



# OTIC FILE COP

# THE PMC SYSTEM LEVEL FAULT MODEL: CARDINALITY PROPERTIES OF THE IMPLIED FAULTY SETS

Mary Ann Kennedy and Gerard G. L. Meyer

**REPORT JHU/ECE-87/06** 

Electrical and Computer Engineering Department The Johns Hopkins University Baltimore, Maryland 21218



This work was supported by the Air Force Office of Scientific Research under Contract AFOSR-85-0097.



87 4

AD-A179 365

### ABSTRACT

In this paper, we consider one aspect of the PMC system level fault model, the properties of the implied faulty sets. For  $\tau$ -diagnosable systems that have at most  $\dot{\tau}$  faulty units, we give lower bounds on the cardinality of the maximal implied faulty sets, then we show that these bounds are greatest lower bounds and we indicate how these results may be used in diagnosis algorithms.

Accession For 密 NTIS GRALI DTIC TAB Unannounced Justification By. Distribution/ Availability Codes Avail and/or Special Dist

- 2 -

#### I. INTRODUCTION

The PMC system level fault model [PRE67] consists of a set of units  $U = \{u_1, u_2, \ldots, u_n\}$  capable of testing one another and a set of ordered pairs  $\{(u_i, u_j) \mid u_i \text{ tests } u_j\}$  describing the organization of the tests. The model is defined by the fault-test relationship which specifies the test outcome  $a_{i,j}$  in terms of the status of both the unit  $u_i$  applying the test and the unit  $u_j$  being tested. If  $u_i$  is nonfaulty, then  $a_{i,j} = 0$  if  $u_j$  is nonfaulty and  $a_{i,j} = 1$  if  $u_j$  is faulty, and if  $u_i$  is faulty, the test outcome  $a_{i,j} = 0$  or 1, independent of the status of  $u_j$ . A collection of all test outcomes is called a syndrome. The model can be represented by the directed or apply G = (U, E), in which the vertices in U are the units and the edges in E are the tests between units. The test outcomes are the edge labels of the graph, and thus G has both 0-edges and 1-edges. The model has been studied extensively and among topics that have been addressed are conditions for r-diagnosability ([PRE67], [HAK74], [ALL75], [CHW81], [KEN84]) and algorithms for system diagnosis ([KAM75], [MEY78], [MAD77], [MEY81], [DAH84], [DAH85]).

Given a syndrome, the diagnosis problem consists of identifying the set of faulty units  $F_S$  and the set of nonfaulty units  $G_S$ . A system is  $\tau$ -diagnosable if and only if all faulty units can be identified from the syndrome whenever the system has at most  $\tau$ faulty units [PRE67]. For a given syndrome, a partition (G,F) is consistent with the syndrome if every test among units in G has a 0 outcome and every test from a unit in G to a unit in F has a 1 outcome. Diagnosis of a  $\tau$ -diagnosable system with at most  $\tau$ faulty units requires identifying the unique consistent partition  $(G_S, F_S)$  such that  $||F_S|| \leq \tau$ .

We recall that for a given syndrome, the implied nonfaulty set  $G(u_i)$  for the unit  $u_i$  is the set of all units that are implied nonfaulty if  $u_i$  is assumed to be nonfaulty and

#### - 3 -

the implied faulty set  $L(u_i)$  is the set of all units that are implied faulty if  $u_i$  is assumed to be nonfaulty [KAM75]. Thus, if we define a 0-path in the graph G as a path in which every edge is a 0-edge, we see that

$$G(u_i) = \{u_i\} \cup$$
  
$$\{u_i \mid \text{ there is a 0-path from } u_i \text{ to } u_j\},\$$

and

$$L(u_i) = \{u_j \mid \text{ there exists } u_p \text{ in } G(u_i), u_q \text{ in } G(u_j) \\ \text{and either } a_{p,q} = 1 \text{ or } a_{q,p} = 1 \text{ or both} \}.$$

