Component First Article Test (CFAT) Plan

CDRL E003 to Contract W56HZV-18-D-0010

Family of Medium Tactical Vehicles

(FMTV-A2)

**CFAT Plan for Part Description**

Oshkosh Part Number:

Vendor Part Number:

Revision:

Supplier:

CAGE Code:

System Tested:



**O S H K O S H D E F E N S E**

Pursuant to DFARS 252.235-7010, this material is based upon work supported by the United States Army (U.S. Army), Tank-automotive and Armaments Command (TACOM) Life Cycle Management Command (LCMC) under contract number W56HZV-18-D-0010. Any opinions, findings and conclusions or recommendations expressed in this material are those of the author(s) and do not necessarily reflect the views of TACOM LCMC.

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Contract No. W56HZV-18-D-0010

Contractor Name:  Oshkosh Defense, LLC

Contractor Address: 2307 Oregon Street, Oshkosh, WI  54903-2566

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Approval & Authorization

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| --- | --- | --- | --- |
| Prepared by: | Supplier Name | Date: | 01/01/2023 |
| Approved by: | Oshkosh Defense CFAT Team | Date: | 01/01/2023 |
| Authorized for issue by: | Andrew Martin | Date: | 01/01/2023 |

Record of Revisions

|  |  |  |
| --- | --- | --- |
| Date | Version Number | Description of Revision |
| 07/09/2019 | 0.1 | Plan Template, compliant with Government specifications |
|  | 0.2 | Submitted to Government |
|  | 0.3 | Updated Personnel |
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Oshkosh Defense

*A Division of Oshkosh Corporation*

*2307 Oregon Street, Oshkosh, WI 54902*

*Tel: 920.235.9150 Fax: 920.233.9610*

[*www.oshkoshdefense.com*](http://www.oshkoshdefense.com)

This report is a deliverable to the U.S. Government as part of CDRL E003 of the FMTV -A2 contract. Before conducting the test(s) outlined herein, this report must be approved by an appropriate Oshkosh Defense representative and the U.S. Government must be given a minimum of 20 days advance notification. Failure to do so may be grounds to invalidate the test results and a new test conducted at the Supplier’s expense.

1. **Introduction**

Consists of an overview of the reasons this test is required as well as the objectives of the test plan, including milestones and personnel participation.

1. **Flow Diagram** – Attached on Page #. Should reflect a functional description of testing in block diagram format comprised of functions needed to form the total test program, covering all verifiable print notes as well as post-testing report generation. Blocks should be numbered sequentially. They should also have associated print note numbers in parentheticals. For instance, if print note 2 provided the first testable print note, 1.0 (2) would be next to said test’s block. Responses to failure should be present in the PFD. Should show steps to rectify said failure, and address handling of failed samples. All tests should be individually portrayed and in appropriate sequence to match order in which they will be performed. Ordering and numbering should match Master Test List.
2. **Schedule and Milestones**

Outlines the schedule for every individual CFAT test to be conducted, as well as for subsequent Report generation. Schedule should detail start date and time, end date and time, and time consumed for each test, and for report generation. Precise dates are required—it is understood that these dates may be subject to change. Additionally, this section should provide a plan for addressing any deviations from schedule.

***Example***

*Company/Representative(s) proposes that CFAT testing begin at xx:xx am/pm on xx/xx/xxxx.*

*Specific Test will begin at xx:xx am/pm on xx/xx/xxxx. Specific Test is expected to take xx hours and be completed at xx****:****xx am/pm on xx/xx/xxxx.*

*Specific Test will begin at xx:xx am/pm on xx/xx/xxxx. Specific Test is expected to take xx hours and be completed at xx****:****xx am/pm on xx/xx/xxxx.*

*Report Generation will begin at xx:xx am/pm on xx/xx/xxxx. Specific Test is expected to take xx hours and be completed at xx****:****xx am/pm on xx/xx/xxxx.*

*If Oshkosh Defense representative(s) and/or the Government Inspector is unable to attend this time/date, a subsequent mutually agreed upon date will be determined.*

1. **Location & Participants**

Include company name, address, and contact info for all testing locations.

List all participants; divide these lists by category.

***Contractor Participants***

Contractor POC / Title / Role in CFAT / Employer (list multiple if needed)

***Oshkosh Corporation Participants***

Oshkosh POC / Title / Role in CFAT / Employer (list multiple if needed)

***Government Participants***

Government POC / Title / Role in CFAT / Employer (list multiple if needed)

1. **Master Test List** – Attached on Page #

The Master Test List should outline ALL print notes, including the print note Verbatim in the Note Requirement column. For testable notes, Test Description/Approach should be detailed and step by step, providing a complete overview of test execution—if such detail makes it unreasonable to fit inside the Master Test List, ***individual test protocols should instead be attached in appendices and referenced in the Master Test List instead***.

1. **Security and Safety**

List security measures or guidelines to be observed. If none are required, instead put N/A – Not Required.

1. **Special tests**

If required, a list of special tests to be conducted, and any needed details or documents necessary for their execution. If none are required, instead put N/A – Not Required.

1. **Test & Support equipment** – Attached on Page #
2. **Government test facilities**

Outline any government test facilities that will be needed for testing. If none are needing, instead put .

1. **Oshkosh Drawing** – Attached on Page #. Place a copy of the OSHKOSH part drawing here; this is to ensure print notes and part details are available inside the document. DO NOT INCLUDE A COPY OF THE SUPPLIER PART DRAWING IN THE CFAT PLAN.

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| **MASTER TEST LIST – TESTABLE NOTES** | | | | | | | | | | |
| **Sequential Test # + (Print Note #)** | **Note Requirement  (Print Note, Verbatim)** | **Functional Category** | **Applicable Specifications and/ or Baseline** | **Parameters** | **Success / Failure Criteria\*** | **Duration of each Test** | **# of Times each Test Performed** | **Test Description / Approach**  **(LARGE ENTRIES TO APPENDIX)** | **Instrumentation Used to Record Data** | **Data Analysis / Validation Procedure** |
| ***(ex.)*** | *Hose must withstand pressures up to 700 PSI for 15 minutes per SAE J10 3.1 and not deform more than 1% in circumference* | *Performance* | *SAE J10 3.1* | *700 PSI for 15 minutes* | *Less than 1% permanent circumferential deformation* | *15 minutes* | *1x* | *Hose will be pressure tested utilizing Widget Industries high pressure tester. Measurements will be taken immediately prior and after test* | *Pressure Gage, Calipers, Stopwatch* | *Appropriate pressure and time will be monitored. Beginning and ending measurements will be taken* |
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***\*If a component fails to function properly during a test or incurs damage during the normal operation of a test intended to be non-destructive, it shall be considered a test failure.***

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| **MASTER TEST LIST – NON-TESTABLE NOTES FOR VERIFICATION AND ACKNOWLEDGEMENT** | |
| **(Print Note #)** | **Note Requirement  (Print Note, Verbatim)** |
| ***(ex.)*** | *APPLICABLE STANDARDS / SPECIFICATIONS: A. ASME Y14.100-2017 B. ASME Y14.5-2009* |
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| **Description** | **Nomenclature**  **(Brand / Model)** | **Serial Number**  **(ID Number)** | **Calibration Constants** | **Calibration Status** | **Operating Instructions** |
|  |  |  |  | Due Date | Calibration procedure Number / ID |
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**Embed or attach Flow Diagram (Functional Description of Test Program)**

**Oshkosh Drawing**