

LIGO ELECTRONICS TRAVELER

Schematic Dwg No.	Initial Rev	Title	Serial number
D070001	0A	10-W Laser Head Interface	103
PCB Rev		PCB filename	Date
			2/9/2007
Originator		Cognizant Design Engineer	Phone #
Peter King		Peter King	3099

INITIAL FABRICATION AND TEST: Any deviation from procedure, schematics, or test criteria must be noted below and approved.

Operation/Instructions (Comments)		Name	Date
BOARD FABRICATION			
	Assembled by:	Peter King	1/29/07
1	Incoming board visual inspection; note discrepancies and any required repair		
2	Board modifications (only to be consistent with initial fabrication revision level): cite applicable DCN: _____, or list required changes below: (attaching a photograph is encouraged)		
3	Note any board level discrepancies, or QA problems below; requires approval	Cog. Engineer approval	
CHASSIS			
4	Drawing Number & Revision: _____		
5	Incoming chassis inspection; note discrepancies and any required repair		
6	Chassis modifications (only to be consistent with initial fabrication revision level): cite applicable DCN: _____, or list required changes below:		

N.B.: This traveler must accompany the associated parts at all times once assembly starts. The traveler original must ship with the board & be maintained by operations.

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Operation/Instructions (Comments)		Name	Date
7	Note any chassis level discrepancies or QA problems below; requires approval	Cog. Engineer Approval:	
BOARD ASSEMBLY			
8	List component value changes or part substitutions which are not per the documented design Note: Requires cognizant design engineer approval	Cog. Engineer Approval:	
9	Missing components: list intentionally absent components with reason(s) R1 not stuffed as per original Lightwave Electronics board. Note: Any missing components requires engineer approval	Cog. Engineer Approval: Peter King	
10	Board condition comments after repair/remedial efforts (lifted pads, debonded traces, etc.): Note: Any quality defects requires approval.	Cog. Engineer Approval:	
MODULE ASSEMBLY			
11	Module Level condition comments after repair/remedial efforts (deviations in grounding, connector substitutions, cabling substitutions, changes in attachment provisions, heat sinking, etc.): Note: Any quality defects, substitutions or changes require approval.	Cog. Engineer Approval:	
ACCEPTANCE TEST			
12	Test procedure DCC No. & Revision _____ Attach completed test procedure with recorded values	Tester:	
13	List any discrepancies or deviations from limits established in the test procedure: Note: Any discrepancies or out-of-limit deviations must be approved	Cog. Engineer Approval:	

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REVISION UPDATE (one table per revision update)

	Operation/Instructions (Comments)	Name	Date
1	Schematic No. _____ Current Rev. Level _____ Modified Rev. Level _____ Board/Module Title: _____ associated DCN No. _____ Serial No. _____ Description: _____		
2	Board/Module Condition: note discrepancies, quality problems, or defects after revision completed: Note: Any quality defects, substitutions, or changes requires approval.	Engineer Approval:	
3	Test procedure No. & Revision: _____ or None _____ ___ Re-test, or ___ Partial Re-test (cite sections of procedure below), or ___ other (describe below) Note: If not explicitly permitted by the DCN, any re-test other than a complete re-test per procedure must be approved. Attach completed test procedure	Tester: Engineer Approval:	
4	List any test discrepancies or deviations from limits established in the test procedure Note: Any discrepancies or out-of-limit deviations must be approved.	Engineer Approval:	

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REPAIR RECORD (one table per repair event)

	Operation/Instructions (Comments)	Name	Date
1	Schematic No. _____ Current Rev. Level _____ Serial No. _____ Board/Module Title: _____ GNATS Problem or failure report No. _____ Description of problem/failure: Repair steps:		
2	Board/Module Condition: note discrepancies, quality problems, or defects after repair completed: Note: Any quality defects, substitutions, or changes requires approval.	Engineer Approval:	
3	Retest: Test procedure No. & Revision: _____ or None _____ ___ Re-test, or ___ Partial Re-test (cite sections of procedure below), or ___ other (describe below) Note: Any re-test other than a complete re-test must be approved	Tester: Engineer Approval:	
4	List any test discrepancies or deviations from limits established in the test procedure Note: Any discrepancies or out-of-limit deviations must be approved.	Engineer Approval:	