

DEPARTMENT OF THE ARMY
Academy of Health Sciences, United States Army
Fort Sam Houston, Texas 78234-6100

Memorandum
Number 25-4

30 November 1990

Information Management
ENGINEERING CHANGE PROPOSAL-SOFTWARE (ECP-S)

1. PURPOSE. To establish the responsibilities and procedures necessary to propose changes/enhancements or document deficiencies to automated systems supporting Academy of Health Sciences, U.S. Army (AHS).
2. REFERENCE. TB 18-110. Army Automation Configuration Management.
3. SCOPE. This memorandum is applicable to all AHS activities located on Fort Sam Houston, Texas and Camp Bullis.
4. RESPONSIBILITIES.
 - a. Users. Identify problems/deficiencies and recommend enhancements to applications system software.
 - b. Information Management Division (IMD). Review and control the submission of user proposals to the appropriate programming agency/system development office responsible for software maintenance. Maintain a control log and status file of all ECP-Ss submitted.
 - c. Functional Managers. Ensure that ECP-Ss are prepared IAW whatever unique instructions are published by the system development office involved and that IMD is supplied a copy of the instructions. Not all systems will have a Functional Manager. The AIMS and ATRRS are examples of those that do. All ECP-Ss will process through, or will be prepared by, the appropriate AHS Functional Manager, if one exists. When multiple proposals are in progress, they will recommend a prioritized sequence.
5. PROCEDURES.
 - a. Problems or enhancements identified by users will be documented using a DA Form 5005-R (available in Printing & Publications Section). It will be completed IAW the instructions in Appendix A unless the User/Functional Manager has specific instructions from the system development office/programming agency involved. If so, they will be used. In either case the proposals must be processed through the Functional Manager (if there is one) or the appropriate directorate, to the IMD for review, control and if necessary, prioritization.

b. The IMD will assign a control number to each ECP-S received (as appropriate) and enter it into the ECP-S Control Log. The DA Form 5005-R and any associated enclosures will be reviewed, questionable areas resolved with the User/Functional Manager and when approved for submission, signed by the Chief, IMD. If prioritization with requests from other directorates is required and cannot be resolved, the Chief, IMD will establish the necessary coordination among the interested parties and come up with a mutual resolution. If only one directorate is involved with the programming agency they will recommend their own priorities for multiple requests in process.

c. The IMD will forward the ECP-S to the appropriate programming agency, notify the User/Functional Manager, and file a copy in the "in progress" suspense file. When notified that action on the proposal is either completed or disapproved, the User/Functional manager will be promptly notified, the suspense copy will be shifted to the completion file and a notation of completion will be made in the control log. If the User/Functional Manager receives notification directly from the programming agency they must notify IMD so the suspense file and log may be cleared.

APPENDIX A

PREPARATION INSTRUCTIONS FOR DA FORM 5005-R
ENGINEERING CHANGE PROPOSAL--SOFTWARE (ECP-S)

Correction of deficiencies in or request for enhancements to applications system software will be handled through the use of DA Form 5005-R Engineering Change Proposal-Software (ECP-S) (See page A-3).

DA Form 5005-R is a dual purpose form used to report problems or to propose changes to established computer program baselines. Located in the top right hand corner of this form are two blocks; Problem Report and ECP-S. One of these blocks must be checked to define the task to be accomplished.

1. PROBLEM REPORT.

A Problem Report describes an existing problem in a computer program or its supporting documentation, whereby the program does not operate in accordance with its approved performance specification. These problems generally occur as a result of coding errors or from a misinterpretation of specifications or user requirements. Problems of this nature will be handled by documenting the problem on a DA Form 5005-R and checking the Problem Report block.

2. ECP-S.

An ECP-S describes a design improvement or enhancement to the system. Requesting a change that affects costs, schedules, contractual commitments, interfaces with external systems, or systems operational characteristics would require an ECP-S. This type of request will be handled by documenting the change on DA Form 5005-R and checking the ECP-S block.

3. IMPLEMENTATION.

Effective immediately, all users will submit DA Form 5005-R to document problems and request changes to applications software, as appropriate.

The use of standard forms allows for more efficient processing and configuration status accounting of user problem/change requests.

The ability of the Information Management Division or the appropriate programming agency to discriminate between software errors and software improvements simplifies the process of tasking the appropriate software writer and reduces the response time required to correct identified software errors.

Any questions regarding the preparation of DA Form 5005-R should be referred to the IMD, Computer Information Services Branch (HSHA-IC).

ECP-S FORM INSTRUCTIONS

COMPLETE ECP-S FORM AND FORWARD TO: AHS, IMD (HSHA-IC)

DETAILED INSTRUCTIONS:

CHECK BLOCK - Problem Report or ECP-S

1. TO: AHS/IMD or the appropriate programming agency
2. FROM: Enter Mailing Address of Originator, include name if other than POC in Block 4.
3. ORIGINATOR NUMBER: Leave Blank. This will be entered by IMD.
4. POINT OF CONTACT: Enter the name and telephone number of the individual to contact should additional explanation be required.
5. PRIORITY:
 - Emergency - Required to correct a personnel equipment safety problem.
 - Urgent - To effect a change in operational characteristics which, if not effected immediately, seriously compromise mission capability.
 - Routine - Use when "EMERGENCY" or "URGENT" does not apply.
6. APPLICATION OF BASELINE/VERSION: Complete if known, otherwise leave blank.
7. EXECUTIVE SW BASELINE/VERSION: Operating System version number.
8. PROBLEM DATE: Enter date problem occurred, if Problem Report block has been checked.
9. JOB/CYCLE/PROGRAM ID: Enter the name of the system along with any subsystem, module, or program as applicable.
 - TITLE: Enter a brief phrase or sentence describing the change/problem.
 - DESCRIPTION: Describe the proposed change/problem in sufficient detail to permit evaluation (use continuation sheet if necessary).
12. AFFECT ON USER: Describe the adverse effects or improved characteristics the proposed change/problem has on the user; include the alternative of not implementing the proposed change/fix versus implementing the proposed change/fix. (Use continuation sheet if necessary).
13. RECOMMENDED SOLUTION/JUSTIFICATION: Enter recommended solution and justification to support the proposed change (Use a continuation sheet if necessary).
14. SUBMITTING AUTHORITY: Date, name, title, and signature of individual with authority to approve origination of the ECP-S. In AHS this is the Chief, IMD.

ENGINEERING CHANGE PROPOSAL - SOFTWARE (ECP-S) For use of this form, see TB 18-110; the proponent agency is DCSOPS.		(Check One) <input type="checkbox"/> PROBLEM REPORT <input type="checkbox"/> ECP-S
1. TO:		2. FROM:
3. ORIGINATOR NUMBER	4. POINT OF CONTACT (Name and Telephone No)	5. PRIORITY (Check One if ECP-S) <input type="checkbox"/> EMERGENCY <input type="checkbox"/> URGENT <input type="checkbox"/> ROUTINE
6. APPLICATION CI BASELINE/VERSION	7. EXECUTIVE SW BASELINE/VERSION	8. PROBLEM DATE (YYMMDD)
9. JOB/CYCLE/PROGRAM ID		
10. TITLE OF PROBLEM/CHANGE		
11. DESCRIPTION OF PROBLEM/CHANGE (List all attachments and referenced documents) (If additional space is needed, use Item 15., Remarks).		
12. AFFECT ON USER (If additional space is needed, use Item 15., Remarks).		
13. RECOMMENDED SOLUTION/JUSTIFICATION (If additional space is needed, use Item 15., Remarks).		
14. DATE (YYMMDD)	NAME AND TITLE OF SUBMITTING AUTHORITY	SIGNATURE

SAMPLE

<p>15. REMARKS (If additional space is needed, use separate sheet of paper).</p>		
<p>USER MACOM ACTION (ECP-S Only)</p>		
<p>16. MACOM (Check One and Include any Comments)</p> <p><input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE</p>		
<p>17. DATE (YYMMDD)</p>	<p>NAME AND TITLE</p>	<p>SIGNATURE</p>
<p>ASSIGNED RESPONSIBLE AGENCY (ARA) (Problem Report Only)</p>		
<p>18. PROBLEM REPORT ACTION TAKEN (Check One)</p> <p><input type="checkbox"/> RESOLVED BY CUSTOMER ASSISTANCE <input type="checkbox"/> IDENTIFIED AS URGENT OR ROUTINE <input type="checkbox"/> EMERGENCY ECP FORMALIZED</p> <p><input type="checkbox"/> DUPLICATE OF EXISTING ECP: NO. _____ <input type="checkbox"/> CANCELLED BY ORIGINATOR <input type="checkbox"/> CANCELLED FOR INSUFFICIENT IDENTIFICATION <input type="checkbox"/> CANCELLED FOR INSUFFICIENT DOCUMENTATION</p>		
<p>19. DATE (YYMMDD)</p>	<p>NAME AND TITLE</p>	<p>SIGNATURE</p>
<p>PROPONENT AGENCY (PA) and/or ASSIGNED RESPONSIBLE AGENCY (ARA) - (ECP-S Only)</p>		
<p>20. CLASS OF ECP (Check One)</p> <p><input type="checkbox"/> I <input type="checkbox"/> II</p>	<p>21. JUSTIFICATION CODE</p>	<p>22. ECP NUMBER</p>
<p>23. ECP TYPE (Check One)</p> <p><input type="checkbox"/> PRELIMINARY <input type="checkbox"/> FORMAL</p>	<p>24. ESTIMATED COSTS/SAVINGS</p>	
<p>25. OTHER SYSTEM/CI AFFECTED</p>		
<p>26. CHANGE IDENTIFICATION (Check One in Each Column)</p> <p><input type="checkbox"/> FUNCTIONAL/ALLOCATED <input type="checkbox"/> MAJOR <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> TECHNICAL/PRODUCT <input type="checkbox"/> MINOR <input type="checkbox"/> MODIFICATION</p>		
<p>27. PROJECTED IMPLEMENTATION</p>		
<p>28. APPROVAL AUTHORITY (Check Agency and Action Taken)</p> <p><input type="checkbox"/> PA <input type="checkbox"/> ARA <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED</p>		
<p>29. DATE (YYMMDD)</p>	<p>NAME AND TITLE</p>	<p>SIGNATURE</p>

SAMPLE

(HSHA-IC)

FOR THE COMMANDANT:

OFFICIAL:

DAVID C. JACKSON
Colonel, MS
SGS



DOREEN K. NELSON
CPT, MS
Adjutant General

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