



Mission Success Starts With Safety



SSC Construction Contractor Safety Meeting

July 11, 2024



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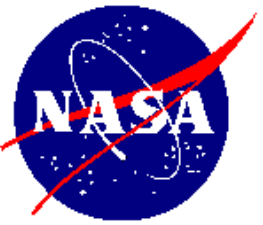
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Construction Safety

SSC Construction Inspection
Safety Findings/Stats

June 2024



Construction Safety Report: 01 June – 30 June 2024

Findings: 0

Level 1 Severity : 0

Level 2 Severity : 0

NMIS Mishaps/Close Calls: 1

On Jun 27th at approximately 1:30 an electrical box was struck by a contractor operating an excavator, knocking out power to a lift station and Bldg 9157 storage room. Striking the box caused the 2" PVC housing the electrical wires to come apart inside creating a short in the power. Only the project CM was notified at the time of the incident. A 1627 was not started until the afternoon of the 28th.



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Utility Damage Incident





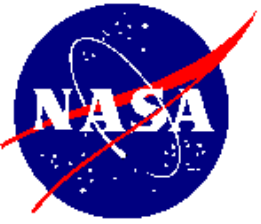
Discussion Topics

- **Recalls and Stop Use Notices**
- **NASA Form 1919 replacing SSC Form 1627**
- **Safety Topic – Insect Bites/Stings**



Recalls and Stop Use Notice

- **Affected Product Information Table Product Name**
Fendall 2000 Non-Sterile Eyewash Cartridge
- **Manufacturer's Product Number / Catalog Number**
32-002050-0000
- **Expiration/Use By Date (MM-YYYY)**
10-2023 through 06-2025
- **Regions US**



Recalls and Stop Use Notice



HONEYWELL PERSONAL PROTECTIVE EQUIPMENT
855 S. Mint St., 20th floor
Charlotte, NC 28202
www.honeywell.com

URGENT: US DRUG RECALL **FENDALL 2000 NON-STERILE EYEWASH CARTRIDGE**

To: Honeywell Fendall 2000 Non-Sterile Eyewash Cartridge Customers and Distributors
From: Honeywell Personal Protective Equipment ("Honeywell")
Date: March 29, 2024

WARNING! ALL RECIPIENTS OF THIS RECALL NOTICE MUST READ, UNDERSTAND, AND FOLLOW ALL INSTRUCTIONS IN THIS LETTER CAREFULLY

Dear Fendall 2000 Non-Sterile Eyewash Cartridge Customer/Distributor,

This recall notice pertains to the Fendall 2000 Non-Sterile Eyewash Cartridge ("Fendall Cartridge") that our records indicate you may have either distributed or purchased.

Our supplier notified us that appropriate production controls and documentation requirements were not followed when they produced this product. Therefore, Honeywell is warning customers to immediately stop using the Fendall Cartridge. Further, wholesalers/distributors/resellers should immediately stop shipping and selling the Fendall Cartridge and notify any of their customers who may be impacted by product recall.

To date, there have been no reported issues or injuries associated with this product, but Honeywell is issuing this recall notice out of an abundance of caution because use of the product without seeking medical attention afterwards could result in an eye infection.

To identify affected units, locate the information on the chart below on the label of the Cartridge. Affected products will have the numbers and date ranges as listed below. A picture of a Fendall Cartridge is also provided in Appendix A below, showing the Fendall Cartridge and where to locate information to identify affected product.



Recalls and Stop Use Notice

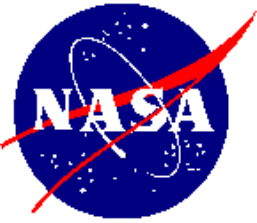
Honeywell Pure Flow 1000[®] Eyewash Station



PRIMARY

Self-contained unit collects used eyewash solution for easy clean-up.

- Constant 15-minute flow at 0.4 gpm to thoroughly flush eyes and face.
- 24-month cartridge life - 4 times longer than Porta Stream II[®].
- Cover/handle keeps dirt and debris from clogging basin and nozzles.
- No plumbing needed.
- Includes: Eyewash station, emergency sign, hanging bracket and inspection tag.
- Use with [Saline Cartridges](#), [Eyewash Stand](#) and [Eyewash Cart](#), sold separately.



