

GLAST LAT Tracker Subsystem

TOWER ASSEMBLY and TEST FLOW CHART

Tower P/N:

LAT-DS-00722

Revision number:

2

Tower S/N:

1

Assembly supervisor

Emilio Rapposelli

Assembly operator 1

Marco Ceccanti

Assembly QA responsible

Mirco Bagni

Assembly operator 2

Francesco Bellardi

*Tower
Assembly*

Tray Assembling

Top Tray (n° 18)

IDENTIFICATION:		
tray type:	tray S/N:	tray weight (gr):
T	006	1200

VISUAL INSPECTION:	
Date (mm/dd/yyyy):	Note
2/14/2005 11:17:01 AM	
Flag	
OK	

MOUNTING:	
Date (mm/dd/yy):	Note
2/14/2005 11:17:07 AM	

Mid Tray (n° 17)

IDENTIFICATION:		
tray type:	tray S/N:	tray weight (gr):
<input type="text" value="M"/>	<input type="text" value="027"/>	<input type="text"/>

VISUAL INSPECTION:	
Date (mm/dd/yyyy):	Note
<input type="text" value="3/17/2005"/>	M063 (1155gr-installed on 2/14/2005) replaced with M027 (NCR 430)
Flag <input type="text" value="OK"/>	

MOUNTING:	
Date (mm/dd/yy):	Note
<input type="text" value="3/18/2005"/>	

Mid Tray (n° 16)

IDENTIFICATION:		
tray type:	tray S/N:	tray weight (gr):
<input type="text" value="M"/>	<input type="text" value="037"/>	<input type="text" value="1165"/>

VISUAL INSPECTION:	
Date (mm/dd/yyyy):	Note
<input type="text" value="2/14/2005 11:30:09 AM"/>	
Flag <input type="text" value="OK"/>	

MOUNTING:	
Date (mm/dd/yyyy):	Note
<input type="text" value="2/14/2005 11:30:11 AM"/>	

Mid Tray (n° 15)

IDENTIFICATION:		
tray type:	tray S/N:	tray weight (gr):
<input type="text" value="M"/>	<input type="text" value="057"/>	<input type="text" value="1195"/>

VISUAL INSPECTION:	
Date (mm/dd/yyyy):	Note
<input type="text" value="2/14/2005 11:31:33 AM"/>	<input type="text"/>
Flag <input type="text" value="OK"/>	

MOUNTING:	
Date (mm/dd/yy):	Note
<input type="text" value="2/14/2005 11:31:35 AM"/>	<input type="text"/>

Mid Tray (n° 14)

IDENTIFICATION:		
tray type:	tray S/N:	tray weight (gr):
<input type="text" value="M"/>	<input type="text" value="092"/>	<input type="text" value="1170"/>

VISUAL INSPECTION:	
Date (mm/dd/yyyy):	Note
<input type="text" value="2/14/2005 11:54:26 AM"/>	<input type="text"/>
Flag <input type="text" value="OK"/>	

MOUNTING:	
Date (mm/dd/yyyy):	Note
<input type="text" value="2/14/2005 11:54:26 AM"/>	<input type="text"/>

Mid Tray (n° 13)

IDENTIFICATION:		
tray type:	tray S/N:	tray weight (gr):
<input type="text" value="M"/>	<input type="text" value="067"/>	<input type="text" value="1165"/>

VISUAL INSPECTION:	
Date (mm/dd/yyyy):	Note
<input type="text" value="2/14/2005 12:03:13 PM"/>	<input type="text"/>
Flag <input type="text" value="OK"/>	

MOUNTING:	
Date (mm/dd/yy):	Note
<input type="text" value="2/14/2005 12:03:16 PM"/>	<input type="text"/>
<input type="text"/>	

Mid Tray (n° 12)

IDENTIFICATION:		
tray type:	tray S/N:	tray weight (gr):
<input type="text" value="M"/>	<input type="text" value="030"/>	<input type="text" value="1165"/>

VISUAL INSPECTION:	
Date (mm/dd/yyyy):	Note
<input type="text" value="2/14/2005 3:18:41 PM"/>	<input type="text"/>
Flag <input type="text" value="OK"/>	

