INSIDE LAUNCH COMPLEX:		
I. PHYSICAL CHARACTERISTICS:		
J. SPEED, ALTITUDE, RANGE:		
K. COUNTERMEASURE INFORMATION:		
L. TEST INITIATION DATE:		
M. TEST COMPLETION DATE:		
N. STATUS AND PROGRESS REPORT:		
O. TEST AND PERFORMANCE INFO:		
P. PROPULSION SYSTEM (1) TYPE: (2) DESCRIPTION:		
Q. GUIDANCE SYSTEM (1) TYPE: (2) DESCRIPTION:		
R. CONTROL SYSTEM (1) TYPE: (2) DESCRIPTION:		
S. WARHEAD (1) TYPE: (2) DESCRIPTION:		
T. NOSE CONE (1) TYPE: (2) DESCRIPTION:		
U. CAPSULE (1) TYPE: (2) DESCRIPTION:		

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PAGE -

CLASSIFICATION:

\* \* \*

\* \* \*

UDS 1052 S  
JAN90



## PSP/OD PREPARATION INSTRUCTIONS

### FORMAT 1052 - SYSTEM SECURITY CLASSIFICATION (CONT'D)

#### ITEM:

This column includes a wide variety of items that may have a unique security classification. Space is provided to add any other items not listed.

#### CLASSIFICATION:

Enter the appropriate classification (e.g., TS, S, C, U) and any special warning designators (e.g., RD, FRD, CNWDI).

For example, a particular reentry vehicle is classified SECRET-RESTRICTED DATA. Enter S-RD. Had the reentry vehicle in this example been classified TOP SECRET-RESTRICTED DATA, the entry would have been TS-RD.

Items of a program which require "Encrypt for Transmission Only," to protect UNCLASSIFIED INFORMATION transmitted via electrical messages, will be indicated by placing the notation EFTO in this column.

#### DECLASSIFICATION INSTRUCTIONS:

Enter the appropriate downgrading declassification instructions (e.g., Declassify 1998 - D98; Review 2004 - R04).

#### SECURITY CLASSIFICATION GUIDES:

List the various security classification guides and other source documents which are used to promulgate classification authority.

#### CONFIRMATION - PROGRAM SECURITY ADVISOR:

Identify the security advisor and office confirming the above information.

CLASSIFICATION:

\* \* \*

\* \* \*

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

=====
1052 - SYSTEM SECURITY CLASSIFICATION (CONT'D)

Table with 3 columns: ITEM, CLASSIFICATION, and DECLASSIFICATION INSTRUCTIONS. Rows include V. TARGETS, W. OTHER, X. DRAWINGS, SKETCHES, PHOTOGRAPHS EXTERNAL OR INTERNAL VIEWS AND DESIGN INFORMATION, Y. OPERATION READINESS DATE, Z. COMBAT READINESS DATE, AA. INSTRUMENTATION, BB. TRAINING EQUIPMENT, CC. GROUND SUPPORT EQUIPMENT, DD. RAW DATA, EE. REDUCED DATA, and FF. TECHNICAL PUBLICATIONS.

SECURITY CLASSIFICATION GUIDES:

CONFIRMATION - PROGRAM SECURITY ADVISOR

NAME:
TITLE:
AGENCY:
DATE:

=====
PAGE -

CLASSIFICATION:

\* \* \*

\* \* \*

UDS 1052 S
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 1054 - SYSTEM SECURITY CLASSIFICATION MATRIX

**NOTE:** This format is used to indicate the classification of various combinations of information and commonly used identifiers both before and after a mission or test. This format will only be used when combining bits of information change the level of security classification of the combination to a level higher than that of the highest bit in the combination.

**EVENT:** The vertical columns 1-16 have the same event descriptions as shown in the horizontal rows 1-16. Enter the appropriate security classification for the combination of information indicated by the matrix. Add additional events as required.

If the security classification for certain combinations of information changes with the occurrence of the event, enter the appropriate classification before the event in the upper left and after the event in the lower right of the matrix.

If the classification changes after an event, but only after a certain time period, note by a footnote symbol and explain in REMARKS. For example, S/U(1), (1) UNCLASSIFIED 30-days after launch, CONFIDENTIAL during interim period.

**REMARKS:**  
Enter as appropriate.

CLASSIFICATION:

\* \* \*

\* \* \*

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

=====
1054 - SYSTEM SECURITY CLASSIFICATION MATRIX

EVENT

EVENT

- 1. PROGRAM NUMBER, NAME OR ACRONYM
2. RANGE TEST PROGRAM NUMBER
3. RANGE OPERATION NUMBER
4. LAUNCH NUMBER
5. LAUNCH FACILITY
6. PAYLOAD IMPACT/RECOVERY AREA
7. PAYLOAD RECOVERY REQUIRED
8. TOTAL NUMBER OF LAUNCHES

- 9. NUMBER OF REMAINING LAUNCHES
10. PAYLOAD SERIAL NUMBER
11. BOOSTER SERIAL NUMBER
12. BOOSTER TYPE
13.
14.
15.
16.

MATRIX:

Table with 16 columns (16:15:14:13:12:11:10: 9: 8: 7: 6: 5: 4: 3: 2: 1:) and 16 rows (1: 2: 3: 4: 5: 6: 7: 8: 9: 10: 11: 12: 13: 14: 15: 16:). The table is mostly empty with some vertical lines indicating column boundaries.

REMARKS:

CLASSIFICATION:

\* \* \*

\* \* \*

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 1056 - SECURITY AUTHORIZATION

**NOTE:** This format is used to list those non-Government agencies who are entitled to receive classified Support Agency material, the clearance possessed by that agency, the agency that granted the clearance, and the degree of safeguarding ability that the non-Government agency has.

**ITEM NO.:**  
Follow preparation instructions for Format 1000.

**FACILITY:**  
Enter the name of the non-Government agency facility to whom the classified material is to be forwarded.

**ADDRESS:**  
Enter the address of the agency involved.

**FACILITY CLEARANCES:**  
Enter the facility clearance of the non-Government agency concerned.

**GRANTING AGENCY:**  
Enter the name of the Government agency granting the facility clearance, and the date the clearance was granted or last renewed.

**SAFEGUARDING ABILITY:**  
Enter the degree of capability the agency has for storing and safeguarding classified material.

CLASSIFICATION:

\* \* \*

\* \* \*

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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1056 - SECURITY AUTHORIZATION

ITEM NO.:

FACILITY:

ADDRESS:

FACILITY CLEARANCE:

GRANTING AGENCY:

SAFEGUARDING ABILITY:

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PAGE -

CLASSIFICATION:

\* \* \*

\* \* \*

UDS 1056 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 1060 - PREFACE

NOTE: This format is used to present information concerning the organization of the document, criteria followed, or deviations that are required to augment and clarify the method used to present the support response. Do not include information that is presented in Sections 1061, 1062, 1063, 1064, and 1065 which follow this format; however, on small programs, all information on the additional referenced Sections may be included on the single Preface, Format 1060.

INFORMATION:

Enter any information concerning the organization of the document, criteria followed, or deviations established in the UDS Handbook that are required to augment and clarify the method used to present the support to be provided.

CLASSIFICATION:

\* \* \*

\* \* \*

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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1060 - PREFACE

INFORMATION:

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PAGE -

CLASSIFICATION:

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UDS 1060 S  
JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 1061 - SPECIAL ABBREVIATIONS AND NOMENCLATURE

NOTE: This format is used to define any word or abbreviation which, due to limited use or technical affiliation, may not be readily understood.

WORD/ABBREVIATION:

List the words, abbreviations or acronyms used in the document.

DEFINITION:

Give the full definition or meaning as it applies to the subject for which the abbreviation or word is used.

CLASSIFICATION:

\* \* \*

\* \* \*

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

-----  
1061 - SPECIAL ABBREVIATIONS AND NOMENCLATURE

WORD/ABBREVIATION

DEFINITION  
-----

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PAGE -

CLASSIFICATION:

\* \* \*

\* \* \*

UDS 1061 S  
JAN90

## PSP/OD PREPARATION INSTRUCTIONS

### FORMAT 1062 - TEST CODE DEFINITION

**NOTE:** This format is used to define the test codes that will be used throughout the document. These test codes will identify the various test activities during the course of the program. These test codes will be used as a method of correlating support requirements to the test activity involved such that any support requirement referenced to a test code indicates that this support will be required during the particular test program activity.

**ITEM NO.:**  
Follow preparation instructions for Format 1000.

**TEST CODE:**  
The test codes used in the PSP/OD document for a given response will be the same as the test codes used in the PRD/OR for the corresponding requirement except when information items generated by the Support Agency are included in the PSP/OD.

**TEST CODE DESCRIPTION:**  
Enter the short title from the PRD/OR identifying the test series or phase of the program to be supported. Define any other test code definitions developed by the Support Agency in support of the program.

CLASSIFICATION:

\* \* \*

\* \* \*

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

=====

1062 - TEST CODE DEFINITION

ITEM NO.:

TEST CODE

TEST CODE DESCRIPTION

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PAGE -

CLASSIFICATION:

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\* \* \*

UDS 1062 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 1063 - SPECIAL CODE DEFINITION

NOTE: This format is used to define any special codes that will be used throughout the document; example, item number supplemental definition, requester, supplier, etc.

ITEM NO.:  
Follow preparation instructions for Format 1000.

ITEM NUMBER/SPECIAL CODE DEFINITION:  
Enter an explanation of the basic elements, the method of constructing the code, and any code number-letter designators that are used in the document. (See UDS Handbook, Volume 1, Appendix B.)

Additional item numbers used for identifying and locating a Support Agency generated information item will consists of three elements:

- (a) The UDS Section number where the item will be found (e.g., 3000).
- (b) The Support Agency designator (e.g., N represents PMTC).
- (c) The ascending sequential number (e.g., 01) in order of Support Agency submission for that UDS Section (e.g., 3000N01).

CLASSIFICATION:

\* \* \*

\* \* \*

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

=====

1063 - SPECIAL CODE DEFINITION

ITEM NO.:

ITEM NUMBER/SPECIAL CODE DEFINITION:

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PAGE -

CLASSIFICATION:

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UDS 1063 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 1064 - KEY TECHNICAL PERSONNEL

**NOTE:** This format is used to list the cognizant technical personnel who may be contacted regarding matters connected with the program or concerning information contained in the document.

**ITEM NO.:**  
Follow preparation instructions for Format 1000.

**NAME/TITLE:**  
Enter last name, first name and middle initial. Provide military rank and branch of service if applicable. Enter the person's title if applicable.

**ORGANIZATION/ADDRESS:**  
Enter the organization and address of the person listed. Include complete ZIP Code.

**TELEPHONE:**  
Enter the complete telephone number including area code and extension, (include Autovon and FTS, if applicable), at the location specified for the organization/address entry.

CLASSIFICATION:

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\* \* \*

PROGRAM TITLE:  
DOC TYPE/NO.:

REVISION:

DATE:

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1064 - KEY TECHNICAL PERSONNEL

ITEM NO.:

NAME/TITLE

ORGANIZATION/ADDRESS

TELEPHONE

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PAGE -

CLASSIFICATION:

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UDS 1064 S  
JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 1065 - TECHNICAL REFERENCES

**NOTE:** This format is used to list sources of supplemental information concerning the program or to provide additional background for specific requirements listed in individual UDS Sections and their corresponding pages of the document. References cannot be used for the purpose of answering requirements, but they may be used to explain details that are too lengthy or complicated to be incorporated into the document.

**UDS SECTION:**

Indicate the UDS Section(s) where the technical reference is used.

**ITEM NO./PAGE:**

List the item and page number of the requirement to which the reference pertains, if applicable.

**TITLE:**

Enter the title of the reference.

**PUBLISHER/SOURCE:**

Enter publisher and date of each referenced document and the organization and its complete address from which copies of the reference may be obtained.

**CLASS:**

Enter the security classification of each reference.

CLASSIFICATION:

\* \* \*

\* \* \*

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

=====

1065 - TECHNICAL REFERENCES

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UDS SECTION	ITEM NO./PAGE	TITLE	PUBLISHER/SOURCE	CLASS
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PAGE -

CLASSIFICATION:

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UDS 1065 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 1100 - PROGRAM/MISSION INFORMATION - PROGRAM DESCRIPTION

NOTE: This format is used to provide a general description of the entire program and is to be used for information purposes only.

ITEM NO.:  
Follow preparation instructions for Format 1000.

INFORMATION:  
Give a general description of the overall program. The information placed on this format should be a summary of that contained in the relevant PRD/OR Program Description UDS Section.

CLASSIFICATION:

\* \* \*

\* \* \*

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

=====

1100 - PROGRAM/MISSION INFORMATION - PROGRAM DESCRIPTION

ITEM NO.:

INFORMATION:

=====

PAGE -

CLASSIFICATION:

\* \* \*

\* \* \*

UDS 1100 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 1110 - EXPERIMENTS DESCRIPTION

NOTE: This format is used to provide a general description of the various experiments assigned to the program.

ITEM NO.:  
Follow preparation instructions for Format 1000.

INFORMATION:  
Use a brief description of each experiment or category of experiments that was used in the PRD/OR. Identify the agency to which a particular experiment is assigned for support. Include the type data resulting from each experiment, e.g., tape, film, material samples, telemetry, flight log, voice recordings, etc.

CLASSIFICATION:

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\* \* \*

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

=====

1110 - EXPERIMENTS DESCRIPTION

ITEM NO.:

INFORMATION:

=====

PAGE -

CLASSIFICATION:

\* \* \*

\* \* \*

UDS 1110 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 1140 - TEST PROGRAM OPERATIONS SCHEDULE

NOTE: This format is used to describe the schedule of the test series events or activities presented in the PRD/OR that will require support during the course of the test program or mission. The scheduling (forecast) information will be used by the Support Agency to coordinate these activities with other test program activities at the Support Agency location.

ITEM NO.:  
Follow preparation instructions for Format 1000.

TEST SERIES:  
Enter the title of principal test series or operations to be conducted.

RANGE HRS/TEST:  
Enter the number of support hours required for each of the test events listed in TEST SERIES entry.

NUMBER OF TESTS/QUARTER:  
Enter the last two digits of the applicable Calendar (CY) in the heading. For each entry in TEST SERIES enter the planned number of tests per quarter to be supported for the complete test program.

CLASSIFICATION:

\* \* \*

\* \* \*

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

=====
1140 - TEST PROGRAM OPERATIONS SCHEDULE

ITEM NO.:

TEST SERIES

- 1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

RANGE HRS/TEST

- 1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

NUMBER OF TESTS/QUARTER

Table with 4 columns of FY CY (1-4) and 10 rows of TEST SERIES (1-10). All cells contain dashes.

CLASSIFICATION:

\* \* \*

\* \* \*

UDS 1140 S
JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 1405 - FREQUENCY UTILIZATION SUMMARY

**NOTE:** This format is used to present a consolidated list of all frequencies which support requirements in the PRD/OR document. This list serves as a summary and is not to be considered as approval for frequency authorization.

**ITEM NO.:**  
Follow preparation instructions for Format 1000.

**REQUESTER:**  
Follow preparation instructions for Format 1000.

**TEST CODE:**  
Follow preparation instructions for Format 1000.

**LOCATION:**  
Follow preparation instructions for Format 1000.

**FREQUENCY:**  
List the transmitted and/or received frequency and state units in megahertz, kilohertz, etc.

**EMISSION CHARACTERISTICS:**  
List the type of emission (AM, FM, CW, Pulse, etc.), bandwidth in kilohertz, and power output (average and/or peak) as the case may be. Use current World Administrative Radio Conference (WARC) bandwidth and emission designators, as required.

**PURPOSE:**  
State the purpose for which the frequency is required; air/ground voice, air/ground telemetry, point-to-point voice, telemetry receivers, etc.

**GUARD BAND:**  
State the desired guard band.

**TIME:**  
Enter the estimated agency time in hours per test that the frequency will be used.

**LOCATION:**  
List location of the RF transmitter/receiver whose frequencies are listed in FREQUENCY entry.

**REMARKS:**  
Enter any remarks that will further explain any of the above entries.

CLASSIFICATION:

\* \* \*

\* \* \*

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

=====

1405 - FREQUENCY UTILIZATION SUMMARY

ITEM NO.:

REQUESTER:

TEST CODE:

LOCATION:

FREQUENCY

TRANSMITTED:

RECEIVED:

EMISSION CHARACTERISTICS:

PURPOSE:

GUARD BAND:

TIME:

LOCATION:

REMARKS:

=====

PAGE -

CLASSIFICATION:

\* \* \*

\* \* \*

UDS 1405 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 1800 - OPERATIONAL HAZARDS

NOTE: This format is used by the Support Agency to describe the plan for monitoring the hazards that can be expected during the period a test is in operation.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

INFORMATION:  
Describe the support that will be provided for the hazards identified. Include in the plan methods for diffusion control of toxic vapors, monitoring nuclear radiation control, etc. Also include in the plan any recordings that are to be made.

CLASSIFICATION:

\* \* \*

\* \* \*

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

=====

1800 - OPERATIONAL HAZARDS

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

INFORMATION:

=====

PAGE -

CLASSIFICATION:

\* \* \*

\* \* \*

UDS 1800 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2000 - TEST OPERATIONAL CONCEPTS/SUMMARIES

NOTE: This format is used to present a narrative summary of support commitments stated in the UDS Sections 2000 through 3999 of the document. The detailed response to instrumentation requirements will be entered in the appropriate instrumentation portion of the document.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

INFORMATION:  
Enter a narrative summary of the instrumentation systems support which are presented in UDS Sections 2100 through 3999.

CLASSIFICATION:

\* \* \*

\* \* \*

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

=====

2000 - TEST OPERATIONAL CONCEPTS/SUMMARIES

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

INFORMATION:

=====

PAGE -

CLASSIFICATION:

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\* \* \*

UDS 2000 S  
JAN90

## PSP/OD PREPARATION INSTRUCTIONS

### FORMAT 2010 - GROUND SUPPORT INSTRUMENTATION SUMMARY

**NOTE:** This format is used to provide a brief information management summary of instrumentation systems. The detailed instrumentation support will be found in the appropriate instrumentation sections.

**ITEM NO.:**  
Follow the preparation instructions for Format 1000.

**REQUESTER:**  
Follow the preparation instructions for Format 1000.

**SUPPLIER:**  
Follow the preparation instructions for Format 1000.

**TEST CODE:**  
Follow the preparation instructions for Format 1000.

**LOCATION:**  
Follow the preparation instructions for Format 1000.

**MATRIX:** Show the relationship between the stations and equipment by entering an appropriate code in the proper matrix location and explain in the remarks. (Example: X - Receive and Record; C - High Speed Data, etc.).

**STATION NAME AND IDENTIFICATION:** Enter the station name and identification in a vertical position in the space provided. Remarks may be required to clarify the entries.

**TYPE EQUIPMENT:** Enter the type of equipment, grouped according to function (tracking, telemetry, etc.). Enter under each function the type of equipment required to perform the function (C-band, radar, S-band telemetry, etc.)

**REMARKS:** Enter any remarks necessary to clarify entries made.

CLASSIFICATION:

\* \* \*

\* \* \*

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

=====
2010 - GROUND SUPPORT INSTRUMENTATION SUMMARY

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
LOCATION:

STATION NAME AND IDENTIFICATION

Table with 12 columns and multiple rows. Headers include 'TYPE EQUIPMENT' and 'STATION NAME AND IDENTIFICATION'. The table body contains a grid of dots representing data points.

REMARKS:

CLASSIFICATION:

\* \* \*

\* \* \*



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2020 - SUPPORT PLAN SUMMARY

**NOTE:** This format is used by the Support Agency to provide a narrative description of the overall support planned to meet the program requirements.

**ITEM NO.:**  
Follow preparation instructions for Format 1000.

**REQUESTER:**  
Follow preparation instructions for Format 1000.

**SUPPLIER:**  
Follow preparation instructions for Format 1000.

**TEST CODE:**  
Follow preparation instructions for Format 1000.

**LOCATION:**  
Follow preparation instructions for Format 1000.

**INSTRUMENTATION/REQUIREMENT CATEGORY:**  
On a program level, give a brief narrative description of the support plan by instrumentation/requirement category, e.g., Metric, Telemetry, Communications, etc.

**PLAN:**  
The support plan may be structured to include a brief description of the support corresponding to each UDS Section of the PRD/OR document.

CLASSIFICATION:

\* \* \*

\* \* \*

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

=====

2020 - SUPPORT PLAN SUMMARY

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

INSTRUMENTATION/

REQUIREMENT

CATEGORY

PLAN

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PAGE -

CLASSIFICATION:

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UDS 2020 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2030 - SUPPORT COMMITMENTS

NOTE: This format is used to indicate support commitments to the Requesting Agency's requirements for which support will be provided as requested in the PRD/OR, by Requirement Item Number.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

UDS SECTION NUMBER:  
Enter the PRD/OR UDS Section number corresponding to the commitment.

ITEM NUMBER:  
Enter the PRD/OR requirement item number corresponding to the commitment.

COMMITMENT:  
Enter, in narrative form, the commitment to support each requirement item number.

CLASSIFICATION:

\* \* \*

\* \* \*

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

=====

2030 - SUPPORT COMMITMENTS

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

UDS SECTION  
NUMBER

ITEM  
NUMBER

COMMITMENT

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PAGE -

CLASSIFICATION:

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UDS 2030 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2040 - FUNDING INFORMATION

NOTE: This format is used by the Support Agency(s) to provide funding information estimates for the support of the overall program. This format is also used to delineate the funding for additional equipment/facilities identified in the PRD and detailed in Sections 2050, 2051, and 2060 of the PSP.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
State the agency that will provide the funds. Indicate costs, time scale, and any other information that will support the funding information. Indicate the UDS Section/item number from the PRD/OR for which additional funds are required for equipment/facilities necessary to satisfy the requirement.

CLASSIFICATION:

\* \* \*

\* \* \*

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

=====

2040 - FUNDING INFORMATION

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE:

=====

PAGE -

CLASSIFICATION:

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UDS 2040 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2050 - IMPLEMENTATION SCHEDULE

NOTE: This format is used by the Support Agency to indicate the schedule for the installation, checkout, and operational turnover of additional equipment/facilities for the support of certain requirements delineated in the PRD/OR. This format is to be correlated with Sections 2040, 2051, and 2060.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

PRD/OR REFERENCE SECTION/ITEM NUMBER:  
Indicate reference to specific requirement in PRD/OR.

STATION DESIGNATION:  
List the station designation along with the station call letters and numbers where the equipment/facilities will be installed, i.e.,

Western Test Range (WIR)  
VIRS  
TPRS-1

DATES:  
Enter the Calendar Year (CY) and indicate the start and completion dates for satisfying the requirement item.

CLASSIFICATION:

\* \* \*

\* \* \*

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

=====

2050 - IMPLEMENTATION SCHEDULE

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

PRD/OR REFERENCE  
SECTION/ITEM NUMBER

STATION DESIGNATION

START

DATES

COMPLETION

=====

PAGE -

CLASSIFICATION:

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UDS 2050 S  
JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2051 - PERSONNEL ASSIGNMENT SCHEDULE

**NOTE:** This format is used by the Support Agency to indicate assignments of personnel in support of the additional equipment/facilities for certain requirements delineated in the PRD/OR. This format is to be correlated with Sections 2040, 2050, and 2060.

**ITEM NO.:**  
Follow preparation instructions for Format 1000.

**REQUESTER:**  
Follow preparation instructions for Format 1000.

**SUPPLIER:**  
Follow preparation instructions for Format 1000.

**TEST CODE:**  
Follow preparation instructions for Format 1000.

**LOCATION:**  
Follow preparation instructions for Format 1000.

**PRD/OR REFERENCE SECTION/ITEM NUMBER:**  
Indicate reference to specific requirement in PRD/OR.

**STATION DESIGNATION:**  
List the station designation along with the station call letters and numbers where the equipment/facilities will be installed and supported by the personnel listed in the PERSONNEL CATEGORY entry, i.e.,

Western Test Range (WIR)  
VTRS  
TPRS-1

**PERSONNEL CATEGORY:**  
Enter the categories of personnel required to support the referenced requirement item.

**DATES:**  
Enter the Calendar Year (CY) that the personnel are required. Insert in the appropriate entry, by quarters, the number of personnel required to support the requirement item at the designated location.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2051 - PERSONNEL ASSIGNMENT SCHEDULE

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

PRD/OR REFERENCE SECTION/ITEM NUMBER STATION DESIGNATION PERSONNEL CATEGORY
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DATES

CY
1 2 3 4
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CY
1 2 3 4
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CY
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CY
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CY
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CY
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CLASSIFICATION:

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UDS 2051 S
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2060 - SUPPORT REQUIREMENTS WHICH CANNOT BE MET

NOTE: This format is used by the Support Agency to itemize and explain any requirement items that cannot be supported as stated in the PRD/OR. This format is to be correlated with Sections 2040, 2050, and 2051. On requirement items that can be met in a manner other than that which is requested, the Support Agency is to submit a plan for the proper support of the requirement item(s), e.g., (1) Engineering Plan, Format 2070 and (2) Alternate Engineering Plan, Format 2071.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

UDS SECTION NUMBER:  
Enter the PRD/OR UDS Section Number where the requirement is identified.

ITEM NUMBER:  
Enter the PRD/OR requirement item number where the requirement is identified.

REVISION NUMBER:  
Enter the PRD/OR UDS document revision number where the requirement is identified.

RESPONSE:  
Explain why the requirement item cannot be met. Where appropriate, state best results, tolerances, etc., obtainable with existing equipment.

CLASSIFICATION: \* \* \*

PROGRAM TITLE:  
DOC TYPE/NO.: REVISION: DATE:

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2060 - SUPPORT REQUIREMENTS WHICH CANNOT BE MET

ITEM NO.:  
REQUESTER:  
SUPPLIER:  
TEST CODE:  
LOCATION:

UDS SECTION NUMBER	ITEM NUMBER	REVISION NUMBER	RESPONSE
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PAGE -

CLASSIFICATION: \* \* \*

UDS 2060 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2070 - ENGINEERING PLAN

NOTE: This format is used by the Support Agency to present a plan that will adequately support the requirement item "which cannot be met" by the use of additional equipment/facilities.

ITEM NO.:  
Follow preparation instructions for Section 1000.

REQUESTOR:  
Follow preparation instructions for Section 1000.

SUPPLIER:  
Follow preparation instructions for Section 1000.

TEST CODE:  
Follow preparation instructions for Section 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

REFERENCE PSP SECTION NUMBER:  
Enter the PSP Section number to which the engineering plan responds.

REFERENCE PSP ITEM NUMBER:  
Enter the PSP item number to which the engineering plan responds.

RESPONSE:  
Describe the support that can be provided to satisfy adequately the requirement item "which cannot be met". This plan should include the latest state-of-the-art equipment/facilities, etc., to meet or exceed the support necessary to satisfy the program requirement item.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2070 - ENGINEERING PLAN

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

REFERENCE  
PSP SECTION  
NUMBER

REFERENCE  
PSP ITEM  
NUMBER

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RESPONSE

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PAGE -

CLASSIFICATION:

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UDS 2070 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2071 - ENGINEERING PLAN - ALTERNATE

NOTE: This format is used by the Support Agency to present an alternate plan that will support the requirement item "which cannot be met" by the use of minimum additional equipment/facilities.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

REFERENCE PSP SECTION NUMBER:  
Enter the PSP Section number to which the engineering plan responds.

REFERENCE PSP ITEM NUMBER:  
Enter the PSP item number to which the engineering plan responds.

RESPONSE:  
Describe the support that can be provided to satisfy the requirement item "which cannot be met". This alternate plan will use readily available equipment, etc., and will support the program requirement item. The plan should reflect monetary and time savings in comparison to the sophisticated Engineering Plan in Section 2070.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2071 - ENGINEERING PLAN - ALTERNATE

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

REFERENCE  
PSP SECTION  
NUMBER

REFERENCE  
PSP ITEM  
NUMBER

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RESPONSE

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PAGE -

CLASSIFICATION:

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UDS 2071 S  
JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2080 - REQUESTER'S RESPONSIBILITIES

NOTE: This format is used by the Support Agency to identify specific requirement item support which requires action on part of the Requesting Agency(s) before a total support commitment can be made.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

PRD/OR SECTION NUMBER:  
Enter the PRD/OR section number requiring the action.

PRD/OR ITEM NUMBER:  
Enter the PRD/OR item number requiring the action.

