

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: 2

Descriptive Comment: _____

TEST READINESS REVIEW COMPLETED AND APPROVED BY THE FOLLOWING:

Test Director: [Signature] Mi Date: 12/15/04
Quality Assurance: _____  Date: 12.15.04
Test Conductor: [Signature] Mi Date: 12/15/04

POST TEST REVIEW COMPLETED AND APPROVED BY THE FOLLOWING:

Test Director: [Signature] Mi  Date: 12/15/04
Quality Assurance: _____ Date: 12.15.04
Test Conductor: [Signature] Mi Date: 12/15/04

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