MOUNTING:	
Date (mm/dd/yy):	Note
<input type="text" value="2/14/2005 3:18:44 PM"/>	<input type="text"/>
<input type="text"/>	

Mid Tray (n° 11)

IDENTIFICATION:		
tray type:	tray S/N:	tray weight (gr):
<input type="text" value="M"/>	<input type="text" value="083"/>	<input type="text" value="1150"/>

VISUAL INSPECTION:	
Date (mm/dd/yyyy):	Note
<input type="text" value="2/14/2005 3:35:31 PM"/>	<input type="text"/>
Flag <input type="text" value="OK"/>	

MOUNTING:	
Date (mm/dd/yy):	Note
<input type="text" value="2/14/2005 3:35:35 PM"/>	<input type="text"/>

Mid Tray (n° 10)

IDENTIFICATION:		
tray type:	tray S/N:	tray weight (gr):
<input type="text" value="M"/>	<input type="text" value="058"/>	<input type="text" value="1175"/>

VISUAL INSPECTION:	
Date (mm/dd/yyyy):	Note
<input type="text" value="2/14/2005 3:52:39 PM"/>	<input type="text"/>
Flag <input type="text" value="OK"/>	

MOUNTING:	
Date (mm/dd/yy):	Note
<input type="text" value="2/14/2005 3:52:42 PM"/>	<input type="text"/>

Mid Tray (n° 09)

IDENTIFICATION:		
tray type:	tray S/N:	tray weight (gr):
<input type="text" value="M"/>	<input type="text" value="101"/>	<input type="text" value="1145"/>

VISUAL INSPECTION:	
Date (mm/dd/yyyy):	Note
<input type="text" value="2/14/2005 4:05:55 PM"/>	<input type="text"/>
Flag <input type="text" value="OK"/>	

MOUNTING:	
Date (mm/dd/yy):	Note
<input type="text" value="2/14/2005 4:06:01 PM"/>	<input type="text"/>

Mid Tray (n° 08)

IDENTIFICATION:		
tray type:	tray S/N:	tray weight (gr):
<input type="text" value="M"/>	<input type="text" value="060"/>	<input type="text" value="1185"/>

VISUAL INSPECTION:	
Date (mm/dd/yyyy):	Note
<input type="text" value="2/14/2005 4:17:11 PM"/>	<input type="text"/>
Flag <input type="text" value="OK"/>	

MOUNTING:	
Date (mm/dd/yy):	Note
<input type="text" value="2/14/2005 4:22:01 PM"/>	<input type="text"/>

Mid Tray (n° 07)

IDENTIFICATION:		
tray type:	tray S/N:	tray weight (gr):
<input type="text" value="M"/>	<input type="text" value="024"/>	<input type="text" value="1160"/>

VISUAL INSPECTION:	
Date (mm/dd/yyyy):	Note
<input type="text" value="2/14/2005 4:49:58 PM"/>	<input type="text"/>
Flag <input type="text" value="OK"/>	

MOUNTING:	
Date (mm/dd/yy):	Note
<input type="text" value="2/14/2005 4:49:57 PM"/>	<input type="text"/>
<input type="text"/>	

Heavy Tray (n° 06)

IDENTIFICATION:		
tray type:	tray S/N:	tray weight (gr):
<input type="text" value="H"/>	<input type="text" value="041"/>	<input type="text" value="2655"/>

VISUAL INSPECTION:	
Date (mm/dd/yyyy):	Note
<input type="text" value="2/14/2005 4:59:33 PM"/>	<input type="text"/>
Flag <input type="text" value="OK"/>	

MOUNTING:	
Date (mm/dd/yy):	Note
<input type="text" value="2/14/2005 4:59:36 PM"/>	<input type="text"/>
<input type="text"/>	

Heavy Tray (n° 05)

IDENTIFICATION:		
tray type:	tray S/N:	tray weight (gr):
H	023	2635

VISUAL INSPECTION:	
Date (mm/dd/yyyy):	Note
2/14/2005 5:10:57 PM	
Flag <input type="checkbox"/> OK	

