

| | | | |
|------------------------------------|---|---------------|------------------|
| NWS REQUEST FOR CHANGE FORM | 1. WSH TRACKING NUMBER | 1A. REV LEVEL | 2. DATE RECEIVED |
| | ISCS 0162 Ref: DRG/AWIPS RC-15820 | | 02/16/2018 |

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 AFSO | 4. SUBMITTING AUTHORITY Name: Robert Gillespie Routing Code: W/DISS/DST Phone: 301-427-9693 | 5. COGNIZANT TECHNICAL INDIVIDUAL Name: Karyn Knoll Routing Code: W/DISS/DST Phone: 301-427-9704 | 6. ORIGINATOR TRACKING NUMBER AFSO-18002 | 7. DATE SUBMITTED 02/21/2018 |
|------------------------------|--|---|---|---------------------------------|

| | |
|---|-------------------|
| 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 checked="" type="checkbox"/> EMWIN <input type="checkbox"/> NEXRAD <input type="checkbox"/> RRS <input type="checkbox"/> OTHER (specify) | 9. ORD IDENTIFIER |
|---|-------------------|

10. TITLE OF CHANGE
Termination of Regional Weather Summary (RWS) product for WFO Albuquerque NM (ABQ) - 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

14. STATEMENT OF REQUIREMENT, PROBLEM, OR DEFICIENCY OF EXISTING SYSTEM
Modify the EMWIN baseline and switching directory in response to DRG RC-15820, which terminated the Regional Weather Summary (RWS) product issued by WFO Albuquerque, NM (ABQ) and removed the product WMO Header and AWIPS ID from the switching directory.

15. KNOWN OR PROPOSED SOLUTION
Delete the product described in Part A, Data Products Supplement, from the EMWIN product baseline and the switching directory.

16. ALTERNATE SOLUTIONS
n/a

| | | |
|--|---|--|
| 17. REQUIRED CHANGE DATE 03/08/2018 | 18. RATIONALE FOR REQUIRED CHANGE DATE DRG RC referenced in Block 1 Required Change Date is 02/22/2018. ISCS RC Required Change Date provides implementation time. Early implementation is authorized. | 19. PRIORITY <input checked="" type="checkbox"/> ROUTINE <input 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 <i>Robert Gillespie</i> |
| | DATE SIGNED February 28, 2018 |

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 |
|---|----------------|

| | | | |
|--|---|---------------|------------------|
| NWS REQUEST FOR CHANGE FORM | 1. WSH TRACKING NUMBER | 1A. REV LEVEL | 2. DATE RECEIVED |
| | ISCS 0162 Ref: DRG/AWIPS RC-15820 | | 02/16/2018 |

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 – DISS/DST | 03/01/18 | Notify Karyn Knoll, DISS/DST, of completion. |
| 2. Modify the EMWIN product baseline per description in Part A – Data Products Supplement. | D. Fletcher – DISS/DST | 03/01/18 | Notify Karyn Knoll, DISS/DST, of completion. |
| 3. Modify the EMWIN switching directories per description in Part A – Data Products Supplement. | R. Robinson or W. Smith – NCEP/CO/PMB | 03/07/18 | Notify Karyn Knoll, DISS/DST, of completion. |
| 4. Verify the products have been modified in EMWIN. | D. Fletcher – DISS/DST | 03/07/18 | Notify Karyn Knoll, DISS/DST, of completion. |
| 5. Notify end users and workstations vendors of product changes under the "Notifications" section on the ISCS Homepage. | G. Banks – DISS/DST | 03/08/18 | Notify Karyn Knoll, DISS/DST, of completion. |
| 6. Notify Program Manager that the task is complete. | K. Knoll – DISS/DST | 03/08/18 | Email PM a notification of completion |