RESPONSE:  
Provide a narrative discussion of the action required by the requesting agency.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2080 - REQUESTER'S RESPONSIBILITIES

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

PSP SECTION  
NUMBER

PSP ITEM  
NUMBER

RESPONSE

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PAGE -

CLASSIFICATION:

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UDS 2080 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2098 - FLIGHT SAFETY OPERATIONAL CONCEPTS

NOTE: This format is completed by the Support Agency when appropriate. The information presented does not respond to requirement items in the requirement document(s).

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

INFORMATION:  
Present a narrative description of the flight safety operational concepts of the Support Agency that pertain to the program or test.

CLASSIFICATION:

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PROGRAM TITLE:  
DOC TYPE/NO.:

REVISION:

DATE:

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2098 - FLIGHT SAFETY OPERATIONAL CONCEPTS

ITEM NO. :  
REQUESTER:  
SUPPLIER:  
TEST CODE:  
LOCATION:  
INFORMATION:

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PAGE -

CLASSIFICATION:

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UDS 2098 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2099 - RANGE DERIVED REQUIREMENTS

NOTE: This format is used by the Support Agency to present pertinent Range Derived Requirements. A Derived Requirement is any item of support required by one agency from another agency to meet the first agency's responsibility as levied by a Requesting Agency requirement item. It does not include direct support of a Requesting Agency requirement item.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

DERIVED REQUIREMENT:  
Enter the Derivative Requirement that is pertinent to the program or test.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2099 - RANGE DERIVED REQUIREMENTS

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

DERIVED REQUIREMENT:

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PAGE -

CLASSIFICATION:

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UDS 2099 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2100 - METRIC DATA

NOTE: This format is used by the Support Agency to provide a narrative description of the metric tracking data support to be provided.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:            INFORMATION:  
Indicate whether each item number documented is a response for support or is included for informational purposes only. Describe, in general, the support that will be provided to satisfy all the requirement items. Include in the plan a narrative description of the metric tracking support to be provided.

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2100 - METRIC DATA

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE( ) INFORMATION( ):

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PAGE -

CLASSIFICATION:

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UDS 2100 S  
JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2110 - METRIC DATA - LAUNCH

**NOTE:** This format is used by the Support Agency to identify the metric tracking data to be provided, data characteristics, and interval of data collection.

**ITEM NO.:**

Follow preparation instructions for Format 1000.

**REQUESTER:**

Follow preparation instructions for Format 1000.

**SUPPLIER:**

Follow preparation instructions for Format 1000.

**TEST CODE:**

Follow preparation instructions for Format 1000.

**LOCATION:**

Follow preparation instructions for Format 1000.

**SYSTEM:**

Enter the metric data system(s) which will be used to support the requirement item.

**MISSION INTERVAL (RANGE, ALTITUDE, TIME):**

Enter the range, altitude, time interval, or function during which coverage will be provided. Separate the interval into the smallest increments necessary to properly cover the various accuracies required, e.g., launch, 0-50 miles, 50-1500 miles, etc.

For orbital phase and beyond, indicate the vehicle position by appropriate coordinates.

Where appropriate for further clarity, include the geographic location of the site(s) supporting the requirement item.

**DATA POINTS/SECOND:**

Enter the minimum number of data points which should be read, tabulated, etc., during data reduction, e.g., 1, 2, 4, 10, 1/10 sec., etc.

**DATA PROVIDED:**

Enter the name of the data to be provided in the following order: position (X, Y, Z), velocity, acceleration, and attitude. If attitude (roll, pitch, yaw) data are similar, identify each requirement item separately. Repeat, in the order above, the data to be provided if different for each test code. Also identify any unique data parameters.

**DATA ACCURACY:**

Enter in this entry the best data accuracy that can be provided.

**REALTIME RELAY:**

State in which form the information is to be provided and to which point it is to be relayed.

**DATA SECURITY CLASSIFICATION:**

Enter the security classification of the data to be transmitted.

**REMARKS:**

Insert any remarks necessary to clarify the other entries and/or special

PROGRAM TITLE:  
DOC TYPE/NO.:

REVISION:

DATE:

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2110 - METRIC DATA - LAUNCH

ITEM NO.:  
REQUESTER:  
SUPPLIER:  
TEST CODE:  
LOCATION:

SYSTEM:

MISSION INTERVAL (RANGE, ALTITUDE, TIME):

DATA POINTS/SECOND:

DATA PROVIDED:

DATA ACCURACY

VALUE:

CLASS:

REALTIME RELAY:

DATA SECURITY CLASSIFICATION:

REMARKS:

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PAGE -

CLASSIFICATION:

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UDS 2110 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2111 - METRIC DATA - MIDCOURSE

**NOTE:** This format is used by the Support Agency to identify the metric tracking data to be provided, data characteristics, and interval of data collection.

**ITEM NO.:**  
Follow preparation instructions for Format 1000.

**REQUESTER:**  
Follow preparation instructions for Format 1000.

**SUPPLIER:**  
Follow preparation instructions for Format 1000.

**TEST CODE:**  
Follow preparation instructions for Format 1000.

**LOCATION:**  
Follow preparation instructions for Format 1000.

**SYSTEM:**  
Enter the metric data system(s) to be used to provide the data.

**MISSION INTERVAL (RANGE, ALTITUDE, TIME):**  
Enter the range, altitude, time interval, or function during which coverage will be provided. Separate the interval into the smallest increments necessary to properly cover the various accuracies required, e.g., Launch, 0-50 miles, 50-1500 miles, etc.

For orbital phase and beyond, indicate the vehicle position by appropriate coordinates.

Where appropriate, for further clarity, include the geographic location of the site(s).

**DATA POINTS/SECOND:**  
Enter the minimum number of data points which should be read, tabulated, etc., during data reduction, e.g., 1, 2, 4, 10, 1/10 sec., etc.

**DATA PROVIDED:**  
Enter the name of the data to be provided in the following order: position (X, Y, Z), velocity, acceleration, and attitude (roll, pitch, yaw) data and similar, identify each requirement item separately. Repeat, in the order above, the data to be provided if different for each test code. Also identify any unique data parameters.

**DATA ACCURACY:**  
Enter in this entry the best data accuracy that can be provided.

**REALTIME RELAY:**  
State in which form the information is to be provided and to which point it is to be relayed.

**DATA SECURITY CLASSIFICATION:**  
Enter the security classification of the data to be transmitted.

**REMARKS:**  
Insert any remarks necessary to clarify the other entries and/or special support. Identify the coordinate system(s) in which the data is provided.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2111 - METRIC DATA - MIDCOURSE

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

SYSTEM:

MISSION INTERVAL (RANGE, ALTITUDE, TIME):

DATA POINTS/SECOND:

DATA PROVIDED:

DATA ACCURACY

VALUE:

CLASS:

REALTIME RELAY:

DATA SECURITY CLASSIFICATION:

EMARKS:

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PAGE -

CLASSIFICATION:

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UDS 2111 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2112 - METRIC DATA - ORBITAL AND SPACE

**NOTE:** This format is used by the Support Agency to identify the metric tracking data to be provided, data characteristics, and interval of data collection.

**ITEM NO.:**  
Follow preparation instructions for Format 1000.

**REQUESTER:**  
Follow preparation instructions for Format 1000.

**SUPPLIER:**  
Follow preparation instructions for Format 1000.

**TEST CODE:**  
Follow preparation instructions for Format 1000.

**LOCATION:**  
Follow preparation instructions for Format 1000.

**SYSTEM:**  
Enter the metric data system(s) to be used to provide the data.

**MISSION INTERVAL (RANGE, ALTITUDE, TIME):**  
Enter the range, altitude, time interval, or function during which coverage will be provided. Separate the interval into the smallest increments necessary to properly cover the various accuracies required, e.g., Launch, 0-50 miles, 50-1500 miles, etc.

For orbital phase and beyond, indicate the vehicle position by appropriate coordinates.

Where appropriate, for further clarity, include the geographic location of the site(s).

**DATA POINTS/SECOND:**  
Enter the minimum number of data points which should be read, tabulated, etc., during data reduction, e.g., 1, 2, 4, 10, 1/10 sec., etc.

**DATA PROVIDED:**  
Enter the name of the data to be provided in the following order: position (X, Y, Z), velocity, acceleration, and attitude. If attitude (roll, pitch, yaw) data are similar, identify each requirement item separately. Repeat, in the order above, the data to be provided if different for each test code. Also identify any unique data parameters.

**DATA ACCURACY:**  
Enter in this entry the best data accuracy that can be provided.

**RELAIS RELAY:**  
State in which form the information is to be provided and to which point it is to be relayed.

**DATA SECURITY CLASSIFICATION:**  
Enter the security classification of the data to be transmitted.

**REMARKS:**  
Insert any remarks necessary to clarify the other entries and/or special support. Identify the coordinate system(s) in which the data is provided.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2112 - METRIC DATA - ORBITAL AND SPACE

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

SYSTEM:

MISSION INTERVAL (RANGE, ALTITUDE, TIME):

DATA POINTS/SECOND:

DATA PROVIDED:

DATA ACCURACY

VALUE:

CLASS:

REALTIME DELAY:

DATA SECURITY CLASSIFICATION:

REMARKS:

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PAGE -

CLASSIFICATION:

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UDS 2112 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2114 - METRIC DATA - TERMINAL

**NOTE:** This format is used by the Support Agency to identify the metric tracking data to be provided, data characteristics, and interval of data collection.

**ITEM NO.:**  
Follow preparation instructions for Format 1000.

**REQUESTER:**  
Follow preparation instructions for Format 1000.

**SUPPLIER:**  
Follow preparation instructions for Format 1000.

**TEST CODE:**  
Follow preparation instructions for Format 1000.

**LOCATION:**  
Follow preparation instructions for Format 1000.

**SYSTEM:**  
Enter the metric data system(s) to be used to provide the data.

**MISSION INTERVAL (RANGE, ALTITUDE, TIME):**  
Enter the range, altitude, time interval, or function during which coverage will be provided. Separate the interval into the smallest increments necessary to properly cover the various accuracies required, e.g., Launch, 0-50 miles, 50-1500 miles, etc.

For orbital phase and beyond, indicate the vehicle position by appropriate coordinates.

Where appropriate, for further clarity, include the geographic location of the site(s).

**DATA POINTS/SECOND:**  
Enter the minimum number of data points which should be read, tabulated, etc., during data reduction, e.g., 1, 2, 4, 10, 1/10 sec., etc.

**DATA PROVIDED:**  
Enter the name of the data to be provided in the following order: position (X, Y, Z), velocity, acceleration, and attitude. If attitude (roll, pitch, yaw) data are similar, identify each requirement item separately. Repeat, in the order above, the data to be provided if different for each test code. Also identify any unique data parameters.

**DATA ACCURACY:**  
Enter in this entry the best data accuracy that can be provided.

**REALTIME RELAY:**  
State in which form the information is to be provided and to which point it is to be relayed.

**DATA SECURITY CLASSIFICATION:**  
Enter the security classification of the data to be transmitted.

**REMARKS:**  
Insert any remarks necessary to clarify the other entries and/or special support. Identify the coordinate system(s) in which the data is provided.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2114 - METRIC DATA - TERMINAL

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

SYSTEM:

MISSION INTERVAL (RANGE, ALTITUDE, TIME):

DATA POINTS/SECOND:

DATA PROVIDED:

DATA ACCURACY

VALUE:

CLASS:

REALTIME RELAY:

DATA SECURITY CLASSIFICATION:

REMARKS:

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PAGE -

CLASSIFICATION:

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UDS 2114 S  
JAN90



## ISP/OD PREPARATION INSTRUCTIONS

### FORMAT 2115 - METRIC DATA - SIGNATURE

**NOTE:** This format is used by the Support Agency to identify the metric tracking data to be provided, data characteristics, and interval of data collection.

**ITEM NO.:**  
Follow preparation instructions for Format 1000.

**REQUESTER:**  
Follow preparation instructions for Format 1000.

**SUPPLIER:**  
Follow preparation instructions for Format 1000.

**TEST CODE:**  
Follow preparation instructions for Format 1000.

**LOCATION:**  
Follow preparation instructions for Format 1000.

**SYSTEM:**  
Enter the metric data system(s) to be used to provide the data.

**MISSION INTERVAL (RANGE, ALTITUDE, TIME):**  
Enter the range, altitude, time interval, or function during which coverage will be provided. Separate the interval into the smallest increments necessary to properly cover the various accuracies required, e.g., Launch, 0-50 miles, 50-1500 miles, etc.

For orbital phase and beyond, indicate the vehicle position by appropriate coordinates.

Where appropriate, for further clarity, include the geographic location of the site(s).

**DATA POINTS/SECOND:**  
Enter the minimum number of data points which should be read, tabulated, etc., during data reduction, e.g., 1, 2, 4, 10, 1/10 sec., etc.

**DATA PROVIDED:**  
Enter the name of the data to be provided in the following order: position (X, Y, Z), velocity, acceleration, and attitude. If attitude (roll, pitch, yaw) data are similar, identify each requirement item separately. Repeat, in the order above, the data to be provided if different for each test code. Also identify any unique data parameters.

**DATA ACCURACY:**  
Enter in this entry the best data accuracy that can be provided.

**REALTIME RELAY:**  
State in which form the information is to be provided and to which point it is to be relayed.

**DATA SECURITY CLASSIFICATION:**  
Enter the security classification of the data to be transmitted.

**REMARKS:**  
Insert any remarks necessary to clarify the other entries and/or special support. Identify the coordinate system(s) in which the data is provided.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2115 - METRIC DATA - SIGNATURE

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

SYSTEM:

MISSION INTERVAL (RANGE, ALTITUDE, TIME):

DATA POINTS/SECOND:

DATA PROVIDED:

DATA ACCURACY

VALUE:

CASS:

REALTIME RELAY:

DATA SECURITY CLASSIFICATION:

REMARKS:

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CLASSIFICATION:

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UDS 2115 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2116 - METRIC DATA - OTHER

**NOTE:** This format is used by the Support Agency to indicate other metric data support to be provided not covered on Formats 2110, 2111, 2112, 2113, 2114, and 2115.

**ITEM NO.:**  
Follow preparation instructions for Format 1000.

**REQUESTER:**  
Follow preparation instructions for Format 1000.

**SUPPLIER:**  
Follow preparation instructions for Format 1000.

**TEST CODE:**  
Follow preparation instructions for Format 1000.

**LOCATION:**  
Follow preparation instructions for Format 1000.

**SYSTEM:**  
Enter the metric data system(s) to be used to provide the data.

**MISSION INTERVAL (RANGE, ALTITUDE, TIME):**  
Enter the range, altitude, time interval, or function during which coverage will be provided. Separate the interval into the smallest increments necessary to properly cover the various accuracies required, e.g., Launch, 0-50 miles, 50-1500 miles, etc.

For orbital phase and beyond, indicate the vehicle position by appropriate coordinates.

Where appropriate, for further clarity, include the geographic location of the site(s).

**DATA POINTS/SECOND:**  
Enter the minimum number of data points which should be read, tabulated, etc., during data reduction, e.g., 1, 2, 4, 10, 1/10 sec., etc.

**DATA PROVIDED:**  
Enter the name of the data to be provided in the following order: position (X, Y, Z), velocity, acceleration, and attitude. If attitude (roll, pitch, yaw) data are similar, identify each requirement item separately. Repeat, in the order above, the data to be provided if different for each test code. Also identify any unique data parameters.

**DATA ACCURACY:**  
Enter in this entry the best data accuracy that can be provided.

**REALTIME RELAY:**  
State in which form the information is to be provided and to which point it is to be relayed.

**DATA SECURITY CLASSIFICATION:**  
Enter the security classification of the data to be transmitted.

**REMARKS:**  
Insert any remarks necessary to clarify the other entries and/or special support. Identify the coordinate system(s) in which the data is provided.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2116 - METRIC DATA - OTHER

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

SYSTEM:

MISSION INTERVAL (RANGE, ALTITUDE, TIME):

DATA POINTS/SECOND:

DATA PROVIDED:

DATA ACCURACY

VALUE:

CLASS:

REALTIME RELAY:

DATA SECURITY CLASSIFICATION:

REMARKS:

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PAGE -

CLASSIFICATION:

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UDS 2116 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2117 - METRIC DATA ACCURACIES

NOTE: This format is used by the Support Agency to provide metric data accuracies for systems that will support the requirements.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE( ) INFORMATION( ):  
Indicate whether each item number documented is a response for support or is included for informational purposes only. Describe, in general, the support that will be provided to satisfy all the requirement items. Provide a Geometric Dilution of Position Solution (GDOPS), Hybrid Doppler (HYDOP), or equivalent plot for each metric system or composite system as required.

CLASSIFICATION:

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PROGRAM TITLE:  
DOC TYPE/NO.:

REVISION:

DATE:

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2117 - METRIC DATA ACCURACIES

ITEM NO.:  
REQUESTER:  
SUPPLIER:  
TEST CODE:  
LOCATION:  
RESPONSE( ) INFORMATION( ):

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CLASSIFICATION:

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UDS 2117 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2120 - METRIC DATA PARAMETER RECORDINGS

NOTE: This format is used by the Support Agency providing metric tracking recordings.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

METRIC TRACKING SYSTEM:  
Enter the name of the system or systems which will be used for supporting the requirement , e. g., TPQ-18, FPS-16-1, etc.

SIGNAL STRENGTH RECORD:  
Indicate that signal strength will be recorded by entering "YES".

DATA FORM:  
Enter the data support that the system(s) will provide.

RECORDERS:  
Identify the recorder type, magnetic tape, strip chart, osc., etc. Where special information is needed, use SPECIAL INSTRUCTIONS AND REMARKS entry.

DATA SECURITY CLASSIFICATION:  
Enter the security classification of the data to be transmitted.

SPECIAL INSTRUCTIONS AND REMARKS:  
Indicate support which is/is not normally provided and which differs from standard practice.

CLASSIFICATION:

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\* \* \*

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2120 - METRIC DATA PARAMETER RECORDINGS

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

METRIC TRACKING SYSTEM:

SIGNAL STRENGTH RECORD:

DATA FORM:

RECORDERS:

DATA SECURITY CLASSIFICATION:

SPECIAL INSTRUCTIONS AND REMARKS:

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PAGE -

CLASSIFICATION:

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UDS 2120 S  
JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2130 - METRIC DATA NETWORK COVERAGE

NOTE: This format is used by the Support Agency to depict the metric tracking coverage which is to be provided during all phases.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
Depict the vehicle track during flight, showing tracking station location, and coverage from each station.

CLASSIFICATION:

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\* \* \*

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2130 - METRIC DATA NETWORK COVERAGE

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 2130 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2160 - METRIC DATA COVERAGE

NOTE: This format is used to identify the optical and electronic instrumentation systems being used. In addition, it will provide information to location, coverage time, usage, and the phases covered by the metric instrumentation system being used. In the matrix show the relationship between the stations and the system by entering an appropriate code in the proper location.

ITEM NO.:  
Follow the preparation instructions for format 1000.

REQUESTER:  
Follow the preparation instructions for format 1000.

SUPPLIER:  
Follow the preparation instructions for format 1000.

TEST CODE:  
Follow the preparation instructions for format 1000.

LOCATION:  
Follow the preparation instructions for format 1000.

TEST UNIT/STAGE: Enter the test unit/stage involved.

SYSTEM: In the vertical column opposite SYSTEM, enter the associated metric tracking system class (i.e., MIPIR, FPS-16, etc).

SUB-ITEM: Enter the sub-item number from the requirement format.

COVERAGE INTERVAL: Enter the station name and code of the system in the space provided.

STATION: Enter the station name and code of the system in the space provided.

REMARKS: Use this entry to explain all codes or designators assigned to the entries on this format.

CLASSIFICATION: \* \* \*

\* \* \*

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

2160 - METRIC DATA COVERAGE

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

TEST UNIT/STAGE -----> :

SUB- ITEM	COVERAGE INTERVAL	STATION NAME	CODE	---	:	:	:	:	:	:	:	:	:	:	:	:
				T	E	M	S	Y	S							
:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
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:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:

REMARKS:

CLASSIFICATION: \* \* \*

\* \* \*

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2170 - METRIC DATA - ENGINEERING SEQUENTIAL

**NOTE:** This format is used by the Support Agency for listing engineering sequential optically provided data to be produced. Make reference on Format 3110 - Photographic Documentary, those engineering sequential data which will be used for documentary purposes, but do not repeat the text.

**ITEM NO.:**  
Follow preparation instructions for Format 1000.

**REQUESTER:**  
Follow preparation instructions for Format 1000.

**SUPPLIER:**  
Follow preparation instructions for Format 1000.

**TEST CODE:**  
Follow preparation instructions for Format 1000.

**LOCATION:**  
Follow preparation instructions for Format 1000.

**FILM:**  
Enter the size and type of film or other data media (i.e., shuttered video) to be provided.

**MISSION INTERVAL (RANGE, ALTITUDE, TIME):**  
Enter the range, altitude, or time interval or function during which coverage will be provided, e.g., 0 to 800 feet, T-4 sec. to T+10 sec., separation, etc.

**ITEM TO BE VIEWED OR COVERED:**  
For each interval of the trajectory, describe the object or action to be photographed.

**PURPOSE AND REMARKS:**  
State the purpose for which the data is to be provided. Explain any deviation in the data to be furnished as compared to the requirements.

CLASSIFICATION:

\* \* \*

\* \* \*

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2170 - METRIC DATA - ENGINEERING SEQUENTIAL

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

FILM

SIZE (MM):

TYPE:

MISSION INTERVAL (RANGE, ALTITUDE, TIME):

ITEM TO BE VIEWED OR COVERED:

PURPOSE AND REMARKS:

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PAGE -

CLASSIFICATION:

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UDS 2170 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2200 - TELEMETRY DATA

NOTE: This format is used by the Support Agency to provide the telemetry data support plan.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE ( ) INFORMATION ( ):  
Indicate whether each item number documented is a response for support or is included for informational purposes only. Describe, in general, the support that will be provided to satisfy the requirements. Include in the plan recording methods and calibration standards.

CLASSIFICATION:

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\* \* \*

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2200 - TELEMETRY DATA

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE( ) INFORMATION( ):

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PAGE -

CLASSIFICATION:

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UDS 2200 S  
JAN90



## PSP/OD PREPARATION INSTRUCTIONS

### FORMAT 2210 - TELEMETRY RECORDING INTERVAL

**NOTE:** This format is used by the Support Agency to describe the telemetry events to be recorded and the type and interval used. The information on this format will conform to the RCC Telemetry Standards unless otherwise stated.

**ITEM NO.:**  
Follow preparation instructions for Format 1000.

**REQUESTER:**  
Follow preparation instructions for Format 1000.

**SUPPLIER:**  
Follow preparation instructions for Format 1000.

**TEST CODE:**  
Follow preparation instructions for Format 1000.

**LOCATION:**  
Follow preparation instructions for Format 1000.

**MEASURED EVENT:**  
Enter the assigned measurement name and number to be supported.

**LINK (MHZ) TYPE:**  
Enter the RF link frequency in megahertz of each link to be supported. This frequency is the link frequency assigned in the PRD/OR. Enter below the frequency, the type of modulation, that is, FM/FM, PDM/FM, PAM/FM, PCM, etc. to be supported.

**TELEMETRY CHANNEL:**  
Identify the telemetry link channel number or assigned code number associated with the event to be recorded.

**RECORDING INTERVAL (TIME, POSITION OR FLIGHT PHASE):**  
Enter, time (minutes), position (feet, n. mi., etc.) or flight phase interval or period during which telemetry recordings or coverage will be provided.

**MEASURE RATE (RPS/BPS):**  
Enter the measuring (commutation or repetition) rate to be supported. For commutated channels list the revolutions per second (rps) such as 2.5, 5, 10, 20, 30, etc. Enter "CONT", for continuous (non-commutated) channels. For each PCM link, the bit rate in bits per second (bps) such as 40 k, 60 k, 300 k, 400 k, 600 k, 800 k, etc., (k = 1000)

**REQUIRED IN REALTIME:**  
Identify the data required to be provided in realtime (performed during the actual flight or test of the test vehicle).

**RECORDINGS:**  
TAPE: Magnetic tapes  
PEN: Pen recordings  
OSCILLOGRAPH: Oscillograph recordings

**CONSOLE PRESENTATION:**  
Enter realtime console presentations of specific test parameters, such as, velocity, temperature, sequential events, etc.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2210 - TELEMETRY RECORDING INTERVAL

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

MEASURED EVENT

NUMBER:

NAME:

LINK (MHZ) TYPE:

TELEMETRY CHANNEL:

RECORDING INTERVAL (TIME, POSITION OR FLIGHT PHASE):

MEASURE RATE (RPS/BPS):

REQUIRED IN REALTIME

RECORDINGS

TAPE:

PEN:

OSCILLOGRAPH:

CONSOLE PRESENTATION:

COMPUTATIONS:

DATA PRIORITY:

DATA ACCURACY

VALUE:

CLASS:

REMARKS:

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PAGE -

CLASSIFICATION:

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UDS 2210 S  
JAN90



FSP/OD PREPARATION INSTRUCTIONS

FORMAT 2210 - TELEMETRY RECORDING INTERVAL (CONT'D)

COMPUTATIONS:

Define the required computations to be provided.

DATA PRIORITY:

Indicate whether the data requirement is mandatory (M), required (R), or desired (D) as indicated from the PRD/OR.

DATA ACCURACY:

Indicate the required reduced data accuracy value, e.g., +/-, %, or parts per million to be provided. Indicate the class of the value as indicated from the PRD/OR.

REMARKS:

Enter any remarks necessary to clarify entries made.

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2220 - TELEMETRY ANALOG STRIP CHART RECORDING FORMAT

NOTE: This format is used by the Support Agency to provide the format to be used for analog telemetry recordings.

ITEM NO.:

Follow preparation instructions for Format 1000.

REQUESTER:

Follow preparation instructions for Format 1000.

SUPPLIER:

Follow preparation instructions for Format 1000.

TEST CODE:

Follow preparation instructions for Format 1000.

LOCATION:

Follow preparation instructions for Format 1000.

RESPONSE:

Describe the support that will be provided to satisfy the requirement. Identify the measurement, name and number, link, channel and segment. List the calibration and deflection accuracies that will be provided.

CLASSIFICATION:

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\* \* \*

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2220 - TELEMETRY ANALOG STRIP CHART RECORDING FORMAT

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 2220 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2230 - TELEMETRY EVENT RECORDING FORMAT

NOTE: This format is used by the Support Agency to provide the format to be used for the telemetry event recording support.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
Describe the telemetry event recording support that will be provided. List the events to be recorded by name and the applicable station(s) which will record each event.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2230 - TELEMETRY EVENT RECORDING FORMAT

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 2230 S  
JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2240 - TELEMETRY DECOMMUTATION PROCESSING SPECIFICATIONS

**NOTE:** This format is used by the Support Agency to describe telemetry decommutation support in the areas of Cathode Ray Tube (CRT) presentations, line printer displays, analog digitizing, and data compression.

**ITEM NO.:**  
Follow preparation instructions for Format 1000.

**REQUESTER:**  
Follow preparation instructions for Format 1000.

**SUPPLIER:**  
Follow preparation instructions for Format 1000.

**TEST CODE:**  
Follow preparation instructions for Format 1000.

**LOCATION:**  
Follow preparation instructions for Format 1000.

**DATA DESCRIPTION:**  
Enter the type of data to be processed.

**DATA SECURITY CLASSIFICATION:**  
Enter the security classification (U, C, S) of the data to be processed.

**PROCESSING TIME:**  
Enter the time (Zulu or flight time) to begin (FROM) and stop (TO) processing.

**DATA SAMPLE RATE:**  
Enter the rate at which the data will be sampled and stored on analog magnetic tape.

**DATA COMPRESSION TYPE:**  
Enter the type of data compression to be performed on the data, i.e., fixed limits, floating limits, pass, mask, etc., if applicable.

**CRT UPDATE RATE:**  
Enter the rate at which the data/measurement value will be updated i.e., 5/sec, 15/sec.

**LINE PRINTER RATE:**  
Enter the rate at which the data/measurement value will be updated, i.e., 5/sec, 15/sec.

**DATA PLOT RATE:**  
Enter the rate at which the data will be taken from the sampled data and plotted or printed.

**SPECIAL DATA FORMATS:**  
Enter all special data formats which will be provided and the specifications of the data to be processed.

