

ECS Configuration Change Request

CCR No. 97-0520	Logged Date 4/4/97	Rev. -	Request Type CCR
Priority Routine <input type="checkbox"/> Urgent <input checked="" type="checkbox"/> Emergency <input type="checkbox"/>	Affected Release B		Change Class II
Title (description) FOS CMS-10125 Level 4 Requirement - Time Tag Format (Add Clarification)			
Documents Affected		Source Nos (RID, NCR, Action Item, GSFC CCR, etc.) or Tech Reference AC-97-0048 NCR ECSed04734 & ECSed04456	
RTM Change <input checked="" type="checkbox"/> Start New Baseline <input type="checkbox"/>			
Problem FOS CMS-10125 Level 4 requirement provides a time tag format that is different from what is specified in ICD 106. Clarification needs to be added to conform to the format defined in ICD 106.			
Proposed Solution Add clarification text to FOS CMS-10125 level 4 requirement. See attachment 1.			
Impact Analysis:			
Organizations Affected:	BOO <input type="checkbox"/>	Contracts <input type="checkbox"/>	ECS Chief Eng <input type="checkbox"/>
Procurement <input type="checkbox"/>	QO <input checked="" type="checkbox"/>	Rel. Dev <input type="checkbox"/>	Rel. A <input type="checkbox"/>
Science Off <input type="checkbox"/>	Security <input type="checkbox"/>	Subcontract <input type="checkbox"/>	Sys. Eng <input checked="" type="checkbox"/>
			FOS <input checked="" type="checkbox"/>
			Rel. C <input type="checkbox"/>
			Sys Verf Acpt <input checked="" type="checkbox"/>
			M&O <input checked="" type="checkbox"/>
			SCDO Arch. <input type="checkbox"/>
Cost:	None <input checked="" type="checkbox"/>	Small <input type="checkbox"/>	Medium <input type="checkbox"/>
		(Not exceeding \$100,000)	(\$100,000 to \$500,000)
			Large <input type="checkbox"/>
			(Over \$500,000)
Schedule:	None <input checked="" type="checkbox"/>	Other	
Additional LOC	none	Man-Months	
Materials			
Originator	Carol Chachulski	(signed) Carol Chachulski	4/4/97
		Signature	Date
Office	FOS	Office Manager (signed) Deborah Dunn	4/4/97
		Signature	Date
Disposition	Approved <input checked="" type="checkbox"/>	Approved w/Comment <input type="checkbox"/>	Forward <input type="checkbox"/> Disapproved <input type="checkbox"/>
Comments:			
	CCB Chairperson	(signed) Paul Fingerman	4/10/97
		Signature	Date