

TPS Subassembly Electrical Interface Continuity and Isolation Test

COVER SHEET

Program: GLAST

Procedure Number: LAT-DS-04099

Procedure Title: TPS EICIT

Paragraph Number: 5.1.3

Paragraph Title: Test Equipment

Controlling Document Number: _____

Controlling Document Step Number: _____

Unit S/N: 1

Descriptive Comment: _____

TEST READINESS REVIEW COMPLETED AND APPROVED BY THE FOLLOWING:

Test Director: [Signature] Date: 12/15/04

Quality Assurance: _____ Date: _____

Test Conductor: [Signature] Date: 12/15/04



POST TEST REVIEW COMPLETED AND APPROVED BY THE FOLLOWING:

Test Director: [Signature] Date: 12/15/04

Quality Assurance: _____ Date: 12-15-04

Test Conductor: [Signature] Date: 12/15/04



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