MOUNTING:	
Date (mm/dd/yy):	Note
2/14/2005 5:11:00 PM	

Heavy Tray (n° 04)

IDENTIFICATION:		
tray type:	tray S/N:	tray weight (gr):
H	015	2630

VISUAL INSPECTION:	
Date (mm/dd/yyyy):	Note
2/14/2005 5:27:24 PM	
Flag <input type="checkbox"/> OK	

MOUNTING:	
Date (mm/dd/yy):	Note
2/14/2005 5:47:13 PM	

Heavy Tray (n° 03)

IDENTIFICATION:		
tray type:	tray S/N:	tray weight (gr):
H	026	2640

VISUAL INSPECTION:	
Date (mm/dd/yyyy):	Note
2/14/2005 5:48:51 PM	
Flag <input type="checkbox"/> OK	

MOUNTING:	
Date (mm/dd/yy):	Note
2/14/2005 5:50:15 PM	

Light Tray (n° 02)

IDENTIFICATION:		
tray type:	tray S/N:	tray weight (gr):
L	006	920

VISUAL INSPECTION:	
Date (mm/dd/yyyy):	Note
2/14/2005 5:57:13 PM	
Flag <input type="checkbox"/> OK	

MOUNTING:	
Date (mm/dd/yy):	Note
2/14/2005 5:57:16 PM	

Light Tray (n° 01)

IDENTIFICATION:		
tray type:	tray S/N:	tray weight (gr):
L	011	930

VISUAL INSPECTION:	
Date (mm/dd/yyyy):	Note
2/15/2005 9:50:50 AM	
Flag <input type="checkbox"/> OK	

MOUNTING:	
Date (mm/dd/yy):	Note
2/15/2005 9:53:55 AM	

Bottom Tray (n° 00)

IDENTIFICATION:		
tray type:	tray S/N:	tray weight (gr):
B	005	2115

VISUAL INSPECTION:	
Date (mm/dd/yyyy):	Note
2/15/2005 10:18:40 AM	
Flag <input type="checkbox"/> OK	

MOUNTING:	
Date (mm/dd/yy):	Note
2/15/2005 10:39:07 AM	

Cables +X (C0-C1)

C-0 <i>(-Y corner)</i> cable +XC0 sn: C0-018	VISUAL INSPECTION:
	Date (mm/dd/yyyy): <input type="text" value="2/15/2004"/> Flag: <input type="text" value="OK"/> Note: <input type="text" value="Weight 95g"/>
C-1 <i>(+Y corner)</i> cable +XC1 sn: C1-005	MOUNTING:
	Date (mm/dd/yy): <input type="text" value="2/15/2004"/> Note: <input type="text"/>
	VISUAL INSPECTION:
	Date (mm/dd/yyyy): <input type="text" value="2/15/2004"/> Flag: <input type="text" value="OK"/> Note: <input type="text" value="Weight 80g"/>
	MOUNTING:
	Date (mm/dd/yyyy): <input type="text" value="2/15/2004"/> Note: <input type="text"/>

Cables +Y (C2-C3)

**C-2
(+X corner)**

cable +YC2 sn:

C2-007

VISUAL INSPECTION:

Date (mm/dd/yyyy): **Flag:** **Note:**

2/15/2004

OK

Weight 100g

MOUNTING:

Date (mm/dd/yy): **Note:**

2/15/2004

**C-3
(-X corner)**

cable +YC3 sn:

C3-007

VISUAL INSPECTION:

Date (mm/dd/yyyy): **Flag:** **Note:**

2/15/2004

OK

Weight 90g

MOUNTING:

Date (mm/dd/yyyy): **Note:**

2/15/2004

Cables -X (C4-C5)

**C-4
(-Y corner)**

cable -XC5 sn:

C4-007

VISUAL INSPECTION:

Date (mm/dd/yyyy): **Flag:** **Note:**

2/15/2004

OK

Weight 100g

MOUNTING:

Date (mm/dd/yy): **Note:**

2/15/2004

**C-5
(+Ycorner)**

cable -XC6 sn:

