

NWS REQUEST FOR CHANGE FORM

1. WSH TRACKING NUMBER

ISCS - 0092

1A. REV LEVEL

A

2. DATE RECEIVED

4/3/2015

PART A - COVER SHEET

This form is in three parts. Submitters must complete unshaded blocks in Part A, and as much of Part B and C as possible. If there is no specific required change date, enter 60 days from date submitted. Address questions to NWS Change Management at (301) 713-1373. Submit change requests to the NWSRC mailbox (External: NWSRC@noaa.gov).

| | | | | |
|--|--|--|--|---|
| 3. ORIGINATOR OFFICE ISCS | 4. SUBMITTING AUTHORITY Name: Robert Gillespie Routing Code: W/OPS17 Phone: 301-427-9693 | 5. COGNIZANT TECHNICAL INDIVIDUAL Name: Gerald Ames Routing Code: W/OPS17 Phone: 301-427-9704 | 6. ORIGINATOR TRACKING NUMBER N/A | 7. DATE SUBMITTED 4/3/2015 |
| 8. SYSTEMS AFFECTED BY CHANGE <input type="checkbox"/> ASOS <input type="checkbox"/> AWIPS <input type="checkbox"/> CSSA <input type="checkbox"/> CRS <input checked="" type="checkbox"/> DATA PRODUCTS <input type="checkbox"/> EMWIN <input type="checkbox"/> NEXRAD <input type="checkbox"/> RRS <input type="checkbox"/> OTHER (specify) | | | | 9. ORD IDENTIFIER |
| 10. TITLE OF CHANGE Add PTWC Tsunami Products to EMWIN | | | | |
| 11. CATEGORY OF CHANGE <input checked="" type="checkbox"/> RC <input type="checkbox"/> PECP <input type="checkbox"/> ECP | | 12. TYPE OF CHANGE <input type="checkbox"/> DOCUMENTATION ONLY <input type="checkbox"/> HARDWARE <input type="checkbox"/> SOFTWARE <input checked="" type="checkbox"/> DATA | | |
| 13. SITES AFFECTED EMWIN Users | | | | |
| 14. STATEMENT OF REQUIREMENT, PROBLEM, OR DEFICIENCY OF EXISTING SYSTEM Four Pacific Tsunami Warning Center (PTWC) products (CCCC=PHEB) are identified as missing from the EMWIN baseline. | | | | |
| 15. KNOWN OR PROPOSED SOLUTION Add the missing PTWC products listed in PART A – Data Product Supplement, to the EMWIN baseline. | | | | |
| 16. ALTERNATE SOLUTIONS N/A | | | | |
| 17. REQUIRED CHANGE DATE 4/6/2015 | 18. RATIONALE FOR REQUIRED CHANGE DATE Tsunami warning products are high priority and need to be added immediately. | | 19. PRIORITY <input type="checkbox"/> ROUTINE <input checked="" type="checkbox"/> URGENT <input type="checkbox"/> EMERGENCY | |
| DRG/CCB/PMC/CMB DECISION | | | | |
| 20. DECISION AUTHORITY AND IMPACT LEVEL | <input type="checkbox"/> PMC or NWS CMB DECISION REQUIRED <input checked="" type="checkbox"/> CCB LEVEL ONLY | | <input type="checkbox"/> FAST TRACK | <input type="checkbox"/> MAJOR CHANGE <input checked="" type="checkbox"/> MINOR CHANGE |
| 21. CCB LEVEL DECISION | | <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> REFERRED TO OSIP | | SIGNATURE <div style="text-align: center;"><i>Robert Gillespie</i></div> DATE SIGNED <div style="text-align: center;">April 6, 2015</div> |
| FOR USE ONLY WHEN PMC or NWS CMB DECISION REQUIRED | | | | |
| 22. PMC OR NWS CMB DECISION | <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED | | SIGNATURE/DATE | |

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PART A - DATA PRODUCTS SUPPLEMENT

This information is required for Data Products submissions.

3. INTERNAL NWS USE ONLY

YES NO

4. PRODUCT SOURCE:

NWSTG

5. AWIPS DATA TYPE

6A. NOTIFICATION

6B. CHANGE NOTICE NUMBER

6C. ISSUE DATE

6D. TEST DATE

6E. IMPLEMENT DATE

7. NODE ID

8. AWIPS ID
NNNXXX

9. WMO HEADER

10. ADD REV DEL

11. SEAS Y/N

12. CHAR PER MSG

13. FREQUENCY

14. NWSTG DISTR

EQIGUM

SEGM70 PHEB

ADD

N

As required

EMWIN Line: 009

EQIPPG

SEZS70 PHEB

ADD

N

As required

EMWIN Line: 009

TSUGUM

WEGM40 PHEB

ADD

N

As required

EMWIN Line: 009

TIBGUM

WEGM42 PHEB

ADD

N

As required

EMWIN Line: 009

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PART C - CHANGE AND IMPLEMENTATION ACTIVITIES

Submitters should propose implementation actions; WSH will assist with and supplement actions or required statements when necessary.

3. IMPLEMENTATION DOCUMENTS REQUIRED

Engineering Modification Note Software Release Notes Other Document (Specify) _____

ADDITIONAL IMPLEMENTATION INSTRUCTIONS

4. IMPLEMENTATION ACTIVITY REQUIRED

5. RESPONSIBLE PERSON AND OFFICE

6. REQUIRED COMPLETION DATE

7. DOCUMENT OR ACTION REQUIRED TO VERIFY COMPLETION

| | | | |
|---|---------------------------------|----------|---|
| 1. Post this RC on the ISCS DRG web page. | G. Banks - OPS17 | 4/6/2015 | Notify Gerald Ames, OPS17, of completion. |
| 2. Modify and products in the EMWIN product baseline per description in Part A- Data Products Supplement. | D. Fletcher - OPS17 | 4/6/2015 | Notify Gerald Ames, OPS17, of completion. |
| 3. Modify products to the EMWIN switching directory per description in Part A - Data Products Supplement. | R. Robinson or W. Smith - OPS31 | 4/6/2015 | Notify Gerald Ames, OPS17, of completion. |
| 4. Verify the EMWIN switching directory conforms to the EMWIN product baseline. | D. Fletcher - OPS17 | 4/6/2015 | Notify Gerald Ames, OPS17, of completion. |
| 5. Notify end users and workstations vendors of product changes under the "Notifications" section on the ISCS Homepage. | G. Banks - OPS17 | 4/6/2015 | Notify Gerald Ames, OPS17, of completion. |
| 6. Notify Program Manager that task is complete | G. Ames - OPS17 | 4/6/2015 | Email PM a notification of completion. |