SU/GP-B P0869 Rev -19 July, 2001



STANFORD UNIVERSITY W.W. HANSEN EXPERIMENTAL PHYSICS LABORATORY GRAVITY PROBE B, RELATIVITY GYROSCOPE EXPERIMENT STANFORD, CALIFORNIA 94305-4085

(PTP) MAGNETOMETER REMOVAL

GP-B PAYLOAD VERIFICATION TEST II OPERATIONS ORDER

P0869 19 July, 2001

| PREPARED | H. Yengoyan | Date |
|----------|------------------------------------|------|
| APPROVED | K. Pearce, Systems Test Engr. | Date |
| APPROVED | M. Taber, Test Director | Date |
| APPROVED | H. Moskowitz, Safety Engineer | Date |
| APPROVED | D. Ross, Quality Assurance | Date |
| APPROVED | B. Brumley, Payload Technical Mgr. | Date |

REVISION RECORD

| REVISION | ECO | PAGES | DATE |
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1. SCOPE

This procedure provides authority to remove the Payload Magnetometer Assemblies from the Forward Vacuum Shell Cone of the Science Mission Dewar.

<u>NOTE</u> Flight hardware protect parts and assemblies to prevent magnetic contamination and physical damage.

2. REFERENCE DOCUMENTS

2.1. Procedures

Not applicable

2.2. Drawings

8A02025 –Payload Magnetometer Installation Drawing (GP-B), Rev. -SK007 – Special GP-B GSE Cover Drawing (Unreleased)

2.3. FIGURES

Not applicable

2.4. SUPPORTING DOCUMENTATION

GP-B Magnetic Control Plan, LMMS-5835031GP-B (FIST) Preliminary Hazards Analysis, LMMS-F314446GP-B (FIST) Safety Plan, LMMS- F314447FIST Emergency Procedures SU/GP-B P0141

3. GENERAL REQUIREMENTS

3.1 Quality Assurance

Integration shall be conducted on a formal basis to approved and released procedures. Safety, ONR and the QA Program Office shall be notified 24 hours before the start of this procedure. A Quality Assurance Representative, designated by D. Ross shall be present during the procedure and shall review any discrepancies noted and approve their disposition. Upon completion of this procedure, the QA Program Engineer, D. Ross or her designate, nominally R. Leese, will certify her concurrence that the effort was performed and accomplished in accordance with the prescribed instructions by signing and dating in the designated place(s) in this document. Discrepancies will be recorded in a D-log or as a DR per Quality Plan P0108.

3.2 Red-line Authority

Authority to red-line (make minor changes during execution) this procedure is given solely to the Test Director or his designate and shall be approved by the QA Representative. Additionally, approval by the Payload Technical Manager shall be required, if in the judgment of the Test Director <u>or</u> QA Representative, experiment functionality may be affected.

3.3 Personnel

The following personnel are qualified to perform this procedure:

- Haig Yengoyan
- Tom Welsh
- Mike Taber
- Dave Murray
- Bud Swihart

See section 3.1 for details on which Quality Assurance personnel are required to be notified and/or witness this procedure.

3.4 Safety In case of any injuries obtain medical treatment at:

Stanford University Call 9-911

4. CONFIGURATION REQUIREMENTS:

4.1 SMD mounted vertically in the SMD test stand with the work platforms and scaffolding attached.

5. HARDWARE REQUIREMENTS

The Dewar, Magnetometers and accompanying build hardware are very delicate. Be sure to handle them with care so that they do not become damaged.

NOTE

Take all necessary precautions not to let anything physically damage the Magnetometers and Science Mission Dewar or particulate onto its surfaces.

5.1 Hardware Required:

- Qt. 2 900-1130R Payload Magnetometer, Right Hand
- Qt. 2 900-1130L Payload Magnetometer, Left Hand
- Qt. 2 SK007-101 Right GSE Cover Assembly
- Qt. 2 SK007-102 Left GSE Cover Assembly
- Qt. 16 NAS6803LU2 or equivalent, 10-32 Bolt, 6Al-4V, .470" long
- Qt. A/R #10 Flat Washer, Brass or equivalent
- Qt. 8 10-32 Nut, Brass or equivalent
- Qt. AR Torque wrench 10-120 in-lbs.
- Qt. AR Hand tools (Crescent wrenches, screw drivers, etc.)

6. VERIFICATION REQUIREMENTS

No requirements are being verified during this procedure.

7. OPERATIONS:

| Operator | | |
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| | | |

Date Initiated

Time Initiated_____

8. NOTIFICATION

8.1 Safety Notification

Safety shall be notified 24 hours in advance prior to the start of any work performed. Record who was contacted, the date, and time below.

Contact: ______
Date and Time: ______

8.2 Quality Assurance Notification

The Test Director is to notify the Quality Engineer 24 hours in advance prior to the start of any work performed. Record who was contacted, the date, and time below.

Contact: ______
Date and Time: ______

8.3 **ONR Notification**

Quality Engineer to notify ONR 24 hours in advance prior to the start of any work performed. Record who was contacted, the date, and time below.

Contact: ______
Date and Time: ______

9. REMOVING THE MAGNETOMETERS

9.1 Removing the Right and Left Magnetometers

CAUTION

The Magnetometers are ESD Sensitive. Use grounding wrist straps for ESD protection when handling the units or removing associated covers.

- 9.1.1 Locate the magnetometers on the Dewar Vacuum. Refer to sheet 3 of the 8A02025 drawing for their locations.
- 9.1.2 Select one magnetometer to be removed. The magnetometers are labeled from 1 through 4.

- 9.1.3 Using a crescent wrench and a socket wrench, loosen the two 10-32 bolts that hold the aluminum GSE Cover Assembly to the forward vacuum cone. Use the crescent wrench to hold the bolt head while turning the nut with the socket wrench.
- 9.1.4 Once the 10-32 bolts are loosened, carefully remove the bolts, washers, nuts, and the GSE Cover from the Dewar. Take all necessary precautions not to damage the magnetometer or the optical cube when removing the protective cover.
- 9.1.5 Next, firmly hold the magnetometer and loosen the two 10-32 bolts that hold the magnetometer to the flange on the vacuum cone.
- 9.1.6 Remove the magnetometer from the vacuum cone and wrap it in its plastic wrapping and place it back into the magnetometer shipping container.
- 9.1.7 Repeat steps 9.1.3 through 9.1.6 for the remaining three magnetometers.

10. PROCEDURE COMPLETED

The results obtained in the performance of this procedure are acceptable:

| Test Engineer | Date | |
|-----------------------|----------|--|
| Payload Test Dir. | Date | |
| Discrepancies if any: | | |

The information obtained under this assembly and test procedure is as represented and the documentation is complete and correct:

| Integration Manager | Date | |
|---------------------|------|--|
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| QA Manager | Date | |