

APPENDIX J:

SAMPLE DOCUMENTATION AND REPORTING FORMS

J-1 Board Appointment Letter

J-2 Mishap Investigation Report Format

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J-1

SAMPLE APPOINTING OFFICIAL APPOINTMENT LETTER

TO: Appointing Official

FROM: Responsible Organization

SUBJECT: Assignment as Appointing Official for ... Mishap Investigation

You are hereby appointed the Appointing Official for the investigation of the mishap. It has been determined that (a single independent investigator or an independent mishap board) will be appointed to investigate this mishap.

Using the guidelines of NPD 8621.1 and NPG 8621.1 (or local implementing document) please select the independent investigators and report the selection to me as soon as possible. (The local safety office) will assist in determining both independence of the investigator(s) and providing an appropriate technical base for the investigation.

Report your planned timelines for completion of the board report and Corrective Action Plan to me within 5 working days. Your duties as Appointing Official are defined in NPG-8715.x (or local implementing document) and are primary until the Mishap Summary Report is delivered. You are authorized to relieve appointed investigators of all normal responsibilities, such that they can dedicate full-time to the investigation. They are assigned full-time to the investigation until the Mishap Investigation Report is delivered.

Responsible Organization

MISHAP INVESTIGATION REPORT FORMAT

A. EXECUTIVE SUMMARY

This section should provide a brief description of the mishap, including the extent of damage and casualties, and the major findings.

B. BOARD ACTIVITIES

This section should document the board formation, the board members, and summarize the structured analysis techniques used by the board during the investigation.

C. MISHAP DESCRIPTION

This section should describe in detail, the sequence of events leading up to the mishap. It should also document the actual mishap event and the events initiated as a result of the mishap occurrence, i.e., safing activities, impoundment, site preservation, management actions, etc. This section should describe what happened, who was involved, where, and when for each event in the sequence. A detailed timeline of events is recommended in this section. Detailed analysis, test reports, witness statements, and other evidence used to establish the mishap description should be attached as appendices to the report and referenced as appropriate.

D. FINDINGS

This section should provide why the mishap's sequence of events occurred. It should describe all of the systems configurations, personnel actions or inaction's, management policies or practices (documented or not), and management actions or inaction, which contributed to the occurrence of each event in the mishap's sequence of events. In order to follow this description, it is suggested that the findings map to the events in the mishap description. Redundant findings (findings which refer to more than one event in the mishap sequence) should be referenced, not repeated. Detailed analysis, test reports, witness statements, and other evidence used to establish the findings should be attached as appendices to the report and referenced as appropriate. Recommendations to correct deficiencies should not be provided in this report.

E. MINORITY REPORTS

Any information presented in the report disputed by a board member. It is helpful to specifically reference the facts or findings disputed. Detailed analysis, test reports, witness statements, and other evidence used to establish the minority facts or findings should be attached as appendices to the report and referenced as appropriate.

F. REPORT RELEASE SIGNATURES

A signature page which denotes that the signatories certify that the information contained herein is true to the best of their knowledge. Each board member shall sign and date. Signature of the chairperson denotes completion of the investigation and reporting process.

G. APPENDICES

As necessary to the report.

J-3

CORRECTIVE ACTION PLAN FORMAT

The Proposed Corrective Action Plan shall identify the detailed actions that will be taken to prevent recurrence. It shall individually address each finding of the Investigation Report, and shall include action(s) for each finding, the name of the specific organization responsible for completing each action, and an Estimated Completion Date (ECD) for each action. Any format may be used as long as all of these items are addressed. The following is a suggested format:

Proposed Corrective Action Plan for
(Name of Mishap)

Finding No. 1 - Write out the finding or observation exactly as it appears in the Mishap Report.

Action(s):

1.1 Clearly describe detailed Action No. 1 for correction of Finding No. 1.

Actionee: Identify responsible organization or Person ECD: Month/Day/Year

Status Reporting Frequency:

1.2 Clearly describe detailed Action No. 2 for correction of Finding No. 1.

Actionee: Identify responsible organization or Person ECD: Month/Day/Year

Status Reporting Frequency:

1.2 Etc. (As Needed)

Finding No. 2 - Write out the finding or observation exactly as it appears in the Mishap Report.

Action(s):

2.1 Clearly describe detailed Action No. 1 for correction of Finding No. 2. (If an action is the same as for another finding reference that action.

Example: Same as Action 1.1)

Actionee: Identify responsible organization or Person

ECD: Month/Day/Year

Status Reporting Frequency:

Finding No. 3- Continue as needed to address each finding and observation

J-4

Mishap Summary Report Format

TO: Responsible Organization
FROM: Appointing Official
SUBJECT: Mishap Summary Report for Mishap Title

This letter certifies that all corrective actions associated with the aforementioned mishap and subsequent investigation are closed.

