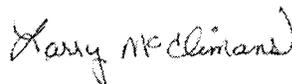
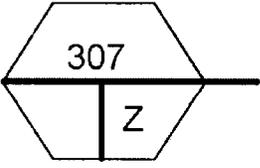


| ENGINEERING CHANGE PROPOSAL (ECP), PAGE 1 | | | | 1. DATE (YYMMDD) 040405 | | Form Approved OMB No. 0704-0188 | |
|--|-----------|---|---|--|---|---|------|
| Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0188) Washington, DC 20503. PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. RETURN COMPLETED FORM TO THE GOVERNMENT ISSUING CONTRACTING OFFICER FOR THE CONTRACT/PROCURING ACTIVITY NUMBER LISTED IN ITEM 2 OF THIS FORM. | | | | | | 2. PROCURING ACTIVITY NO. L04S3015 | |
| | | | | | | 3. DODAAC | |
| 4. ORIGINATOR | | b. ADDRESS (Street, City, State, Zip Code) | | | 5. CLASS OF ECP | | |
| a. TYPED NAME (First, Middle Initial, Last) Bennie J. Boswell | | ARDEC, AMSRD-AAR-AIC-F Rock Island, IL 61299-7300 | | | I | | |
| | | 6. JUST. CODE D | | 7. PRIORITY R | | | |
| 8. ECP DESIGNATION | | | | 9. BASELINE AFFECTED | | | |
| a. MODEL/TYPE MK19/MOD3 | | b. CAGE CODE 19200 | c. SYSTEM DESIGNATION 40 mm Grenade Machine Gun | | | <input type="checkbox"/> FUNCTIONAL <input checked="" type="checkbox"/> PRODUCT | |
| | | | | <input type="checkbox"/> ALLOCATED | | | |
| d. ECP NO. L04S3015 | | | e. TYPE F | f. REV | | 10. OTHER SYS./CONFIG. ITEMS AFFECTED | |
| | | | | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | |
| 11. SPECIFICATIONS AFFECTED | | | | 12. DRAWINGS AFFECTED | | | |
| | CAGE Code | Specification/Document No. | Rev. | SCN | CAGE Code | Number | Rev. |
| a. SYSTEM | | | | | See Attached Sheet | | |
| b. DEVELOPMENT | | | | | | | |
| c. PRODUCT | | | | | | | |
| 13. TITLE OF CHANGE Update Electroless Nickel Coating and Specs | | | | | | | |
| 14. CONTRACT NO. LINE ITEM | | | | 15. PROCURING CONTRACTING OFFICER | | | |
| | | | | a. NAME (First, Middle Initial, Last) | | | |
| | | | | b. CODE | | c. TELEPHONE NO. | |
| 16. CONFIGURATION ITEM NOMENCLATURE MK 19 Mod 3, Grenade Machine Gun | | | | | | 17. IN PRODUCTION | |
| | | | | | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| 18. ALL LOWER LEVEL ITEMS AFFECTED | | | | | | | |
| a. NOMENCLATURE See Attached Sheet | | | | b. PART NO. | | c. NSN | |
| 19. DESCRIPTION OF CHANGE Changed nickel coating callouts to accurately define the phosphorus content and to include a salt spray test requirement. | | | | | | | |
| 20. NEED FOR CHANGE To improve producibility and clarify requirements. To correct a drafting error. | | | | | | | |
| 21. PRODUCTION EFFECTIVITY BY SERIAL NUMBER N/A | | | | 22. EFFECT ON PRODUCTION DELIVERY SCHEDULE N/A | | | |
| 23. RETROFIT | | | | | | | |
| a. RECOMMENDED ITEM EFFECTIVITY N/A | | | | b. SHIP / VEHICLE CLASS AFFECTED N/A | | | |
| c. ESTIMATED KIT DELIVERY SCHEDULE N/A | | | | d. LOCATIONS OR SHIP / VEHICLE NUMBERS AFFECTED N/A | | | |
| 24. ESTIMATED COSTS / SAVINGS UNDER CONTRACT N/A | | | | 25. ESTIMATED NET TOTAL COSTS / SAVINGS N/A | | | |
| 26. SUBMITTING ACTIVITY | | | | b. TITLE | | | |
| a. AUTHORIZED SIGNATURE  | | | | Engineering Tech | | | |
| 27. APPROVAL / DISAPPROVAL | | | | | | | |
| a. CLASS I | | b. CLASS II | | c. CLASS II | | DO NOT CONCUR N CLASSIFICATION OF CHANGE | |
| <input checked="" type="checkbox"/> APPROVAL RECOMMENDED | | <input type="checkbox"/> DISAPPROVAL RECOMMENDED | | <input type="checkbox"/> APPROVED | | <input type="checkbox"/> DISAPPROVED | |
| d. GOVERNMENT ACTIVITY ARDEC, AMSRD-AAR-AIC-F | | | | e. SIGNATURE | | f. DATE SIGNED (YYMMDD) 23 April 2004 | |
| g. APPROVAL | | h. GOVERNMENT ACTIVITY | | i. SIGNATURE | | j. DATE SIGNED (YYMMDD) | |
| <input checked="" type="checkbox"/> APPROVED | | For TIMOTHY D. KARCHER Comp Mgr (Actg), CM & Lifecycle Int Spt to Fielded Systems Div | |  | | | |
| <input type="checkbox"/> DISAPPROVED | | | | | | | |