It is clear that if  $L(u_i) \cap G(u_i) \neq \phi$ , then the unit  $u_i$  is faulty. Many diagnosis algorithms take advantage of this fact by declaring such units faulty and concentrating on the problem of diagnosing the resulting reduced system. For example, if a system is  $\tau$ -diagnosable and has at most  $\tau$  faulty units, the algorithm in [MEY81] identifies the set of faulty units if there exists at least one faulty unit  $u_i$  such that either  $L(u_i) \cap G(u_i) \neq \phi$  or  $||L(u_i)|| \ge \tau + 1$ . Only  $\tau$ -diagnosable systems in which no two units test each other are known to have this property [MAD77], [MEY83]. The structural constraints associated with self-implicating systems [DAH85] are even stronger.

In this paper we do not impose structural constraints on the test organization, and we analyze the properties of the implied faulty sets only under the assumptions that the system is  $\tau$ -diagnosable and that the number of faulty units is not greater than  $\tau$ . The main thrust of our effort is directed at obtaining lower bounds on the cardinality of the maximal implied faulty sets associated with not only the units in  $F_S$ , but also the units in  $G_S$ . We then present a brief example of how these bounds can simplify diagnosis. All proofs for this paper are contained in [KEN86].

#### **II. IMPLIED FAULTY SETS OF FAULTY UNITS**

When  $\tau \leq 2$ , the cardinality of the maximal implied faulty sets associated with the

- 4 -

faulty units can be obtained without much difficulty.

Theorem 1: If S is  $\tau$ -diagnosable, if  $1 \le ||F_S|| \le \tau$ , and if  $\tau \le 2$ , at least one unit  $u_i$  in  $F_S$  exists such that  $||L(u_i)|| \ge \tau + 1$ .

The next result shows that for the implied faulty sets associated with faulty units this lower bound is actually the greatest lower bound.

Lemma 1: To the integers  $\tau = 1$  and  $\tau = 2$  correspond at least one  $\tau$ -diagnosable system S that has  $\tau$  faulty units and one syndrome such that:

(i)  $L(u_i) \cap G(u_i) = \phi$  for every unit  $u_i$  in S,

(ii)  $||L(u_i)|| = \tau + 1$  for every faulty unit  $u_i$ , and

(iii)  $||L(u_i)|| = \tau$  for every nonfaulty unit  $u_i$ .

When  $\tau > 2$ , we obtain the following results.

Theorem 2: If S is  $\tau$ -diagnosable, if  $1 \le ||F_S|| \le \tau$ , and if  $\tau > 2$ , at least one unit  $u_i$  in  $F_S$  exists such that either  $L(u_i) \cap G(u_i) \ne \phi$  or  $||L(u_i)|| \ge \tau - k + 1$ , where k is the least integer such that  $\tau \le 6k + 2$ .

The next result shows that for  $\tau > 2$  the lower bound given in Theorem 2 is actually the greatest lower bound on the cardinality of the maximal  $L(u_i)$  associated with the faulty units.

Lemma 2: To every integer  $\tau > 2$  corresponds at least one  $\tau$ -diagnosable system S that has  $\tau$  faulty units and one syndrome such that:

(i)  $L(u_i) \cap G(u_i) = \phi$  for every unit  $u_i$  in S,

(ii)  $||L(u_i)|| = \tau \cdot k + 1$  for every faulty unit  $u_i$ , where k is the least integer such that  $\tau \le 6k + 2$ , and

(iii)  $||L(u_i)|| = \tau$  for at least one nonfaulty unit  $u_i$ .

Theorems 1 and 2 show that the set of values of  $\tau$  may be partitioned into intervals of length 6, except for the first interval that is of length 2. For  $\tau$ -diagnosable systems in which both  $1 \le ||F_S|| \le \tau$  and  $L(u_i) \cap G(u_i) = \phi$  for all  $u_i$  in S. Theorem 1 implies that if  $\tau \le 2$ , at least one faulty unit  $u_i$  exists such that  $||L(u_i)|| \ge \tau + 1$ , and Theorem 2 implies that if  $\tau \le 8$ , at least one faulty unit  $u_i$  exists such that  $||L(u_i)|| \ge \tau$ , if  $\tau \le 14$ , at least one faulty unit  $u_i$  exists such that  $||L(u_i)|| \ge \tau - 1$ , and so forth.