This package is the complete official documentation associated with Mishap Title. Mishap Investigation Board files containing raw data and information are maintained by organization and person (This sentence can be deleted if desired).

Attached are:

1. Mishap Investigation Report (Enclosure 1)
2. Corrective Action Plan (Enclosure 2)
3. Final Corrective Action Status (Enclosure 3)

This report, developed by the Appointing Official, documents the closure status of all corrective action items. It shall also provide any changes to the Corrective Action Plan and their closure status.

With the submission of this report the Appointing Official has completed all required functions as specified in NPG 8715.1, "Procedures and Guidelines For Mishap Reporting, Investigating and Recordkeeping."

Appointing Official

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Incident Reporting Information System

When a safety incident occurs, any of a number of people and organizations may have initial information about the case. One objective of IRIS is to make it as easy as possible for individuals to submit information to Safety as soon as possible.

First, each Center should assign and train a person(s) in each of their local organizations on how to use IRIS (including someone at the clinic or medical unit). This representative will have limited access to the system and be responsible for their organization's safety data and control data. The e-mail address of these representatives will be in the system so that the system can notify them of cases for which they must provide more information as a result of being the responsible organization.

Submitting an initial report using the 1627 Online Forms

There are three new online 1627 forms. These forms were designed to be friendlier to the person submitting the report.

- **Initial Safety Incident Report (Form 1627A)** -- This is similar to the current Telephonic Mishap Report form. Its usage is basically the same which is to collect a lot of narrative information (what, when, where and how bad but not who).
- **Injury/Illness Safety Report (Form 1627B)** -- This is a newly developed form to collect safety related information about the injured/ill person from an individual who knows the details about the injured/ill person (i.e., the clinic or the person's supervisor).
- **Safety Incident Report (Form 1627)** -- This is the full form. It contains everything on the 1627A and 1627B forms plus other information, which is not readily available within a few hours of the incident.

These forms are to be used by individuals who have access to a computer that has MS Word but does not have access to IRIS. As a set, these forms can easily be worked into a Center's current business process. Each Center can choose to use one, two or all three of the forms depending on how they work best for that Center.

The forms can be easily filled-in by individuals who report incidents then e-mailed to the organization's safety representative or the local NASA Safety Office. Since the forms were developed using MS Word, they will work equally as well on Macintosh computers that have MS Word as they will on IBM PC compatibles. The organization's safety representative can enter the data into IRIS and electronically submit the data to the local Safety Office. The local Safety Office will be notified electronically about the new case after it is entered. Additionally, the forms can be sent to the local Safety Office for entry if your procedures prevent others from entering the data.

Submitting initial reports using hand/typewritten 1627 forms

The hand/typewritten forms are primarily for individuals who report incidents but do not have access to IRIS or MS Word. The 1627 forms can be filled-in by hand or typewriter similarly to how they are currently completed. The online forms can be printed from any computer and have several blank copies made. After manually completing the form, it can be sent to the organization's safety representative or to the local Safety Office for entry.

Submitting initial reports using the IRIS Screens

IRIS provides three screens for entering initial safety incident cases:

- Initial Safety Incident Report (Form 1627A) Screen
- Initial Medical Safety Incident Report (Form 1627B) Screen
- Full Safety Incident Report (Form 1627) Screen

These screens are the “heart” of the system and the most efficient means of capturing accurate new/updated case information.

These screens correspond to the online and printed 1627 forms. The first two screens (1627A and 1627B) are intended for use by persons outside your local safety office. When the user presses the “Submitted to Safety” button, the record becomes “certified”, Safety is notified, and the record is locked from every being changed from either of these screens. The user, however, can view the record but cannot change it.

The Full Safety Incident Report (Form 1627) screen allows several additional features for use by Safety personnel:

- Allows updating and dropping of cases,
- Allows addition of Corrective Action,
- Allows case statusing and assignment of Case Category,
- Allows addition of multiple persons injured in a single case,
- Allows addition of Direct Cause, Contributing Causes, Objects/Substance Involved and Activity/Unsafe Act in Progress,
- Allows addition of Property Damage data (estimated and final costs, etc.),
- Allows assignment of primary NASA Investigator/Monitor,
- Allows closing the case,
- And more.

Complete setup and operation of the IRIS system can be found in the IRIS Operating Manual. The NASA Center Safety Office has access to the IRIS system and can provide a copy of the manual to interested parties. The IRIS system is restricted to authorized users and is password protected.

1627A FORM

The 1627A form is intended for use by non-safety personnel who can provide initial information about a safety related incident.