NASA Form 1919

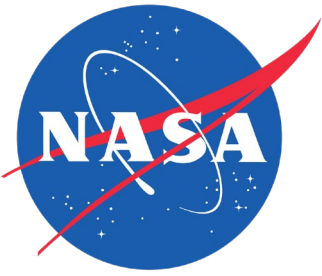
National Aeronautics and Space Administration		NASA Mishap Investigation Form	
Report Prepared By		Report Date	
Organization	Email	Phone Number	
Title of Event			
Event Details			
NMIS #	NMIS Classification	Based on: <input type="checkbox"/> Injury / Illness <input type="checkbox"/> Property Damage	High Visibility? <input type="checkbox"/> Yes <input type="checkbox"/> No
Event Date	Event Time	Date Reported to SMA	Time Reported to SMA
Reported By		Reported By Organization Name / Organization Code	
NASA Directorate Involved	NASA Organization Name Involved	NASA Organization Code	
Contractor Name Involved	Contract Name	Contract Number	
Who Was Performing Activity at Time of Event? <input type="checkbox"/> Civil Servant <input type="checkbox"/> Contractor <input type="checkbox"/> None <input type="checkbox"/> Other (describe below)			
NASA Program Involved? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Supervisor Notified to Conduct Drug Test? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know			
Summary (Brief summary of the event and findings that do not include privileged, proprietary, Privacy Act, ITAR or EAR information)			
Description of Facts: What Happened?			
Description of Facts (What happened? When did it happen? Where did it happen? Who was involved? Any details on the work environment? What type of activity or task was being performed?)			
Location Details			
Center Selection		Campus	
<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Building / Room	General Location	
Directorate Responsible for Location		Organization Responsible for Location	
Specific Location			

National Aeronautics and Space Administration		NASA Mishap Investigation Form	
Injury / Illness			Add Section
Number Injured or Ill I-01	Injured / Ill Person Employee Type: <input type="checkbox"/> NASA Civil Servant <input type="checkbox"/> NASA Contractor <input type="checkbox"/> Other (describe)		
Injured Person Name	Injured Person Employer	Supervisor of Employee	
Organization Name	Organization Code	Directorate	
Nature of Injury		Affected Body Part	
OSHA Injury / Illness: <input type="checkbox"/> Fatality <input type="checkbox"/> Days Away From Work <input type="checkbox"/> Restricted Duty <input type="checkbox"/> Job Transfer <input type="checkbox"/> Other Recordable <input type="checkbox"/> First Aid <input type="checkbox"/> None of These			
Number of Days Away	Number of Restricted Days	Number of Transfer Days	
Treatment: <input type="checkbox"/> Hospitalization <input type="checkbox"/> Emergency Room <input type="checkbox"/> Observation Only <input type="checkbox"/> Refused <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Disability (total/partial) <input type="checkbox"/> None			
Object / Substance Injuring Employee			
Employee Activity When Injury Occurred			
Description of Injury / Illness			
Property Damage			Add Section
Property Item # P-01	Property Class	Property Owner: <input type="checkbox"/> Govt: NASA <input type="checkbox"/> Contractor <input type="checkbox"/> Govt: non-NASA <input type="checkbox"/> Private	
Item Description (Identifying Number, S/N, Tail#, License Tag, etc.)			Direct Cost
Damage Description			
Event Investigation Summary			
Investigated By (Name)		Investigation Date(s)	
Organization Name and Code		Email	Phone
Immediate Action Taken to Mitigate Hazard and Secure the Scene			
Consultant Names (if any)			
Name		Organization / Contractor Name	
+ Row			



NASA Form 1919

NASA		National Aeronautics and Space Administration		NASA Mishap Investigation Form		
Investigation Findings						
Finding #	Finding Type	Finding Description	Finding Details	Human Factor Coding		
1						
2						
						+ Row
Recommendations for Preventing Recurrence						
Recommend #	Associated Finding #	Recommendation Description	Recommendation Details	Risk Assessment RAC		
1						
2						
						+ Row
Conclusions						
Conclusions (Description explaining why the mishap or close call occurred with a summary of all findings and the associated evidence, and any other closing thoughts)						
Implementation						
Corrective Actions						
Corrective Action #	Associated Finding / Recommendation #	Corrective Action Description	Assigned To (Name and Org)	Due Date		
1						
2						
						+ Row
Lessons Learned						
Lessons Learned #	Associated Finding / Recommendation #	Lessons Learned Description	Method of Delivery	Shared With Whom		
1						
2						
						+ Row
Investigator Name			Investigator Organization Name and Code			
Investigator Signature			Date			
Signature of Appointing Official			Date			



Summer Sting and Bite Safety



NASA Safety Center and National Institute for Occupational Safety and Health (NIOSH)

Working outdoors means potentially encountering pesky pests like bees, wasps, hornets and fire ants. While most insect bites and stings only cause mild discomfort, some may require immediate emergency care.

