

**Form Owner:** Oshkosh Defense, LLC  
**Form Name:** CDRL E002 Supplier CFAT Test Plan  
**Form Revision Date:** 25JAN23



# CUI

## ATTENTION

Controlled by: PEO CS&CSS JPO JLTV

Controlled by: Oshkosh Defense, LLC

CUI Category(ies): CDRL E002, CFAT Plan

Limited Dissemination Control: Distribution Statement C, Export Control

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Standard Form 901 (11-18)  
Prescribed by GSA/ISOO | 32 CFR 2002

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## Supplier CFAT Test Plan

**Part Number:** Enter part number exactly as listed on the drawing

**Part Revision Level:** Enter the part's drawing revision number/letter

**Part Description:** Enter part description as listed on the drawing

**Supplier Name:** Enter your Company's Name

**Supplier Cage Code:** Enter your Company's Cage Code #, not Oshkosh's

**CFAT PO #:** Enter the # of the PO issued for CFAT or first delivery

**Proposed CFAT Test Date:** Enter the Proposed CFAT test date

### ATTENTION

A copy of the drawing MUST be included in this CFAT Plan document, therefore, the plan CANNOT be sent via e-mail and MUST be loaded to the Oshkosh Purchasing MOVEit site. Once the plan is uploaded to the MOVEit site, send a "text only" e-mail to your designated Oshkosh Advanced Quality Engineer (AQE) and the CFAT team notifying them that the plan has been loaded to your Oshkosh Purchasing portal MOVEit site folder.

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**Record of Revisions**

Rev #	Rev Date	Description of Revision to CFAT Test Plan
01	28 April 2016	Initial revision
02	25 January 2023	Updated Personnel listing, removed FTP reference and replaced with MOVEit. Removed SQE, replaced with AQE.

**Approval & Authorization**

The Supplier Agent listed below certifies that the Component First Article Test (CFAT) Plan has been drafted according to the requirements detailed herein, and that components offered for test were manufactured in the same facility and using the same tooling as will be used for the production units:

<i>Name of Supplier's Agent</i>	<i>Title of Supplier's Agent</i>	<i>Signature of Supplier's Agent</i>	<i>Date Plan Approved</i>
			/ /

**ATTENTION**

This CFAT Plan is a deliverable to the U.S. Government as part of a CDRL (Contract Deliverable). This plan must be approved by Oshkosh Defense and Government representatives so prepare it accordingly. Use consistent formatting throughout including charts and illustrations. If a given section of the template is truly not applicable (i.e. Government Facility), list it as "Not Applicable" or "N/A".

This CFAT Plan must be submitted at least **30** days before starting a test. Any exceptions to this must be discussed and approved by your assigned AQE. The CFAT Plan must be approved by Oshkosh Defense prior to testing. The Government reserves the right to be present for all or part of the CFAT testing. Failure to wait for CFAT Plan approval prior to starting of test may be grounds for invalidation of the test results and may require a new test be conducted at the Supplier's expense.

**NOTE:** Results from successful CFAT tests **MUST** be summarized in the CFAT Test Report form available on the Oshkosh Purchasing portal: <http://osn.oshkoshcorp.com>. Refer to the instructions on the Test Report form for date that the CFAT Test Report is due back to Oshkosh.

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### **Oshkosh Contact Information**

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### **Instructions When Filling Out This Template**

Before filling out this template, please review the CFAT Training Procedure available on the Oshkosh Purchasing portal: <http://osn.oshkoshcorp.com>

CFAT component units MUST be representative of items to be manufactured using the same process, facilities and procedures as will be used for contract production.

CFAT testing shall be performed on a minimum of 2 component units (review specific CFAT notes on the drawing to determine if performance on more than 2 component units is required). The First Article samples must be taken from within the first 10 component units produced for this contract unless otherwise approved by the Government. If First Article samples are not available from within the first 10 component units produced for this contract, the Supplier MUST notify their designated Oshkosh AQE to determine path forward.

If CFAT test fails, the Supplier may be required repeat the CFAT test. Prior to making any necessary changes, modifications or repairs to the First Article samples or selecting another First Article for testing, the Supplier MUST notify their designated Oshkosh AQE.

### **CFAT Part Change Notices (PCNs)**

If changes are made by the supplier to the technical data, production processes, facilities, and/or type of material after successful completion of CFAT testing, a subsequent CFAT may be required. If any of the above conditions occur, the Supplier MUST notify their designated Oshkosh AQE. For further guidance, please review the CFAT Training Procedure available on the Oshkosh Purchasing portal: <http://osn.oshkoshcorp.com>

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**1.0 Introduction**

The following CFAT Test Plan includes the objectives of the test plan, milestones, personnel participation, locations, schedules, and security measures to be observed.

