



W. W. Hansen Experimental Physics Laboratory  
STANFORD UNIVERSITY  
STANFORD, CALIFORNIA 94305-4085

Gravity Probe B Relativity Mission

**GRAVITY PROBE-B  
STANDARD OPERATING PROCEDURE**

**GP-B OUTBOUND SHIPPING INSTRUCTIONS**

P0880 REV A

October 25, 2001

Prepared By

Checked By

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**GP-B OUTBOUND SHIPPING INSTRUCTIONS**

**REVISION RECORD**

<b>REVISION</b>	<b>ECO</b>	<b>PAGES</b>	<b>DATE</b>
<b>A</b>	<b>1313</b>	<b>Added to page 2 requirements for ESD control. Added to page 2 requirements to used dust caps on connectors. Added to checklist in SPECIAL HANDLING BLOCK, requirement for ESD control.</b>	<b>10/25/01</b>

## **OUTBOUND SHIPMENTS**

**Purpose** This procedure describes the system for accomplishing outbound GP-B shipments.

**Applicability** This procedure applies to all elements of the GP-B Program.

**Responsibilities** Shipment Originator

- Complete shipping request form (DD1149) per the checklist (attachment #1)
- The electronic template can be found on the Relgyro H drive in file folder "Forms", title is "GPBShipping.MASTER.template".

**NOTE: AT NO TIME WILL FLIGHT HARDWARE BE SHIPPED WITH NON-FLIGHT HARDWARE.**

- Determine whether the shipment contains any potentially hazardous Material. If shipment contains hazardous material ensure all proper certifications and shipping instructions are completed.

Definition of a potential hazardous material:

Articles or substances that are capable of posing a significant risk to health, safety, environment or to property.

- Identify any special protection requirements (i.e. handling shock, corrosion, ESD, cleanliness)
- Ensure all required protective caps are installed on connectors. (ESD, and Dust caps)

### **Shipping**

- Verify the completeness of all shipping documentation. Assemble shipping documents and information into a package.
- Stage items with the shipping documents folder and present to Quality shipping representative for shipping inspection, verification, and approval prior to packaging.

### **Quality**

- Inspect items to be shipped and ensure all items are properly packaged and accounted for on the shipping document.
- Verify all required certifications are available (if required).
- Inspect packaging and sign/approve the shipping documentation.

### **Shipping**

- Complete packaging and deliver the shipment to the carrier.

NOTE: All hand carried shipments must be processed through shipping prior to departure from the GP-B program. Shipping processes the ship request form in the same manner as an item shipped under normal circumstances. The person hand-carrying the item is assigned as the carrier.

- The original copy of the shipper will be maintained by the Receiving an Shipping organization.

**ATTACHMENT #1 SHIPPING DOCUMENT CHECKLIST**

BLOCK TITLE	ENTRY	REMARKS	COMPLETED
N/A	<b>Note: At no time will whiteout be used or will entries be erased. If a mistake is made on this form, line through the incorrect entry, initial the error, and reenter the correct information. All of the titled blocks listed on this checklist must have an entry. If block will not be used, enter N/A.</b>		
N/A	<b>Note: Only the Blocks identified on this checklist will be completed. All other blocks will be marked N/A.</b>		
FROM	Gravity Probe-B GMA Group Stanford University Stanford, CA 94305		
FROM/FLIGHT PARTS	Enter GP-B address. If flight parts are being shipped this block will be checked.	Do not ship flight parts and non-flight parts on the same shipping document.	
TO	Enter address to where shipment is to be delivered.		
SHIP TO MARK FOR	Enter address to where shipment is to be delivered (phone number if available) and enter the exact individual or location the shipment is to be delivered to.		
SHEET NUMBER	Enter number of sheet.		
NUMBER OF SHEETS	Enter number of sheets involved in the shipment		
REQUISITION DATE	If requisition, enter date.	If this is not a requisition enter N/A	
DATE MATERIAL REQUIRED	Enter the date the shipment is required at the receiving location.		
AUTHORITY OR PURPOSE	Enter the purpose of the component being shipped. i.e., "For installation on Space Vehicle"	<b>If no authority is required leave this block blank.</b>	
SIGNATURE	Individual authorizing the shipment should sign this block.	<b>Quality will sign this block if Flight Hardware is shipped.</b>	
Stanford Voucher Number	Enter the voucher number for this shipment.	<b>The receiving area is responsible for obtaining this number. This block does not have to be completed for parts to be shipped.</b>	
TRAVEL SHEET NUMBER	Travel Sheet Number will be the number of the travel document accompanying the shipment. (i.e. GPB #105)		
DATE SHIPPED	Enter the exact date the item was shipped.	<b>This block should be completed just prior to shipment.</b>	
MODE OF SHIPMENT	Enter the exact mode of shipment. (How shipped)		
Bill of Lading Number	Enter Bill of Lading Number if appropriate. If not used enter N/A	<b>This block to be completed by Receiving, but is not required for shipment.</b>	
ITEM NUMBER	Item number – enter one for the first item to be shipped.		