1627A Page 1

This page contains general information about the incident.

The following fields appear at the top of all pages:

Field	Description
Year	Auto-filled with the Fiscal Year of the incident based on the Incident Date entered.
Case	Auto-filled with the next highest Case Number for the Site and Fiscal Year combination after the submitter presses the “Submit To Safety” button.
Site	Auto-filled with the Site Code based on the General Location that is entered.
Category	Auto-filled with “To Be Determined” when the case is a new case. After the case is classified, this field will contain one of several types of Case Category: <ul style="list-style-type: none"> • A • B • C • Incident

Field	Description
Category (cont.)	<ul style="list-style-type: none"> • Mission Failure • First Aid Only • Close Call
Status	<p>Auto-filled with “Initial Report” when the case is a new case. After the case is classified, this field will contain one of several types of Case Status:</p> <ul style="list-style-type: none"> • Open • Closed • Dropped

The following fields and buttons display at the bottom of every page:

Field/Button	Description
Submitted By	Auto-filled with the User Name of the person who originally entered the case. This information comes from the list of users maintained on the User Administration screen.
Organization	Auto-filled with the Organization Code of the person who originally entered the case. This information comes from the list of users maintained on the User Administration screen.
Mail Code	Auto-filled with the Mail Code of the person who originally entered the case. This information comes from the list of users maintained on the User Administration screen.
Phone	Auto-filled with the Phone Number of the person who originally entered the case. This information comes from the list of users maintained on the User Administration screen.
Date	Auto-filled with the current date after the submitter presses the “Submit To Safety” button.
Time	Auto-filled with the current time (in 24-hour clock format) after the submitter presses the “Submit To Safety” button.
Page 1 Button	Moves to Page 1 of this screen.
Page 2 Button	Moves to Page 2 of this screen.
Page 3 Button	Moves to Page 3 of this screen.
Find Button	Opens the “Find Cases” window from which the user can enter special search

Field/Button	Description
Find Button (cont.)	criteria to locate cases. See section 4.5.2 Find Cases Screen for more details.
Print Button	Displays a “Print Report” dialog box from which the user can choose to Close, Print to printer or Print Preview on screen the 1627A report for the currently displayed case.
New Button	Moves to an empty record into which the user can enter a New case.
Submit To Safety Button	Validates the newly entered case, assigns a Case Number, saves the record, prevents modification of the record from this screen, and sends an e-mail message to the local Safety Office informing them of the new case. Validation includes ensuring that all required fields contain data, and at least one Impact Summary item is selected.
Close Button	Closes the 1627A screen (if the current record is valid).

The following fields appear only on Page 1 of the 1627A Screen and the user moves through the page in the following tab order:

Field	Description
Date of Incident	This field will accept valid dates entered in many different formats; however, after entry, the field will display the date in MM/DD/YYYY format. After this date is entered, the Fiscal Year field will be adjusted to match the fiscal year for this date.
Time of Incident	This field will accept valid times entered in many different formats; however, after entry, the field will display the time in HH:MM format. To enter “7:30 PM” type “7:30 PM” or “19:30”. The colon is required for the field to accept the date.
General Location	This field contains a limited list of values from which the user must choose one. The list is maintained from the General Locations Maintenance screen found under the Safety Menu. This field usually contains large, well-known areas of a site (e.g., area name/number, building, facility, etc.) After selecting a General Location,

Field	Description
General Location (cont.)	the corresponding Site Code is automatically entered into the Site field at the top of the screen.
Exact Location	The Exact Location is any other descriptive information the user can provide which also relates to the General Location (e.g., room number, floor, street, etc.)
Responsible Organization	The civil service or contractor organization that is most responsible for the occurrence of the incident. This field contains a limited list of values from which the user must choose one. If currently unknown, enter "TBD" (to be determined) as the organization. After entering the Responsible Organization, the Contract Number, Organization POC, Mail Code, and Phone fields, will be auto-filled with the corresponding information entered in the Organization Codes Maintenance Screen (under the Safety Menu). The user can manually override these defaults by enter the correct value in the appropriate field.
Org. File Number	The file number that the Responsible Organization assigned to the case. This field is not required. Centers can choose to use this field in any manor they wish.
Organization Point of Contact	Auto-filled with the POC name for the Responsible Organization after the Responsible Organization is entered. The user can override the auto-entry with any other value.
Mail Code	Auto-filled with the Mail Code for the Responsible Organization's POC after the Responsible Organization is entered. The user can override the auto-entry with any other value.
Phone	Auto-filled with the Phone Number for the Responsible Organization's POC after the Responsible Organization is entered. The user can override the auto-entry with any other value.
Mission Affected	The name, number or other signifying value that identifies the mission, program, or project affected by this incident. This field is not required but is recommend if known.