**STATION:**  
Identify the station providing the support

**REMARKS:**  
Enter any remarks necessary to clarify entries made.

CLASSIFICATION:

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\* \* \*

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

=====

2240 - TELEMETRY DECOMMUTATION PROCESSING SPECIFICATIONS

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

DATA DESCRIPTION:

DATA SECURITY CLASSIFICATION:

PROCESSING TIME

FROM:

TO:

DATA SAMPLE RATE:

DATA COMPRESSION TYPE:

CRT UPDATE RATE:

LINE PRINTER RATE:

DATA PLOT RATE:

SPECIAL DATA FORMATS:

STATION:

REMARKS:

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PAGE -

CLASSIFICATION:

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UDS 2240 S  
JAN90

## PSP/OD PREPARATION INSTRUCTIONS

### FORMAT 2260 - TELEMETRY COVERAGE

**NOTE:** This format is used to summarize the telemetry coverage required. In addition, it will provide information as to location, coverage time, link frequency, and the phases covered by the telemetry systems. In the matrix show the relationship between the stations and the telemetry link by entering an appropriate code in the proper location.

**ITEM NO.:**  
Follow the preparation instructions for Format 1000.

**REQUESTER:**  
Follow the preparation instructions for Format 1000.

**SUPPLIER:**  
Follow the preparation instructions for Format 1000.

**TEST CODE:**  
Follow the preparation instructions for Format 1000.

**LOCATION:**  
Follow the preparation instructions for Format 1000.

**TEST UNIT/STAGE:** Enter the test unit/stage involved.

**FREQUENCY:** Enter the frequency in MHZ in the vertical column opposite Frequency.

**LINK:** Enter the number designator of the telemetry link in the vertical column opposite LINK.

**SUB-ITEM:** Enter the sub-item number from the requirement format.

**COVERAGE INTERVAL:** Enter the time interval for the support to be provided.

**STATION:** Enter the station name, or designator and code of the system in the space provided.

**REMARKS:** Use this entry to explain all codes or designators assigned to the entries on this format.

CLASSIFICATION:

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\* \* \*

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

=====
2260 - TELEMETRY COVERAGE

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

-----
TEST UNIT/STAGE ---> :::::

FREQUENCY

LINK

SUB- : COVERAGE : STATION

ITEM : INTERVAL :
: NAME : CODE

REMARKS:

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PAGE -

CLASSIFICATION:

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UDS 2260 S
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2300 - COMMAND CONTROL/DESTRUCT

NOTE: This format is used by the Support Agency to present the command system support plan.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE( ) INFORMATION( ):  
Indicate whether each item number documented is a response for support or is included for informational purposes only. Describe, in general, the support that will be provided to satisfy the requirements for the command system. Include in the plan such support as will be required to directly command the accomplishment of an abort, visual indication that the abort command has been transmitted, and visual indication whenever the abort command transmitter RF carrier is on. Indicate in the plan if recordings are to be made.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

=====

2300 - COMMAND CONTROL/DESTRUCT

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE( ) INFORMATION( ):

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PAGE -

CLASSIFICATION:

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UDS 2300 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2310 - COMMAND CONTROL

NOTE: This format is used by the Support Agency to list functions to be accomplished using the Command Control system.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

COMMAND FUNCTIONS:  
List the name of the function to be performed.

TIME:  
Give the time that the function will be performed. If the time listed is nominal, explain in the remarks entry the method of arriving at the actual time.

FUNCTION CODE:  
Give the code which must be transmitted to perform the function.

PURPOSE AND REMARKS/SPECIAL INSTRUCTIONS:  
Enter any remarks or special instructions which would be informative to those who requested the support.

CLASSIFICATION:

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PROGRAM TITLE:

DCC TYPE/NO.:

REVISION:

DATE:

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2310 - COMMAND CONTROL

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

COMMAND FUNCTION:

TIME:

FUNCTION CODE:

PURPOSE AND REMARKS/SPECIAL INSTRUCTIONS:

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PAGE -

CLASSIFICATION:

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UDS 2310 S  
JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2320 - COMMAND DESTRUCT

NOTE: This format is used by the Support Agency to delineate the support necessary to provide range safety commands to the test vehicle.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

STATION DESIGNATOR:  
Enter the station designator along with the station call letters and number.

COMMAND LINK RECEIVER LOCATION:  
Enter the location (stage) where the command link receiver equipment is located on the test unit.

TRANSMIT FREQUENCY:  
Enter the Support Agency's transmitted frequency used at the location.

MODULATION:  
List the RF and keying modulation, e.g., FM/PSK, etc.

REMARKS:  
Include any remarks or special information that would further clarify any of the entries on this format, e.g., antenna type, method of acquisition.

CLASSIFICATION:

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\* \* \*

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2320 - COMMAND DESTRUCT

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

STATION DESIGNATOR:

COMMAND LINK RECEIVER LOCATION:

TRANSMIT FREQUENCY:

MODULATION:

REMARKS:

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PAGE -

CLASSIFICATION:

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UDS 2320 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2330 - COMMAND UP-DATA LINK

NOTE: This format is used by the Support Agency to delineate the support to satisfy the requirements of the command up-data link.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

STATION DESIGNATOR:  
Enter the station designator along with the station call letters and number.

UP-DATA LINK RECEIVER LOCATION:  
Enter the location (stage) where the up-data link receiver equipment is located on the test unit.

TRANSMIT FREQUENCY:  
Enter the Support Agency's transmitted frequency used at the location.

MODULATION:  
List the RF and keying modulation, e.g., FM/PSK. etc.

REMARKS:  
Include any remarks or special information that would further clarify any of the entries on this format, e.g. antenna type, method of acquisition.

CLASSIFICATION:

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\* \* \*

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2330 - COMMAND UP-DATA LINK

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

STATION DESIGNATOR:

UP-DATA LINK RECEIVER LOCATION:

TRANSMIT FREQUENCY:

MODULATION:

REMARKS:

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PAGE -

CLASSIFICATION:

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UDS 2330 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2340 - COMMAND UP-DATA LINK RECORDINGS

NOTE: This format is used by the Support Agency to describe the recording support for the command up-data link system.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
Provide a description of the support to be provided for the command up-data link recording system during the various mission phases.

CLASSIFICATION:

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\* \* \*

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2340 - COMMAND UP-DATA LINK RECORDINGS

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE:

=====

PAGE -

CLASSIFICATION:

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UDS 2340 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2360 - COMMAND UP-DATA LINK STATIONS COVERAGE

**NOTE:** This format is used by the Support Agency to present the coverage of the command systems being provided. In addition, it will provide information as to location, coverage time, usage, and the phases covered by the command system. In the matrix show the relationship between the station/frequency and the test unit/stage/data type/modulation by entering the appropriate designators in the proper locations.

**ITEM NO.:**  
Follow preparation instructions for Format 1000.

**REQUESTER:**  
Follow preparation instructions for Format 1000.

**SUPPLIER:**  
Follow preparation instructions for Format 1000.

**TEST CODE:**  
Follow preparation instructions for Format 1000.

**LOCATION:**  
Follow preparation instructions for Format 1000.

**TEST UNIT/STAGE:**  
Enter the test unit/stage involved.

**STATION:**  
Enter the station name and code.

**FREQUENCY:**  
Enter the frequency in MHZ.

**LINK:** Enter the number designator of the telemetry link in the vertical column opposite LINK.

**SUB-ITEM:** Enter an appropriate sequential number or identification as a subset suffix to the main item number.

**COVERAGE INTERVAL:**  
Indicate the interval of coverage to be provided.

**MODULATION:**  
Enter the RF and keying modulation information, i.e., PM/FM, FM/FSK, etc.

**DATA TYPE:**  
Enter the type of data, i.e., command or destruct.

**REMARKS:**  
Explain all code designations. Enter any additional clarifying remarks.

CLASSIFICATION:

\* \* \*

\* \* \*

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

2360 - COMMAND UPDATA LINK STATIONS COVERAGE

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

TEST UNIT/STAGE -----> :

LINK

FREQUENCIES

SUB- : COVERAGE : STATION :  
ITEM : INTERVAL :  
: : NAME : CODE :

M : D  
O : A  
D : T  
U : A  
L : T  
A : Y  
T : I  
I : P  
O : E  
N : :

REMARKS:

PAGE -

CLASSIFICATION:

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UDS 2360 S  
JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2400 - AIR/GROUND VOICE COMMUNICATIONS

NOTE: This format is used by the Support Agency to present the support plan for air/ground voice communications systems.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE( ) INFORMATION( ):  
Indicate whether each item number documented is a response for support or is included for informational purposes only. Describe, in general, the support that will be provided to satisfy the requirements. Include the frequencies to be used, phases of flight when voice contact will be used, etc. Include in the plan any recordings that are to be made.

CLASSIFICATION:

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\* \* \*

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2400 - AIR/GROUND VOICE COMMUNICATIONS

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE( ) INFORMATION( ):

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PAGE -

CLASSIFICATION:

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UDS 2400 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2410 - AIR/GROUND VOICE COMMUNICATIONS RECORDINGS

NOTE: This format is used by the Support Agency to describe support for recording radio, television, telephone, intercom (TOPS, OIS) and other types of RF or wire communications.

ITEM NO.:  
Follow the preparation instructions for Format 1000.

REQUESTER:  
Follow the preparation instructions for Format 1000.

SUPPLIER:  
Follow the preparation instructions for Format 1000.

TEST CODE:  
Follow the preparation instructions for Format 1000.

LOCATION:  
Follow the preparation instructions for Format 1000.

SUB-ITEM: Enter the sub-item number from the requirement format.

TEST CODE:

STATION OR LOCATION:  
Indicate the station or location that will record the communication data.

RECORDING REQUIREMENTS:  
List the data that is to be recorded, the method of recording and any special recording format.

AUDIO/VIDEO RECORDING:  
Enter the time the recording is to be initiated (START), i.e., T-0, Acquisition of Signal (AOS), etc., the time the recording is to be terminated (STOP), i.e., T-350 sec, Loss of Signal (LOS), etc., enter the type of recording, audio (A), video (V), or both (AV), enter the recording speed (SPED) in inches per second or millimeters per second. Indicate units, and state the REEL SIZE limitations of the playback equipment, i.e., 3 in., 5 in., 7 in., 10-1/2 in., etc.

TIME CORL (TIME CORRELATION):  
Enter "Yes" or "No" to indicate whether or not time correlation is required on the recording.

REMARKS:  
List any special instructions and/or remarks to clarify the recording requirements. If more space is required use a reference sub-item number and explain.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2410 - AIR/GROUND VOICE COMMUNICATIONS RECORDINGS

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

Table with columns: SUB-ITEM, TEST CODE, STATION OR LOCATION, RECORDING REQUIREMENTS, < AUDIO/VIDEO RECORDING >, START, STOP, VIS, AUD/TAPE, REEL, SIZE, TIME, CORL

REMARKS:

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PAGE -

CLASSIFICATION:

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UDS 2410 S
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2460 - AIR/GROUND VOICE COMMUNICATIONS COVERAGE

NOTE: This format is used by the Support Agency to identify the voice communication equipment/systems for air/ground communications that will be used. In addition, it will provide information as to location, coverage time, and the phases covered by the system.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

SYSTEM:  
List the system(s) which will supply the coverage.

TIME (GET) OR TIME PERIOD:  
Enter the Ground Elapsed Time (GET) or time period for which coverage is provided.

STATION:  
Enter geographic station locations which will provide the coverage.

REMARKS:  
Enter any remarks necessary to clarify entries made.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2460 - AIR/GROUND VOICE COMMUNICATIONS COVERAGE

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

SYSTEM:

TIME (GET) OR TIME PERIOD:

STATION:

REMARKS:

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CLASSIFICATION:

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UDS 2460 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2500 - COMPOSITE SYSTEMS

NOTE: This format is used by the Support Agency to present the support plan for the composite systems.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE( ) INFORMATION( ):  
Indicate whether each item number documented is a response for support or is included for informational purposes only. Describe, in general, the support that will be provided to satisfy requirements. Include descriptions of antenna systems, acquisition aids, etc.

CLASSIFICATION:

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PROGRAM TITLE:  
DOC TYPE/NO.:

REVISION:

DATE:

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2500 - COMPOSITE SYSTEMS

ITEM NO. :  
REQUESTER:  
SUPPLIER:  
TEST CODE:  
LOCATION:  
RESPONSE( ) INFORMATION( ):

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PAGE -

CLASSIFICATION:

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UDS 2500 S  
JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2510 - COMPOSITE SYSTEMS - DETAIL

NOTE: This format is used by the Support Agency to describe the composite support instrumentation that will be provided for the composite systems.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
Describe the composite support instrumentation that will be provided to satisfy the requirements.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2510 - COMPOSITE SYSTEMS - DETAIL

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 2510 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2520 - COMPOSITE SYSTEMS - PARAMETER RECORDINGS

NOTE: This format is used by the Support Agency to define the support provided for Composite Systems Parameter Recording Requirements.

ITEM NO.:

Follow preparation instructions for Format 1000.

REQUESTER:

Follow preparation instructions for Format 1000.

SUPPLIER:

Follow preparation instructions for Format 1000.

TEST CODE:

Follow preparation instructions for Format 1000.

LOCATION:

Follow preparation instructions for Format 1000.

STATION:

List the station site (i.e., MIL, HTS, etc.).

LINK NUMBER/FREQUENCY:

Enter the link number and frequency of the frequency being measured.

IDENTIFICATION:

Identify the parameter measurement to be recorded.

REMARKS:

Identify any special measurements which will be provided for with the recording (timing pulses, synchronization pulses, signal strength, frequency response, etc.). State which sites will deviate from the procedure as stated. Identify any particular parameter formatting to be provided for special purpose analysis. Clarify any other entries or designations that appear on the format.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2520 - COMPOSITE SYSTEMS - PARAMETER RECORDINGS

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

STATION:

LINK NUMBER/FREQUENCY:

IDENTIFICATION:

REMARKS:

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CLASSIFICATION:

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UDS 2520 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2530 - COMPOSITE SYSTEMS - EVENT RECORDING FORMAT

NOTE: This format is used by the Support Agency to provide the format to be used for the composite systems event recording.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
Describe the support that will be provided. List the events by name and the applicable stations which will record each event.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2530 - COMPOSITE SYSTEMS - EVENT RECORDING FORMAT

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE:

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CLASSIFICATION:

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UDS 2530 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2540 - COMPOSITE SYSTEMS - ANALOG STRIP CHART RECORDING FORMAT

NOTE: This format is used by the Support Agency to provide the composite systems analog strip chart recording format. Information presented will be assumed to conform to the applicable RCC standard unless otherwise stated. The Support Agency will record in the most convenient format unless a particular format was requested for special analysis.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
List the assigned measurement name/number, and the applicable station(s). Identify any qualification applicable to the measurement by note, i.e., calibration, frequency, recorder speed, etc.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2540 - COMPOSITE SYSTEMS - ANALOG STRIP CHART RECORDING FORMAT

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE:

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CLASSIFICATION:

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UDS 2540 S  
JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2560 - COMPOSITE SYSTEMS COVERAGE

NOTE: This format is used by the Support Agency to identify the coverage of the composite systems.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

TIME (GET) OR TIME PERIOD:  
Enter the Ground Elapsed Time (GET) or time period during which the coverage is to be provided.

STATION:  
Enter the geographic station locations which will provide the coverage.

COVERAGE:  
Indicate the frequency and number of systems that will be provided to communicate with the composite system of the test unit.

REMARKS:  
Provide any additional information that may be required to identify further any item on this format.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2560 - COMPOSITE SYSTEMS COVERAGE

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

TIME (GET) OR TIME PERIOD:

STATION:

COVERAGE

FREQUENCY:

NUMBER:

REMARKS:

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CLASSIFICATION:

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UDS 2560 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2600 - OTHER SYSTEMS

NOTE: This format is used by the Support Agency to present the support plan for other systems.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE( ) INFORMATION( ):  
Indicate whether each item number documented is a response for support or is included for informational purposes only. Describe, in general, the support that will be provided to satisfy requirements. Include descriptions of antenna systems, etc.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2600 - OTHER SYSTEMS

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE( ) INFORMATION( ):

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PAGE -

CLASSIFICATION:

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UDS 2600 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2601 - OTHER SYSTEMS - DIRECTED ENERGY

NOTE: This format is used by the Support Agency to present the support plan for directed energy systems.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
Describe the support that will be provided to satisfy requirements.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2601 - OTHER SYSTEMS - DIRECTED ENERGY

ITEM NO. :  
REQUESTER:  
SUPPLIER:  
TEST CODE:  
LOCATION:  
RESPONSE:

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CLASSIFICATION:

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UDS 2601 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2605 - OTHER SYSTEMS - SUPPORT INSTRUMENTATION

NOTE: This format is used by the Support Agency to present the detail support plan for the other instrumentation that was not previously provided in the preceding formats.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
Describe the support that will be provided to satisfy the requirements. Enter the specific location/area where the equipment is to be installed or used.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2605 - OTHER SYSTEMS - SUPPORT INSTRUMENTATION

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE:

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CLASSIFICATION:

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UDS 2605 S  
JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2606 - OTHER SYSTEMS - ENVIRONMENTAL

NOTE: This format is used by the Support Agency to present the support plan for environmental systems.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
Describe the support that will be provided to satisfy requirements.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2606 - OTHER SYSTEMS - ENVIRONMENTAL

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 2606 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2610 - OTHER SYSTEMS - DATA

NOTE: This format is used by the Support Agency to list support to be provided for special data instrumentation.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
Describe the instrumentation that will be provided to support the special data requirements. Enter the type of recording systems provided and type of output, i.e., magnetic tape, strip charts, plots, etc.

CLASSIFICATION:

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PROGRAM TITLE:  
DOC TYPE/NO.:

REVISION:

DATE:

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2610 - OTHER SYSTEMS - DATA

ITEM NO.:  
REQUESTER:  
SUPPLIER:  
TEST CODE:  
LOCATION:  
RESPONSE:

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CLASSIFICATION:

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UDS 2610 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2660 - OTHER SYSTEMS COVERAGE

NOTE: This format is used by the Support Agency to identify vehicle coverage for other systems not covered elsewhere in this document.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

TIME (GET) OR TIME PERIOD:  
Enter the Ground Elapsed Time (GET) or time period during which the coverage is provided.

STATION:  
Enter the geographic station locations which will provide the coverage.

COVERAGE:  
Indicate the frequency and number of systems that will be provided to communicate with the composite system of the vehicle.

REMARKS:  
Enter any remarks necessary to clarify entries made.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2660 - OTHER SYSTEMS COVERAGE

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

TIME (GET) OR TIME PERIOD:

STATION:

COVERAGE

FREQUENCY:

NUMBER:

REMARKS:

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CLASSIFICATION:

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UDS 2660 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2700 - GROUND COMMUNICATIONS

NOTE: This format is used by the Support Agency to present the support plan for the ground interstation communications systems.

ITEM NO.:

Follow preparation instructions for Format 1000.

REQUESTER:

Follow preparation instructions for Format 1000.

SUPPLIER:

Follow preparation instructions for Format 1000.

TEST CODE:

Follow preparation instructions for Format 1000.

LOCATION:

Follow preparation instructions for Format 1000.

RESPONSE( ) INFORMATION( ):

Indicate whether each item number documented is a response for support or is included for informational purposes only. Describe, in general, the support that will be provided. Include a plan for each interstation ground system link and state type of communications; i.e., voice, teletype, facsimile, data, etc. Indicate if recordings are to be made .

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2700 - GROUND COMMUNICATIONS

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE( ) INFORMATION( ):

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CLASSIFICATION:

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UDS 2700 S  
JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2710 - GROUND COMMUNICATIONS DETAIL

NOTE: This format is used by the Support Agency to summarize the support which will be provided. (TV circuits are shown on this format, other details are shown on format 2800.)

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

USE: ADMINISTRATIVE( ) OPERATIONAL( ):  
Indicate the type, Administrative or Operations, for which service is to be provided.

TYPE OF SERVICE:  
Enter the type of communications to be supported such as voice-transmission, voice-CW, television/data transmission, public address, paging, etc. Include the technical characteristics of the signal to be supported.

QUANTITY:  
Enter the number of circuits requiring support.

LOCATION OF OPERATING TERMINALS:

SUB-ITEM:  
Enter the sub-item number from the PRD/OR to be supported.

CIRCUIT NAME/TYPE:  
Identify the circuit name and type.

LOCATION:  
Indicate the originating location of the circuit followed below by the terminating location(s).

BLDG/ROOM:  
Indicate the building and room number of the originating circuit followed by the building and room numbers at the terminating location(s).

CIRCUIT NO.:  
Identify the circuit numbers at the originating and termination locations.

NOTE NO.:  
Use this entry to numerically code (i.e., 1, 2, etc.) references to note(s) placed on the format to clarify entries made.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2710 - GROUND COMMUNICATIONS DETAIL

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

CIRCUIT DESCRIPTION:

CIRCUIT USE:

QUANTITY:

LOCATION OF OPERATING TERMINALS

SUB- ITEM	CIRCUIT NAME/TYPE	LOCATION	BLDG/ROOM	CIRCUIT NO.	NOTE NO.
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CLASSIFICATION:

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UDS 2710 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2720 - GROUND COMMUNICATIONS NETWORK DRAWINGS

NOTE: This format is used by the Support Agency to describe the general layout by functional plans or drawings, for the ground communications systems.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
Depict the communications layout for the ground communications facility(s) or system. Indicate the type of communications (CW, voice, data facsimile, radio, wire, etc.).

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2720 - GROUND COMMUNICATIONS NETWORK DRAWINGS

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE:

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CLASSIFICATION:

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UDS 2720 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2730 - GROUND COMMUNICATIONS NETWORK TRANSMISSION - VOICE

- NOTES: (1) This format is used to outline support responses to longline communications requirements for voice transmission requirements which are specified in the PRD/OR. Longlines are considered as those circuits geographically separated so that they require leasing negotiations with the telephone company or appropriate communications carrier.
- (2) This format, when completed, is a MATRIX which shows the relationship between stations and circuit descriptions for communications circuit support.
- (3) Any abbreviations, designators, or special notes peculiar to this matrix may be entered on a separate page using a UDS GEN R format. The subsequent pages will then reflect the instructions which are below.

ITEM No.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

LOCATION: Follow the preparation instructions for Format 1000.

CIRCUIT DESCRIPTION:

Enter in each column in successive order (left to right) the circuit use and/or circuit type as the column heading to accommodate the required circuits. Enter in the matrix an X where a circuit is supported. A blank will indicate that a circuit is not required. The last column in each page reflects the total number of circuits shown on that horizontal line. Use the following headings as appropriate in circuit description entries:

Circuit Type or special classification: Simplex, duplex, half-duplex, etc.

Other - Specify in entry or in REMARKS.

Circuit Use: e.g. Voice coordination, voice/data, air-to-ground, tracking coordination, telemetry coordination, command coordination, operational administration, meteorological, biomedical, recovery, etc.

Other - Specify in entry or in REMARKS.

SUB-ITEM: Enter the sub-item number from the requirement format.

STATION: Enter the sites or centers where the information originates (from). Enter the sites or centers where the information is going (to). If the information flow is in both directions (duplex) either site may be entered. Use standard site letter designators.

TOTAL CIRCUITS: Enter the total number of circuits needed to satisfy all the requirements within the line items.

REMARKS: Enter any remarks in this entry that will further clarify any responses that appear on this format.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2730 - GROUND COMMUNICATIONS NETWORK TRANSMISSION - VOICE
=====

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATON:

Table with columns: SUB-ITEM, STATION FROM, STATION TO, CIRCUIT DESCRIPTION, and TOTAL CKTS. The table contains multiple rows of data points, mostly represented by dots.

REMARKS:

CLASSIFICATION:

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## PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2731 - GROUND COMMUNICATIONS NETWORK TRANSMISSION - SECURE VOICE

- NOTES:
- (1) This format is used to outline longline communications support responses for secure voice transmission requirements which have been specified in the PRD/OR. Longlines are considered as those circuits geographically separated so that they require leasing negotiations with the telephone company or appropriate communications carrier.
  - (2) This format, when completed, is a MATRIX which shows the relationship between stations and circuit descriptions for communications circuit support.
  - (3) Any abbreviations, designators, or special notes peculiar to this matrix may be entered on a separate page using a UDS GEN R format. The subsequent pages will then reflect the instructions which are below.

**ITEM No.:**

Follow the preparation instructions for Format 1000.

**REQUESTER:**

Follow the preparation instructions for Format 1000.

**SUPPLIER:**

Follow the preparation instructions for Format 1000.

**TEST CODE:**

Follow the preparation instructions for Format 1000.

**LOCATION:**

Follow the preparation instructions for Format 1000.

**CIRCUIT DESCRIPTION:**

Enter in each column in successive order (left to right) the circuit use and/or circuit type as the column heading to accommodate the required circuits. Enter in the matrix an X where a circuit is required. A blank will indicate that a circuit is not required. The last column in each page reflects the total number of circuits shown on that horizontal line. Use the following headings as appropriate in circuit description entries:

Circuit Type or special classification: Simplex, duplex, half-duplex, etc. Other - Specify in entry or in REMARKS.

Circuit Use: e.g. Voice Coordination, voice/data, air-to-ground, tracking coordination, telemetry coordination, command coordination, operational administration, meteorological, biomedical, recovery, etc. Other - Specify in entry or in REMARKS.

**SUB-ITEM:** Enter the sub-item number from the requirement format.

**STATION:** Enter the sites or centers where the information originates (from). Enter the sites or centers where the information is going (to). If the information flow is in both directions (duplex) either site may be entered. Use standard site letter designators.

**TOTAL CIRCUITS:** Enter the total number of circuits needed to satisfy all the requirements within the line items.

**REMARKS:** Enter any remarks in this entry that will further clarify any responses that appear on this format.





PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2733 - GROUND COMMUNICATIONS NETWORK TRANSMISSION - TELETYPE

- NOTES: (1) This format is used to outline longline communications responses for teletype transmission requirements which are specified in the PRD/OR. Longlines are considered as those circuits geographically separated so that they require leasing negotiations with the telephone company or appropriate communications carrier.
- (2) This format, when completed, is a MATRIX which shows the relationship between stations and circuit descriptions for communications circuit support.
- (3) Any abbreviations, designators, or special notes peculiar to this matrix may be entered on a separate page using a UDS GEN R format. The subsequent pages will then reflect the instructions which are below.

ITEM No.:

Follow the preparation instructions for Format 1000.

REQUESTER:

Follow the preparation instructions for Format 1000.

SUPPLIER:

Follow the preparation instructions for Format 1000.

TEST CODE:

Follow the preparation instructions for Format 1000.

LOCATION:

Follow the preparation instructions for Format 1000.

CIRCUIT DESCRIPTION:

Enter in each column in successive order (left to right) the circuit use and/or circuit type as the column heading to accommodate the required circuits. Enter in the matrix an X where a circuit is required. A blank will indicate that a circuit is not required. The last column in each page reflects the total number of circuits shown on that horizontal line. Use the following headings as appropriate in circuit description entries:

Circuit Type or special classification: Simplex, duplex, half-duplex, etc.  
Other - Specify in entry or in REMARKS.

Circuit Use: e.g. Tracking, telemetry, command, operational, administration, meteorological, biomedical, recovery, etc. Other - Specify in entry or in REMARKS.

SUB-ITEM: Enter the sub-item number from the requirement format.

STATION: Enter the sites or centers where the information originates (from). Enter the sites or centers where the information is going (to). If the information flow is in both directions (duplex) either site may be entered. Use standard site letter designators.

TOTAL CIRCUITS: Enter the total number of circuits needed to satisfy all the requirements within the line items.

REMARKS: Enter any remarks in this entry that will further clarify any responses that appear on this format.



## PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2735 - GROUND COMMUNICATIONS NETWORK TRANSMISSION - SECURE DATA

- NOTES:
- (1) This format is used to outline longline communications responses for secure data transmission requirements which are specified in the PRD/OR. Longlines are considered as those circuits geographically separated so that they require leasing negotiations with the telephone company or appropriate communications carrier.
  - (2) This format, when completed, is a MATRIX which shows the relationship between stations and circuit descriptions for communications circuit support.
  - (3) Any abbreviations, designators, or special notes peculiar to this matrix may be entered on a separate page using a UDS GEN R format. The subsequent page will then reflect the instructions which are below.

**ITEM No.:**

Follow the preparation instructions for Format 1000.

**REQUESTER:**

Follow the preparation instructions for Format 1000.

**SUPPLIER:**

Follow the preparation instructions for Format 1000.

**TEST CODE:**

Follow the preparation instructions for Format 1000.

**LOCATION:**

Follow the preparation instructions for Format 1000.

**CIRCUIT DESCRIPTION:**

Enter in each column in successive order (left to right) the circuit use and/or circuit type, or data description as the column heading to accommodate the required circuits. Enter in the matrix an X where a circuit is required. A blank will indicate that a circuit is not required. The last column in each page reflects the total number of circuits shown on that horizontal line. Use the following headings as appropriate in circuit description entries:

Circuit Type or special classification: Simplex, duplex, half-duplex, etc.  
Other - Specify in entry or in REMARKS.