| | | | |
|--|---|--|---|
| NOTICE OF REVISION (NOR) THIS REVISION DESCRIBED BELOW HAS BEEN AUTHORIZED FOR THE DOCUMENT LISTED | | 1. DATE (YYYYMMDD) 20040405 | Form Approved OMB No. 0704-0188 |
| The public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THIS ADDRESS. RETURN COMPLETED FORM TO THE GOVERNMENT ISSUING CONTRACTING OFFICER FOR THE CONTRACT/PROCURING ACTIVITY NUMBER LISTED IN ITEM 2 OF THIS FORM. | | | 2. PROCURING ACTIVITY NO. L04S3015 |
| | | | 3. DODAAC |
| 4. ORIGINATOR a. TYPED NAME (First, Middle Initial, Last) Bennie J. Boswell | b. ADDRESS (Street, City, State, Zip Code) ARDEC, AMSRD-AAR-AIC-FD Rock Island, IL 61299-7300 | 5. CAGE CODE 19200 | 6. NOR NO. 002 |
| | | 7. CAGE CODE 19200 | 8. DOCUMENT NO. D2680959 |
| 9. TITLE OF DOCUMENT L.H. Bolt Finger Assembly | 10. REVISION LETTER a. CURRENT U | b. NEW | 11. ECP NO. L04S3015 |
| 12. CONFIGURATION ITEM (OR SYSTEM) TO WHICH ECP APPLIES MK 19, Mod 3 Grenade Machine Gun | | NOR SHT 1 OF 2 | ECP SHT 5 OF 10 |
| 13. DESCRIPTION OF REVISION | | | |
| <p>Dwg Sht 1:</p> <p>In Zone D8; Change finish note:</p> <p style="padding-left: 40px;">From: "4. FINAL PROTECTIVE FINISH: ELECTROLESS NICKEL COATING PER ASTM B733 SC3, TYPE II, CLASS 2, FeCr1/NiP11 38</p> <p style="padding-left: 40px;">To: "4. FINAL PROTECTIVE FINISH: ELECTROLESS NICKEL COATING PER ASTM B733, TYPE IV, CLASS 2, SC3, CORROSION RESISTANCE - 96 HR SALT SPRAY TEST PER ASTM B117.</p> <p>In Zone A8; Add special sampling requirement:</p> <p style="padding-left: 40px;">Add:</p> <div style="display: flex; align-items: center; margin-left: 40px;">  <div style="margin-left: 10px;">ECTROLESS NICKEL SALT SPRAY TEST, SHT 2</div> </div> | | | |
| 14. THIS SECTION FOR GOVERNMENT USE ONLY | | | |
| a. (X one) | <input checked="" type="checkbox"/> | (1) Existing document supplemented by this NOR may be used in manufacture. | |
| | <input type="checkbox"/> | (2) Revised document must be received before manufacturer may incorporate this change. | |
| | <input type="checkbox"/> | (3) Custodian of master document shall make above revision and furnish revised document. | |
| b. ACTIVITY AUTHORIZED TO APPROVE CHANGE FOR GOVERNMENT ARDEC, AMSRD-AAR-AIC-F | | c. TYPED NAME (First, Middle Initial, Last) | |
| d. TITLE TIMOTHY D. KARCHER Comp Mgr (Actg), CM & Lifecycle Int Spt to Fielded Systems Div | e. SIGNATURE  | f. DATE SIGNED (YYYYMMDD) 23 April 2004 | |
| 15.a. ACTIVITY ACCOMPLISHING REVISION | b. REVISION COMPLETED (SIGNATURE) | c. DATE SIGNED (YYYYMMDD) | |

For

NOTICE OF REVISION (NOR)

Continuation Sheet

NOR CONTINUATION SHEET 2 OF 2

ORIGINATOR NAME AND ADDRESS

CAGE CODE

DATE

PAN

NOR NO. 002

DOCUMENT NO.

**ARDEC, AMSRD-AAR-AIC-FD
Rock Island, IL 61299-7300**

19200

5 Apr 2004

L04S3015 - 2680959

ECP NO.
L04S3015

Dwg Sht 2:

In Zone C8, Add special sampling requirement:

Add: "307. ELECTROLESS NICKEL SALT SPRAY TEST.
SAMPLE SIZE AND FREQUENCY OF SAMPLE SELECTED SHALL BE AS SPECIFIED
IN ASTM B733 AND BE TESTED IN ACCORDANCE WITH STM-7. IF ANY ITEM OR
SPECIMEN FAILS TO MEET THE APPLICABLE REQUIREMENT, THE QUANTITY
REPRESENTED BY THE SAMPLE SHALL BE REJECTED."

In Zone B8, Add Special Test Method:

Add: "STM-7 ELECTROLESS NICKEL SALT SPRAY TEST.
CONDUCT THIS TEST AS SPECIFIED IN ASTM B117

In Zone D8, Change 301:

From: "301 STRESS AND HYDROGEN EMBRITTLEMENT RELIEF TEST.

To: "301 HYDROGEN EMBRITTLEMENT RELIEF TEST.

In Zone C8, Change STM-1:

From: "STM-1 STRESS AND HYDROGEN EMBRITTLEMENT RELIEF TEST.
CONDUCT THIS TEST AS SPECIFIED IN MIL-C-26074."

To: "STM-1 HYDROGEN EMBRITTLEMENT RELIEF TEST.
CONDUCT THIS TEST AS SPECIFIED IN ASTM F519, USING TYPE 1a SPECIMENS."

In Zone D,C8, change specification callout:

In 301, 302, 303, & 304: change from "MIL-C-26074" to "ASTM B733" 2 Places.

In STM-1, STM-2, STM-3, & STM-4: change from "MIL-C-26074" to "ASTM B733" one place.