According to the Centers for Disease Control and Prevention (CDC), thousands of people are stung by insects each year and as many as 90-100 people in the United States die because of allergic reactions.

This year, there have been three sting/bite reported mishaps at SSC. An insect bite was reported in March, a tick bite in April, and most recently, a wasp sting in June.

Safe Plan of Action

Those who work outside should be aware of their risk of exposure to insects and take steps to protect themselves.

When a person develops symptoms other than localized pain soon after a bite or sting, severe allergic reaction is a major concern, and they should receive medical treatment immediately. If you are bitten or stung and develop symptoms such as difficulty breathing, swelling in the throat, mouth, or tongue, or generalized itching or hives, call 911 immediately or have someone drive you to the emergency room. As a precautionary measure while working on-site, insect/arachnid bites/stings should be reported, and the injured party taken to the clinic (minimally for observation).

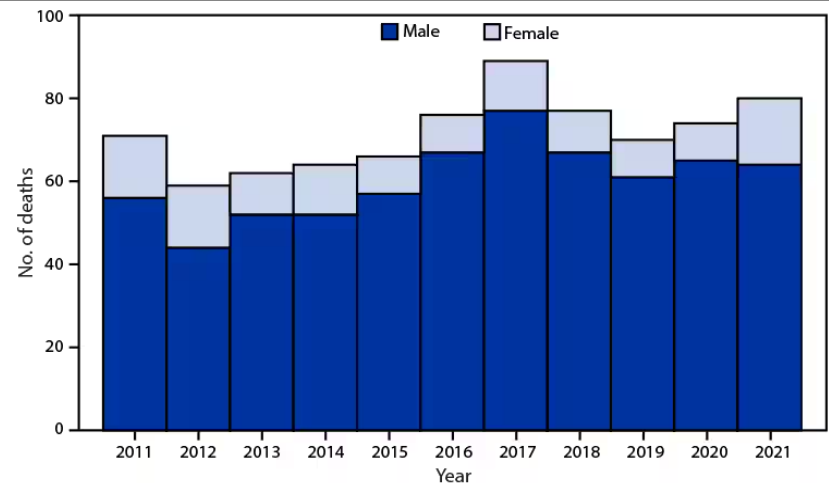
Protecting Yourself from Insects

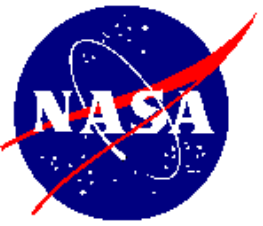
The health effects of stinging or biting insects or scorpions range from mild discomfort or pain to a lethal reaction for those workers allergic to the insect's venom. Anaphylactic shock is the body's severe allergic reaction to a bite or sting and requires immediate emergency care. Stinging insects send more than half a million people to the emergency room every year. Young children, the elderly and especially those with allergies are most at risk.

Tips for Working Around Stinging Insects

- Don't disturb bee or wasp nests.
- Wear light-colored, smooth-finished clothing that covers as much as possible.
- Avoid perfumed soaps, shampoos and deodorants and don't wear cologne or perfume.
- Wear clean clothing and bathe daily.
- Avoid flowering plants, if possible.
- Keep work areas clean and free of discarded food and drinks.
- Remain calm if a single stinging insect is flying around; swatting may cause it to sting.
- Run to get away if attacked by several stinging insects.
- Do not jump in water, as some bees hover above water.
- Go indoors, if possible or run to a shaded area.
- Stop slowly and open the windows if an insect is trapped in your vehicle.

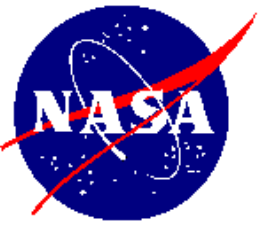
Number of Deaths from Hornet, Wasp, and Bee Stings* Among Males and Females
— National Vital Statistics System, United States, 2011–2021 (CDC)





Reminders

- Next meeting will be held August 1, 2024.



Questions



<http://constructionsafety.ssc.nasa.gov/>