Circuit Use: e.g. Air-to-ground, tracking, telemetry, command, operational administration, etc. Other - Specify in entry or in REMARKS.

Data Description: (list only those not obvious) Analog, Digital, Data Rates, etc. Other - Specify in entry or in REMARKS.

**SUB-ITEM:** Enter the sub-item number from the requirement format.

**STATION:** Enter the sites or centers where the information originates (from). Enter the sites or centers where the information is going (to). If the information flow is in both directions (duplex) either site may be entered. Use standard site letter designators.

**TOTAL CIRCUITS:** Enter the total number of circuits needed to satisfy all the requirements within the line items.

**REMARKS:** Enter any remarks in this entry that will further clarify any responses that appear on this format.

CLASSIFICATION:

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\* \* \*

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2735 - GROUND COMMUNICATIONS NETWORK TRANSMISSION - SECURE DATA
=====

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

Table with columns: CIRCUIT, DESCRIPTION, SUB-ITEM, STATION FROM, STATION TO, and TOTAL CKTS. The table contains multiple rows of data, mostly consisting of dots in the data cells.

REMARKS:

CLASSIFICATION:

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PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2736 - GROUND COMMUNICATIONS NETWORK TRANSMISSION - TELEVISION/DATA

- NOTES:
- (1) This format is used to outline longline communications responses for television/data transmission requirements which are specified in the PRD/OR. Longlines are considered as those circuits geographically separated so that they require leasing negotiations with the telephone company or appropriate communications carrier.
  - (2) This format, when completed, is a MATRIX which shows the relationship between stations and circuit descriptions for communications circuit support.
  - (3) Any abbreviations, designators, or special notes peculiar to this matrix may be entered on a separate page using a UDS GEN R format. The subsequent pages will then reflect the instructions which are below.

ITEM No.:

Follow the preparation instructions for Format 1000.

REQUESTER:

Follow the preparation instructions for Format 1000.

SUPPLIER:

Follow the preparation instructions for Format 1000.

TEST CODE:

Follow the preparation instructions for Format 1000.

LOCATION:

Follow the preparation instructions for Format 1000.

CIRCUIT DESCRIPTION:

Enter in each column in successive order (left to right) the circuit use and/or circuit type, or data description as the column heading to accommodate the required circuits. Enter in the matrix an X where a circuit is required. A blank will indicate that a circuit is not required. The last column in each page reflects the total number of circuits shown on that horizontal line. Use the following headings as appropriate in circuit description entries:

Circuit Type or special classification: Simplex, duplex, half-duplex, etc. Other - Specify in entry or in REMARKS.

Circuit Use: e.g. Broadcast, data, air-to-ground, tracking, operational administration, meteorological, biomedical, recovery, etc. Other - Specify in entry or in REMARKS.

Data Description: (list only those not obvious) Analog, Digital, Data Rates, etc. Other - Specify in entry or in REMARKS.

SUB-ITEM: Enter the sub-item number from the requirement format.

STATION: Enter the sites or centers where the information originates (from). Enter the sites or centers where the information is going (to). If the information flow is in both directions (duplex) either site may be entered. Use standard site letter designators.

TOTAL CIRCUITS: Enter the total number of circuits needed to satisfy all the requirements within the line items.

REMARKS: Enter any remarks in this entry that will further clarify any responses that appear on this format.

CLASSIFICATION: \* \* \*

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2736: - GROUND COMMUNICATIONS NETWORK TRANSMISSION-TELEVISION/DATA

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
LOCATION:

Table with columns: CIRCUIT, DESCRIPTION, SUB-ITEM, STATION, FROM, TO, and T O T A L C K S. The table contains a grid of dots representing data points.

REMARKS:

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2737 - GROUND COMMUNICATIONS NETWORK TRANSMISSION - FACSIMILE

- NOTES:
- (1) This format is used to outline longline communications responses for facsimile transmission requirements which are specified in the PRD/OR. Longlines are considered as those circuits geographically separated so that they require leasing negotiations with the telephone company or appropriate communications carrier.
  - (2) This format, when completed, is a MATRIX which shows the relationship between stations and circuit descriptions for communications circuit support.
  - (3) Any abbreviations, designators, or special notes peculiar to this matrix may be entered on a separate page using a UDS GEN R format. The subsequent pages will then reflect the instructions which are below.

ITEM No.:

Follow the preparation instructions for Format 1000.

REQUESTER:

Follow the preparation instructions for Format 1000.

SUPPLIER:

Follow the preparation instructions for Format 1000.

TEST CODE:

Follow the preparation instructions for Format 1000.

LOCATION:

Follow the preparation instructions for Format 1000.

CIRCUIT DESCRIPTION:

Enter in each column in successive order (left to right) the circuit use and/or circuit type as the column heading to accommodate the required circuits. Enter in the matrix an X where a circuit is required. A blank will indicate that a circuit is not required. The last column in each page reflects the total number of circuits shown on that horizontal line. Use the following headings as appropriate in circuit description entries:

Circuit Type or special classification: Simplex, duplex, half-duplex, etc.  
Other - Specify in entry or in REMARKS.

Circuit Use: e.g. Broadcast, data, air-to-ground, tracking, command, operational administration, meteorological, biomedical, recovery, etc. Other - Specify in entry or in REMARKS.

SUB-ITEM: Enter the sub-item number from the requirement format.

STATION: Enter the sites or centers where the information originates (from).

Enter the sites or centers where the information is going (to). If the information flow is in both directions (duplex) either site may be entered. Use standard site letter designators.

TOTAL CIRCUITS: Enter the total number of circuits needed to satisfy all the requirements within the line items.

REMARKS: Enter any remarks in this entry that will further clarify any responses that appear on this format.





PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2740 - GROUND COMMUNICATIONS - INTERCOMMUNICATIONS SYSTEMS

NOTE: This format is used to state requirements/support responses for distribution within the operational intercommunication systems, that is, the connections required between the local area and the various sites normally satisfied by operational intercommunications system (OIS), transistorized operations phone system (TOPS), etc., type systems.

ITEM No.:

Follow the preparation instructions for Format 1000.

REQUESTER:

Follow the preparation instructions for Format 1000.

SUPPLIER:

Follow the preparation instructions for Format 1000.

TEST CODE:

Follow the preparation instructions for Format 1000.

LOCATION:

Follow the preparation instructions for Format 1000.

NET TITLE OR NUMBER: Enter the net title, number, or function of the system. Place the title, number, or function in a vertical position in the space provided. Notes may be required to clarify the entries. If so, enter a reference letter under the relevant net and explain in the REMARKS. Do not use the letters M or X as reference letters. BOX A - Notes may be required to clarify the net title or number entries. If so, enter a reference letter in Box B under the relevant net and explain in REMARKS.

SUB-ITEM: This number may be a single digit or decimal coded and is a suffix to the item number.

TYPE INST (TYPE INSTRUMENTATION): Indicate the end instrument type desired. Use the following symbols:

S - Standard W - Weather SP - Special Purpose E - Explosion Proof

STATION OR LOCATION: Identify the location or station where the end instrument will be installed. BOX B - Notes may be required to clarify the station or location entries. If so, enter the reference letters in the column entries below Box B, and explain in REMARKS. Do not use the letters M or X as reference letters. MATRIX - Show the relationship between this stations and the net title or number by placing an "X" in the appropriate boxes. If only a monitor capability of a net function is required, place an "M" in the appropriate boxes.

Notes may be required to clarify the relation between the nets and the station or location entries. If so, enter a reference letter in the appropriate place in lieu of the "X" or "M". Explain the letter used in REMARKS.

REMARKS: Use this space to explain all letter designations assigned to the entries on this format.

CLASSIFICATION:

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PROGRAM TITLE:  
DOC TYPE/NO.:

REVISION:

DATE:

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2740 - GROUND COMMUNICATIONS - INTERCOMMUNICATIONS SYSTEMS  
=====

ITEM NO.:  
REQUESTER:  
SUPPLIER:  
TEST CODE:  
LOCATION:

NET TITLE	:	:	:	:	:	:	:	:	:	:	:
OR	----->	:	:	:	:	:	:	:	:	:	:
NUMBER		:	:	:	:	:	:	:	:	:	:
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SUB-ITEM :	TYPE :	STATION :	A :	:	:	:	:	:	:	:	:	:
	INST :	OR :										
		LOCATION : <th>B :</th> <th>:</th> <th>:</th> <th>:</th> <th>:</th> <th>:</th> <th>:</th> <th>:</th> <th>:</th> <th>:</th>	B :	:	:	:	:	:	:	:	:	:
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REMARKS:

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PAGE -  
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CLASSIFICATION:

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PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2760 - GROUND COMMUNICATIONS TERMINATIONS - VOICE

NOTE: This format is used to state requirements/support responses for voice communications except longline telephone and recording requirements. Either this format or format 2710 may be used depending on the type of presentation desired.

ITEM NO.:

Follow the preparation instructions for Format 1000.

REQUESTER:

Follow the preparation instructions for Format 1000.

SUPPLIER:

Follow the preparation instructions for Format 1000.

TEST CODE: Enter the applicable test code for each sub-item.

LOCATION:

Follow the preparation instructions for Format 1000.

CIRCUIT TITLE: Enter the circuit title. All circuits must be identified by their proper, official title to facilitate implementation and access control. If desired, the common name or abbreviation may be entered in parentheses after the proper title. Circuit numbers, call signs, or bit rates, if they are to be used, are to be entered.

RESPONSIBLE AGENCY: Enter the Responsible Agency involved in the circuit termination below the circuit title, i.e., WSMC, ESMC, DDMS, GSFC, KSC, JSC, MSFC, etc.

SUB-ITEM: Enter the sub-item number from the requirement format.

TEST CODE: Follow the preparation instructions for Format 1000.

NOTE: Notes may be required to clarify the entries. If so, enter a reference number and explain under NOTES.

CAP (CAPABILITY): Enter one of the following communications circuit capability symbols opposite each item:

T (Talk & monitor w/ headset only)	M/S (Monitor w/speaker)
T/S (Talk & monitor w/headset & speaker)	M (Monitor w/headset only)

TERMINATION LOCATIONS - Sequentially following in the format show the terminations in each location grouped together under the proper responsible agency. List the terminations within the agency's sphere of responsibility. Each termination should have a sub-item number, test code and an entry to show the capability entered under the respective heading. In order to complete the circuit depiction between agencies, an entry should be made under termination location at each applicable location by the Requesting Agency. Entries for information purposes are used when a termination of the circuit falls within the Requesting Agency's sphere of responsibility in order to complete the circuit information.

NOTES: Enter any remarks that will clarify entries made.

CONTINUE THIS FORMAT ON CONTINUING PAGES IF REQUIRED.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2760 - GROUND COMMUNICATIONS TERMINATIONS - VOICE

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

CIRCUIT TITLE:

RESPONSIBLE AGENCY:

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SUB-ITEM TEST CODE NOTE CAP TERMINATION LOCATION
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NOTES:

RESPONSIBLE AGENCY:

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SUB-ITEM TEST CODE NOTE CAP TERMINATION LOCATIONS
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NOTES:

RESPONSIBLE AGENCY:

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SUB-ITEM TEST CODE NOTE CAP TERMINATION LOCATIONS
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NOTES:

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PAGE -

CLASSIFICATION:

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UDS 2760 S
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2761 - GROUND COMMUNICATIONS TERMINATIONS - SECURE VOICE

NOTE: This format is used to provide requirement/support responses for secure voice communications except longline telephone and recording requirements. Either this format or format 2710 may be used depending on the type of presentation desired.

ITEM NO.:  
Follow the preparation instructions for format 1000.

REQUESTER:  
Follow the preparation instructions for format 1000.

SUPPLIER:  
Follow the preparation instructions for format 1000.

TEST CODE: Follow the preparation instructions for format 1000.

LOCATION: Follow the preparation instructions for format 1000.

CIRCUIT TITLE: Enter the circuit title. All circuits must be identified by their proper, official title to facilitate implementation and access control. If desired, the common name or abbreviation may be entered in parentheses after the proper title. Circuit numbers, call signs, or bit rates, if they are to be used, are to be entered.

RESPONSIBLE AGENCY: Enter the Responsible Agency involved in the circuit termination below the circuit title, i.e., WSMC, ESMC, DDMS, GSFC, KSC, JSC, MSFC, SD, etc.

SUB-ITEM: Enter the sub-item number from the requirement format.

TEST CODE: Enter the applicable Test Code for each Sub-Item.

NOTE: Notes may be required to clarify the entries. If so, enter a reference number and explain in a convenient unused space.

CAP (CAPABILITY): Enter one of the following communications circuit capability symbols opposite each item:

T (Talk & monitor w/ headset only)	M/S (Monitor w/speaker)
T/S (Talk & monitor w/headset & speaker)	M (Monitor w/headset only)

TERMINATION LOCATIONS - Sequentially following in the format show the terminations in each location grouped together under the proper responsible agency. List the terminations within the agency's sphere of responsibility. Each termination should have a sub-item number, test code and an entry to show the capability entered under the respective heading. In order to complete the circuit depiction between agencies, an entry should be made under termination location at each applicable location by the Requesting Agency. Entries for information purposes may be used when a termination of the circuit falls within the Requesting Agency's sphere of responsibility in order to complete the circuit information.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2761 - GROUND COMMUNICATIONS TERMINATIONS - SECURE VOICE
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ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

CIRCUIT TITLE:

RESPONSIBLE AGENCY:

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SUB-ITEM TEST CODE NOTE CAP TERMINATION LOCATIONS
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NOTES:

RESPONSIBLE AGENCY:

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SUB-ITEM TEST CODE NOTE CAP TERMINATION LOCATIONS
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NOTES:

RESPONSIBLE AGENCY:

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SUB-ITEM TEST CODE NOTE CAP TERMINATION LOCATIONS
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NOTES:

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PAGE -

CLASSIFICATION:

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UDS 2761 S
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2762 - GROUND COMMUNICATIONS TERMINATIONS - POINT-TO-POINT

NOTE: This format is used to state requirements/support reponses for point-to-point communications except longline telephone and recording requirements. Either this format or format 2710 may be used depending on the type of presentation desired.

ITEM NO.:  
Follow the preparation instructions for Format 1000.

REQUESTER:  
Follow the preparation instructions for Format 1000.

SUPPLIER:  
Follow the preparation instructions for Format 1000.

TEST CODE:  
Follow the preparation instructions for Format 1000.

LOCATION:  
Follow the preparation instructions for Format 1000.

CIRCUIT TITLE: Enter the circuit title. All circuits must be identified by their proper, official title to facilitate implementation and access control. If desired, the common name or abbreviation may be entered in parentheses after the proper title. Circuit numbers, call signs, or bit rates, if they are to be used, are to be entered.

RESPONSIBLE AGENCY: Enter the Responsible Agency involved in the circuit termination below the circuit title, i.e., WSMC, ESMC, DDMS, GSFC, KSC, JSC, MSFC, SD, etc.

SUB-ITEM: Enter the sub-item number from the requirement format.

TEST CODE: Enter the applicable Test Code for each Sub-Item.

NOTE: Notes may be required to clarify the entries. If so, enter a reference number and explain in a convenient unused space.

CAP (CAPABILITY): Enter one of the following communications circuit capability symbols opposite each item:

T (Talk & monitor w/ headset only)	M/S (Monitor w/speaker)
T/S (Talk & monitor w/headset & speaker)	M (Monitor w/headset only)

TERMINATION LOCATIONS - Sequentially following in the format show the terminations in each location grouped together under the proper responsible agency. List the terminations within the agency's sphere of responsibility. Each termination should have a sub-item number, test code and an entry to show the capability entered under the respective heading. In order to complete the circuit depiction between agencies, an entry should be made under termination location at each applicable location by the Requesting Agency. Entries for information purposes may be used when a termination of the circuit falls within the Requesting Agency's sphere of responsibility in order to complete the circuit information.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2762 - GROUND COMMUNICATIONS TERMINATIONS - POINT-TO-POINT

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

CIRCUIT TITLE:

RESPONSIBLE AGENCY:

SUB-ITEM	TEST CODE	NOTE	CAP	TERMINATION LOCATIONS
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NOTES:

RESPONSIBLE AGENCY:

SUB-ITEM	TEST CODE	NOTE	CAP	TERMINATION LOCATIONS
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NOTES:

RESPONSIBLE AGENCY:

SUB-ITEM	TEST CODE	NOTE	CAP	TERMINATION LOCATIONS
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NOTES:

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CLASSIFICATION:

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UDS 2762 S  
JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2763 - GROUND COMMUNICATIONS TERMINATIONS - TELETYPE

NOTE: This format is used to state requirements/support responses for teletype communication except longline telephone and recording requirements. Either this format or format 2710 may be used depending on the type of presentation desired.

ITEM NO.:

Follow the preparation instructions for Format 1000.

REQUESTER:

Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for format 1000.

TEST CODE: Follow the preparation instructions for format 1000.

LOCATION: Follow the preparation instructions for format 1000.

CIRCUIT TITLE: Enter the circuit title. All circuits must be identified by their proper, official title to facilitate implementation and access control. If desired, the common name or abbreviation may be entered in parentheses after the proper title. Circuit numbers, call signs, or bit rates, if they are to be used, are to be entered.

RESPONSIBLE AGENCY: Enter the Responsible Agency involved in the circuit termination below the circuit title, i.e., WSMC, ESMC, DDMS, GSFC, KSC, JSC, MSFC, SD, etc.

SUB-ITEM: Enter the sub-item number from the requirement format.

TEST CODE: Enter the applicable Test Code for each Sub-Item.

NOTE: Notes may be required to clarify the entries. If so, enter a reference number and explain in a convenient unused space.

CAP (CAPABILITY): Enter one of the following communications circuit capability symbols opposite each item:

T/O (Transmit Only),	H (Half Duplex)
R/O (Receive Only)	F (Full Duplex)
R/T (Receive & Transmit)	

TERMINATION LOCATIONS - Sequentially following in the format show the terminations in each location grouped together under the proper responsible agency. List the terminations within the agency's sphere of responsibility. Each termination should have a sub-item number, test code and an entry to show the capability entered under the respective heading. In order to complete the circuit depiction between agencies, an entry should be made under termination location at each applicable location by the Requesting Agency. Entries for information purposes may be used when a termination of the circuit falls within the Requesting Agency's sphere of responsibility in order to complete the circuit information.

NOTES: Enter any remarks that will calrify entries made.

CONTINUE THIS FORMAT ON CONTINUING PAGES IF REQUIRED

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2763 - GROUND COMMUNICATIONS TERMINATIONS - TELETYPE

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

CIRCUIT TITLE:

RESPONSIBLE AGENCY:

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SUB-ITEM TEST CODE NOTE CAP TERMINATION LOCATIONS
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NOTES:

RESPONSIBLE AGENCY:

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SUB-ITEM TEST CODE NOTE CAP TERMINATION LOCATIONS
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NOTES:

RESPONSIBLE AGENCY:

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SUB-ITEM TEST CODE NOTE CAP TERMINATION LOCATIONS
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NOTES:

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PAGE -

CLASSIFICATION:

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UDS 2763 S
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2765 - GROUND COMMUNICATIONS TERMINATIONS - SECURE DATA

NOTE: This format is used to state requirements/support responses for secure data communications except longline telephone and recording requirements. Either this format or format 2710 may be used depending on the type of presentation desired.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

LOCATION: Follow the preparation instructions for Format 1000.

CIRCUIT TITLE: Enter the circuit title. All circuits must be identified by their proper, official title to facilitate implementation and access control. If desired, the common name or abbreviation may be entered in parentheses after the proper title. Circuit numbers, call signs, or bit rates, if they are to be used, are to be entered.

RESPONSIBLE AGENCY: Enter the Responsible Agency involved in the circuit termination below the circuit title, i.e., WSMC, ESMC, DDMS, GSFC, KSC, JSC, MSFC, SD, etc.

SUB-ITEM: Enter the sub-item number from the requirement format.

TEST CODE: Enter the applicable Test Code for each Sub-Item.

NOTE: Notes may be required to clarify the entries. If so, enter a reference number and explain in a convenient unused space.

CAP (CAPABILITY): Enter one of the following communications circuit capability symbols opposite each item:

T/O (Transmit Only),	H (Half Duplex)
R/O (Receive Only)	F (Full Duplex)
R/T (Receive & Transmit)	

TERMINATION LOCATIONS - Sequentially following in the format show the terminations in each location grouped together under the proper responsible agency. List the terminations within the agency's sphere of responsibility. Each termination should have a sub-item number, test code and an entry to show the capability entered under the respective heading. In order to complete the circuit depiction between agencies, an entry should be made under termination location at each applicable location by the Requesting Agency. Entries for information purposes may be used when a termination of the circuit falls within the Requesting Agency's sphere of responsibility in order to complete the circuit information.

NOTES: Enter any remarks that will clarify the entries made.

CONTINUE THIS FORMAT ON CONTINUING PAGES IF REQUIRED.

CLASSIFICATION:

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\* \* \*

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

=====
2765 - GROUND COMMUNICATIONS TERMINATIONS - SECURE DATA

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
LOCATION:

CIRCUIT TITLE:
RESPONSIBLE AGENCY:

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SUB-ITEM TEST CODE NOTE CAP TERMINATION LOCATIONS
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NOTES:

RESPONSIBLE AGENCY:

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SUB-ITEM TEST CODE NOTE CAP TERMINATION LOCATIONS
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NOTES:

RESPONSIBLE AGENCY:

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SUB-ITEM TEST CODE NOTE CAP TERMINATION LOCATIONS
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NOTES:

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PAGE -

CLASSIFICATION:

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UDS 2765 S
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2766 - GROUND COMMUNICATIONS TERMINATIONS - TELEVISION/DATA

**NOTE:** This format is used to state requirements/support responses for television/data communications except longline telephone and recording requirements. Either this format or format 2710 may be used depending on the type of presentation desired. Indicate the TV circuits and terminations required. Format 2800 will be used to request the TV cameras or monitors required and to stipulate the subject or coverage to be viewed.

**ITEM NO.:** Follow the preparation instructions for Format 1000.

**REQUESTER:** Follow the preparation instructions for Format 1000.

**SUPPLIER:** Follow the preparation instructions for Format 1000.

**TEST CODE:** Follow the preparation instructions for Format 1000.

**LOCATION:** Follow the preparation instructions for Format 1000.

**CIRCUIT TITLE:** Enter the circuit title. All circuits must be identified by their proper, official title to facilitate implementation and access control. If desired, the common name or abbreviation may be entered in parentheses after the proper title. Circuit numbers, call signs, or bit rates, if they are to be used, are to be entered.

**RESPONSIBLE AGENCY:** Enter the responsible Agency involved in the circuit termination below the circuit title, i.e., WSMC, ESMC, DDMS, GSFC, KSC, JSC, MSC, SD, etc.

**SUB-ITEM:** Enter the sub-item number from the requirement format.

**TEST CODE:** Enter applicable Test Code for each Sub-Item.

**NOTE:** Notes may be required to clarify the entries. If so, enter a reference number and explain in a convenient unused space.

**CAP (CAPABILITY):** Enter one of the following communications circuit capability symbols opposite each item:

T/O (Transmit Only),	H (Half Duplex)
R/O (Receive Only)	F (Full Duplex)
R/T (Receive & Transmit)	

**TERMINATION LOCATIONS -** Sequentially following in the format show the terminations in each location grouped together under the proper responsible agency. List the terminations within the agency's sphere of responsibility. Each termination should have a sub-item number, test code and an entry to show the capability entered under the respective heading. In order to complete the circuit depiction between agencies, an entry should be made under termination location at each applicable location by the Requesting Agency. Entries for information purposes may be used when a termination of the circuit falls within the Requesting Agency's sphere of responsibility in order to complete the circuit information.

**NOTES:** Enter any remarks that will clarify entries made.

CONTINUE THIS FORMAT ON CONTINUING PAGES IF REQUIRED.

CLASSIFICATION:

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\* \* \*

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

=====
2766 - GROUND COMMUNICATIONS TERMINATIONS - TELEVISION/DATA

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

CIRCUIT TITLE:

RESPONSIBLE AGENCY:

-----
SUB-ITEM TEST CODE NOTE CAP TERMINATION LOCATIONS
-----

NOTES:

RESPONSIBLE AGENCY:

-----
SUB-ITEM TEST CODE NOTE CAP TERMINATION LOCATIONS
-----

NOTES:

RESPONSIBLE AGENCY:

-----
SUB-ITEM TEST CODE NOTE CAP TERMINATION LOCATIONS
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NOTES:

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PAGE -

CLASSIFICATION:

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UDS 2766 S
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2768 - GROUND COMMUNICATIONS TERMINATIONS - VOICE RADIO

NOTE: This format is used to state requirements/support responses for voice radio communications except longline telephone and recording requirements. Either this format or format 2710 may be used depending on the type of presentation desired.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

LOCATION: Follow the preparation instructions for Format 1000.

CIRCUIT TITLE: Enter the circuit title. All circuits must be identified by their proper, official title to facilitate implementation and access control. If desired, the common name or abbreviations may be entered in parentheses after the proper title. Circuit numbers, call signs, or bit rates, if they are to be used, are to be entered. Enter the Responsible Agency involved in the circuit termination below the circuit title, i.e., WSMC, ESMC, DDMS, GSFC, KSC, JSC, MSFC, SD, etc.

SUB-ITEM: Enter the sub-item number from the requirement format.

TEST CODE: Enter the applicable Test Code for each Sub-Item.

NOTE: Notes may be required to clarify the entries. If so, enter a reference number and explain in a convenient unused space.

CAP (CAPABILITY): Enter one of the following communications circuit capability symbols opposite each item:

T/O (Transmit Only),	H (Half Duplex)	: TTY, Fax, TV, HSD,
R/O (Receive Only)	F (Full Duplex)	: WBD, or Narrow-Band
R/T (Receive & Transmit)	or	: Data
		: <-----
T (Talk & monitor w/ headset only)	M/S (Monitor w/speaker)	: Voice, RF OIS Voice or, Point-to-point
T/S (Talk & monitor w/headset & speaker)	M (Monitor w/headset only)	: Phone
		:

TERMINATION LOCATIONS - Sequentially following in the format show the terminations in each location grouped together under the proper responsible agency. List the terminations within the agency's sphere of responsibility. Each termination should have a sub-item number, test code and an entry to show the capability entered under the respective heading. In order to complete the circuit depiction between agencies, an entry should be made under termination location at each applicable location by the Requesting Agency. Entries for information purposes may be used when a termination of the circuit falls within the Requesting Agency's sphere of responsibility in order to complete the circuit information.

NOTES: Enter any remarks that will clarify entries made.

CONTINUE THIS FORMAT ON CONTINUING PAGES IF REQUIRED.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2768 - GROUND COMMUNICATIONS TERMINATIONS - VOICE RADIO

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

CIRCUIT TITLE:

RESPONSIBLE AGENCY:

-----
SUB-ITEM TEST CODE NOTE CAP TERMINATION LOCATIONS
-----

NOTES:

RESPONSIBLE AGENCY:

-----
SUB-ITEM TEST CODE NOTE CAP TERMINATION LOCATIONS
-----

NOTES:

RESPONSIBLE AGENCY:

-----
SUB-ITEM TEST CODE NOTE CAP TERMINATION LOCATIONS
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NOTES:

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PAGE -

CLASSIFICATION:

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UDS 2768 S
JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2769 - GROUND COMMUNICATIONS TERMINATIONS - MISCELLANEOUS

NOTE: This format is used to state requirements/support responses for miscellaneous communications except longline telephone and recording requirements. Either this format or format 2710 may be used depending on the type of presentation desired.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

LOCATION: Follow the preparation instructions for Format 1000.

CIRCUIT TITLE: Enter the circuit title. All circuits must be identified by their proper, official title to facilitate implementation and access control. If desired, the common name or abbreviation may be entered in parentheses after the proper title. Circuit numbers, call signs, or bit rates, if they are to be used, are to be entered. Enter the Responsible Agency involved in the circuit termination below the circuit title, i.e., WSMC, ESMC, DOMS, GSFC, KSC, JSC, MSFC, SD, etc.

SUB-ITEM: Enter the sub-item number from the requirement format.

TEST CODE: Enter the applicable Test Code for each Sub-Item.

NOTE: Notes may be required to clarify the entries. If so, enter a reference number and explain in a convenient unused space.