### **III. IMPLIED FAULTY SETS OF ALL UNITS**

It is clear that  $||L(u_i)|| \le \tau$  whenever the unit  $u_i$  in nonfaulty, and therefore when  $\tau \le 2$ , the consideration of nonfaulty units does not result in an improvement of the lower bound on the cardinality of  $L(u_i)$ .

Theorem 3: If S is  $\tau$ -diagnosable, if  $1 \le ||F_S|| \le \tau$ , and if  $\tau \le 2$ , at least one unit  $u_i$  in S exists such that  $||L(u_i)|| \ge \tau + 1$ .

When r > 2, Lemma 6 not only shows that the lower bound given in Theorem 2 is the greatest lower bound, but also that the unit with the maximal implied faulty set may be nonfaulty. We now improve the lower bound on the cardinality of the maximal  $L(u_i)$  by considering not only the implied faulty sets associated with the faulty units, but also the implied faulty sets associated with the nonfaulty units.

The following theorem extends Theorem 3 by considering the implied faulty sets of both faulty and nonfaulty units.

Theorem 4: If S is  $\tau$ -diagnosable, if  $1 \le ||F_s|| \le \tau$ , and if  $\tau > 2$ , at least one unit in S exists such that either  $L(u_i) \cap G(u_i) \ne \phi$  or  $||L(u_i)|| \ge \tau - k + 1$ , where k is the least integer such that  $\tau \le 7k + 2$ .

Lemma 6 shows that for  $3 \le r \le 8$  the lower bound on the cardinality of the maximal implied faulty set given in Theorem 2 is the greatest lower bound. The next lemma proves a similar result for  $\tau > 8$ .

Lemma 3: To every integer  $\tau > 8$  corresponds at least one  $\tau$ -diagnosable system S

that has  $\tau$  faulty units and one syndrome such that:

(i)  $L(u_i) \cap G(u_i) = \phi$  for every  $u_i$  in S,

(ii)  $||L(u_i)|| \le \tau - k + 1$  for every  $u_i$  in S, where k is the least integer such that  $\tau \le 7k + 2$ ,

- (iii)  $||L(u_i)|| = \tau k + 1$  for at least one faulty unit  $u_i$ , and
- (iv)  $||L(u_i)|| = \tau \cdot k + 1$  for at least one nonfaulty unit  $u_i$ .

Theorems 3 and 4 show that the set of values of  $\tau$  may be partitioned into intervals of length 7, except for the first interval of length 2. Thus, for a  $\tau$ -diagnosable system in which  $1 \le ||F_s|| \le \tau$  and  $L(u_i) \cap G(u_i) = \phi$  for all  $u_i$  in S, Theorem 3 implies that if  $\tau \le 2$ , at least one unit  $u_i$  exists such that  $||L(u_i)|| \ge \tau + 1$ , and Theorem 4 implies that if  $\tau \le 9$ , at least one unit  $u_i$  exists such that  $||L(u_i)|| \ge \tau$ , if  $\tau \le 16$ , at least one unit  $u_i$  exists such that  $||L(u_i)|| \ge \tau - 1$ , and so forth.

#### **IV. CONCLUSION**

We have presented results concerning the properties of the implied faulty sets in the PMC system level fault model. Unlike previous work on implied faulty set properties, we made no structural properties assumptions, only that the system was  $\tau$ diagnosable and had at most  $\tau$  faulty units. The results are not only interesting in themselves, but also because of their implications in the diagnosis process.