**2.0 Flow Diagram**

*The flow diagrams should reflect a functional description of the test program using a block diagram portrayal of the functions that must be met to satisfy the total test program. NOTE: Flow diagrams are to be for the planned test, not the manufacturing process for producing the parts.*

*Enter block diagram here or include as an attachment.*

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### **3.0 Schedule and Milestones**

*CFAT Plan MUST be submitted at least 30 days before starting a test. Any exceptions to this must be discussed and approved by your designated Oshkosh AQE. Milestones listed below MUST identify the proposed start and expected completion dates of each test to be performed.*

*For example...*

**Company Name Here** proposes CFAT test to begin at **00:00 am/pm** on **xx/xx/xxxx**. CFAT test is expected to take **00** hours and be completed on the same day.

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.

### **4.0 Participation**

*Identify the names, roles/responsibilities and contact information (title, company, phone number, email address) of all personnel participating in CFAT.*

*For example...*

Jane Doe  
 Test Administrator  
 Quality Engineer  
 XYZ Company  
 555-765-4321  
 Jane.Doe@xyzcompany.com

### **5.0 Location**

*Include the full physical address of test location(s).*

*For example...*

Widget 123 is produced in location:  
 XYZ Company  
 1234 Manufacturing Road  
 Colorado Springs, CO 47152

Widget 123 will be tested in location:  
 XYZ Company  
 5678 Test Lane  
 Colorado Springs, CO 47152

### **6.0 Government test facilities**

*Identifies applicable facility and includes a reference to the appropriate facility requirements documents.*

*For example...*

Not Applicable (if not applicable, otherwise specify location and requirements)

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## **7.0 Security and Safety Requirements**

*Identify and state briefly what security and safety measures or guidelines are to be observed.*

*For example...*

- Certain production areas require US citizenship to enter
- ITAR/EAR print regulations are in accordance, plant is secure
- Ear and eye protection required.
- Close toed steel toe shoes required

## **8.0 Dimensional Layout and Notes Compliance**

*In addition to specific CFAT notes listed on the drawing, the test plan must show compliance with all notes on the drawing, including dimensional layout. The PPAP dimensional verification is to be conducted post-assembly in the designated quality area, measurements to be performed by a trained quality technician.*

*NOTE: A copy of the drawing MUST be included in this CFAT Plan document, therefore the plan CANNOT be sent via e-mail and MUST be loaded to the Oshkosh Moveit site. Once the Plan is uploaded to the Moveit site, send a text only e-mail to your AQE notifying him/her that the Plan has been loaded to your Moveit site folder. Attach copy of drawing.*

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**9.0 Master Test List**

*The Master Test List summarizes all tests to be accomplished in the order they are to be performed. A separate listing for each test shall be provided. Each listing shall include a description of tests and examinations necessary to verify satisfactory performance to specifications, the objective of each test to be performed (success/failure criteria, baseline, duration, and number of times each test should be performed), approach or steps used to perform each test, instrumentation devices that will be used and the number and types of parameters to be recorded, analysis techniques that will be used to interpret the data and an overview of the procedures that the contractor will use to validate the test results.*

**Master Test List**

Note/ Test #	Note Requirement	Functional Category	Applicable Specifications and/ or Baseline	Parameters	Success / Failure Criteria	Duration of each Test	# of Times each Test Performed	Test Description / Approach	Instrumentation Used to Record Data	Data Analysis / Validation Procedure
(ex.)	<i>Hose must withstand pressures up to 700 PSI for 15 minutes per SAE J10 3.1 and not deform more than 1% in circumference</i>	<i>Performance</i>	<i>SAE J10 3.1</i>	<i>700 PSI for 15 minutes</i>	<i>Less than 1% permanent circumferential deformation</i>	<i>15 minutes</i>	<i>1x</i>	<i>Hose will be pressure tested utilizing Widget Industries high pressure tester. Measurements will be taken immediately prior and after test</i>	<i>Pressure Gage, Calipers, Stopwatch</i>	<i>Appropriate pressure and time will be monitored. Beginning and ending measurements will be taken</i>

**9.5 Special Tests**

*Provide a list of special or unusual tests and examinations necessary to verify satisfactory equipment performance to specifications, if applicable.*



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**10.0 Test and Support Equipment**

*Identify all test equipment to be used as specified in this template. You need to provide enough detail so that you have the appropriate records available, if on the test date, a Government Inspector wants to verify the calibration history of an instrument. All certifications, tools and equipment specified in this plan must be available and ready to test the part(s) on that date. Any outside laboratory testing MUST be conducted by an accredited facility.*

**Test and Support Equipment Information**

Description	Nomenclature (Brand / Model)	Serial Number (ID Number)	Calibration Constants	Calibration Status (Due Date)	Operating Instructions

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**Drawing Image(s)**