CAP (CAPABILITY): Enter one of the following communications circuit capability symbols opposite each item:

T/O (Transmit Only),	R/T (Receive & Transmit):	TTY, Fax, TV, HSD,
R/O (Receive Only)	H (Half Duplex)	: WBD, or Narrow-Band
R/T (Receive & Transmit)	F (Full Duplex) or	: Data
		:<-----
T (Talk & monitor w/ headset only)	M/S (Monitor w/speaker)	: Voice, RF OIS Voice
		: or, Point-to-point
T/S (Talk & monitor w/headset & speaker)	M (Monitor w/headset only)	: Phone
		:

TERMINATION LOCATIONS - Sequentially following in the format show the terminations in each location grouped together under the proper responsible agency. List the terminations within the agency's sphere of responsibility. Each termination should have a sub-item number, test code and an entry to show the capability entered under the respective heading. In order to complete the circuit depiction between agencies, an entry should be made under termination location at each applicable location by the Requesting Agency. Entries for information purposes may be used when a termination of use circuit falls within the Requesting Agency's sphere of responsibility in order to complete the circuit information.

NOTES: Enter any remarks that will clarify entries made.

CONTINUE THIS FORMAT ON CONTINUING PAGES IF REQUIRED.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2769 - GROUND COMMUNICATIONS TERMINATIONS - MISCELLANEOUS

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

CIRCUIT TITLE:

RESPONSIBLE AGENCY:

-----
SUB-ITEM TEST CODE NOTE CAP TERMINATION LOCATIONS
-----

NOTES:

RESPONSIBLE AGENCY:

-----
SUB-ITEM TEST CODE NOTE CAP TERMINATION LOCATIONS
-----

NOTES:

RESPONSIBLE AGENCY:

-----
SUB-ITEM TEST CODE NOTE CAP TERMINATION LOCATIONS
-----

NOTES:

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PAGE -

CLASSIFICATION:

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UDS 2769 S
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2770 - GROUND COMMUNICATIONS RECORDINGS

NOTE: This format is used to levy requirements for recording radio, television, telephone, intercom (TOPS, OIS) and other communications.

ITEM NO.:  
Follow the preparation instructions for Format 1000.

REQUESTER:  
Follow the preparation instructions for Format 1000.

SUPPLIER:  
Follow the preparation instructions for Format 1000.

TEST CODE:  
Follow the preparation instructions for Format 1000.

LOCATION:  
Follow the preparation instructions for Format 1000.

SUB-ITEM: Enter the sub-item number from the requirement format.

STATION OR LOCATION:  
Indicate the station or location that will record the communication data.

RECORDING REQUIREMENTS:  
List the data that is to be recorded, the method of recording and any special recording format.

AUDIO/VIDEO RECORDING:  
Enter the time the recording is to be initiated (START), i.e., T-0, Acquisition of Signal (AOS), etc., the time the recording is to be terminated (STOP), i.e., T-350 sec, Loss of Signal (LOS), etc., enter the type of recording, audio (A), video (V), or both (AV), enter the recording speed (SPED) in inches per second or millimeters per second. Indicate units, and state the REEL SIZE limitations of the playback equipment, i.e., 3 in., 5 in., 7 in., 10-1/2 in., etc.

TIME CORL (TIME CORRELATION):  
Enter "Yes" or "No" to indicate whether or not time correlation is required on the recording.

REMARKS:  
List any special instructions and/or remarks to clarify the recording requirements. If more space is required use a referenced sub-item number and explain.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2770 - GROUND COMMUNICATIONS RECORDINGS

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

-----
SUB- TEST STATION < AUDIO/VIDEO RECORDING >
ITEM CODE OR OR RECORDING AUD/ TAPE REEL TIME
REQUIREMENTS START STOP VID SPED SIZE CORL
-----

REMARKS:

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PAGE -

CLASSIFICATION:

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UDS 2770 S
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2780 - GROUND COMMUNICATIONS - TELEPHONE

NOTE: This format is used by the Support Agency to list the telephone services to be provided.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

TYPE:  
Indicate the type, Administrative (ADM) or Operations (OPS), for which the telephone service is being provided.

CLASS OF SERVICE:  
Indicate the class of service, based on contract by entering an A, B, or C.

Note: Three classes of telephone service are provided to the Requesting Agency:

Class A - Service is government furnished at no charge and allows dialing access to surrounding communities.

Class B - Service is government furnished, but chargeable to the User at the local standard telephone company rate.

Class C - Service is government furnished at no charge to the User, but does not provide dialing access to local communities.

LINES:  
Enter the number of lines provided for each class of service.

EXTENSIONS:  
Enter the number of extensions per line provided for each class of service.

LOCATION:  
Enter the location of the telephone service being provided by indicating the station or center name or number, building and room, or other, as applicable.

REMARKS:  
Enter any clarifying remarks pertaining to telephone service.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2780 - GROUND COMMUNICATIONS - TELEPHONE

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

TYPE: ADMINISTRATIVE( ) OPERATIONS( )

CLASS OF SERVICE: A( ) B( ) C( )

LINES:

EXTENSIONS:

LOCATION

STATION:

BUILDING:

ROOM:

OTHER:

REMARKS:

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PAGE -

CLASSIFICATION:

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UDS 2780 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2800 - OTHER COMMUNICATIONS

NOTE: This format is used by the Support Agency to provide a support plan for all communications items not covered elsewhere.

ITEM NO.:

Follow preparation instructions for Format 1000.

REQUESTER:

Follow preparation instructions for Format 1000.

SUPPLIER:

Follow preparation instructions for Format 1000.

TEST CODE:

Follow preparation instructions for Format 1000.

LOCATION:

Follow preparation instructions for Format 1000.

RESPONSE( ) INFORMATION( ):

Indicate whether each item number documented is a response for support or is included for informational purposes only. Describe, in general, the support that will be provided to satisfy the requirements. Include in the plan recording methods and calibration standards.

CLASSIFICATION:

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PROGRAM TITLE:  
DOC TYPE/NO.:

REVISION:

DATE:

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2800 - OTHER COMMUNICATIONS

ITEM NO. :  
REQUESTER :  
SUPPLIER :  
TEST CODE :  
LOCATION :  
RESPONSE( ) INFORMATION( ) :

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PAGE -

CLASSIFICATION:

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UDS 2800 S  
JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2805 - OTHER COMMUNICATIONS - TELEVISION

NOTE: This format is used by the Support Agency to present the support for operations, documentary and public relations television. Video recording responses will be provided on Format 2770 - Ground Communications Recordings, with reference to the appropriate item numbers. Video recordings disposition will be listed on Format 4215 - Data Disposition - Detail - Voice/TV Recording.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

TYPE EQUIPMENT:  
Specify whether cameras and/or monitors will be provided to cover the items listed in SUBJECT TO BE VIEWED entry and whether the equipment is to be fixed (F), mobile (M), or portable (P).

SUBJECT TO BE VIEWED:  
Describe the object or action to be viewed, including size of area to be covered, direction of motion, if any, day or night coverage, other considerations, and further pertinent details that will help describe the support to be provided.

EQUIPMENT LOCATION:  
Give location or area of usage of each item listed in TYPE EQUIPMENT entry.

PERIOD:  
Specify the period during which each item in SUBJECT TO BE VIEWED entry is to be viewed.

REMARKS:  
State the purpose for which the item is to be provided. Indicate whether transmission protection is used by adding Secure Circuit, Unsecure Circuit, or Encrypt for Transmission Only (EFTO).

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2805 - OTHER COMMUNICATIONS - TELEVISION

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

TYPE EQUIPMENT:

SUBJECT TO BE VIEWED:

EQUIPMENT LOCATION:

PERIOD:

REMARKS:

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CLASSIFICATION:

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UDS 2805 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2810 - OTHER COMMUNICATIONS - TIMING

NOTE: This format is used by the Support Agency to indicate its timing support for timing codes.

ITEM NO.:

Follow preparation instructions for Format 1000.

REQUESTER:

Follow preparation instructions for Format 1000.

SUPPLIER:

Follow preparation instructions for Format 1000.

TEST CODE:

Follow preparation instructions for Format 1000.

LOCATION:

Follow preparation instructions for Format 1000.

TIMING SIGNAL:

TIMING CODE REPETITION RATES:

Indicate the timing code and repetition rates.

CORRELATION ACCURACY:

List the correlation accuracy or the tolerance limits in milliseconds (ms) or microseconds (usec).

REMARKS/PLAN:

Describe the support that will be provided to satisfy the requirements.

CLASSIFICATION:

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PROGRAM TITLE:  
DOC TYPE/NO.:

REVISION:

DATE:

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2810 - OTHER COMMUNICATIONS - TIMING

ITEM NO. :  
REQUESTER:  
SUPPLIER:  
TEST CODE:  
LOCATION:

TIMING SIGNAL

TIMING CODE REPETITION RATES:

CORRELATION ACCURACY:

REMARKS/PLAN:

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PAGE -

CLASSIFICATION:

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UDS 2810 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2820 - OTHER COMMUNICATIONS - SEQUENCER

NOTE: This format is used by the Support Agency to describe the support to be provided for automatic function control and holdfire circuits.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
Describe the support that will be provided to satisfy the requirement.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2820 - OTHER COMMUNICATIONS - SEQUENCER

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE:

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CLASSIFICATION:

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UDS 2820 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 2830 - OTHER COMMUNICATIONS - VISUAL COUNTDOWN AND STATUS INDICATORS

NOTE: This format is used by the Support Agency to present the plan to provide visual countdown and status indicators. This format will be used when new equipment will be required.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

IDENTIFICATION:  
List the station identification where the equipment is to be located, along with the station call letters and number.

SUPPORT DESCRIPTION:  
Describe the support that will be provided to satisfy the requirements.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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2830 - OTHER COMMUNICATIONS - VISUAL COUNTDOWN AND STATUS INDICATORS

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

IDENTIFICATION:

SUPPORT DESCRIPTION:

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PAGE -

CLASSIFICATION:

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UDS 2830 S  
JAN90



## PSP/OD PREPARATION INSTRUCTIONS

### FORMAT 3000 - REALTIME DATA DISPLAY/CONTROL

**NOTE:** This format is used by the Support Agency to describe the realtime data support plan. For large programs or tests, identify all supplemental documentation by title, number, and content. Include broad outlines wherever possible.

**ITEM NO.:**  
Follow preparation instructions for Format 1000.

**REQUESTER:**  
Follow preparation instructions for Format 1000.

**SUPPLIER:**  
Follow preparation instructions for Format 1000.

**TEST CODE:**  
Follow preparation instructions for Format 1000.

**LOCATION:**  
Follow preparation instructions for Format 1000.

**RESPONSE( ) INFORMATION( ):**  
Indicate whether each item number documented is a response for support or is included for informational purposes only. Enter a narrative description of the support to be provided. The realtime data support section provides for all known types of realtime data. Describe, in general, the realtime data support for program, mission, or test requirements. Small programs or tests will not require all of the categories of realtime data.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3000 - REALTIME DATA DISPLAY/CONTROL

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE( ) INFORMATION( ):

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PAGE -

CLASSIFICATION:

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UDS 3000 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3010 - REALTIME FLIGHT CONTROL/SUPPORT CENTERS

NOTE: This format is used by the Support Agency to specify the centers providing realtime control and support.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
Enter a narrative description of the support to be provided. Specify the realtime flight control data display and control center(s) to be provided for each mission.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3010 - REALTIME FLIGHT CONTROL/SUPPORT CENTERS

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 3010 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3020 - REALTIME FLIGHT CONTROL DATA ACQUISITION

NOTE: This format is used by the Support Agency to specify the control acquisition and control support to be provided and the configuration at the remote sites and control centers.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
Enter a narrative description of the support to be provided. Specify the control data acquisition and control support to be provided for each mission. List telemetry parameters and sample rates to be included on Format 3043 - Realtime Telemetry Data Formats. If supplementary format documentation is to be provided, state the documentation to be provided including title, number, and content.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3020 - REALTIME FLIGHT CONTROL DATA ACQUISITION

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 3020 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3030 - REALTIME DISPLAYS AND CONSOLES

NOTE: This format is used by the Support Agency to present the plan for data displays and consoles.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

STATION DESIGNATION:  
Enter the station designator along with the station call letters and number.

RESPONSE:  
Describe the support that will be provided to satisfy requirements.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3030 - REALTIME DISPLAYS AND CONSOLES

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

STATION DESIGNATION:

RESPONSE:

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CLASSIFICATION:

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UDS 3030 S  
JAN90



## PSP/OD PREPARATION INSTRUCTIONS

### FORMAT 3031 - REALTIME DISPLAYS

**NOTE:** This format is used by the Support Agency to describe the realtime status display.

**ITEM NO.:**  
Follow preparation instructions for Format 1000.

**REQUESTER:**  
Follow preparation instructions for Format 1000.

**SUPPLIER:**  
Follow preparation instructions for Format 1000.

**TEST CODE:**  
Follow preparation instructions for Format 1000.

**LOCATION:**  
Follow preparation instructions for Format 1000.

**STATION DESIGNATION:**  
Enter the station designator along with the station call letters and number.

**RESPONSE:**  
Describe the status display to be provided to support the requirement. Include the position, legend, color, and activation, when applicable. State the location of the indicator as closely as possible. Give position of the display in the designated area, i.e., west wall, console number, rack or panel, or numbered location of display (such as plotting board No. 1). State the information to be displayed, i.e., countdown information, sequencer status information, hold/fire, master hold, and other information and status time.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3031 - REALTIME DISPLAYS

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

STATION DESIGNATION:

RESPONSE:

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CLASSIFICATION:

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UDS 3031 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3032 - REALTIME CONSOLE COMMAND PANELS

NOTE: This format is used by the Support Agency to specify the functions to be performed by command consoles to be provided by the Support Agency.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

STATION DESIGNATION:  
Enter the station designator along with the station call letters and number.

RESPONSE:  
Provide a narrative description of the functions to be performed by the console. Enter the console title, and list the stations at which the console will be employed. Push button indicators may be shown by use of diagrams or drawings. Drawings of the complete console are to be provided on Format 3034 - Realtime Console Drawings.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3032 - REALTIME CONSOLE COMMAND PANELS

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

STATION DESIGNATION:

RESPONSE:

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CLASSIFICATION:

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UDS 3032 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3033 - REALTIME CONSOLE ANALOG RECORDERS

NOTE: This format is used by the Support Agency to describe the realtime console analog recorders to be provided.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

STATION DESIGNATION:  
Enter the station designator along with the station call letters and number.

RESPONSE:  
Describe the analog recorders to be used in conjunction with the consoles to support the requirements.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3033 - REALTIME CONSOLE ANALOG RECORDERS

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

STATION DESIGNATION:

RESPONSE:

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CLASSIFICATION:

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UDS 3033 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3034 - REALTIME CONSOLE DRAWINGS

NOTE: This format is used by the Support Agency to provide sketches or layout drawings of the consoles and associated panels.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

STATION DESIGNATION:  
Enter the station designation along with the station call letters and number.

RESPONSE:  
Provide a drawing or sketch of the consoles and associated panels which are to be supplied by the Support Agency.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3034 - REALTIME CONSOLE DRAWINGS

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

STATION DESIGNATION:

RESPONSE:

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CLASSIFICATION:

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UDS 3034 S  
JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3035 - REALTIME CONSOLE MODULE DESCRIPTION

NOTE: This format is used by the Support Agency to describe the equipment to be provided to support the console module requirements.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

STATION DESIGNATION:  
Enter the station designator along with the station call letters and number.

RESPONSE:  
Describe each of the console modules to be provided and explain the operational concept where applicable.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3035 - REALTIME CONSOLE MODULE DESCRIPTION

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

STATION DESIGNATION:

RESPONSE:

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CLASSIFICATION:

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UDS 3035 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3036 - REALTIME - SUMMARY OF CONSOLE LOCATIONS

NOTE: This format is used by the Support Agency to summarize the consoles located at each station.

ITEM NO.:  
Follow the preparation instructions for Format 1000.

REQUESTER:  
Follow the preparation instructions for Format 1000.

SUPPLIER:  
Follow the preparation instructions for Format 1000.

TEST CODE:  
Follow the preparation instructions for Format 1000.

LOCATION:  
Follow the preparation instructions for Format 1000.

CONSOLE:  
Enter the console to be provided.

STATION DESIGNATION:  
Enter the station designator and station number of the site where the console is located.

REMARKS: Include any remarks that will further explain the above entries.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3036 - REALTIME - SUMMARY OF CONSOLE LOCATIONS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
LOCATION:

Table with columns for STATION, DESIGNATION, and CONSOLE, separated by vertical dotted lines.

Large table area with vertical dotted lines for data entry.

REMARKS:

CLASSIFICATION:

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PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3037 - REALTIME - SUMMARY OF CONSOLE MODULE LOCATIONS

NOTE: This format is used by the Support Agency to summarize the modules used on each console.

ITEM NO.:  
Follow the preparation instructions for Format 1000.

REQUESTER:  
Follow the preparation instructions for Format 1000.

SUPPLIER:  
Follow the preparation instructions for Format 1000.

TEST CODE:  
Follow the preparation instructions for Format 1000.

LOCATION:  
Follow the preparation instructions for Format 1000.

CONSOLE / STATION DESIGNATION:  
List the applicable type of consoles. Enter the station designator where the console module is located.

MODULE: List the console modules to be provided and enter the quantity of the modules in the matrix under the appropriate console type.

REMARKS:  
Include any remarks that will further explain the above entries.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

=====
3037 - REALTIME - SUMMARY OF CONSOLE MODULE LOCATIONS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
LOCATION:

Table with columns for CONSOLE/STATION DESIGNATION and MODULE, followed by multiple columns of dots representing data entries.

REMARKS:

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3038 - REALTIME DATA DISPLAYS AND CONSOLES - FUNCTIONAL BLOCK DIAGRAM

NOTE: This format is used by the Support Agency to provide a functional block diagram of the data displays and consoles.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

STATION DESIGNATION:  
Enter the station designator along with the station call letters and number.

RESPONSE:  
Enter a functional block diagram of data displays and consoles.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3038 - REALTIME DATA DISPLAYS AND CONSOLES - FUNCTIONAL BLOCK DIAGRAM

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

STATION DESIGNATION:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 3038 S  
JAN-0



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3039 - REALTIME - OTHER GROUP DISPLAYS AND CONTROLS

NOTE: This format is used by the Support Agency to describe displays and/or controls not covered elsewhere in this document.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

STATION DESIGNATION:  
Enter the station designator along with the station call letters and number.

RESPONSE:  
Describe the displays and controls which are provided but not covered in other UDS Sections. Include fast access sites, digital clock displays, plot boards, flight dynamics, teleprinters and alphanumeric hard copy outputs when applicable.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3039 - REALTIME - OTHER GROUP DISPLAYS AND CONTROLS

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

STATION DESIGNATION: .

RESPONSE:

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CLASSIFICATION:

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UDS 3039 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3040 - REALTIME DATA FORMATS

NOTE: This format is used by the Support Agency to describe the realtime data formats which are to be provided.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
Briefly describe the data formats which are to be used for transmission of tracking, telemetry, command, and other realtime data. If supplementary documentation is to be requested from the Requesting Agency, state the documentation requirements including title, number, and contents.

CLASSIFICATION:

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PROGRAM TITLE:  
DOC TYPE/NO.:

REVISION:

DATE:

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3040 - REALTIME DATA FORMATS

ITEM NO. :  
REQUESTER:  
SUPPLIER:  
TEST CODE:  
LOCATION:  
RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 3040 S  
JAN90

## PSP/OD PREPARATION INSTRUCTIONS

### FORMAT 3041 - REALTIME TRACKING DATA FORMAT CONTROL

**NOTE:** This format is used by the Support Agency to specify the data formats in which realtime tracking data is to be transmitted to the Requesting Agency. Data formats for existing low speed character systems and high speed bit systems are used. Words 1 and 2 of the data format are reserved for a message label and the time word.

**ITEM NO.:**  
Follow preparation instructions for Format 1000.

**REQUESTER:**  
Follow preparation instructions for Format 1000.

**SUPPLIER:**  
Follow preparation instructions for Format 1000.

**TEST CODE:**  
Follow preparation instructions for Format 1000.

**LOCATION:**  
Follow preparation instructions for Format 1000.

**RESPONSE:**  
Specify the realtime tracking data to be provided and whether high speed, low speed or high and low speed transmission is to be used. State whether raw or smooth data is to be provided. Identify the station(s) to which the data is to be transmitted. Concisely state the use of each bit or character of the data format. Provide a sketch for each data format. If supplementary documentation is used for defining data formats, specifically identify documents and applicable sections/paragraphs.

CLASSIFICATION:

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PROGRAM TITLE:  
DOC TYPE/NO.:

REVISION:

DATE:

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3041 - REALTIME TRACKING DATA FORMAT CONTROL

ITEM NO.:  
REQUESTER:  
SUPPLIER:  
TEST CODE:  
LOCATION:  
RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 3041 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3042 - REALTIME TELEMETRY DATA FORMAT CONTROL

NOTE: This format is used by the Support Agency to describe in general terms the realtime telemetry data formats to be used.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
Specify the realtime telemetry data formats and identify the Requesting Agency stations to which the data is to be transmitted. If supplementary documentation is to be used for defining the data train characteristics, specifically identify document, applicable sections, and paragraphs.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3042 - REALTIME TELEMETRY DATA FORMAT CONTROL

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 3042 S  
JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3043 - REALTIME TELEMETRY DATA FORMATS

NOTE: This format is used by the Support Agency to list telemetry data support and location of data in the realtime data train.

ITEM NO.:  
Follow the preparation instructions for Format 1000.

REQUESTER:  
Follow the preparation instructions for Format 1000.

SUPPLIER:  
Follow the preparation instructions for Format 1000.

TEST CODE:  
Follow the preparation instructions for Format 1000.

LOCATION:  
Follow the preparation instructions for Format 1000.

SUB-ITEM:  
This number may be single digit or decimal coded and is a suffix to the item number.

TEST CODE:  
Enter the applicable test code for each sub-item.

MEASUREMENT NUMBER:  
Enter the measurement number of the test data to be provided in realtime.

MEASUREMENT NAME:  
Enter the measurement name of the data to be provided in realtime.

SAMPLES PER SEC:  
Enter the relayed sampling rate per second of each measurement.

WORD NUMBER:  
Assign word number for each measurement for location of data within the data frame.

FRAME NUMBER:  
Assign frame number for each measurement for location of data within the data train.

REMARKS:  
Specify overhead type data that is to be included in the data train, e.g., sync words, source code, destination code, frame count, etc.  
Identify location of overhead data train. Use space of other clarifying information. If supplementary documentation is used for specifying data train arrangement, specifically identify document and applicable section/paragraphs.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3043 - REALTIME TELEMETRY DATA FORMATS

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

SUB- ITEM	TEST CODE	MEASUREMENT NUMBER	MEASUREMENT NAME	SAMPLES PER SEC	WORD NUMBER	FRAME NUMBER
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REMARKS:

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CLASSIFICATION:

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UDS 3043 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3044 - REALTIME COMMAND DATA FORMAT CONTROL

NOTE: This format is used by the Support Agency to list all high and low speed data formats to be provided for command purposes.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
Specify all high speed and low speed data formats to be used for command purposes. For programming purposes, include all vehicle/test item/spacecraft/payload command lists which provide the data structures for each command. Should the command system be complex and standardized, describe all standard interface data formats. Identify mission/test data format specifics that are variable.

If supplemental data format documentation is to be required from the Requesting Agency, state the documentation requirements including title, number, and minimum contents.

CLASSIFICATION:

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PROGRAM TITLE:  
DOC TYPE/NO.:

REVISION:

DATE:

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3044 - REALTIME COMMAND DATA FORMAT CONTROL

ITEM NO.:  
REQUESTER:  
SUPPLIER:  
TEST CODE:  
LOCATION:  
RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 3044 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3045 - REALTIME REMOTE SITE DATA PROCESSING

NOTE: This format is used by the Support Agency to specify the computer programs used for remote site data processor operation in support of a mission or test. This includes programs for accepting data for site display, processing, or retransmission of raw or processed data to control center or other sites.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
Specify the programs that comprise system interfaces in the various systems such as command, telemetry, tracking, and composite. If supplemental documentation is required from the Requesting Agency, state the documentation requirements including title, numbers, and minimum contents.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3045 - REALTIME REMOTE SITE DATA PROCESSING

ITEM NO.:  
REQUESTER:  
SUPPLIER:  
TEST CODE:  
LOCATION:  
RESPONSE:

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CLASSIFICATION:

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UDS 3045 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3050 - REALTIME DATA TESTING

NOTE: This format is used by the Support Agency to define the tests which are to be performed to assure capability to transmit and receive realtime data.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
Briefly describe the validation testing to be performed to assure the ability to transmit and receive realtime telemetry, tracking, and command data. If supplemental documentation is to be requested from the Requesting Agency, state the documentation requirements including title, number, and minimum contents.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3050 - REALTIME DATA TESTING

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 3050 S  
JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3060 - REALTIME DATA INTERFACES

NOTE: This format is used by the Support Agency to provide realtime support not covered elsewhere in UDS Sections 3000 through 3099.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
Briefly describe the data interfaces which evolve due to transmission and processing of realtime data.

PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3060 - REALTIME DATA INTERFACES

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 3060 S  
JAN90

## PSP/OD PREPARATION INSTRUCTIONS

### FORMAT 3061 - REALTIME DATA INTERFACE CRITERIA

**NOTE:** This format is used by the Support Agency to provide the interfaces when data generated by Requesting Agency instrumentation is to be transmitted and/or processed by the Support Agency.

**ITEM NO.:**  
Follow preparation instructions for Format 1000.

**REQUESTER:**  
Follow preparation instructions for Format 1000.

**SUPPLIER:**  
Follow preparation instructions for Format 1000.

**TEST CODE:**  
Follow preparation instructions for Format 1000.

**LOCATION:**  
Follow preparation instructions for Format 1000.

**PERIOD REQUIRED:**  
Enter by quarter and Calendar Year (CY) the period(s) during which the requirements must be supported.

**DATA TYPE:**  
Indicate general type of data, i.e., use "A" for Analog, "D" for Digital.

**SOURCE:**

**LOCATION:**  
Indicate geographical locations of the data source.

**IMPEDANCE:**  
Give the magnitude of the output impedance of the source and under type indicate whether this output is balanced or single-ended. Use "B" for Balanced, "S" for Single-ended.

**TERMINATION:**  
Indicate information as in SOURCE above for receiving termination.

**ANALOG DATA:**  
If Data Type indicates digital data, omit this entry. If this data is analog, indicate the following:

**WAVEFORM:**  
Enter the general waveshape, e.g., variable frequency sine wave, variable d.c. voltage, etc. If this waveform is other than a sine wave, illustrate on Format 3062 - Realtime Data Interface Criteria Drawings.

**OUTPUT VOLTAGE:**  
State output voltage, voltages, or voltage ranges as applies.

**RECEIVE VOLTAGE:**  
Indicate voltage(s) required for receiver operations based on above outputs less transmission losses.

(Continued.)

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

=====

3061 - REALTIME DATA INTERFACE CRITERIA

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

PERIOD REQUIRED FROM ( )QTR ( )CY TO ( )QTR ( )CY

DATA TYPE:

SOURCE

LOCATION:

IMPEDANCE

MAGNITUDE:

TYPE:

TERMINATION

LOCATION:

IMPEDANCE

MAGNITUDE:

TYPE:

ANALOG DATA

WAVEFORM:

OUTPUT VOLTAGE:

RECEIVE VOLTAGE:

FREQUENCY/FREQUENCY RANGE:

SIGNAL TO NOISE RATIO:

DIGITAL DATA

BINARY 1:

BINARY 0:

OUTPUT FORMAT:

FRAME RATE:

CLOCK:

ERROR RATE:

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PAGE -

CLASSIFICATION:

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UDS 3061 S  
JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3061 - REALTIME DATA INTERFACE CRITERIA (CONT'D)

FREQUENCY/FREQUENCY RANGE:

State frequency, frequencies or frequency range of operations as applies.

SIGNAL-TO-NOISE RATIO:

State signal-to-noise ratio required at the receiver.

DIGITAL DATA:

If Data Type indicates analog data, omit this item. If this data is digital, indicate the following:

BINARY 1:

State the binary 1 indication, e.g., NRZ-6 V. If other than a nonreturn to zero voltage level, illustrate on Format 3062.

BINARY 0:

State the binary 0 indication. If other than a nonreturn to zero voltage level, illustrate on Format 3062.

OUTPUT FORMAT:

State general output format e.g., 8-bit, parallel, serial, etc.

