

THE ATTACHED MATERIAL IS SUBJECT TO THE PRIVACY ACT OF 1974, AS AMENDED

ATTENTION

WHEN NOT UNDER THE CONTINUING CONTROL AND SUPERVISION OF A PERSON AUTHORIZED ACCESS TO SUCH MATERIAL, IT MUST BE, AS A MINIMUM, MAINTAINED UNDER LOCKED CONDITIONS.

! WARNING - CRIMINAL PENALTIES !

Disclosure of Agency records which contain individually identifiable information is prohibited. Any officer or employee of the Agency, who by virtue of his/her official position, has possession of, or access to, Agency records which contain personal data subject to the Privacy Act who willfully discloses it in any manner to any person or agency NOT entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$5,000.

(5 U.S.C. 552a(i)(1))

Any employee who willfully maintains a system of records without meeting the Notice Requirements of Subsection (e)(4) of the Privacy Act shall be guilty of a misdemeanor and fined not more than \$5,000.

(5 U.S.C. 552a(i)(2))

Any person who knowingly and willfully requests or obtains any record concerning an individual from an agency under false pretenses shall be guilty of a misdemeanor and fined not more than \$5,000.

(5 U.S.C. 552a(i)(3))

No record which is contained in a system of records may be disclosed to a recipient agency or non-Federal agency for use in a computer manager program except pursuant to a written agreement between the source agency and the recipient agency or non-Federal agency.

(5 U.S.C. 552a(o))

GENERAL INSTRUCTIONS

This is a report of a NASA mishap or close call which involved an injury, illness or damage to NASA equipment or property. It is required that persons or organizations who have information about this mishap/close call complete all known unshaded blocks within 24 hours of initial notification and submit this document to their local NASA Safety Office immediately.

When completing this form, provide as much factual detail for which you have knowledge. Leave blank any information you do not know or is not yet discovered. Do not spend a great deal of time searching for detail at this time.

Use your TAB key to move around the document. While on a field, press your F1 function key to get help and an explanation of the field. When complete, e-mail this document to your local safety office representative.



NASA SSC Mishap Report

Part A: Mishap Details



NOTE: FILL IN ALL KNOWN UNSHADED BLOCKS WITHIN 24 HOURS.

DETAILS

1. DATE OF INCIDENT		2. TIME OF INCIDENT		3. GENERAL LOCATION (<i>Building, Area, Facility, etc.</i>)			4. EXACT LOCATION (<i>street, floor, room, etc.</i>)			
5. RESPONSIBLE ORGANIZATION			6. CONTRACT NUMBER		7. IRIS Cases #'s S- C-		8. ORGANIZATION POINT OF CONTACT		9. MAIL CODE	10. PHONE
11. MISSION AFFECTED, IF KNOWN				12. PROGRAM IMPACT, IF KNOWN (<i>Describe impact in terms of delay, cost adjustment, etc.</i>)						
13. INCIDENT DESCRIPTION (<i>Do not use actual names, include in the description the sequence of events, extent of injury or property damage, cause, etc., if known.</i>)										

IMPACT SUMMARY

14. CHECK ALL OUTCOMES FROM THIS EVENT THAT ARE KNOWN FACTS (*Do not check any box that indicates any future potential or outcome.*)

<input type="checkbox"/> FATALITY	<input type="checkbox"/> SERIOUS DAMAGE TO AIRCRAFT OR SPACE HARDWARE
<input type="checkbox"/> PERMANENT DISABILITY	<input type="checkbox"/> SERIOUS DAMAGE TO FLIGHT OR GROUND SUPPORT HARDWARE
<input type="checkbox"/> 3 OR MORE PEOPLE HOSPITALIZED	<input type="checkbox"/> UNEXPECTED DAMAGE DUE TO TEST FAILURE
<input type="checkbox"/> 1 OR 2 PEOPLE HOSPITALIZED	<input type="checkbox"/> DAMAGE ESTIMATE OVER \$2,000,000
<input type="checkbox"/> LOSS OF CONSCIOUSNESS	<input type="checkbox"/> DAMAGE ESTIMATE BETWEEN \$500K AND \$2M
<input type="checkbox"/> FULL LOST WORKDAY(S)	<input type="checkbox"/> DAMAGE ESTIMATE BETWEEN \$50K AND \$500K
<input type="checkbox"/> RESTRICTED WORKDAY(S)	<input type="checkbox"/> DAMAGE ESTIMATE BETWEEN \$1K AND \$50K
<input type="checkbox"/> MEDICATION OR MEDICAL TREATMENT ADMINISTERED	<input type="checkbox"/> DAMAGE ESTIMATE UNDER \$1K
<input type="checkbox"/> INJURY OR ILLNESS	<input type="checkbox"/> AFFECTED PRIMARY OBJECTIVE(S) OF MISSION
<input type="checkbox"/> FIRST AID ONLY WAS ADMINISTERED	<input type="checkbox"/> SIGNIFICANT PROGRAM IMPACT
<input type="checkbox"/> CLOSE CALL	<input type="checkbox"/> HIGH VISIBILITY (<i>internal or external to NASA</i>)

