

cc: G.M. Calhoun
 R. A. Williamson
~~M. J. Heenan~~ In Turn
 V. G. Le Rous
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Ilion, New York
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P. E. MORGAN
 Bridgeport

MODEL 600 - BARREL BRACKET

Wayne has just showed us a 308 Caliber rifle which had been purchased by Leupold & Stevens for testing of one of their new scope mounts which is designed for attaching forward on the barrel. Not having any projection on the barrel bracket, it had sheared off the studs under the ventilated rib.

Wayne tells me that there was a similar incident reported by Hadfield and that as soon as these folks release more of these forward mounting scopes we can expect considerably more of this difficulty. If this occurs it is very likely that the rifles will be returned here for repairs.

This situation is prevented in the 350 Caliber by the elevated barrel bracket. As noted in Minute No. 13 - 1964 of the Operations Committee, this raised barrel bracket was planned to be made available for the regular M/600 as well as the 350. There was later information showing an increase in cost for the raised barrel bracket, and since at that time there were no forward mounting scopes on the market I recommended to the Plant that action on changing design for the regular M/600 be deferred until after the first of the year. In the meantime there was some criticism of this type of bracket when data drawings were released for the 350 Magnum Caliber in this model.

There may be some possible way of avoiding increased cost for barrel bracket such as reconsidering Hi-Tense powder metallurgy; however, in view of latest development, am recommending to the Plant they proceed on completing the contemplated changes to meet Wayne's design, which was transmitted many months ago.

As this goes into effect we can expect the Plant to report a cost increase. However, Design is going to take position that the cost increase would not be valid unless it considers the savings for reducing the number of complaints sent in for repairs if the new bracket is not used.

SMA:T
 Attach.

S. M. Alvis
 Ilion Research Division

offices advised to the contrary. Assume you and Dr. Calhoun are in agreement on