FRAME RATE:

State frame rate or rates of data; for parallel data i.e., the rate at which parallel words are transmitted. (For serial data, the frame rate is equal to the bit rate.)

CLOCK:

Indicate any clock outputs requiring transmission and/or available for use. If data equipment requires external interrupts, so indicate. Use Format 3062 for illustrations as required.

ERROR RATE:

Indicate transmission error rate tolerances.

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3062 - REALTIME DATA INTERFACE CRITERIA DRAWINGS

NOTE: This format is used by the Support Agency to graphically portray the data handling system(s) described on Format 3061.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
Provide a simple block diagram showing the complete data flow circuit. Start at the upper left hand corner of the format with the basic instrument that collects the data, and show all intermediary data collection points between the basic data collection instrument and the final recipient. Indicate quantities of each type circuit provided.

CLASSIFICATION:

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PROGRAM TITLE:  
DOC TYPE/NO.:

REVISION:

DATE:

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3062 - REALTIME DATA INTERFACE CRITERIA DRAWINGS

ITEM NO. :  
REQUESTER:  
SUPPLIER:  
TEST CODE:  
LOCATION:  
RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 3062 S  
JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3070 - REALTIME DATA COMPUTER

NOTE: This format is used by the Support Agency to describe the data processing equipment and the plan to support the Realtime Data Computer Requirements.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
Describe the support that will be provided.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3070 - REALTIME DATA COMPUTER

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 3070 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3080 - REALTIME DATA DISTRIBUTION

NOTE: This format is used by the Support Agency to present the plan for distribution of realtime data.

ITEM NO.:

Follow preparation instructions for Format 1000.

REQUESTER:

Follow preparation instructions for Format 1000.

SUPPLIER:

Follow preparation instructions for Format 1000.

TEST CODE:

Follow preparation instructions for Format 1000.

LOCATION:

Follow preparation instructions for Format 1000.

RESPONSE:

Describe the support that will be provided. This data is normally provided in realtime, but provisions will be made at each remote site to play back recorded data for display or for transmission to the control center.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3080 - REALTIME DATA DISTRIBUTION

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 3080 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3100 - PHOTOGRAPHIC

NOTE: This format is used by the Support Agency to summarize the general plan for support of the photographic requirements.

ITEM NO.:

Follow preparation instructions for Format 1000.

REQUESTER:

Follow preparation instructions for Format 1000.

SUPPLIER:

Follow preparation instructions for Format 1000.

TEST CODE:

Follow preparation instructions for Format 1000.

LOCATION:

Follow preparation instructions for Format 1000.

RESPONSE( ) INFORMATION( ):

Indicate whether each item number documented is a response for support or is included for informational purposes only. Describe the support that will be provided. The number of copies and disposition must be included on Format 4216 - Data Disposition - Detail - Photographic.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3100 - PHOTOGRAPHIC

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE( ) INFORMATION( ):

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PAGE -

CLASSIFICATION:

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UDS 3100 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3110 - PHOTOGRAPHIC - DOCUMENTARY

NOTE: This format is used by the Support Agency to respond to detailed documentary photographic requirements and to establish their processing and disposition instructions. The number of copies and disposition must also be included on Format 4200 or 4216 - Data Disposition.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

IDENTIFICATION NUMBER:  
Enter the Support Agency identification number of the specific data item.

CAMERA LOCATION:  
Enter the location at which the photographic coverage will be provided.

CAMERA FORMAT:  
Enter the size of film, i.e., 4X5, 70mm, 35mm, 16mm, etc.

FOCAL LENGTH:  
Enter the focal length of the lens used to obtain the required coverage.

FRAMES PER SECOND:  
Enter the frame rate for moving picture coverage in frames/second.

FILM TYPE LOAD:  
Enter the type film to be provided and whether black and white or color coverage is provided. Include where applicable, the film load, i.e., 3-400 ft. reels, 1-100 ft. reel etc.

INTERVAL:  
Enter the time interval or function during which coverage will be provided.

CAMERA:  
Enter whether a fixed or tracking camera is provided.

EXPOSURE:  
Enter the exposure to be provided. If flame exposure is to be used, indicate by entering the temperature of the flame in Kelvin (K).

COVERAGE:  
State fully the purpose of the coverage and describe the object or action to be photographed.

CLASSIFICATION:

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\* \* \*

PROGRAM TITLE:  
DOC TYPE/NO.:

REVISION:

DATE:

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3110 - PHOTOGRAPHIC - DOCUMENTARY

ITEM NO.:  
REQUESTER:  
SUPPLIER:  
TEST CODE:  
LOCATION:

IDENTIFICATION NUMBER:

CAMERA LOCATION:

CAMERA FORMAT:

FOCAL LENGTH:

FRAMES PER SECOND:

FILM TYPE LOAD:

INTERVAL:

CAMERA:

EXPOSURE:

COVERAGE:

PROCESSING AND DISPOSITION:

DISPOSITION REFERENCE:

REMARKS:

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PAGE -

CLASSIFICATION:

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UDS 3110 S  
JAN90





PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3110 - PHOTOGRAPHIC - DOCUMENTARY (CONT'D)

PROCESSING AND DISPOSITION:

State the processing, and number of copies, and the disposition. Number of copies and disposition must also be included in the Data Disposition section of Format 4216.

DISPOSITION REFERENCE:

Enter the UDS Format and requirement Item number where the disposition of the item can be found.

REMARKS:

Enter any remarks necessary to clarify entries made.

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3120 - PHOTOGRAPHIC - ENGINEERING

**NOTE:** This format is used by the Support Agency to respond to detailed engineering photographic requirements and to establish their processing and disposition instructions. The number of copies and disposition must also be included on Format 4200 or 4216 - Data Disposition.

**ITEM NO.:**  
Follow preparation instructions for Format 1000.

**REQUESTER:**  
Follow preparation instructions for Format 1000.

**SUPPLIER:**  
Follow preparation instructions for Format 1000.

**TEST CODE:**  
Follow preparation instructions for Format 1000.

**LOCATION:**  
Follow preparation instructions for Format 1000.

**IDENTIFICATION NUMBER:**  
Enter the Support Agency identification number of the specific data item.

**CAMERA LOCATION:**  
Enter the location at which the photographic coverage will be provided.

**CAMERA FORMAT:**  
Enter the size of film, i.e., 4X5, 70mm, 35mm, 16mm, etc.

**FOCAL LENGTH:**  
Enter the focal length of the lens used to obtain the required coverage.

**FRAMES PER SECOND:**  
Enter the frame rate for moving picture coverage in frames/second.

**FILM TYPE LOAD:**  
Enter the type film to be provided and whether black and white or color coverage is provided. Include where applicable, the film load, i.e., 3-400 ft. reels, 1-100 ft. reel etc.

**INTERVAL:**  
Enter the time interval or function during which coverage will be provided.

**CAMERA:**  
Enter whether a fixed or tracking camera is provided.

**EXPOSURE:**  
Enter the exposure to be provided. If flame exposure is to be used, indicate by entering the temperature of the flame in Kelvin (K).

**COVERAGE:**  
State fully the purpose of the coverage and describe the object or action to be photographed.

CLASSIFICATION:

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\* \* \*

PROGRAM TITLE:  
DOC TYPE/NO.:

REVISION:

DATE:

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3120 - PHOTOGRAPHIC - ENGINEERING

ITEM NO.:  
REQUESTER:  
SUPPLIER:  
TEST CODE:  
LOCATION:

IDENTIFICATION NUMBER:

CAMERA LOCATION:

CAMERA FORMAT:

FOCAL LENGTH:

FRAMES PER SECOND:

FILM TYPE LOAD:

INTERVAL:

CAMERA:

EXPOSURE:

COVERAGE:

PROCESSING AND DISPOSITION:

DISPOSITION REFERENCE:

REMARKS:

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PAGE -

CLASSIFICATION:

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UDS 3120 S  
JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3120 - PHOTOGRAPHIC - ENGINEERING (CONT'D)

PROCESSING DISPOSITION:

State the processing, and number of copies, and the disposition. Number of copies and disposition must also be included in the data disposition section of the document, Format 4216.

DISPOSITION REFERENCE:

Enter the UDS Section and requirement Item number where the disposition of the item can be found.

REMARKS:

Enter any remarks necessary to clarify entries made.

## PSP/OD PREPARATION INSTRUCTIONS

### FORMAT 3200 - METEOROLOGICAL

**NOTE:** This format is used by the Support Agency to summarize the plan for support of general and special meteorological data and services.

**ITEM NO.:**

Follow preparation instructions for Format 1000.

**REQUESTER:**

Follow preparation instructions for Format 1000.

**SUPPLIER:**

Follow preparation instructions for Format 1000.

**TEST CODE:**

Follow preparation instructions for Format 1000.

**LOCATION:**

Follow preparation instructions for Format 1000.

**RESPONSE( ) INFORMATION( ):**

Indicate whether each item number documented is a response for support or is included for informational purposes only. Describe, in general, the support that will be provided. The plan should include meteorological or climatological data and consultant services. The plan may also include:

The services of DOD, National Oceanic and Atmospheric Administration, (NOAA), and Foreign Weather Services.

The application of climatological data to operational test program problems.

Evaluation of data to meet flight evaluation needs.

The analysis of accuracy and representation of environmental data for flight evaluation purposes.

CLASSIFICATION:

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PROGRAM TITLE:  
DOC TYPE/NO.:

REVISION:

DATE:

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3200 - METEOROLOGICAL

ITEM NO. :  
REQUESTER:  
SUPPLIER:  
TEST CODE:  
LOCATION:  
RESPONSE( ) INFORMATION( ):

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PAGE -

CLASSIFICATION:

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UDS 3200 S  
JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3210 - METEOROLOGICAL - MINIMA

NOTE: This format is used by the Support Agency to specify values of meteorological elements which could preclude successful accomplishment of test objectives or which could jeopardize an unprotected vehicle.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
Describe any local weather phenomena such as blowing dust or sand, early morning ground fog, seasonal high winds, or other potential hazards which could prevent successful accomplishment of test objectives. Provide any comments related to the minima stated by the Requesting Agency in the PRD/OR.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3210 - METEOROLOGICAL - MINIMA

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 3210 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3220 - METEOROLOGICAL - FORECASTS

NOTE: This format is used by the Support Agency to present the plan for meteorological forecast support.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
Describe the support to be provided. The plan should include added or special equipment required, accuracy of equipment, and data forecast.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3220 - METEOROLOGICAL - FORECASTS

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 3220 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3230 - METEOROLOGICAL - OBSERVATIONS

NOTE: This format is used by the Support Agency to present the plan for meteorological observations support.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
Describe the support that will be provided. The plan should include added or special equipment required, accuracy of equipment, and data observed.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3230 - METEOROLOGICAL - OBSERVATIONS

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 3230 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3240 - METEOROLOGICAL - INSTRUMENTATION LOCATION DIAGRAM

NOTE: This format is used by the Support Agency to indicate the location of meteorological instruments.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
Enter diagrams/drawings that indicate the location of special instrumentation necessary for support of the requirements.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3240 - METEOROLOGICAL - INSTRUMENTATION LOCATION DIAGRAM

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE:

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CLASSIFICATION:

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UDS 3240 S  
JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3250 - METEOROLOGICAL - SPACE ENVIRONMENT

NOTE: This format is used by the Support Agency to present the plan for meteorological space environment support.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
Describe the support that will be provided. State whether realtime or "quick look" reports will be furnished. State the class of data to be provided for each forecast or observation.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3250 - METEOROLOGICAL - SPACE ENVIRONMENT

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 3250 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3260 - METEOROLOGICAL - CONSULTANT SERVICES

NOTE: This format is used by the Support Agency to state support for meteorological consultant services. These services encompass areas such as the application of climatological data to specific operational problems concerned with the test program at the Support Agency location, evaluation of data requirements to meet specific flight evaluation needs, and analyses of the accuracy and representation of environmental data requested for flight evaluation purposes.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
Enter the support to be provided for meteorological or climatological consultant service and advice.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3260 - METEOROLOGICAL - CONSULTANT SERVICES

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE:

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CLASSIFICATION:

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UDS 3260 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3300 - RECOVERY

NOTE: This format is used by the Support Agency to summarize the support necessary for safe recovery and return of personnel and equipment. For aircraft type programs this UDS Section may also include landing operations support information and plans.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE( ) INFORMATION( ):  
Indicate whether each item number documented is a response for support or is included for informational purposes only. Describe, in general, the support that will be provided pertaining to recovery. Include in the plan, support for designed recovery areas, salvage (special equipment), necessary drawings, general communications, etc. The "special equipment" could be specially designed equipments or long-lead items necessary for recovery operations. Detailed communications support will be defined in the communications section of the document.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3300 - RECOVERY

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE( ) INFORMATION( ):

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CLASSIFICATION:

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UDS 3300 S  
JAN90

PC2/OD PREPARATION INSTRUCTIONS

FORMAT 3310 - RECOVERY - SHIPS AND AIRCRAFT COVERAGE

NOTE: This format is used by the Support Agency to list locations and access times of recovery ships and aircraft.

ITEM NO.:

Follow preparation instructions for Format 1000.

REQUESTER:

Follow preparation instructions for Format 1000.

SUPPLIER:

Follow preparation instructions for Format 1000.

TEST CODE:

Follow preparation instructions for Format 1000.

LOCATION:

Follow preparation instructions for Format 1000.

RESPONSE:

For ships, enter the total time in hours from notification of the landing point to the time when the ship will arrive at the recovery point and the recovery effort is started. Also identify the quality and type of ships to be provided.

For aircraft, enter the total time in hours from notification of the landing point to the time when the aircraft will arrive at the recovery point and recovery effort is started. Also identify the quantity and type of aircraft to be provided.

CLASSIFICATION:

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PROGRAM TITLE:  
DOC TYPE/NO.:

REVISION:

DATE:

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3310 - RECOVERY - SHIPS AND AIRCRAFT COVERAGE

ITEM NO.:  
REQUESTER:  
SUPPLIER:  
TEST CODE:  
LOCATION:  
RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 3310 S  
JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3320 - RECOVERY - ITEMS TO BE RECOVERED

NOTE: This format is used by the Support Agency to specify and describe support for items which will be recovered, including flight hardware, reentry vehicle, spacecraft, etc. Handling procedures for equipment requiring special fixtures, jigs, tools, etc., will be provided in accordance with applicable regulations.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
Enter the name or nomenclature of the item(s) to be recovered. Describe the support which will be provided to identify and recover each item.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3320 - RECOVERY - ITEMS TO BE RECOVERED

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 3320 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3330 - RECOVERY - SALVAGE AND DISPOSITION

NOTE: This format is used by the Support Agency to identify and describe support for components which may be salvaged and disposed of in case of inadvertent impact on land or in water.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
Describe the support which will be provided to salvage and dispose of each item. Enter the name or designation of the component(s) which will be salvaged and/or disposed.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3330 - RECOVERY - SALVAGE AND DISPOSITION

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 3330 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3340 - RECOVERY - PLANNED AREAS

NOTE: This format is used by the Support Agency to list support for recovery in planned areas.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
Identify the planned recovery by area code, designation, longitude and latitude. Describe the support to be provided for recovery operations in each planned area.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3340 - RECOVERY - PLANNED AREAS

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 3340 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3350 - RECOVERY - CONTINGENCY AREAS

NOTE: This format is used by the Support Agency to list support for recovery in contingency areas.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
Identify the contingency area(s) by area code, designation, longitude and latitude. Describe the support to be provided for recovery operations in each area.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3350 - RECOVERY - CONTINGENCY AREAS

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE:

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CLASSIFICATION:

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UDS 3350 S  
JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3360 - RECOVERY - ABORT AREAS

NOTE: This format is used by the Support Agency listing all recovery areas used for aborts.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
Identify the abort areas by area code, designation, longitude and latitude.  
Describe the support to be provided for recovery operations in each area.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3360 - RECOVERY - ABORT AREAS

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE:

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CLASSIFICATION:

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UDS 3360 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3400 - OTHER TECHNICAL SUPPORT

NOTE: This format is used by the Support Agency to specify support responses that are not included in the other UDS technical sections.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE( ) INFORMATION( ):  
Indicate whether each item number documented is a response for support or is included for informational purposes only. Define the support responses to the requirements identified on Format 3400 - Other Technical Support of the PRD/OR.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3400 - OTHER TECHNICAL SUPPORT

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE( ) INFORMATION( ):

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CLASSIFICATION:

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UDS 3400 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3410 - OTHER TECHNICAL SUPPORT - AIRCRAFT

NOTE: This format is used by the Support Agency to plan aircraft support for Requesting Agency provided equipment tests, airborne instrumentation tests, drop tests, etc. This format may also be used by the Support Agency to list the aircraft to be used for airborne telemetry, frequency protection, optics, weather, etc. However, the technical support to be provided will be identified in the appropriate UDS Sections.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
Provide a narrative description of the support to be provided. State the aircraft type and identification number, if known. Enter the total number of aircraft to be provided, and give the function and purpose of each aircraft.

CLASSIFICATION:

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PROGRAM TITLE:  
DOC TYPE/NO.:

REVISION:

DATE:

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3410 - OTHER TECHNICAL SUPPORT - AIRCRAFT

ITEM NO.:  
REQUESTER:  
SUPPLIER:  
TEST CODE:  
LOCATION:  
RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 3410 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3411 - OTHER TECHNICAL SUPPORT - SEACRAFT

NOTE: This format is used by the Support Agency to plan seacraft support for Requesting Agency installed equipment, shipborne instrumentation tests, set out tests, etc. This format may also be used by the Support Agency to list the seacraft to support shipborne telemetry, radar measurements, recovery, weather, etc. However, the technical support to be provided will be identified in the appropriate UDS Sections.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
Describe the support to be provided. Enter all nonstandard equipment that will be installed, and indicate which, if any, will be furnished, installed, or maintained by the Requesting Agency. Enter the type of ship or boat that will be provided and the function it will perform.

CLASSIFICATION:

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PROGRAM TITLE:  
DOC TYPE/NO.:

REVISION:

DATE:

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3411 - OTHER TECHNICAL SUPPORT - SEACRAFT

ITEM NO.:  
REQUESTER:  
SUPPLIER:  
TEST CODE:  
LOCATION:  
RESPONSE:

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CLASSIFICATION:

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UDS 3411 S  
JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3420 - OTHER TECHNICAL SUPPORT - TARGETS

NOTE: This format is used by the Support Agency to define support to be provided for target requirements.

ITEM NO. :  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
Indicate the type of target and its environment (land, sea, air or space).  
State the target's code designation and common name. List the equipment (both target borne and non target borne) to be furnished to support the requirement.  
Facility support will be covered on UDS Sections 5600 through 5699.

CLASSIFICATION:

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PROGRAM TITLE:  
DOC TYPE/NO.:

REVISION:

DATE:

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3420 - OTHER TECHNICAL SUPPORT - TARGETS

ITEM NO.:  
REQUESTER:  
SUPPLIER:  
TEST CODE:  
LOCATION:  
RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 3420 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3430 - SUMMARY OF FREQUENCY PROTECTION

NOTE: This format is used by the Support Agency to list all frequencies for which frequency protection will be provided.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

FREQUENCY:  
Enter all transmitted and received frequencies requiring protection, in megahertz, kilohertz, etc.

EQUIPMENT LOCATION:  
Enter the location of the transmitting and receiving equipment to be protected.

EMISSION CHARACTERISTICS:  
Enter the type of emission (AM, FM, CW, Pulse, etc.), bandwidth in kilohertz and power output (average and/or peak) as the case may be. Use current World Administrative Radio Conference (WARC) bandwidth and emission designators, as required.

PURPOSE:  
State the purpose for which the frequency is to be used.

ESTIMATED USAGE:  
Enter the estimated time that the frequency will be in use for the purpose as stated in PURPOSE entry.

SPECIAL MONITORING:  
Explain in detail any special monitoring required for proper support, e.g., guard band, etc.

REMARKS:  
Enter any remarks necessary to clarify entries made.

CLASSIFICATION:

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PROGRAM TITLE:  
DOC TYPE/NO.:

REVISION:

DATE:

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3430 - SUMMARY OF FREQUENCY PROTECTION

ITEM NO.:  
REQUESTER:  
SUPPLIER:  
TEST CODE:  
LOCATION:

FREQUENCY

EQUIPMENT LOCATION:

TRANSMITTER:

RECEIVER:

EMISSION CHARACTERISTICS:

PURPOSE:

ESTIMATED USAGE:

SPECIAL MONITORING:

REMARKS:

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PAGE -

CLASSIFICATION:

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UDS 3430 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3431 - EMITTING SYSTEMS PROTECTION

NOTE: This format is used to state the safeguards or plan to be implemented by the Support Agency to meet the radiation limits required by the Requesting Agency.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
Describe the safeguards or plan that will be used to satisfy the requirement.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3431 - EMITTING SYSTEMS PROTECTION

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 3431 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3440 - GEODETIC AND GRAVITATIONAL DATA

NOTE: This format is used by the Support Agency to identify geodetic and gravitational data provided for support of the program.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
Identify each supporting facility, i.e., launcher, sensor, or target point. Describe the data accuracies to be provided by the Support Agency in support of geodetic and gravitational data for each item.

CLASSIFICATION:

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PROGRAM TITLE:  
DOC TYPE/NO.:

REVISION:

DATE:

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3440 - GEODETIC AND GRAVITATIONAL DATA

ITEM NO. :  
REQUESTER:  
SUPPLIER:  
TEST CODE:  
LOCATION:  
RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 3440 S  
JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3450 - OTHER TECHNICAL SUPPORT - TRAINING

NOTE: This format is used by the Support Agency to describe special training or briefings to be provided in support of program, mission, or test operations.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
Describe the training to be provided and state any equipment or training aids that may be supplied. If housing, messing, and other base support services are to be provided for the personnel specified, appropriate information must be entered in the Personnel Assignment Schedules, UDS Sections 5100 through 5120.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3450 - OTHER TECHNICAL SUPPORT - TRAINING

ITEM NO. :  
REQUESTER:  
SUPPLIER:  
TEST CODE:  
LOCATION:  
RESPONSE:

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CLASSIFICATION:

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UDS 3450 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3500 - MEDICAL

NOTE: This format is used by the Support Agency to summarize the support necessary to satisfy medical requirements.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE( ) INFORMATION( ):  
Indicate whether each item number documented is a response for support or is included for informational purposes only. Describe, in general, the plan for support of the medical requirements including medical support of recovery areas, types and quantities of medical monitors at various world wide locations, number and type of medical personnel, and equipment to be provided at various locations, etc.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3500 - MEDICAL

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE( ) INFORMATION( ):

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CLASSIFICATION:

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UDS 3500 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3505 - MEDICAL - BIO-SCIENCE

**NOTE:** This format is used by the Support Agency to list special support service pertaining to bio-science and biological packages.

**ITEM NO.:**  
Follow preparation instructions for Format 1000.

**REQUESTER:**  
Follow preparation instructions for Format 1000.

**SUPPLIER:**  
Follow preparation instructions for Format 1000.

**TEST CODE:**  
Follow preparation instructions for Format 1000.

**LOCATION:**  
Follow preparation instructions for Format 1000.

**RESPONSE:**  
Briefly describe the special equipment or specialized personnel to be provided to support the requirements. List those support services which fall under the category of bio-science regardless if already mentioned elsewhere in the document, i.e., cages for primates, special care, feeding, etc.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3505 - MEDICAL - BIO-SCIENCE

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 3505 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3510 - MEDICAL - PERSONNEL - ACTIVE

NOTE: This format is used by the Support Agency to identify the number and type of medical personnel to be provided at various locations to support the program/mission.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
Describe the support to be provided to satisfy the requirement for active medical personnel.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3510 - MEDICAL - PERSONNEL - ACTIVE

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 3510 S  
JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3520 - MEDICAL - PERSONNEL - STANDBY

NOTE: This format is used by the Support Agency to identify the medical personnel who will support the program/mission during emergencies or on a standby basis as consultants.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
Describe the support to be provided to satisfy the requirements for standby medical personnel.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3520 - MEDICAL - PERSONNEL - STANDBY

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 3520 S  
JAN90

**PSP/OD PREPARATION INSTRUCTIONS**

**FORMAT 3530 - MEDICAL - FACILITY/EQUIPMENT**

**NOTE:** This format is used by the Support Agency to define the facility and equipment support necessary to satisfy the medical requirements at the various locations.

**ITEM NO.:**  
Follow preparation instructions for Format 1000.

**REQUESTER:**  
Follow preparation instructions for Format 1000.

**SUPPLIER:**  
Follow preparation instructions for Format 1000.

**TEST CODE:**  
Follow preparation instructions for Format 1000.

**LOCATION:**  
Follow preparation instructions for Format 1000.

**RESPONSE:**  
Describe the facilities and equipment necessary to satisfy requirements. Include such items as medical facilities aboard recovery ships, e.g., secluded and secure areas for desuiting, examining and treating of crew members, sleeping and eating facilities for medical personnel, etc.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3530 - MEDICAL - FACILITY/EQUIPMENT

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 3530 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3600 - PUBLIC AFFAIRS SERVICES

NOTE: This format is used by the Support Agency to summarize the plan relating to public affairs services.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE( ) INFORMATION( ):  
Indicate whether each item number documented is a response for support or is included for informational purposes only. Describe, in general, the support concerning public affairs services. Include in the plan, program support for radio and television, motion picture, other news media, etc. Specific support such as communications, photographic, etc., must be entered in the applicable UDS Sections.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3600 - PUBLIC AFFAIRS SERVICES

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE( ) INFORMATION( ):

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PAGE -

CLASSIFICATION:

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UDS 3600 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3610 - PUBLIC AFFAIRS SERVICES - PERSONNEL ASSIGNMENTS

NOTE: This format is used by the Support Agency to list the locations and number of personnel to be provided for coverage of Public Affairs and events. Services and other items needed for support of Public Affairs Personnel will be entered in the appropriate support Section.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
Describe the support to be provided to satisfy the requirements for assignment of Public Affairs Personnel.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3610 - PUBLIC AFFAIRS SERVICES - PERSONNEL ASSIGNMENTS

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 3610 S  
JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 3620 - PUBLIC AFFAIRS SERVICES - NEWS MEDIA PERSONNEL POSITIONS

NOTE: This format is used by the Support Agency to list the personnel to be assigned for news media coverage at various locations.

ITEM NO.:

Follow preparation instructions for Format 1000.

REQUESTER:

Follow preparation instructions for Format 1000.

SUPPLIER:

Follow preparation instructions for Format 1000.

TEST CODE:

Follow preparation instructions for Format 1000.

LOCATION:

Follow preparation instructions for Format 1000.

RESPONSE:

Describe the support to be provided to satisfy the requirements for news media personnel.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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3620 - PUBLIC AFFAIRS SERVICES - NEWS MEDIA PERSONNEL POSITIONS

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 3620 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 4000 - DATA COORDINATE SYSTEMS DESCRIPTION

NOTE: This format is used by the Support Agency to present the support for the coordinate system(s) requirements.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE( ) INFORMATION( ):  
Indicate whether each item number documented is a response for support or is included for informational purposes only. Describe the support to be provided to satisfy the requirements for the data coordinate system(s).

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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4000 - DATA COORDINATE SYSTEMS DESCRIPTION

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE( ) INFORMATION( ):

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PAGE -

CLASSIFICATION:

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UDS 4000 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 4100 - DATA COMPUTER PROCESSING SPECIFICATIONS

NOTE: This format is used by the Support Agency to present the general data processing computer support. The disposition of these data will be listed in the data disposition Sections of this document.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE( ) INFORMATION( ):  
Indicate whether each item number documented is a response for support or is included for informational purposes only. In a narrative manner, describe the support that will be provided by the computer processing systems. Where applicable, a block diagram may be used to show the flow of data from the input facility to the output facility.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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4100 - DATA COMPUTER PROCESSING SPECIFICATIONS

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE( ) INFORMATION( ):

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PAGE -

CLASSIFICATION:

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UDS 4100 S  
JAN90

## PSP/OD PREPARATION INSTRUCTIONS

### FORMAT 4110 - DATA COMPUTER PROCESSING SPECIFICATIONS - DETAIL

**NOTE:** This format is used by the Support Agency to list the detailed data processing support. The disposition of these data will be listed in the data disposition Sections of this document.

**ITEM NO.:**

Follow preparation instructions for Format 1000.

**REQUESTER:**

Follow preparation instructions for Format 1000.

**SUPPLIER:**

Follow preparation instructions for Format 1000.

**TEST CODE:**

Follow preparation instructions for Format 1000.

**LOCATION:**

Follow preparation instructions for Format 1000.

**DATA DESCRIPTION:**

Enter the type of the data to be processed.