15. LEVEL OF POTENTIAL FOR THIS EVENT OR CLOSE CALL (*Using reasonable judgment, check the boxes which you believe have a HIGH probability of occurring under similar conditions.*)

<input type="checkbox"/> FATALITY	<input type="checkbox"/> POTENTIAL DAMAGE ESTIMATE OVER \$500,000	<input type="checkbox"/> UNEXPECTED DAMAGE DUE TO TEST FAILURE
<input type="checkbox"/> PERMANENT DISABILITY	<input type="checkbox"/> POTENTIAL DAMAGE ESTIMATE UNDER \$500,000	<input type="checkbox"/> AFFECT PRIMARY OBJECTIVE(S) OF MISSION
<input type="checkbox"/> 3 OR MORE PEOPLE HOSPITALIZED	<input type="checkbox"/> SERIOUS DAMAGE TO AIRCRAFT OR SPACE HARDWARE	<input type="checkbox"/> SIGNIFICANT PROGRAM IMPACT
<input type="checkbox"/> FULL LOST WORKDAY(S)	<input type="checkbox"/> SERIOUS DAMAGE TO FLIGHT OR GROUND SUPPORT HARDWARE	<input type="checkbox"/> HIGH VISIBILITY (<i>internal or external to NASA</i>)

PERSON INVOLVED IN INJURY OR ILLNESS

16. NAME (<i>Last, First MI</i>)			17. ORGANIZATION		18. CONTRACT NUMBER		19. JOB TITLE/OCCUPATION		
20. SUPERVISOR'S NAME (<i>Full Name</i>)				21. SUPERVISOR'S ORGANIZATION		22. SUPERVISOR'S MAIL CODE		23. SUPERVISOR'S PHONE	
24. AGE	25. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		26. SHIFT WORKED <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd		27. CONTINUOUS DUTY HOURS		28. YEARS OF EXPERIENCE <input type="checkbox"/> Under 1 <input type="checkbox"/> Under 5 <input type="checkbox"/> Under 10 <input type="checkbox"/> Over 10		
29. INJURY OR ILLNESS <input type="checkbox"/> INJURY <input type="checkbox"/> ILLNESS		30. FROM PRE-EXISTING <input type="checkbox"/> YES <input type="checkbox"/> NO		31. FATALITY? <input type="checkbox"/>	32. DATE OF DEATH		33. PERMANENT DISABILITY? <input type="checkbox"/>	34. # OF FULL LOST WORKDAYS	35. # OF RESTRICTED WORKDAYS
36. INJURY TYPE(S) (<i>e.g., Abrasion, Burn, Concussion, Laceration, etc.</i>)					37. AFFECTED BODY PART(S) OR BODY SYSTEM(S)				
38. BRIEF MEDICAL DIAGNOSIS									
39. MEDICAL TREATMENT ADMINISTERED									
<input type="checkbox"/> TREATMENT OF INFECTION			<input type="checkbox"/> APPLICATION OF SUTURES			<input type="checkbox"/> REMOVAL OF OBJECT IN WOUND			
<input type="checkbox"/> APPLICATION OF ANTISEPTIC			<input type="checkbox"/> USE OF BUTTERFLY ADHESIVE			<input type="checkbox"/> USE OF PRESCRIPTION MEDICATION			
<input type="checkbox"/> 2ND OR 3RD DEGREE BURN(S)			<input type="checkbox"/> REMOVAL OF FOREIGN OBJECT(S)			<input type="checkbox"/> HOT OR COLD SOAKING/COMPRESS THERAPY			
<input type="checkbox"/> CUT AWAY DEAD SKIN			<input type="checkbox"/> USE OF HEAT THERAPY			<input type="checkbox"/> USE OF WHIRLPOOL BATH THERAPY			
<input type="checkbox"/> POSITIVE X-RAY DIAGNOSIS			<input type="checkbox"/> ADMISSION TO HOSPITAL FOR MORE THAN OBSERVATION			<input type="checkbox"/> FIRST AID ONLY			
40. OTHER MEDICAL TREATMENT ADMINISTERED									