C5-008

VISUAL INSPECTION:

Date (mm/dd/yyyy): **Flag:** **Note:**

2/15/2004

OK

Weight 100g

MOUNTING:

Date (mm/dd/yyyy): **Note:**

2/15/2004

Cables -Y (C6-C7)

**C-6
(+X corner)**

cable -YC6 sn:

C6-013

VISUAL INSPECTION:

Date (mm/dd/yyyy): **Flag:** **Note:**

2/15/2004

OK

Weight 95g

MOUNTING:

Date (mm/dd/yy): **Note:**

2/15/2004

Problem with 5th connector (from BT to Top Tray)

**C-7
(-X corner)**

cable -YC7 sn:

C7-001

VISUAL INSPECTION:

Date (mm/dd/yyyy): **Flag:** **Note:**

2/15/2004

OK

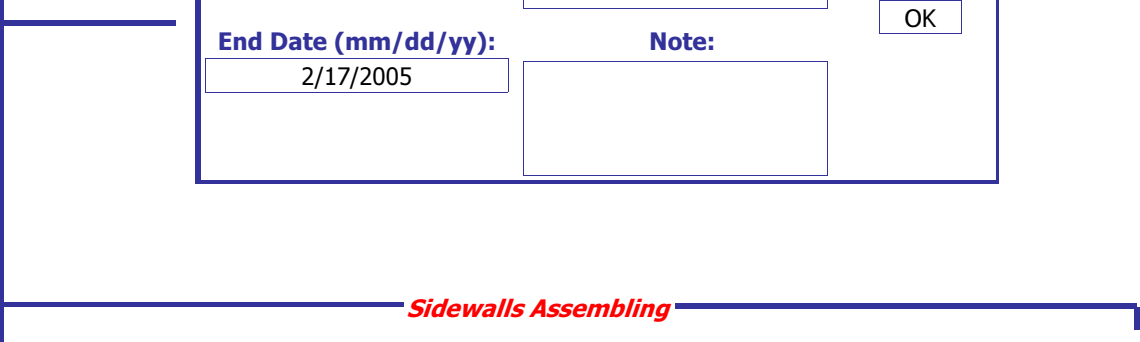
Weight 90g

MOUNTING:

Date (mm/dd/yyyy): **Note:**

2/15/2004

1st FUNCTIONAL TEST CPT:	
Start Date (mm/dd/yy): 2/16/2005	Note: <input type="text"/>
End Date (mm/dd/yy): 2/17/2005	Note: <input type="text"/>
Flag: <input type="text" value="OK"/>	



<i>Sidewalls +X</i>	serial nb: <input type="text"/>	VISUAL INSPECTION:	
		Date (mm/dd/yyyy): 2/12/2004	Note: <input type="text"/>
		Flag	<input type="text" value="OK"/>
<i>Sidewalls +X</i>	serial nb: 002	MOUNTING:	
		Date (mm/dd/yyyy): 2/12/2004	Note: No S/N and P/N appear on sidewall
		Flag	<input type="text" value="OK"/>
<i>Sidewalls +X</i>	serial nb: 002	VISUAL INSPECTION:	
		Date (mm/dd/yyyy): 1/7/2004	Note: <input type="text"/>
		Flag	<input type="text" value="OK"/>
<i>Sidewalls +X</i>	serial nb: 002	MOUNTING:	
		Date (mm/dd/yyyy): 1/7/2004	Note: <input type="text"/>
		Flag	<input type="text" value="OK"/>

**Sidewalls
+X**

serial nb:
003

VISUAL INSPECTION:	
Date (mm/dd/yyyy):	Note
2/17/2005	
Flag <input type="checkbox"/> OK	

MOUNTING:	
Date (mm/dd/yy):	Note
2/17/2005	

**Sidewalls
+X**

serial nb:
002

VISUAL INSPECTION:	
Date (mm/dd/yyyy):	Note
10/3/2005	
Flag <input type="checkbox"/> OK	