Given a  $\tau$ -diagnosable system S and the implied faulty and nonfaulty sets for each unit, we can identify the set  $F_0 = \{u_i \mid L(u_i) \cap G(u_i) \neq \phi\}$ . If S has at most  $\tau$  faulty units, then  $||F_0|| \leq \tau$ . In this case, removing from S the units in  $F_0$  and all tests involving these units produces a reduced system  $(S - F_0)$  that is  $(\tau - ||F_0||)$ diagnosable. The results of this paper outline the properties of the maximal implied faulty sets in the reduced system  $(S - F_0)$ . If  $(\tau - ||F_0||) \leq 2$ , then the units with the maximal  $||L(u_i)||$  are faulty. If  $3 \leq (\tau - ||F_0||) \leq 9$ , then there exists at least one unit  $u_i$  such that  $||L(u_i)|| \ge \tau$ . If  $||L(u_i)|| > \tau$ , then  $u_i$  is obviously faulty. When  $||L(u_i)|| = \tau$ , the implied faulty and nonfaulty sets are the basis of a consistent partition of S. If the remainder set  $N(u_i) = S - (L(u_i) \cup G(u_i))$  contains no 1-edges then  $\{G(u_i) \cup N(u_i), L(u_i)\}$  is a minimal consistent partition of S such that  $||L(u_i)|| = \tau$ , and thus  $u_i$  must be nonfaulty and  $F_S = L(u_i)$ . Also note that if  $||L(u_i)|| = \tau$  and  $N(u_i)$  contains at least one 1-edge, then any consistent partition  $\{G, F\}$  of S in which  $u_i$  is in G is such that  $||F|| > \tau$ , and thus  $u_i$  is faulty.

As an example of a system that is easily diagnosed using this approach, consider the 6-diagnosable, 13 unit system proposed by Madden [MAD77]. Figure 1 shows the test outcome/incidence matrix B of this system. The *i*<sup>th</sup> row and *j*<sup>th</sup> column element  $b_{ij}$  is equal to the test outcome  $a_{i,j}$  (0 or 1) if  $u_i$  tests  $u_j$  and  $b_{ij}$  is equal to x if  $u_i$  does not test  $u_j$ . For each *i* in {1,2,...,13}, Figure 2 lists the indices of the units  $u_j$  in the implied faulty set  $L(u_i)$ , in the implied nonfaulty set  $G(u_i)$ , and in the remainder set  $N(u_i) = S - (L(u_i) \cup G(u_i))$ . Note that  $L(u_i) \cap G(u_i) = \phi$  for all units  $u_i$ , *i* in {1,2,...,13}. The units such that  $||L(u_i)|| = 6$  are easily diagnosed. For example, the unit  $u_8$  has  $||L(u_8)|| = 6$  and  $N(u_8) = \{u_7, u_{10}, u_{11}, u_{12}, u_{13}\}$ . The set  $N(u_8)$ contains the 1-edge  $(u_7, u_{10})$  among others, thus  $u_8$  must be faulty. On the other hand, the unit  $u_2$  has  $||L(u_2)|| = 6$  and  $N(u_2) = \{u_4\}$ , and thus the set of faulty units is  $F_S = L(u_2) = \{u_8, u_9, u_{10}, u_{11}, u_{12}, u_{13}\}$ .

- 8 -

Figure 1 - Test Outcome/Incidence Matu	ix
--	----

	1	2	3	4	5	6	7	8	9	10	11	12	13
1	x	x	x	x	x	x	x	1	1	x	x	x	x
2	0	x	0	x	0	0	x	1	1	1	1	1	1
3	0	0	x	x	0	x	x	1	1	1	1	1	1
4	0	x	0	x	x	x	0	1	1	1	1	1	1
5	0	x	x	x	x	0	0	1	x	1	1	1	1
6	0	x	x	x	0	x	x	x	1	1	1	1	1
7	x	x	x	x	x	x	x	x	x	1	1	1	1
8	1	1	x	1	x	x	x	x	0	x	x	x	x
9	x	x	x	1	x	1	x	0	x	x	x	x	x
10	x	1	1	1	1	x	1	x	x	x	x	x	x
11	x	1	1	1	x	1	1	x	x	x	x	x	x
12	x	1	1	1	1	1	1	x	х	х	x	x	х
13	x	1	1	1	1	1	1	x	x	x	x	x	x
	1												