EQUIPMENT/PROPERTY DAMAGED

41. CLASS OF EQUIPMENT/PROPERTY DAMAGED			42. ESTIMATED COST OF ALL DAMAGED ITEMS			43. # OF ITEMS DAMAGED		
<input type="checkbox"/> FLIGHT HARDWARE		<input type="checkbox"/> AIRCRAFT	<input type="checkbox"/> OVER \$2,000,000			—		
<input type="checkbox"/> GROUND SUPPORT EQUIPMENT		<input type="checkbox"/> OTHER	<input type="checkbox"/> BETWEEN \$500K AND \$2M					
<input type="checkbox"/> FACILITY			<input type="checkbox"/> BETWEEN \$50K AND \$500K					
<input type="checkbox"/> PRESSURE VESSEL			<input type="checkbox"/> BETWEEN \$1K AND \$50K					
<input type="checkbox"/> MOTOR VEHICLE			<input type="checkbox"/> UNDER \$1,000					
43. SPECIFIC ITEM(S) DAMAGED								

SUBMITTER

44. SUBMITTED BY (<i>Full Name</i>)			45. ORGANIZATION		46. MAIL CODE	47. PHONE	48. DATE	49. TIME
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National Aeronautics and
Space Administration
John C. Stennis Space Center
Stennis Space Center, MS 39529-6000

NASA SSC Mishap Report

Part B: Causes and Corrective Action

IRIS Cases #'s

S-

C-

CAUSES

50. WHAT WAS THE DIRECT CAUSE(S)	51. WHAT OBJECTS OR SUBSTANCES WERE INVOLVED	52. WHAT ACTIVITIES OR UNSAFE ACTS WERE IN PROGRESS
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INITIAL CORRECTIVE ACTION

53. **INITIAL** ACTION TAKEN (*Summarize all corrective action taken*)

54. DATE INITIATED	55. DATE COMPLETED	56. PERSON TAKING ACTION (<i>Full Name</i>)	57. ORGANIZATION	58. MAIL CODE	59. PHONE
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PLANNED CORRECTIVE ACTION

60. **PROPOSED** ACTION TO BE TAKEN (*Summarize any future action to be taken.*)

61. EST. START DATE	62. EST. COMPL.	63. PERSON TAKING ACTION (<i>Full Name</i>)	64. ORGANIZATION	65. MAIL CODE	66. PHONE
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67. **NOTES / REMARKS**

ENTERED BY NAME	DATE	PHONE
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Instructions

Complete the initial incident report (unshaded portions) and submit to your local NASA Safety Office within 24 hours of the incident occurrence. Complete and submit the follow-up report (with shaded areas) within ten working days of the incident. Retain a copy for your own files.

Working With This Form

This electronic document is a form. It has fields where you can enter information. You can use the mouse or TAB key to move between fields. The TAB key moves to the next field and SHIFT-TAB moves backwards. Some fields control the types of data that you can enter.

You should fill in this form electronically and send it to your local NASA Safety Office by electronic mail.

DETAILS

1. DATE OF INCIDENT - Enter date of the incident in MM/DD/YYYY format. Example: 6/1/2001.
2. TIME OF INCIDENT - Enter time of the incident using 24-hour clock. Examples: 09:30 for 9:30 AM or 14:15 for 2:15 PM.
3. GENERAL LOCATION - Identify the building, area, or facility where the incident occurred.
4. EXACT LOCATION - Describe the exact location of the incident. Example: Third floor, far west corridor.
5. RESPONSIBLE ORGANIZATION - Enter complete name of organization that is reporting the incident.
6. CONTRACT NUMBER - When the organization is a contractor, enter the contract number.
7. IRIS SAFETY INCIDENT # - Safety IRIS (Incident Reporting Information System) assigned file number. Note the IRIS system automatically generates the next available number.
- 8 - 10. ORGANIZATION POINT OF CONTACT, MAIL CODE, PHONE - Identify the person to contact at the organization.
11. MISSION AFFECTED - Enter the name or number of the mission, program, or project affected by the mishap. Examples: STS-32; Delta 181.
12. PROGRAM IMPACT - Describe the effect on the mission, program, or project in terms of delay or significant cost adjustment. Example: Two-week launch delay.
13. INCIDENT DESCRIPTION - Describe the event including information about the extent of damage and/or injury, conditions that led to the mishap, and cause if known at this time. Specify location of facility where medical treatment was provided. DO NOT include names of persons.