**SECURITY CLASSIFICATION:**

Enter the security classification of the data.

**PROCESSING TIME:**

Enter the time (Zulu or flight time) to begin and stop processing.

**DATA SAMPLE RATE:**

Enter the rate at which the data will be sampled and stored on magnetic tape.

**DATA PLOT OR PRINT RATE:**

Enter the rate at which the data will be taken from the sampled data, plotter, or printer.

**REFERENCE:**

Enter the UDS Section number and requirement item number where the requirement is listed in the PRD/OR.

**TYPE PRESENTATION:**

Enter the type of presentation of the data (magnetic tape, film plot, hard copy plot, printout, etc).

**DATA FORMAT - GENERAL INSTRUCTIONS:**

Enter all special data formats or general instructions which are needed to further define the specifications of the processed data.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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4110 - DATA COMPUTER PROCESSING SPECIFICATIONS - DETAIL

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

DATA DESCRIPTION:

SECURITY CLASSIFICATION:

PROCESSING TIME

FROM:

TO:

DATA SAMPLE RATE:

DATA PLOT OR PRINT RATE:

REFERENCE

UDS SECTION NUMBER: .

ITEM NUMBER:

TYPE PRESENTATION:

DATA FORMAT - GENERAL INSTRUCTIONS:

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PAGE -

CLASSIFICATION:

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UDS 4110 S  
JAN90



## PSP/OD PREPARATION INSTRUCTIONS

### FORMAT 4160 - DATA PROCESSING - OTHER

**NOTE:** This format is used by the Support Agency to describe support for derivative or special measurement data not readily or adequately defined on Formats 2100 through 3620 such as computer programs, graphical presentations, preferred methods of processing data, special formulas or desired calculations, etc.

**ITEM NO.:**  
Follow preparation instructions for Format 1000.

**REQUESTER:**  
Follow preparation instructions for Format 1000.

**SUPPLIER:**  
Follow preparation instructions for Format 1000.

**TEST CODE:**  
Follow preparation instructions for Format 1000.

**LOCATION:**  
Follow preparation instructions for Format 1000.

**DATA:**  
Enter the data for which the special processing is to be provided.

**REFERENCE:**  
Enter the UDS Section and requirement item number (from Sections 2100-3620) where the data collection requirements appear in the PRD/OR.

**TIME INTERVAL:**  
Enter the time interval between consecutive prints on which data are to be supplied.

**TIME REQUIRED:**  
Indicate the number of hours (H), days (D), or work days (WD) after test (T-0) that the data are to be provided.

**DATA PRESENTATION AND REMARKS:**  
Describe the special data processing/presentation to be provided such as special formats in tabular data, graphical data, magnetic tapes, etc. For other than standard presentations, a complete description should be furnished.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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4160 - DATA PROCESSING - OTHER

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

DATA:

REFERENCE

UDS SECTION NUMBER:

ITEM NUMBER:

TIME INTERVAL:

TIME REQUIRED:

DATA PRESENTATION AND REMARKS:

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PAGE -

CLASSIFICATION:

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UDS 4160 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 4200 - DATA DISPOSITION

NOTE: This format is used by the Support Agency to present the general flow plan for disposition of program/mission evaluation data.

ITEM NO.:

Follow preparation instructions for Format 1000.

REQUESTER:

Follow preparation instructions for Format 1000.

SUPPLIER:

Follow preparation instructions for Format 1000.

TEST CODE:

Follow preparation instructions for Format 1000.

LOCATION:

Follow preparation instructions for Format 1000.

RESPONSE( ) INFORMATION( ):

Indicate whether each item number documented is a response for support or is included for informational purposes only. Describe the general data flow plan for data disposition. Indicate each data office and its responsibility for coordination, receipt, processing and disposition of all data generated within its jurisdiction. A block diagram indicating the stations, offices and recipient(s) may be provided, where applicable.

CLASSIFICATION:

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PROGRAM TITLE:

DCC TYPE/NO.:

REVISION:

DATE:

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4200 - DATA DISPOSITION

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE( ) INFORMATION( ):

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PAGE -

CLASSIFICATION:

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UDS 4200 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 4201 - DATA DISPOSITION - DATA AVAILABILITY

NOTE: This format is used by the Support Agency to indicate the availability of data to be provided by specific stations. It is not in response to a Requesting Agency generated requirement and is for Support Agency optional use.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

STATION:  
Enter the station(s) designator.

SYSTEM:  
Enter the name of the system and type of data which is available from the station (s) listed, e.g., C-band radar, digital magnetic tape, etc.

REMARKS:  
Enter any remarks necessary to clarify entries made.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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4201 - DATA DISPOSITION - DATA AVAILABILITY

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

STATION:

SYSTEM:

REMARKS:

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PAGE -

CLASSIFICATION:

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UDS 4201 S  
JAN90

## PSP/OD PREPARATION INSTRUCTIONS

### FORMAT 4205 - DATA DISPOSITION - REPORTS

**NOTE:** This format is used by the Support Agency for specifying support of the reproduction and distribution of test data reports. These reports include, but are not limited to, tape recordings, photographic records, survey data, meteorological reports, telemetry records, trajectory data, etc.

**ITEM NO.:**  
Follow preparation instructions for Format 1000.

**REQUESTER:**  
Follow preparation instructions for Format 1000.

**SUPPLIER:**  
Follow preparation instructions for Format 1000.

**TEST CODE:**  
Follow preparation instructions for Format 1000.

**LOCATION:**  
Follow preparation instructions for Format 1000.

**TYPE REPORT:**  
Enter the type of report to be provided such as quick-look, preliminary, or final.

**TIME REQUIRED:**  
Enter the time in minutes, hours, or days after the test that the data will be furnished.

**QUANTITY:**  
Enter the number of reports to be furnished.

**DATA TYPE:**  
Enter the type data such as metric, telemetry, etc.

**REFERENCE:**  
Enter the UDS Section number and requirement item number where the acquisition requirements are listed in the PRD/OR. All data items must have a reference.

**RECIPIENT:**  
Enter the name and/or code of the person(s) and/or organization(s) who originated the request, followed by the agency code.

**REQUIRED FORMAT:**  
Enter a description of the organization or presentation of the report.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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4205 - DATA DISPOSITION - REPORTS

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

TYPE REPORT:

TIME REQUIRED:

QUANTITY:

DATA TYPE:

REFERENCE

UDS SECTION NUMBER:

ITEM NUMBER:

RECIPIENT:

REQUIRED FORMAT:

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PAGE -

CLASSIFICATION:

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UDS 4205 S  
JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 4210 - DATA DISPOSITION - DETAIL - METRIC TRACKING

NOTE: This format is used by the Support Agency to list the disposition of metric tracking data other than realtime.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

DATA IDENTIFICATION NUMBER:  
Enter the appropriate Support Agency identification number of the data described.

DATA TYPE:  
Enter the type of data to be handled using standard data nomenclature when applicable. Reference ROC Document 501, Supplement 1, Uniform Test Data Product Nomenclature. For particular programs, the data type may be categorized in a specific manner.

REFERENCE:  
Enter the UDS Section number and requirement item number where the data acquisition requirements are listed in the PRD/OR. All data items must have a reference.

REQUESTED QUANTITY:  
Enter the number of original data records requested and the number of copies or prints requested.

COMMITTED QUANTITY:  
Enter the number of original data records committed by the Support Agency and the number of copies or prints committed by the Support Agency.

RECIPIENT:  
Enter the name and/or code of the person(s) and/or organization(s) which will receive the data, followed by the agency code in parentheses, i.e., WTR/DO, EF34/HARNES(H), etc.

TIME REQUIRED:  
Enter the time in hours, up to 24 hours, and in days, as indicated below. This is the time requested for receipt of the data by the recipient.

"H" meaning consecutive hours from T-0.

"WD" meaning consecutive work days from T-0; Saturday, Sunday, and holidays are not included in this time period (5 days/week).

"CD" meaning calendar days from T-0; Saturday, Sunday and holidays are included in this processing time.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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4210 - DATA DISPOSITION - DETAIL - METRIC TRACKING

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

DATA IDENTIFICATION NUMBER:

DATA TYPE:

REFERENCE

UDS SECTION NUMBER:

ITEM NUMBER:

REQUESTED QUANTITY

ORIGINALS:

COPIES:

COMMITTED QUANTITY

ORIGINALS:

COPIES:

RECIPIENT:

TIME REQUIRED:

TIME COMMITTED:

REMARKS:

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PAGE -

CLASSIFICATION:

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UDS 4210 S  
JAN90



FORMAT 4210 - DATA DISPOSITION - DETAIL - METRIC TRACKING (CONT'D)

"W/A" meaning when the data is available.

"SD+\_" (enter number of days) meaning the number of days after the ship on which the data were generated has returned to port.

"EOM+\_" (enter number of days) meaning the number of days from mission termination (end of mission) when the data are required.

"ADV" meaning after the arrival of vehicle.

"EOS+\_" (enter number of days) meaning the number of days after the end of support.

"E+\_" (enter number of days) meaning the number of days after the event.

"R+\_" (enter number of days) meaning the number of days after receipt of the material.

TIME COMMITTED:

Enter in a similar manner, the time the data has been committed by the Support Agency.

REMARKS:

Enter any remarks necessary to clarify entries made.

## PSP/OD PREPARATION INSTRUCTIONS

### FORMAT 4211 - DATA DISPOSITION - DETAIL - TELEMETRY

**NOTE:** This format is used by the Support Agency to list the disposition of telemetry data other than realtime.

**ITEM NO.:**

Follow preparation instructions for Format 1000.

**REQUESTER:**

Follow preparation instructions for Format 1000.

**SUPPLIER:**

Follow preparation instructions for Format 1000.

**TEST CODE:**

Follow preparation instructions for Format 1000.

**LOCATION:**

Follow preparation instructions for Format 1000.

**DATA IDENTIFICATION NUMBER:**

Enter the appropriate Support Agency identification number of the data described.

**DATA TYPE:**

Enter the type of data to be handled using standard data nomenclature when applicable. Reference RCC Document 501, Supplement 1, Uniform Test Data Product Nomenclature. For particular programs, the data type may be categorized in a specific manner.

**REFERENCE:**

Enter the UDS Section number and requirement item number where the data acquisition requirements are listed in the PRD/OR. All data items must have a reference.

**REQUESTED QUANTITY:**

Enter the number of original data records requested and the number of copies or prints requested.

**COMMITTED QUANTITY:**

Enter the number of original data records committed by the Support Agency and the number of copies or prints committed by the Support Agency.

**RECIPIENT:**

Enter the name and code of the person(s) and organization(s) which will receive the data, followed by the agency code in parentheses, i.e., WTR/DO, EF34/HARNES(H), etc.

**TIME REQUIRED:**

Enter the time in hours, up to 24 hours, and in days, as indicated below. This is the time requested for receipt of the data by the recipient.

"H" meaning consecutive hours from T-0.

"WD" meaning consecutive work days from T-0; Saturday, Sunday, and holidays are not included in this time period (5 days/week).

"CD" meaning calendar days from T-0; Saturday, Sunday and holidays are included in this processing time.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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4211 - DATA DISPOSITION - DETAIL - TELEMETRY

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

DATA IDENTIFICATION NUMBER:

DATA TYPE:

REFERENCE

UDS SECTION NUMBER:

ITEM NUMBER:

REQUESTED QUANTITY

ORIGINALS:

COPIES:

COMMITTED QUANTITY

ORIGINALS:

COPIES:

RECIPIENT:

TIME REQUIRED:

TIME COMMITTED:

REMARKS:

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PAGE -

CLASSIFICATION:

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UDS 4211 S  
JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 4211 - DATA DISPOSITION - DETAIL - TELEMETRY (CONT'D)

"W/A" meaning when the data is available.

"SD+\_" (enter number of days) meaning the number of days after the ship on which the data were generated has returned to port.

"EOM+\_" (enter number of days) meaning the number of days from mission termination (end of mission) when the data are required.

"ADV" meaning after the arrival of vehicle.

"EOS+\_" (enter number of days) meaning the number of days after the end of support.

"E+\_" (enter number of days) meaning the number of days after the event.

"R+\_" (enter number of days) meaning the number of days after receipt of the material.

TIME COMMITTED:

Enter in a similar manner, the time the data has been committed by the Support Agency.

REMARKS:

Enter any remarks necessary to clarify entries made.



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 4214 - DATA DISPOSITION - ENVIRONMENTAL

NOTE: This format is used by the Support Agency to list the disposition of Environmental data other than realtime.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

DATA IDENTIFICATION NUMBER:  
Enter the appropriate Support Agency identification number of the data described.

DATA TYPE:  
Enter the type of data to be handled using standard data nomenclature when applicable. Reference ROC Document 501, Supplement 1, Uniform Test Data Product Nomenclature. For particular programs, the data type may be categorized in a specific manner.

REFERENCE:  
Enter the UDS Section number and requirement item number where the data acquisition requirements are listed in the PRD/OR. All data items must have a reference.

REQUESTED QUANTITY:  
Enter the number of original data records requested and the number of copies or prints requested.

COMMITTED QUANTITY:  
Enter the number of original data records committed by the Support Agency and the number of copies or prints committed by the Support Agency.

RECIPIENT:  
Enter the name and code of the person(s) and organization(s) which will receive the data, followed by the agency code in parentheses, i.e., WTR/DO, EF34/HARNES(H), etc.

TIME REQUIRED:  
Enter the time in hours, up to 24 hours, and in days, as indicated below. This is the time requested for receipt of the data by the recipient.

"H" meaning consecutive hours from T-0.

"WD" meaning consecutive work days from T-0; Saturday, Sunday, and holidays are not included in this time period (5 days/week).

"CD" meaning calendar days from T-0; Saturday, Sunday and holidays are included in this processing time.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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4214 - DATA DISPOSITION - ENVIRONMENTAL

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

DATA IDENTIFICATION NUMBER:

DATA TYPE:

REFERENCE

UDS SECTION NUMBER:

ITEM NUMBER:

REQUESTED QUANTITY

ORIGINALS:

COPIES:

COMMITTED QUANTITY

ORIGINALS:

COPIES:

RECIPIENT:

TIME REQUIRED:

TIME COMMITTED:

REMARKS:

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PAGE -

CLASSIFICATION:

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UDS 4214 S  
JAN90



FORMAT 4214 - DATA DISPOSITION - ENVIRONMENTAL (CONT'D)

"W/A" meaning when the data is available.

"SD+\_" (enter number of days) meaning the number of days after the ship on which the data were generated has returned to port.

"EOM+\_" (enter number of days) meaning the number of days from mission termination (end of mission) when the data are required.

"ADV" meaning after the arrival of vehicle.

"EOS+\_" (enter number of days) meaning the number of days after the end of support.

"E+\_" (enter number of days) meaning the number of days after the event.

"R+\_" (enter number of days) meaning the number of days after receipt of the material.

TIME COMMITTED:

Enter in a similar manner, the time the data has been committed by the Support Agency.

REMARKS:

Enter any remarks necessary to clarify entries made.

## PSP/OD PREPARATION INSTRUCTIONS

FORMAT 4215 - DATA DISPOSITION - DETAIL - VOICE/TV RECORDING

**NOTE:** This format is used by the Support Agency to list the disposition of Voice/TV Recording data other than realtime.

**ITEM NO.:**  
Follow preparation instructions for Format 1000.

**REQUESTER:**  
Follow preparation instructions for Format 1000.

**SUPPLIER:**  
Follow preparation instructions for Format 1000.

**TEST CODE:**  
Follow preparation instructions for Format 1000.

**LOCATION:**  
Follow preparation instructions for Format 1000.

**DATA IDENTIFICATION NUMBER:**  
Enter the appropriate Support Agency identification number of the data described.

**DATA TYPE:**  
Enter the type of data to be handled using standard data nomenclature when applicable. Reference RCC Document 501, Supplement 1, Uniform Test Data Product Nomenclature. For particular programs, the data type may be categorized in a specific manner.

**REFERENCE:**  
Enter the UDS Section number and requirement item number where the data acquisition requirements are listed in the PRD/OR. All data items must have a reference.

**REQUESTED QUANTITY:**  
Enter the number of original data records requested and the number of copies or prints requested.

**COMMITTED QUANTITY:**  
Enter the number of original data records committed by the Support Agency and the number of copies or prints committed by the Support Agency.

**RECIPIENT:**  
Enter the name and code of the person(s) and organization(s) which will receive the data, followed by the agency code in parentheses, i.e., WIR/DO, EF34/HARNES(H), etc.

**TIME REQUIRED:**  
Enter the time in hours, up to 24 hours, and in days, as indicated below. This is the time requested for receipt of the data by the recipient.

"H" meaning consecutive hours from T-0.

"WD" meaning consecutive work days from T-0; Saturday, Sunday, and holidays are not included in this time period (5 days/week).

"CD" meaning calendar days from T-0; Saturday, Sunday and holidays are included in this processing time.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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4215 - DATA DISPOSITION - DETAIL - VOICE/TV RECORDING

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

DATA INDENTIFICATION NUMBER:

DATA TYPE:

REFERENCE

UDS SECTION NUMBER:

ITEM NUMBER:

REQUESTED QUANTITY

ORIGINALS:

COPIES:

COMMITTED QUANTITY

ORIGINALS:

COPIES:

RECIPIENT:

TIME REQUIRED:

TIME COMMITTED:

REMARKS:

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PAGE -

CLASSIFICATION:

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UDS 4215 S  
JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 4215 - DATA DISPOSITION - DETAIL - VOICE/TV RECORDING (CONT'D)

"W/A" meaning when the data is available.

"SD+\_" (enter number of days) meaning the number of days after the ship on which the data were generated has returned to port.

"EOM+\_" (enter number of days) meaning the number of days from mission termination (end of mission) when the data are required.

"ADV" meaning after the arrival of vehicle.

"EOS+\_" (enter number of days) meaning the number of days after the end of support.

"E+\_" (enter number of days) meaning the number of days after the event.

"R+\_" (enter number of days) meaning the number of days after receipt of the material.

TIME COMMITTED:

Enter in a similar manner, the time the data has been committed by the Support Agency.

REMARKS:

Enter any remarks necessary to clarify entries made.



## PSP/OD PREPARATION INSTRUCTIONS

### FORMAT 4216 - DATA DISPOSITION - DETAIL - PHOTOGRAPHIC

**NOTE:** This format is used by the Support Agency to list the disposition of Photographic data other than realtime.

**ITEM NO.:**  
Follow preparation instructions for Format 1000.

**REQUESTER:**  
Follow preparation instructions for Format 1000.

**SUPPLIER:**  
Follow preparation instructions for Format 1000.

**TEST CODE:**  
Follow preparation instructions for Format 1000.

**LOCATION:**  
Follow preparation instructions for Format 1000.

**DATA IDENTIFICATION NUMBER:**  
Enter the appropriate Support Agency identification number of the data described.

**DATA TYPE:**  
Enter the type of data to be handled using standard data nomenclature when applicable. Reference ROC Document 501, Supplement 1, Uniform Test Data Product Nomenclature. For particular programs, the data type may be categorized in a specific manner.

**REFERENCE:**  
Enter the UDS Section number and requirement item number where the data acquisition requirements are listed in the PRD/OR. All data items must have a reference.

**REQUESTED QUANTITY:**  
Enter the number of original data records requested and the number of copies or prints requested.

**COMMITTED QUANTITY:**  
Enter the number of original data records committed by the Support Agency and the number of copies or prints committed by the Support Agency.

**RECIPIENT:**  
Enter the name and code of the person(s) and organization(s) which will receive the data, followed by the agency code in parentheses, i.e., WTR/DO, EF34/HARNES(H), etc.

**TIME REQUIRED:**  
Enter the time in hours, up to 24 hours, and in days, as indicated below. This is the time requested for receipt of the data by the recipient.

"H" meaning consecutive hours from T-0.

"WD" meaning consecutive work days from T-0; Saturday, Sunday, and holidays are not included in this time period (5 days/week).

"CD" meaning calendar days from T-0; Saturday, Sunday and holidays are included in this processing time.

CLASSIFICATION:

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PROGRAM TITLE:  
DOC TYPE/NO.:

REVISION:

DATE:

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4216 - DATA DISPOSITION - DETAIL - PHOTOGRAPHIC

ITEM NO. :  
REQUESTER:  
SUPPLIER:  
TEST CODE:  
LOCATION:

DATA IDENTIFICATION NUMBER:

DATA TYPE:

REFERENCE

UDS SECTION NUMBER:  
ITEM NUMBER:

REQUESTED QUANTITY

ORIGINALS:  
COPIES:

COMMITTED QUANTITY

ORIGINALS:  
COPIES:

RECIPIENT:

TIME REQUIRED:

TIME COMMITTED:

REMARKS:

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PAGE -

CLASSIFICATION:

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UDS 4216 S  
JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 4216 - DATA DISPOSITION - DETAIL - PHOTOGRAPHIC (CONT'D)

"W/A" meaning when the data is available.

"SD+\_" (enter number of days) meaning the number of days after the ship on which the data were generated has returned to port.

"EOM+\_" (enter number of days) meaning the number of days from mission termination (end of mission) when the data are required.

"ADV" meaning after the arrival of vehicle.

"EOS+\_" (enter number of days) meaning the number of days after the end of support.

"E+\_" (enter number of days) meaning the number of days after the event.

"R+\_" (enter number of days) meaning the number of days after receipt of the material.

TIME COMMITTED:

Enter in a similar manner, the time the data has been committed by the Support Agency.

REMARKS:

Enter any remarks necessary to clarify entries made.

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 4217 - DATA DISPOSITION - DETAIL - METEOROLOGICAL

NOTE: This format is used by the Support Agency to list the disposition of Meteorological data other than realtime.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

DATA IDENTIFICATION NUMBER:  
Enter the appropriate Support Agency identification number of the data described.

DATA TYPE:  
Enter the type of data to be handled using standard data nomenclature when applicable. Reference ROC Document 501, Supplement 1, Uniform Test Data Product Nomenclature. For particular programs, the data type may be categorized in a specific manner.

REFERENCE:  
Enter the UDS Section number and requirement item number where the data acquisition requirements are listed in the FRD/OR. All data items must have a reference.

REQUESTED QUANTITY:  
Enter the number of original data records requested and the number of copies or prints requested.

COMMITTED QUANTITY:  
Enter the number of original data records committed by the Support Agency and the number of copies or prints committed by the Support Agency.

RECIPIENT:  
Enter the name and code of the person(s) and organization(s) which will receive the data, followed by the agency code in parentheses, i.e., WTR/DO, EF34/HARNES(H), etc.

TIME REQUIRED:  
Enter the time in hours, up to 24 hours, and in days, as indicated below. This is the time requested for receipt of the data by the recipient.

"H" meaning consecutive hours from T-0.

"WD" meaning consecutive work days from T-0; Saturday, Sunday, and holidays are not included in this time period (5 days/week).

"CD" meaning calendar days from T-0; Saturday, Sunday and holidays are included in this processing time.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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4217 - DATA DISPOSITION - DETAIL - METEOROLOGICAL

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

DATA IDENTIFICATION NUMBER:

DATA TYPE:

REFERENCE

UDS SECTION NUMBER:

ITEM NUMBER:

REQUESTED QUANTITY

ORIGINALS:

COPIES:

COMMITTED QUANTITY

ORIGINALS:

COPIES:

RECIPIENT:

TIME REQUIRED:

TIME COMMITTED:

REMARKS:

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CLASSIFICATION:

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UDS 4217 S  
JAN90



FORMAT 4217 - DATA DISPOSITION - DETAIL - METEOROLOGICAL (CONT'D)

"W/A" meaning when the data is available.

"SD+\_" (enter number of days) meaning the number of days after the ship on which the data were generated has returned to port.

"EOM+\_" (enter number of days) meaning the number of days from mission termination (end of mission) when the data are required.

"ADV" meaning after the arrival of vehicle.

"EOS+\_" (enter number of days) meaning the number of days after the end of support.

"E+\_" (enter number of days) meaning the number of days after the event.

"R+\_" (enter number of days) meaning the number of days after receipt of the material.

TIME COMMITTED:

Enter in a similar manner, the time the data has been committed by the Support Agency.

REMARKS:

Enter any remarks necessary to clarify entries made.



## PSP/OD PREPARATION INSTRUCTIONS

### FORMAT 4218 - DATA DISPOSITION - DETAIL - COMPUTER PROCESSING

**NOTE:** This format is used by the Support Agency to list the disposition of Computer Processing data other than realtime.

**ITEM NO.:**  
Follow preparation instructions for Format 1000.

**REQUESTER:**  
Follow preparation instructions for Format 1000.

**SUPPLIER:**  
Follow preparation instructions for Format 1000.

**TEST CODE:**  
Follow preparation instructions for Format 1000.

**LOCATION:**  
Follow preparation instructions for Format 1000.

**DATA IDENTIFICATION NUMBER:**  
Enter the appropriate Support Agency identification number of the data described.

**DATA TYPE:**  
Enter the type of data to be handled using standard data nomenclature when applicable. Reference ROC Document 501, Supplement 1, Uniform Test Data Product Nomenclature. For particular programs, the data type may be categorized in a specific manner.

**REFERENCE:**  
Enter the UDS Section number and requirement item number where the data acquisition requirements are listed in the PRD/OR. All data items must have a reference.

**REQUESTED QUANTITY:**  
Enter the number of original data records requested and the number of copies or prints requested.

**COMMITTED QUANTITY:**  
Enter the number of original data records committed by the Support Agency and the number of copies or prints committed by the Support Agency.

**RECIPIENT:**  
Enter the name and code of the person(s) and organization(s) which will receive the data, followed by the agency code in parentheses, i.e., WTR/D, EF34/HARNES(H), etc.

**TIME REQUIRED:**  
Enter the time in hours, up to 24 hours, and in days, as indicated below. This is the time requested for receipt of the data by the recipient.

"H" meaning consecutive hours from T-0.

"WD" meaning consecutive work days from T-0; Saturday, Sunday, and holidays are not included in this time period (5 days/week).

"CD" meaning calendar days from T-0; Saturday, Sunday and holidays are included in this processing time.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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4218 - DATA DISPOSITION - DETAIL - COMPUTER PROCESSING

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

DATA IDENTIFICATION NUMBER:

DATA TYPE:

REFERENCE

UDS SECTION NUMBER:

ITEM NUMBER:

REQUESTED QUANTITY

ORIGINALS:

COPIES:

COMMITTED QUANTITY

ORIGINALS:

COPIES:

RECIPIENT:

TIME REQUIRED:

TIME COMMITTED:

REMARKS:

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CLASSIFICATION:

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UDS 4218 S  
JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 4218 - DATA DISPOSITION - DETAIL - COMPUTER PROCESSING (CONT'D)

"W/A" meaning when the data is available.

"SD+\_" (enter number of days) meaning the number of days after the ship on which the data were generated has returned to port.

"EOM+\_" (enter number of days) meaning the number of days from mission termination (end of mission) when the data are required.

"ADV" meaning after the arrival of vehicle.

"EOS+\_" (enter number of days) meaning the number of days after the end of support.

"E+\_" (enter number of days) meaning the number of days after the event.

"R+\_" (enter number of days) meaning the number of days after receipt of the material.

**TIME COMMITTED:**

Enter in a similar manner, the time the data has been committed by the Support Agency.

**REMARKS:**

Enter any remarks necessary to clarify entries made.

## PSP/OD PREPARATION INSTRUCTIONS

### FORMAT 4219 - DATA DISPOSITION - DETAIL - MISCELLANEOUS

**NOTE:** This format is used by the Support Agency to list the disposition of Miscellaneous data other than realtime.

**ITEM NO.:**

Follow preparation instructions for Format 1000.

**REQUESTER:**

Follow preparation instructions for Format 1000.

**SUPPLIER:**

Follow preparation instructions for Format 1000.

**TEST CODE:**

Follow preparation instructions for Format 1000.

**LOCATION:**

Follow preparation instructions for Format 1000.

**DATA IDENTIFICATION NUMBER:**

Enter the appropriate Support Agency identification number of the data described.

**DATA TYPE:**

Enter the type of data to be handled using standard data nomenclature when applicable. Reference ROC Document 501, Supplement 1, Uniform Test Data Product Nomenclature. For particular programs, the data type may be categorized in a specific manner.

**REFERENCE:**

Enter the UDS Section number and requirement item number where the data acquisition requirements are listed in the PRD/OR. All data items must have a reference.

**REQUESTED QUANTITY:**

Enter the number of original data records requested and the number of copies or prints requested.

**COMMITTED QUANTITY:**

Enter the number of original data records committed by the Support Agency and the number of copies or prints committed by the Support Agency.

