

		TOTAL DOSE TEST REPORT NO.		Issue No. Rev.			
		Page	1	Date	2		
ESCC Component No.		Component Designation:		Irradiation Spec. No.			
3	4			Irradiation Spec. Rev.			
Family:		Group:		Package:			
6	7			8			
Comp. Specifications		Test Facility Name:		Irradiation Test Plan			
Generic Iss. Rev.		Address:		No. Iss.			
Detail Iss. Rev.		9	10	Rev.			
Manufacturer:		Acceptance		Sample Serial Numbers:			
Name:		Diffusion <input type="checkbox"/>		Control Serial Numbers:			
Address:		12	Lot <input type="checkbox"/>		13		
				14	15		
Irradiation Conditions:				Electrical Measurement Parameters Tested:			
Biased (Remote test) <input type="checkbox"/>		Bias Circuit Ref:					
Unbiased (Remote Test) <input type="checkbox"/>		Supply Voltages:					
In-Situ Test <input type="checkbox"/>		Bias Circuit Checks:		16	Temp: °C		
				17			
Irradiation-Measurement Interval:							
Biased <input type="checkbox"/>		Bias Circuit:		Temp: °C			
Unbiased <input type="checkbox"/>		Supply Voltages:		Duration:			
				18			
Facility:							
Source:		Energy:		Dose Rate:			
Absorber Material:		Thickness:		Temp: °C			
				19			
Dosimetry/Calibration Method:							
20							
Anneal Test?:							
Biased <input type="checkbox"/>		Bias Circuit:		Temp: °C			
Unbiased <input type="checkbox"/>		Supply Voltages:		Duration:			
				21			
Irradiation Test Sequence							
22							
Step No.	Description	Results or Actual Test Condition			Begin	End	Exposure Time
Irradiation Test Facility: Responsible				Electrical Test: Responsible			
Name:				Name:			
Telephone:				Telephone:			
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Irradiation Test Sequence (Cont'd)

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Step No.	Description	Results or Actual Test Condition	Begin	End	Exposure Time

Plots

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Remarks

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