IMPACT SUMMARY

14. ACTUAL OUTCOMES - Mark every checkbox that represents current facts about the incident.
15. LEVEL OF POTENTIAL - Mark every checkbox that represents likely outcomes for the incident.

PERSONNEL INVOLVED IN INJURY OR ILLNESS

(If more than one person was injured, then attach a NASA SSC Mishap Report (SSC 1627) with only this section completed for each additional person.)

16. NAME - Self-explanatory.
17. ORGANIZATION - Identify the organization of the person involved.
18. CONTRACT NUMBER - When the organization is a contractor, enter the contract number.
19. JOB TITLE/OCCUPATION - Describe the job position of the person involved.
Example: Technician
- 20-23. SUPERVISOR'S NAME, ORGANIZATION, MAIL CODE, & PHONE - Provide identifying information about the supervisor of the person involved.
24. AGE - (of the person involved) Self-explanatory.
25. SEX - Check as appropriate.
26. SHIFT WORKED - Check as appropriate.
27. CONTINUOUS DUTY HOURS - Self-explanatory.
28. YEARS OF EXPERIENCE - Check as appropriate.
29. INJURY OR ILLNESS - Check as appropriate.
30. FROM PRE-EXISTING - Check as appropriate.
31. FATALITY? -
32. DATE OF DEATH -
33. PERMANENT DISABILITY? -
34. # OF FULL LOST WORKDAYS -

- 35. # OF RESTRICTED WORKDAYS -
- 36. INJURY TYPE(S) - Choose one or more items from the list. (See instructions below.)
- 37. AFFECTED BODY PART(S) or BODY SYSTEM(S) - Choose one or more items from the list. (See instructions below.)
- 38. BRIEF MEDICAL DIAGNOSIS -
- 39. MEDICAL TREATMENT ADMINISTERED - Mark every checkbox that represents treatment administered to the person involved. Mark the checkbox for "First Aid Only" if only First Aid treatment was administered to the individual.
- 40. MEDICAL TREATMENT ADMINISTERED - Describe any treatment not included in box #39.

EQUIPMENT/PROPERTY DAMAGE

- 41. CLASS OF EQUIPMENT/PROPERTY DAMAGED - Mark every checkbox that represents the type of damaged.
- 42. ESTIMATED COST OF ALL DAMAGED ITEMS - Mark one checkbox that represents the initially estimated cost of the damage. Provide Final Cost in follow-up report.
- 43. # OF ITEMS DAMAGED -
- 43. SPECIFIC ITEM(S) DAMAGED - Identify or describe the damaged items from box #41.
Example: If the class indicated in box #41 is Flight Hardware, then the specific item could be "Orbiter/Avionics."

SUBMITTER

- 44-47. SUBMITTED BY, ORGANIZATION, MAIL CODE, & PHONE - Provide identifying information about the person filling in this form.
- 48-49. DATE & TIME - Enter the date and time when the form is filled in.

CAUSES

- 50. DIRECT CAUSE(S) - Choose one or more items from the list. (See instructions below.)
- 51. OBJECTS OR SUBSTANCES INVOLVED - Choose one or more items from the list. (See instructions below.)
- 52. ACTIVITIES OR UNSAFE ACTS IN PROGRESS - Choose one or more items from the list. (See instructions below.)

INITIAL CORRECTIVE ACTION

- 53. INITIAL ACTION TAKEN -
- 54. DATE INITIATED -
- 55. DATE COMPLETED -
- 56-59. PERSON TAKING ACTION, ORGANIZATION, MAIL CODE, & PHONE - Provide identifying information about the person taking the initial corrective action.

PLANNED CORRECTIVE ACTION

- 60. PLANNED ACTION TO BE TAKEN -
- 61. ESTIMATED START DATE -
- 62. ESTIMATED COMPLETION -
- 63-66. PERSON TAKING ACTION, ORGANIZATION, MAIL CODE, & PHONE - Provide identifying information about the person taking the planned corrective action.
- 67. NOTES / REMARKS-

Choosing items from a list

The list appears when you move the insertion point to this field. If the field already has data, then clicking with the mouse might not display the list again. In this case, click in an earlier field and use the TAB key to move forward and display the list.

To choose an item from the list first highlight the item you want. You can use the arrow keys or the mouse to highlight the proper item. Then either press the ENTER key, click the Ok button, or double click the item.

The list of items you have chosen is displayed at the top of the window. You can add many items to the list. To remove any item, you must edit the list with the DELETE or BACKSPACE keys. You can edit the list in the list window or you can edit the field on the form.