BLOCK TITLE	ENTRY	REMARKS	COMPLETED
FEDERAL STOCK NUMBER	Enter Federal Stock Number (SU Part Number) and a Description of the article being shipped. If the material has a code or other services are required enter the requirement (i.e. refrigeration). Enter the S/N of the item being shipped.	<b>Ensure that each item number has a complete description. (Be thorough, if required list color, length, etc.)</b>	
UNIT OF ISSUED	Enter the unit of issue, ( i.e., ea, box, package)		
QUANTITY REQUESTED	Enter the quality requested.		
UNIT PRICE	Enter the value of the unit being shipped.		
TOTAL COST	Enter the value of all units being shipped		
BONDED STORES GPB QA	If unit to be shipped from Bonded storage the individual issuing the unit will sign. GP-B Quality will sign after reviewing the packing and the completion of this form.		
SPECIAL HANDLING	Enter all special handling instructions. This will include all information involved in shipping hazardous material.(i.e certifications).	<b>If shipment is ESD controlled enter “ESD handling required”</b>	
SHEET TOTAL	Enter total value of items on the sheet.		
GRAND TOTAL	Enter total value of all items shipped on all sheets.		
RECEIPT	This block will be completed by the receiving organization. When possible a copy of the signed receipt will be obtained and returned to the GP-B Receiving and Shipping organization.		

**Attachment #1**

SHIPPING CONTAINER TALLY-----1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

**REQUISITION AND INVOICE/SHIPPING DOCUMENT**

Form Approved  
OMB No. 0704-0246  
Expires Oct 31, 1997

1. FROM: (include ZIP Code) Gravity Probe B, GMA Group Stanford University Stanford, CA 94305-4085		SHEET NO. 1	NO. OF SHEETS 1	5. REQUISITION DATE 08/17/01	6. REQUISITION NUMBER
2. TO: (include ZIP Code) Lockheed Martin 3251 Hanover St., Bldg. 205 Palo Alto, CA 94304		7. DATE MATERIAL REQUIRED (YYMMDD) 08/17/01			8. PRIORITY
3. SHIP TO - MARK FOR Lockheed Martin 3251 Hanover St., Bldg. 205 Palo Alto, CA 94304 Attention: Tom Welsh		9. AUTHORITY OR PURPOSE For installation on the Space Vehicle			10. SIGNATURE
		11a. STANFORD VOUCHER NUMBER CO-289-0001			11b. TRAVEL SHEET NUMBER GPB #0109
		12. DATE SHIPPED (YYMMDD) 08/17/01			13. MODE OF SHIPMENT Hand Carry
		14. BILL OF LADING NUMBER NA			15. AIR MOVEMENT DESIGNATOR OR PORT REFERENCE NUMBER

4. APPROPRIATIONS SYMBOL AND SUBHEAD	OBJECT CLASS	EXPENDITURE ACCOUNT (From)	(To)	CHARGEABLE ACTIVITY	BUREAU CONTROL ACTIVITY NO.	BUREAU CONTROL NO.	AMOUNT
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ITEM NO (a)	FEDERAL STOCK NUMBER, DESCRIPTION, AND CODING OF MATERIAL AND/OR SERVICES (b)	UNIT OF ISSUE (c)	QUANTITY REQUESTED (d)	SUPPLY ACTION (e)	TYPE CONTAINER (f)	CON-TAINER NOS. (g)	UNIT PRICE (h)	TOTAL COST (i)
1.	01-P40220E001, TRANSPONDERS s/n 101, 102	ea	2				\$844,000	\$1,688,000
2.	25-P34120W 002, BAND REJECT FILTERS, s/n 101, 102	ea	2				(see item 1)	
BONDED STORES: _____ STANFORD QA: _____								

16. TRANSPORTATION VIA MATS OR MSTs CHARGEABLE TO	17. SPECIAL HANDLING
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18. RECEIPT OF SHIPMENT	ISSUED BY	TOTAL CONTAINERS	CONTAINER TYPE	DESCRIPTION	TOTAL WEIGHT	TOTAL CUBE	19. CONTAINERS RECEIVED EXCEPT AS NOTED	DATE (YYMMDD)	BY	SHEET TOTAL	
	CHECKED BY							QTY REC EXCEPT AS NOTED	DATE (YYMMDD)	BY	GRAND TOTAL
	PACKED BY							POSTED	DATE (YYMMDD)	BY	20. RECEIVER'S VOUCHER NO.
	← TOTAL →										