Figure 2 - The indices of the units in  $L(u_i)$ ,  $G(u_i)$ ,

## and $N(u_i)$ for each $u_i$ in S

i	$\{j \mid u_j \in L(u_i)\}$	$\{j \mid u_j \in G(u_i)\}$	$\{j \mid u_j \in N(u_i)\}$
1	{8,9}	{1}	{2,3,4,5,6,7,10,11,12,13}
2	{8,9,10,11,12,13}	{1,2,3,5,6,7}	{4}
3	{8,9,10,11,12,13}	{1,2,3,5,6,7}	{4}
4	{8,9,10,11,12,13}	{1,2,3,4,5,6,7}	$\phi$
5	{8,9,10,11,12,13}	{1,5,6,7}	{2,3,4}
6	{8,9,10,11,12,13}	{1,5,6,7}	{2,3,4}
7	{10, 11, 12, 13}	{7}	{1,2,3,4,5,6,8,9}
8	{1,2,3,4,5,6}	{8,9}	{7, 10, 11, 12, 13}
9	{1,2,3,4,5,6}	{8,9}	{7, 10, 11, 12, 13}
10	{2,3,4,5,6,7}	{10}	{1,8,9,11,12,13}
11	{2,3,4,5,6,7}	{11}	{1,8,9,10,12,13}
12	{2,3,4,5,6,7}	{12}	{1,8,9,10,11,13}
13	{2,3,4,5,6,7}	{13}	{1,8,9,10,11,12}

REFERENCES

- [ALL75] F. J. Allan, T. Kameda, and S. Toida, An approach to the diagnosability analysis of a system, *IEEE Trans. Comput.*, vol. C-24, pp. 1040-1042, Oct. 1975.
- [CHW81]K. Y. Chwa and S. L. Hakimi, On fault identification in diagnosable systems, *IEEE Trans. Comput.*, vol. C-30, pp. 414-422, June 1981.
- [DAH84]A. T. Dahbura and G. M. Masson, An O (n<sup>2.5</sup>) fault identification algorithm for diagnosable systems, *IEEE Trans. Comput.*, vol. C-33, pp. 486-492, June 1984.
- [DAH85]A. T. Dahbura, G. M. Masson, and C.-L. Yang, Self-implicating structures for diagnosable systems, *IEEE Trans. Comput.*, vol. C-34, pp. 718-723, Aug. 1985.
- [HAK74]S. L. Hakimi and A. T. Amin, Characterization of connection assignment of diagnosable systems, *IEEE Trans. Comput.*, vol. C-23, pp. 84-88, Jan. 1974.
- [KAM75]T. Kameda, S. Toida, and F. J. Allan, A diagnosing algorithm for networks, Inform. Contr., vol. 29, pp. 141-148, 1975.
- [KEN84] M. A. Kennedy and G. G. L. Meyer, Structured diagnosability conditions for the FMC system level fault model, Rpt. JHU/EECS-84/12, 1984.
- [KEN86] M. A. Kennedy and G. G. L. Meyer, The PMC level fault model: cardinality properties of the implied faulty sets, Rpt. JHU/EECS-86/12, 1986.
- [MAD77]R. F. Madden, An algorithm for system diagnosis, Raunvisindastofnun Haskolans, Rpt. No. RH-77-6, 1977.
- [MEY78]G. G. L. Meyer and G. M. Masson, An efficient fault diagnosis algorithm for symmetric multiple processor architectures, *IEEE Trans. Comput.*, vol. C-27,

pp 1059-1063, Nov. 1978.

- [MEY81]G. G. L. Meyer, A fault diagnosis algorithm for asymmetric modular architectures, *IEEE Trans. Comput.*, vol. C-30, pp. 81-83, Jan. 1981.
- [MEY83]G. G. L. Meyer, The PMC system level fault model: Maximality properties of the implied faulty sets, Rpt. JHU/EECS-83/03, 1983.
- [PRE67] F. P. Preparata, G. Metze, and R. T. Chien, On the connection assignment problem of diagnosable systems, *IEEE Trans. on Electronic Comput.*, vol. EC-16, pp. 848-854, Dec. 1967.
- [SU1.84] G. Sullivan, A polynomial time algorithm for fault diagnosability, Proceedings of the 25<sup>th</sup> Annual Symposium on the Foundations of Computer Science, pp. 148-156, 1984.

