

ECS Configuration Change Request

| | | | |
|---|--|---|--|
| CCR No. 97-1116 | Logged Date 7/23/97 | 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 Requirements Update | | | |
| Documents Affected | | Source Nos (RID, NCR, Action Item, GSFC CCR, etc.) or Tech Reference AC-97-0048 | |
| RTM Change <input checked="" type="checkbox"/> Start New Baseline <input type="checkbox"/> | | | |
| Problem FOS CMS Level 4 requirements need modification to the current RTM baseline. | | | |
| Proposed Solution Make changes to the appropriate requirements listed in attachment 1 accordingly. Default values: req_status = approved; ver_status = unverified. a_verification_status = un-verified; s_verification_status = un-verified | | | |
| Impact Analysis: | | | |
| Organizations Affected: | | | |
| BOO <input type="checkbox"/> | Contracts <input type="checkbox"/> | ECS Chief Eng <input type="checkbox"/> | FOS <input checked="" 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"/> |
| | | | Sys Ver 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"/> | Large <input type="checkbox"/> |
| | (Not exceeding \$100,000) | (\$100,000 to \$500,000) | (Over \$500,000) |
| Schedule: | | | |
| None <input checked="" type="checkbox"/> | Other | | |
| Additional LOC | None | Man-Months | |
| Materials | | | |
| Originator <u>Louise Castello</u> (signed) <u>Louise Castello</u> <u>7/22/97</u> | | | |
| | Signature | | Date |
| Office <u>FOS</u> Office Manager (signed) <u>Deborah Dunn</u> <u>7/22/97</u> | | | |
| | 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) <u>Paul Fingerman</u> <u>8/5/97</u> | | | |
| | Signature | | Date |