MOUNTING:	
Date (mm/dd/yy):	Note
10/3/2005	

**Sidewalls
+X**

serial nb:
005

VISUAL INSPECTION:	
Date (mm/dd/yyyy):	Note
3/25/2005	
Flag <input type="checkbox"/> OK	

MOUNTING:	
Date (mm/dd/yy):	Note
3/25/2005	

**Sidewalls
+X**

serial nb:
006

VISUAL INSPECTION:	
Date (mm/dd/yyyy):	Note
4/20/2005	
Flag <input type="checkbox"/> OK	

MOUNTING:	
Date (mm/dd/yy):	Note
4/20/2005	

**Sidewalls
-X**

serial nb:

VISUAL INSPECTION:	
Date (mm/dd/yyyy):	Note
2/12/2004	
Flag <input type="checkbox"/> OK	

MOUNTING:	
Date (mm/dd/yy):	Note
2/12/2004	No S/N and P/N appear on sidewall

**Sidewalls
-X**

serial nb:
002

VISUAL INSPECTION:	
Date (mm/dd/yyyy):	Note
1/7/2004	
Flag <input type="checkbox"/> OK	

MOUNTING:	
Date (mm/dd/yy):	Note
1/7/2004	

**Sidewalls
-X**

serial nb:
003

VISUAL INSPECTION:	
Date (mm/dd/yyyy): 2/17/2005	Note
Flag <input type="checkbox"/> OK	

MOUNTING:	
Date (mm/dd/yy): 2/17/2005	Note

**Sidewalls
-X**

serial nb:
002

VISUAL INSPECTION:	
Date (mm/dd/yyyy): 10/3/2005	Note
Flag <input type="checkbox"/> OK	

MOUNTING:	
Date (mm/dd/yy): 10/3/2005	Note

**Sidewalls
-X**

serial nb:
005

VISUAL INSPECTION:	
Date (mm/dd/yyyy): 3/25/2005	Note
Flag <input type="checkbox"/> OK	

MOUNTING:	
Date (mm/dd/yy): 3/25/2005	Note

**Sidewalls
-X**

serial nb:
006

VISUAL INSPECTION:	
Date (mm/dd/yyyy):	Note
4/20/2005	
Flag <input type="checkbox"/> OK	

MOUNTING:	
Date (mm/dd/yy):	Note
4/20/2005	

**Sidewalls
+Y**

serial nb:

VISUAL INSPECTION:	
Date (mm/dd/yyyy):	Note
2/12/2004	
Flag <input type="checkbox"/>	

MOUNTING:	
Date (mm/dd/yy):	Note
2/12/2004	No S/N and P/N appear on sidewall

**Sidewalls
+Y**

serial nb:
002

VISUAL INSPECTION:	
Date (mm/dd/yyyy):	Note
1/7/2004	
Flag <input type="checkbox"/> OK	

MOUNTING:	
Date (mm/dd/yy):	Note
1/7/2004	

**Sidewalls
+Y**

serial nb:
003

VISUAL INSPECTION:	
Date (mm/dd/yyyy): 2/17/2005	Note
Flag <input type="checkbox"/> OK	

MOUNTING:	
Date (mm/dd/yy): 2/17/2005	Note

**Sidewalls
+Y**

serial nb:
002

VISUAL INSPECTION:	
Date (mm/dd/yyyy): 10/3/2005	Note
Flag <input type="checkbox"/> OK	

MOUNTING:	
Date (mm/dd/yy): 10/3/2005	Note

**Sidewalls
+Y**

serial nb:
005

VISUAL INSPECTION:	
Date (mm/dd/yyyy): 3/25/2005	Note
Flag <input type="checkbox"/> OK	

MOUNTING:	
Date (mm/dd/yy): 3/25/2005	Note

**Sidewalls
+Y**

serial nb:
006

VISUAL INSPECTION:	
Date (mm/dd/yyyy):	Note
4/20/2005	
Flag <input type="checkbox"/> OK	

MOUNTING:	
Date (mm/dd/yy):	Note
4/20/2005	

**Sidewalls
-Y**

serial nb:

VISUAL INSPECTION:	
Date (mm/dd/yyyy):	Note
2/12/2004	No S/N and P/N appear on sidewall
Flag <input type="checkbox"/>	