Unclassified

COURTY	C. ASSIFIC	TION OF	THIS PAGE

SECORITY CENT		بتناهد فالكاكف							
			REPORT DOCUME	INTATION PAGE					
1. REPORT SECURITY CLASSIFICATION Unclassified				16. RESTRICTIVE MARKINGS					
28. SECURITY CLASSIFICATION AUTHORITY				3. DISTRIBUTION/A	VAILABILITY O	F REPORT			
20. DECLASSIFICAT	ON/DOWNGR/	ADING SCHEE		Unrestricted					
4. PERFORMING OR	GANIZATION	REPORT NUM	BER(S)	5. MONITORING ORGANIZATION REPORT NUMBER(S)					
JHU/ECE	-87/06								
64. NAME OF PERFO	RMING ORGA	NIZATION	6b. OFFICE SYMBOL (If applicable)	78. NAME OF MONITORING ORGANIZATION					
The Johns H	opkins Un	iversity		Air Force Of	fice of Sc	ientific R	esearch /NM		
6c. ADDRESS (City, S	tate and ZIP Co	de)		76. ADDRESS (City,	State and ZIP Cod	e)			
Charles Baltimo	and 34th re, MD 2	Streets 1218		Bolling AFB, Washington DC 20332					
. NAME OF FUNDI	NG/SPONSORI	NG	86. OFFICE SYMBOL	9. PROCUREMENT	NSTRUMENT ID	ENTIFICATION	NUMBER		
AFOSR/P	KZ		N/A	AFOSR-	85-0097				
Bc. ADDRESS (City, S	tate and ZIP Co	de)		10. SOURCE OF FUN	DING NOS.				
Buildin	g 410			PROGRAM ELEMENT NO.	PROJECT NO.	TASK NO.	NORK UNIT		
Bolling	AFB - DC	20332-64	448						
Fault Model:	Cardinali	ty Proper	MC System Level rties of the Imp	lied Faulty S	ets				
12. PERSONAL AUTH Mary Ann Ke	on(s) nnedy and	Gerard (	G. L. Meyer						
134 TYPE OF REPOR	Ť	135. TIME C	OVERED 1/87 to 4/3/87	14. DATE OF REPORT (Yr. Mo. Day) 1987. April 4 12			COUNT 2		
16. SUPPLEMENTAR	NOTATION				· · · · · · · · · · · · · · · · · · ·	<u>-</u>			
N	/A								
	TI CODES		18. SUBJECT TERMS (C	ontinue on reverse if ne	cessary and identi	fy by block numi	ber)		
FIELD GROOP	50	B. GR.	Fault Model -	· Diagnosis -	Faulty Set	s			
10 ABSTRACT Cont			t des ble by block symbols						
In this paper, we consider one aspect of the PMC system level fault model, the properties of the implied faulty sets. For $Z$ -diagnosable systems that have at most $\zeta$ faulty units, we give lower bounds on the cardinality of the maximal implied faulty sets, then we show that these bounds are greatest lower bounds and we indicate how these results may be used in diagnosis algorithms.									
20. DISTRIBUTION/AVAILABILITY OF ABSTRACT				21. ABSTRACT SECURITY CLASSIFICATION					
UNCLASSIFIED/UNL	MITED X SA	AME AS APT.		Unclassi	tied				
225. NAME OF RESPONSIBLE INDIVIDUAL Major Brian Woodruff				226 TELEPHONE N (Include Ares Co 202-767-5027	UMBER de: 7	22c. OFFICE SY	MBOL		

DD FORM 1473, 83 APR

EDITION OF 1 JAN 73 IS OBSOLETE.

Unclassified SECURITY CLASSIFICATION OF THIS PAGE