**RECIPIENT:**

Enter the name and code of the person(s) and organization(s) which will receive the data, followed by the agency code in parentheses, i.e., WTR/DC, EF34/HARNES(H), etc.

**TIME REQUIRED:**

Enter the time in hours, up to 24 hours, and in days, as indicated below. This is the time requested for receipt of the data by the recipient.

"H" meaning consecutive hours from T-0.

"WD" meaning consecutive work days from T-0; Saturday, Sunday, and holidays are not included in this time period (5 days/week).

"CD" meaning calendar days from T-0; Saturday, Sunday and holidays are included in this processing time.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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4219 - DATA DISPOSITION - DETAIL - MISCELLANEOUS

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

DATA IDENTIFICATION NUMBER:

DATA TYPE:

REFERENCE

UDS SECTION NUMBER:

ITEM NUMBER:

REQUESTED QUANTITY

ORIGINALS:

COPIES:

COMMITTED QUANTITY

ORIGINALS:

COPIES:

RECIPIENT:

TIME REQUIRED:

TIME COMMITTED:

REMARKS:

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PAGE -

CLASSIFICATION:

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UDS 4219 S  
JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 4219 - DATA DISPOSITION - DETAIL - MISCELLANEOUS (CONT'D)

"W/A" meaning when the data is available.

"SD+\_" (enter number of days) meaning the number of days after the ship on which the data were generated has returned to port.

"EOM+\_" (enter number of days) meaning the number of days from mission termination (end of mission) when the data are required.

"ADV" meaning after the arrival of vehicle.

"EOS+\_" (enter number of days) meaning the number of days after the end of support.

"E+\_" (enter number of days) meaning the number of days after the event.

"R+\_" (enter number of days) meaning the number of days after receipt of the material.

TIME COMMITTED:

Enter in a similar manner, the time the data has been committed by the Support Agency.

REMARKS:

Enter any remarks necessary to clarify entries made.



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 5000 - BASE FACILITIES/LOGISTICS - GENERAL

NOTE: This format is provided for the Support Agency's response to the overall Requesting Agency's support concept and items of response which may not be covered in UDS Sections 5100 through 5620.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE( ) INFORMATION( ):  
Indicate whether each item number documented is a response for support or is included for informational purposes only. Provide a narrative description of the services to be provided.

CLASSIFICATION:

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PROGRAM TITLE:  
DOC TYPE/NO.:

REVISION:

DATE:

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5000 - BASE FACILITIES/LOGISTICS

ITEM NO. :  
REQUESTER:  
SUPPLIER:  
TEST CODE:  
LOCATION:  
RESPONSE( ) INFORMATION( ):

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PAGE -

CLASSIFICATION:

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UDS 5000 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 5100 - PERSONNEL ASSIGNMENT SCHEDULES

NOTE: This format is used by the Support Agency to summarize the plan for support of personnel deployed in connection with the program. This includes housing, messing, medical care, recreation, and other general or base support services for personnel assigned to or meeting in the various locations.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE( ) INFORMATION( ):  
Indicate whether each item number documented is a response for support or is included for informational purposes only. Provide a narrative description of the service to be provided.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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5100 - PERSONNEL ASSIGNMENT SCHEDULES

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE( ) INFORMATION( ):

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PAGE -

CLASSIFICATION:

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UDS 5100 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 5110 - PERSONNEL ASSIGNMENT SCHEDULES - DETAIL

NOTE: This format is used by the Support Agency to provide support for categorized Requesting Agency personnel deployment in connection with the program. This information is provided to show planning for messing, medical care, recreation, and other general or base support services for personnel assigned to or meeting at the various locations.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
Describe the support to be provided to the personnel assigned to the identified locations.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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5110 - PERSONNEL ASSIGNMENT SCHEDULES - DETAIL

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 5110 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 5120 - PERSONNEL ASSIGNMENT SCHEDULES - HOUSING

NOTE: This format is used by the Support Agency to show the quarters to be provided for Requesting Agency personnel deployed in connection with the program. This information is provided to show planning for housing.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
Describe the support to be provided to satisfy the requirements for personnel housing at the identified locations.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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5120 - PERSONNEL ASSIGNMENT SCHEDULES - HOUSING

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 5120 S  
JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 5200 - TRANSPORTATION

NOTE: This format is used by the Support Agency to present the general plan for support of all transportation functions. This includes surface and air logistics support.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE( ) INFORMATION( ):  
Indicate whether each item number documented is a response for support or is included for informational purposes only. Present a narrative description of all transportation support to be provided. Include both surface and air support for personnel and cargo between the various stations or sites. This support should cover the period of the program and should reflect only those requirements in direct support of the program.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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5200 - TRANSPORTATION

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE( ) INFORMATION( ):

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PAGE -

CLASSIFICATION:

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UDS 5200 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 5210 - TRANSPORTATION - SURFACE LOGISTICS SCHEDULE

NOTE: This format is used by the Support Agency to list all surface transportation support for personnel and cargo between (or to) the various stations or sites. Personnel and cargo load will be entered as separate items even if the location entry is identical.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
Describe the support to be provided to satisfy the requirements for surface transportation of personnel and cargo.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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5210 - TRANSPORTATION - SURFACE LOGISTICS SCHEDULE

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 5210 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 5220 - TRANSPORTATION - AIR LOGISTICS SCHEDULE

NOTE: This format is used by the Support Agency to list all air transportation support for personnel and cargo between (or to) the various stations or sites. Personnel and cargo load will be entered as separate line items even if the location entry is identical.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
Describe the support to be provided to satisfy the requirements for air transportation of personnel and cargo.

CLASSIFICATION:

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PROGRAM TITLE:  
DOC TYPE/NO.:

REVISION:

DATE:

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5220 - TRANSPORTATION - AIR LOGISTICS SCHEDULE

ITEM NO.:  
REQUESTER:  
SUPPLIER:  
TEST CODE:  
LOCATION:  
RESPONSE:

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CLASSIFICATION:

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UDS 5220 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 5300 - SERVICES

NOTE: This format is used by the Support Agency to provide for all services of a general nature to be supported and not covered elsewhere in the document. This includes administrative, air operations, facilities operations and maintenance, marine operations, medical and dental, procurement, storage and housekeeping, and miscellaneous.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE( ) INFORMATION( ):  
Indicate whether each item number documented is a response for support or is included for informational purposes only. Present a narrative description of the services or items to be provided. Include any clarifying remarks which specifically describe items, amounts, and dates support is to be provided.

CLASSIFICATION:

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PROGRAM TITLE:  
DOC TYPE/NO.:

REVISION:

DATE:

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5300 - SERVICES

ITEM NO.:  
REQUESTER:  
SUPPLIER:  
TEST CODE:  
LOCATION:  
RESPONSE( ) INFORMATION( ):

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CLASSIFICATION:

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UDS 5300 S  
JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 5301 - SERVICES - ADMINISTRATIVE, PERSONNEL AND OFFICE

NOTE: This format is used by the Support Agency to identify Administrative, Personnel and Office Services support.

ITEM NO.:

Follow preparation instructions for Format 1000.

REQUESTER:

Follow preparation instructions for Format 1000.

SUPPLIER:

Follow preparation instructions for Format 1000.

TEST CODE:

Follow preparation instructions for Format 1000.

LOCATION:

Follow preparation instructions for Format 1000.

TYPE ITEM/SERVICE:

Indicate the item or service to be provided.

RESPONSE:

Describe the items or services to be provided. Include any clarifying remarks which specifically describe items, amounts, and dates support is to be provided.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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5301 - SERVICES - ADMINISTRATIVE, PERSONNEL AND OFFICE

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

TYPE ITEM/SERVICE:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 5301 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 5302 - SERVICES - FIRE AND RESCUE

NOTE: This format is used by the Support Agency to identify Fire and Rescue Services support.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

TYPE ITEM/SERVICE:  
Indicate the item or service to be provided.

RESPONSE:  
Describe the items or services to be provided. Include any clarifying remarks which specifically describe items, amounts, and dates support is to be provided.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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5302 - SERVICES - FIRE AND RESCUE

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

TYPE ITEM/SERVICE:

RESPONSE:

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CLASSIFICATION:

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UDS 5302 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 5303 - SERVICES - SECURITY AND SAFETY

NOTE: This format is used by the Support Agency to identify Security and Safety Services support.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

TYPE ITEM/SERVICE:  
Indicate the item or service to be provided.

RESPONSE:  
Describe the items or services to be provided. Include any clarifying remarks which specifically describe items, amounts, and dates support is to be provided.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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5303 - SERVICES - SECURITY AND SAFETY

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

TYPE ITEM/SERVICE:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 5303 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 5304 - SERVICES - COMMUNITY EDUCATION AND FOOD SERVICE

NOTE: This format is used by the Support Agency to identify Community, Education and Food Services support.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

TYPE ITEM/SERVICE:  
Indicate the item or service to be provided.

RESPONSE:  
Describe the items or services to be provided. Include any clarifying remarks which specifically describe items, amounts, and dates support is to be provided.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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5304 - SERVICES - COMMUNITY, EDUCATION AND FOOD SERVICES

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

TYPE ITEM/SERVICE:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 5304 S  
JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 5305 - SERVICES - UTILITIES, (ELECTRICAL, WATER, AND SANITATION)

NOTE: This format is used by the Support Agency to identify Utilities (Electrical, Water and Sanitation) Services support.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

TYPE ITEM/SERVICE:  
Indicate the item or service to be provided.

RESPONSE:  
Describe the items or services to be provided. Include any clarifying remarks which specifically describe items, amounts, and dates support is to be provided.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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5305 - SERVICES - UTILITIES (ELECTRICAL, WATER, AND SANITATION)

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

TYPE ITEM/SERVICE:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 5305 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 5306 - SERVICES - PROCUREMENT, SHIPPING, RECEIVING, AND STOCK CONTROL

NOTE: This format is used by the Support Agency to identify Procurement, Shipping, Receiving, and Stock Control Services support.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

TYPE SERVICE:  
Indicate service to be provided.

RESPONSE:  
Describe the services to be provided. Include any clarifying remarks which specifically describe the support which is to be provided.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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5306 - SERVICES - PROCUREMENT, SHIPPING, RECEIVING, AND STOCK CONTROL

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

TYPE SERVICE:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 5306 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 5307 - SERVICES - HANDLING, STORAGE, AND DISPOSAL

NOTE: This format is used by the Support Agency to identify Handling, Storage, and Disposal Services support.

ITEM NO.:

Follow preparation instructions for Format 1000.

REQUESTER:

Follow preparation instructions for Format 1000.

SUPPLIER:

Follow preparation instructions for Format 1000.

TEST CODE:

Follow preparation instructions for Format 1000.

LOCATION:

Follow preparation instructions for Format 1000.

TYPE ITEM/SERVICE:

Indicate the item or service to be provided.

RESPONSE:

Describe the items or services to be provided. Include any clarifying remarks which specifically describe items, amounts, and dates support is to be provided.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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5307 - SERVICES - HANDLING, STORAGE, AND DISPOSAL

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

TYPE ITEM/SERVICE:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 5307 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 5308 - SERVICES - AIR CONDITIONING AND ENVIRONMENTAL OBSERVATIONS

NOTE: This format is used by the Support Agency to identify Air Conditioning and Environmental Observations Services support.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

TYPE ITEM/SERVICE:  
Indicate the item or service to be provided.

RESPONSE:  
Describe the items or services to be provided. Include any clarifying remarks which specifically describe items, amounts, and dates support is to be provided.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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5308 - SERVICES - AIR CONDITIONING AND ENVIRONMENTAL OBSERVATIONS

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

TYPE ITEM/SERVICE:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 5308 S  
JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 5309 - SERVICES - PHYSICAL AND/OR LIFE SCIENCE EXPERIMENTS

NOTE: This format is used by the Support Agency to identify Physical and/or Life Science Experiments Services support.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

TYPE ITEM/SERVICE:  
Indicate the item or service to be provided.

RESPONSE:  
Describe the items or services to be provided. Include any clarifying remarks which specifically describe items, amounts, and dates support is to be provided.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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5309 - SERVICES - PHYSICAL AND/OR LIFE SCIENCE EXPERIMENTS

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

TYPE ITEM/SERVICE:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 5309 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 5310 - SERVICES - PROPELLANTS, GASES AND CHEMICALS

NOTE: This format is used by the Support Agency to list the propellants, gases, and chemicals that will be provided.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

ITEM NAME/DESIGNATION:  
Indicate the name/designation of the item to be provided.

RESPONSE:  
Provide a description of the services to be provided. Include any clarifying remarks which specifically describe items, amounts, and dates support is to be provided.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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5310 - SERVICES - PROPELLANTS, GASES AND CHEMICALS

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

ITEM NAME/DESIGNATION:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 5310 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 5320 - SERVICES - FUELS AND LUBRICANTS

NOTE: This format is used by the Support Agency to list the aircraft and ground vehicle fuels and lubricants that will be provided.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

ITEM NAME/DESIGNATION:  
Indicate the name/designation of the item to be provided.

RESPONSE:  
Provide a description of the services to be provided. Include any clarifying remarks which specifically describe items, amounts, and dates support is to be provided.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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5320 - SERVICES - FUELS AND LUBRICANTS

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

ITEM NAME/DESIGNATION:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 5320 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 5330 - SERVICES - MISCELLANEOUS LUBRICANTS, HYDRAULIC FLUIDS,  
PRESERVATIVES, ETC.

NOTE: This format is used by the Support Agency to list the miscellaneous lubricants, fluids, preservatives, paints, greases, solvents, welding gases, cutting oils, etc. that will be provided.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

ITEM NAME/DESIGNATION:  
Indicate the name/designation of the item to be provided.

RESPONSE:  
Provide a description of the services to be provided. Include any clarifying remarks which specifically describe items, amounts, and dates support is to be provided.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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5330 - SERVICES - MISCELLANEOUS LUBRICANTS, HYDRAULIC FLUIDS,  
PRESERVATIVES, ETC.

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

ITEM NAME/DESIGNATION:

RESPONSE:

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CLASSIFICATION:

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UDS 5330 S  
JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 5340 - SERVICES - VEHICLES AND LAND TRANSPORTATION

NOTE: This format is used by the Support Agency to list the vehicles and land transportation that will be provided.

ITEM NO.:

Follow preparation instructions for Format 1000.

REQUESTER:

Follow preparation instructions for Format 1000.

SUPPLIER:

Follow preparation instructions for Format 1000.

TEST CODE:

Follow preparation instructions for Format 1000.

LOCATION:

Follow preparation instructions for Format 1000.

ITEM NAME/DESIGNATION:

Indicate the name/designation of the item to be provided.

RESPONSE:

Describe the support that will be provided to meet vehicle and land transportation requirements. Include any clarifying remarks which specifically describe items, amounts, and dates support is to be provided.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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5340 - SERVICES - VEHICLES AND LAND TRANSPORTATION

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

ITEM NAME/DESIGNATION:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 5340 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 5341 - SERVICES - GROUND HANDLING EQUIPMENT

NOTE: This format is used by the Support Agency to list the Ground Handling Equipment that will be provided.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

ITEM NAME/DESIGNATION:  
Indicate the name/designation of the item to be provided.

RESPONSE:  
Describe the support that will be provided to meet ground handling equipment requirements. Include any clarifying remarks which specifically describe items, amounts, and dates support is to be provided.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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5341 - SERVICES - GROUND HANDLING EQUIPMENT

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

ITEM NAME/DESIGNATION:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 5341 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 5350 - SERVICES - REQUESTING AGENCY AIRCRAFT

NOTE: This format is used by the Support Agency to list the Requesting Agency aircraft support that will be provided.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

TYPE SERVICE:  
Indicate the type of service to be provided.

RESPONSE:  
Describe the support and services that will be provided. Include any clarifying remarks which specifically describe items and dates support is to be provided.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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5350 - SERVICES - REQUESTING AGENCY AIRCRAFT

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

TYPE SERVICE:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 5350 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 5351 - SERVICES - AIR OPERATIONS

NOTE: This format is used by the Support Agency to list the Air Operations services that will be provided.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

TYPE SERVICE:  
Indicate the type of service to be provided.

RESPONSE:  
Describe the support and services that will be provided. Include any clarifying remarks which specifically describe items and dates support is to be provided.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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5351 - SERVICES - AIR OPERATIONS

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

TYPE SERVICE:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 5351 S  
JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 5360 - SERVICES - SEACRAFT

NOTE: This format is used by the Support Agency to list the services that will be provided for seacraft while in harbor.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

TYPE SEACRAFT:  
Indicate the type of seacraft to be supported.

RESPONSE:  
Provide a description of the support to be provided. Include support provided for docking facilities, loading/unloading facilities, electrical power, maintenance, supplies, etc. State the name and location of the harbor where the seacraft will be serviced.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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5360 - SERVICES - SEACRAFT

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

TYPE SEACRAFT:

RESPONSE:

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CLASSIFICATION:

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UDS 5360 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 5361 - SERVICES - MARINE OPERATIONS

NOTE: This format is used by the Support Agency to list the Marine Operation services that will be provided.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

TYPE SERVICE:  
Indicate the type of service to be provided.

RESPONSE:  
Describe the support and services that will be provided. Include any clarifying remarks which specifically describe items and dates support is to be provided.

CLASSIFICATION:

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PROGRAM TITLE:  
DOC TYPE/NO.:

REVISION:

DATE:

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5361 - SERVICES - MARINE OPERATIONS

ITEM NO.:  
REQUESTER:  
SUPPLIER:  
TEST CODE:  
LOCATION:

TYPE SERVICE:  
RESPONSE:

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CLASSIFICATION:

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UDS 5361 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 5370 - SERVICES - CHEMICAL CLEANING

NOTE: This format is used by the Support Agency to list the Chemical Cleaning support that will be provided.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

NAME/DESCRIPTION:  
Indicate the component or system for which chemical cleaning services will be provided.

RESPONSE:  
Describe the type of chemical cleaning service that will be provide for each each system or component.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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5370 - SERVICES - CHEMICAL CLEANING

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

NAME/DESCRIPTION:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 5370 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 5380 - SERVICES - PURCHASE OF EQUIPMENT AND SUPPLIES

NOTE: This format is used by the Support Agency to list equipment or supplies that must be purchased.

ITEM NO.:

Follow preparation instructions for Format 1000.

REQUESTER:

Follow preparation instructions for Format 1000.

SUPPLIER:

Follow preparation instructions for Format 1000.

TEST CODE:

Follow preparation instructions for Format 1000.

LOCATION:

Follow preparation instructions for Format 1000.

RESPONSE:

Provide a description of the support to be provided. Enter the quantity of items or supplies to be furnished per quarter and the estimated cost.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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5380 - SERVICES - PURCHASE OF EQUIPMENT AND SUPPLIES

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 5380 S  
JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 5400 - LABORATORY

NOTE: This format is used by the Support Agency to summarize laboratory services that will be provided.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE( ) INFORMATION( ):  
Indicate whether each item number documented is a response for support or is included for informational purposes only. Present a narrative description of the services to be provided. State methods of sampling and when and how often test results will be reported.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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5400 - LABORATORY

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE( ) INFORMATION( ):

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PAGE -

CLASSIFICATION:

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UDS 5400 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 5405 - LABORATORY - TECHNICAL SHOPS AND LABS

NOTE: This format is used by the Support Agency to list Technical Shops and Labs support that will be provided.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

TYPE SERVICE:  
Indicate the type of service to be provided.

RESPONSE:  
Describe the support and services that will be provided. Include any clarifying remarks which specifically describe items and dates support is to be provided.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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5405 - LABORATORY - TECHNICAL SHOPS AND LABS

ITEM NO. :  
REQUESTER:  
SUPPLIER:  
TEST CODE:  
LOCATION:

TYPE SERVICE:  
RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 5405 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 5410 - LABORATORY - CHEMICAL AND PHYSICAL ANALYSIS

NOTE: This format is used by the Support Agency to list the Chemical Physical Analysis support that will be provided.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

NAME/DESIGNATION:  
Identify the material for which analysis will be provided.

RESPONSE:  
Describe the support and services that will be provided. Include any clarifying remarks which specifically describe the analysis that will be provided.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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5410 - LABORATORY - CHEMICAL AND PHYSICAL ANALYSIS

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

NAME/DESIGNATION:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 5410 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 5420 - LABORATORY - SPECIAL ENVIRONMENT

NOTE: This format is used by the Support Agency to describe unique environmental support with respect to data storage, quarantine of personnel, sample, equipment or experiment handling of working conditions. For example, support for film storage, quarantine of space travelers, handling of lunar or planetary samples of lighting requirements for work or photography.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE:  
Describe the nature of the support provided for special environment. Give details of atmosphere, thermal properties, radiation, shielding, lighting intensity or any other parameter.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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5420 - LABORATORY - SPECIAL ENVIRONMENT

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE:

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PAGE -

CLASSIFICATION:

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ULS 5420 S  
JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 5500 - MAINTENANCE

NOTE: This format is used by the Support Agency to summarize maintenance that will be provided (exclusive of the equipment requiring calibration).

ITEM NO.:

Follow preparation instructions for Format 1000.

REQUESTER:

Follow preparation instructions for Format 1000.

SUPPLIER:

Follow preparation instructions for Format 1000.

TEST CODE:

Follow preparation instructions for Format 1000.

LOCATION:

Follow preparation instructions for Format 1000.

RESPONSE( ) INFORMATION( ):

Indicate whether each item number documented is a response for support or is included for informational purposes only. Present a narrative description of the support to be provided. Include services provided for sheet metal fabrication, carpentry, painting, welding, machinery, etc.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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5500 - MAINTENANCE

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE( ) INFORMATION( ):

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CLASSIFICATION:

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UDS 5500 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 5510 - MAINTENANCE - BUILDINGS AND GROUNDS

NOTE: This format is used by the Support Agency to list the Buildings, Grounds, and Equipment maintenance that will be provided.

ITEM NO.:

Follow preparation instructions for Format 1000.

REQUESTER:

Follow preparation instructions for Format 1000.

SUPPLIER:

Follow preparation instructions for Format 1000.

TEST CODE:

Follow preparation instructions for Format 1000.

LOCATION:

Follow preparation instructions for Format 1000.

TYPE SERVICE:

Indicate the type of service to be provided.

RESPONSE:

Describe the support and services that will be provided. Include any clarifying remarks.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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5510 - MAINTENANCE - BUILDINGS, AND GROUNDS

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

TYPE SERVICE:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 5510 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 5600 - FACILITIES

**NOTE:** This format is used by the Support Agency to identify facilities assignment and reassignment or programming of new facilities.

**ITEM NO.:**  
Follow preparation instructions for Format 1000.

**REQUESTER:**  
Follow preparation instructions for Format 1000.

**SUPPLIER:**  
Follow preparation instructions for Format 1000.

**TEST CODE:**  
Follow preparation instructions for Format 1000.

**LOCATION:**  
Follow preparation instructions for Format 1000.

**TYPE OF FACILITY:**  
Indicate the type of facility to be provided.

**RESPONSE:**  
Present a description of the support to be provided. Indicate the specific area where the facility is located. State whether the facility has already been assigned to the program, is an existing facility, or whether an entirely new facility must be constructed. State the date on which the facility may be occupied by the Requesting Agency.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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5600 - FACILITIES

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

TYPE OF FACILITY:

RESPONSE:

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CLASSIFICATION:

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UDS 5600 S  
JAN90

PSP/OD PREPARATION INSTRUCTIONS

FORMAT 5610 - FACILITIES - DRAWINGS

NOTE: This format is used by the Support Agency to provide drawings which complement the support presented on Format 5600 - Facilities.

ITEM NO.:

Follow preparation instructions for Format 1000.

REQUESTER:

Follow preparation instructions for Format 1000.

SUPPLIER:

Follow preparation instructions for Format 1000.

TEST CODE:

Follow preparation instructions for Format 1000.

LOCATION:

Follow preparation instructions for Format 1000.

RESPONSE:

Enter the plot plan showing the location of the individual facilities listed for each site on Format 5600. Specify how each facility is related to other items. Where necessary, reference the Requesting Agency's drawing, report, site plans, etc., which defined the desired facility.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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5610 - FACILITIES - DRAWINGS

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE:

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PAGE -

CLASSIFICATION:

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UDS 5610 S  
JAN90



PSP/OD PREPARATION INSTRUCTIONS

FORMAT 5620 - FACILITIES - LAUNCHER AND PLATFORM CHARACTERISTICS

**NOTE:** This format is used by the Support Agency to provide a description of the launcher and platform characteristics.

**ITEM NO.:**  
Follow preparation instructions for Format 1000.

**REQUESTER:**  
Follow preparation instructions for Format 1000.

**SUPPLIER:**  
Follow preparation instructions for Format 1000.

**TEST CODE:**  
Follow preparation instructions for Format 1000.

**LOCATION:**  
Follow preparation instructions for Format 1000.

**RESPONSE:**  
Describe pertinent launch pad or platform characteristics, e.g., location construction, special instruments, special power requirements, cooling water, etc. If a launch platform simulating ship, submarine, or other launch platform will be required at the range, indicate type and whether simulator will be furnished by the Requesting Agency (RA) or Support Agency (SA).

CLASSIFICATION:

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PROGRAM TITLE:  
DOC TYPE/NO.:

REVISION:

DATE:

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5620 - FACILITIES - LAUNCHER AND PLATFORM CHARACTERISTICS

ITEM NO.:  
REQUESTER:  
SUPPLIER:  
TEST CODE:  
LOCATION:  
RESPONSE:

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CLASSIFICATION:

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PSP/OD PREPARATION INSTRUCTIONS

FORMAT 6000 - OTHER SUPPORT

NOTE: This format is used by the Support Agency to specify support responses that are not included in other UDS Sections of the document.

ITEM NO.:  
Follow preparation instructions for Format 1000.

REQUESTER:  
Follow preparation instructions for Format 1000.

SUPPLIER:  
Follow preparation instructions for Format 1000.

TEST CODE:  
Follow preparation instructions for Format 1000.

LOCATION:  
Follow preparation instructions for Format 1000.

RESPONSE( ) INFORMATION( ):  
Indicate whether each item number documented is a response for support or is included for informational purposes only. Present a narrative description of the support planned to satisfy the requirements identified on Format 6000 - Other Support, of the PRD/OR.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

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6000 - OTHER SUPPORT

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE( ) INFORMATION( ):

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PAGE -

CLASSIFICATION:

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PSP/OD PREPARATION INSTRUCTIONS

FORMAT 6010 - OTHER SUPPORT - TEST INSTRUMENT MAINTENANCE AND CALIBRATION

NOTE: This format is used by the Support Agency to present the test instrument maintenance and calibration services that will be provided.

ITEM NO.:

Follow preparation instructions for Format 1000.

REQUESTER:

Follow preparation instructions for Format 1000.

SUPPLIER:

Follow preparation instructions for Format 1000.

TEST CODE:

Follow preparation instructions for Format 1000.

LOCATION:

Follow preparation instructions for Format 1000.

RESPONSE:

Describe the services that will be provided by the Support Agency for test instrument maintenance and calibration. Electrical and mechanical instruments will be listed separately.

CLASSIFICATION:

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PROGRAM TITLE:  
DOC TYPE/NO.:

REVISION:

DATE:

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6010 - OTHER SUPPORT - TEST INSTRUMENT MAINTENANCE AND CALIBRATION

ITEM NO. :  
REQUESTER:  
SUPPLIER:  
TEST CODE:  
LOCATION:  
RESPONSE:

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CLASSIFICATION:

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PSP/OD PREPARATION INSTRUCTIONS

FORMAT (GENERAL)

NOTE: This format is used anywhere in the document where narrative or graphic data cannot be presented on the prescribed numbered (UDS section) format. It may also be used to supplement the prescribed format when additional space is required for expanded data entry.

(UDS SECTION NO. - TITLE):

Enter the UDS section number and title from the UDS document outline for the appropriate section used.

ITEM NO.:

Follow preparation instructions for Format 1000.

REQUESTER:

Follow preparation instructions for Format 1000.

SUPPLIER:

Follow preparation instructions for Format 1000.

TEST CODE:

Follow preparation instructions for Format 1000.

LOCATION:

Follow preparation instructions for Format 1000.

RESPONSE ( ) INFORMATION ( ):

Indicate whether each item number documented is a response or is for informational purposes only. Enter the response or information desired.

CLASSIFICATION:

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PROGRAM TITLE:

DOC TYPE/NO.:

REVISION:

DATE:

ITEM NO.:

REQUESTER:

SUPPLIER:

TEST CODE:

LOCATION:

RESPONSE( ) INFORMATION( ):

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CLASSIFICATION:

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UDS GEN 5  
JAN90