MOUNTING:	
Date (mm/dd/yy):	Note
2/2/2004 4:34:40 PM	sidewalls with conter sink too deep

**Sidewalls
-Y**

serial nb:
002

VISUAL INSPECTION:	
Date (mm/dd/yyyy):	Note
1/7/2004	
Flag <input type="checkbox"/> OK	

MOUNTING:	
Date (mm/dd/yy):	Note
1/7/2004	

**Sidewalls
-Y**

serial nb:
003

VISUAL INSPECTION:	
Date (mm/dd/yyyy): 2/17/2005	Note
Flag <input type="checkbox"/> OK	

MOUNTING:	
Date (mm/dd/yy): 2/17/2005	Note

**Sidewalls
-Y**

serial nb:
002

VISUAL INSPECTION:	
Date (mm/dd/yyyy): 10/3/2005	Note
Flag <input type="checkbox"/> OK	

MOUNTING:	
Date (mm/dd/yy): 10/3/2005	Note

**Sidewalls
-Y**

serial nb:
005

VISUAL INSPECTION:	
Date (mm/dd/yyyy): 3/25/2005	Note
Flag <input type="checkbox"/> OK	

MOUNTING:	
Date (mm/dd/yy): 3/25/2005	Note

VISUAL INSPECTION:

Date (mm/dd/yyyy):	Note
4/20/2005	
Flag: <input type="checkbox"/> OK	

**Sidewalls
-Y**

serial nb:

MOUNTING:

Date (mm/dd/yy):	Note
4/20/2005	

ALIGNMENT:	
Date (mm/dd/yyyy):	Note:
2/17/2005	
Flag: <input type="checkbox"/> OK	

BASE PLATE ASSEMBLING:	
Date (mm/dd/yyyy):	Note:
2/18/2005	
Flag: <input type="checkbox"/> OK	

2nd FUNCTIONAL TEST :

Start Date (mm/dd/yy):

2/18/2004

Note:

Flag:

OK

End Date (mm/dd/yy):

2/21/2004

Note:

TOWER Turn Over :

Date (mm/dd/yyyy):

2/21/2004

Note:

Flag:

OK

BRACKET ASSEMBLING:	
Date (mm/dd/yyyy): 2/21/2005	Note:
Flag: <input type="checkbox"/> OK	

SHIPPING TO ALENIA:	
Date (mm/dd/yyyy): 2/25/2005	Note:
Flag: <input type="checkbox"/> OK	

THERMO-VACUUM:	
Date (mm/dd/yyyy): 4/8/2005	Note:
Flag: <input type="checkbox"/> OK	ended 4/15/2005. Previous TVAC run performed between 3/3-12/2005 with different configuration (MID063 as tray17) with NCR/FM/INFN/PI-430

Test @ALENIA

VIBRATIONAL:	
Date (mm/dd/yyyy): 4/5/2005	Note:
Flag: <input type="checkbox"/> OK	VIB test on Z axis only, performed after tray 17 replacement. Previous full VIB test on 3 axes on 2/28/2005

SHIPPING TO INFN/PISA:	
Date (mm/dd/yyyy): <input type="text"/>	Note:
Flag: <input type="text"/>	NA

Verify	TOWER BOX VISUAL INSPECTION: Date (mm/dd/yyyy): <input type="text"/> NA Note: <input type="text"/> Flag: <input type="text"/>
	MEASUREMENT CMM: Date (mm/dd/yyyy): <input type="text"/> NA Note: <input type="text"/> Flag: <input type="text"/>
	FUNCTIONAL TEST: Date (mm/dd/yyyy): <input type="text"/> NA Note: <input type="text"/> Flag: <input type="text"/>
	PACKAGING: Date (mm/dd/yyyy): <input type="text" value="4/19/2005"/> Note: <input type="text"/> Flag: <input type="text" value="OK"/>
	SHIPPING TO SLAC: Date (mm/dd/yyyy): <input type="text" value="4/20/2005"/> Note: <input type="text"/> Flag: <input type="text" value="OK"/>