Field	Description
Program Impact	The impact to the mission, program or project in terms of schedule delays, cost adjustments, etc. This field is not required but is recommend if known.

Find Cases Screen

The Find Cases Screen is available from the Full 1627, 1627A and 1627B input screens. This screen opens automatically when the full 1627 screen is opened. The user can manually open this screen from any of the 1627 screens by pressing the screen's Find Button.

To use this screen, enter data into one or more of the Search Elements. After entering the data, press the Find Cases button. If any cases exist that match the search criteria, the matches will be displayed under Cases Found. One or more cases may match the search criteria. The View Cases button will load all of the matching cases into the 1627 screen that originally opened the Find Cases Screen. The View Cases button will also perform the functions of finding matching cases and loading matching cases to the 1627 screen.

Note: Only the cases for sites and organizations that are available to the current user will be found.

The screenshot shows a software window titled "Find Case" with a close button in the top right corner. The window is divided into several sections:

- SEARCH ELEMENTS:** This section contains five input fields with dropdown arrows: "Site" (containing "HQ"), "Fiscal Year" (containing "1997"), "Case Number" (empty), "Case Category" (empty), and "Case Status" (empty).
- General Location:** An empty dropdown field.
- Responsible Org.:** An empty dropdown field.
- Incident Date Range:** Two empty input fields labeled "From:" and "To:".
- CASES FOUND:** A table with the following columns: File Number, Case Category, Case Status, General Location, and Responsible Organization. The table contains 8 rows of data.
- Record Navigation:** A bar at the bottom of the table showing "Record: 1 of 41" with navigation arrows.
- Buttons:** Four buttons at the bottom of the window: "Find Cases", "Clear Selections", "View Cases", and "Close".

File Number	Case Category	Case Status	General Location	Responsible Organization
HQ-1997-41	To Be Determined	Initial Report	10B RM 200	BIS2
HQ-1997-40	To Be Determined	Initial Report	10B	AIQ1
HQ-1997-39	To Be Determined	Dropped	1 IND SQ	AHQ1
HQ-1997-38	First Aid Only	Open	2 INDEP SQ	NAQL
HQ-1997-37	First Aid Only	Open	2 INDEP SQ	NAQC
HQ-1997-36	First Aid Only	Open	2 INDEP SQ	NAQC
HQ-1997-35	First Aid Only	Open	2 INDEP SQ	NAQC
HQ-1997-34	First Aid Only	Open	2 INDEP SQ	NAQF

1627A Page 2

This page contains the narrative description about the incident.

Initial Safety Incident Report (Form 1627A)

Year: 1997 Case: Site: Category: Status: New

DESCRIPTION OF INCIDENT Page 2 of 3

Incident Description

Submitted by: All Sites Test User Organization: HQ ORG Mail Code: HQ-1 Phone: (202) 123-4567 Date: Time:

1 2 3 Find Print New Submit to Safety Close

Record: 44 of 44

Field	Description
Incident Description	This is a required field. Use this field to enter as much narrative detail as necessary to fully describe the incident. If known, include in the description the extend of damage and/or injury/illness, conditions that led to the incident, the cause, objects/substances involved, unsafe acts in progress, etc. Note: do not use in this field actual names of injured/ill persons or persons alleged to have caused the incident.

This page contains the incident impact summary.

Initial Safety Incident Report (Form 1627A)

Year: 1997 Case: Site: Category: Status: New

IMPACT SUMMARY Page 3 of 3

Fatality
 Permanent Disability
 3 or more people hospitalized
 Under 3 people hospitalized
 Loss of Consciousness
 Injury or Illness
 Serious Damage to Aircraft or Space Hardware
 Serious Damage to Flight or Ground Support Hardware
 Unexpected Damage Due to Test Failure
 Damage Estimate Over \$1,000,000
 Damage Estimate Between \$250k and \$1M
 Damage Estimate Between \$25k and \$250k
 Damage Estimate Between \$1k and \$25k
 Damage Estimate Under \$1,000
 Affected Primary Objective(s) of Mission
 Significant Program Impact
 High Visibility (internal or external to NASA)
 Close Call

Submitted by: DBD User Organization: HQ ORG Mail Code: HQ-1 Phone: (123) 456-7890 Date: Time:

1 2 3 Find Print New Submit to Safety Close

Record: 13 of 13

Check one or more of the following Impact Summary check boxes by clicking in the box with the mouse. At least one of the Impact Summary items must be selected for a new record to be valid.

The following table describes the general usage of the items.

Note: NPD 8621.1 “NASA Mishap Reporting and Investigating Policy” as revised or amended governs the definitions and usage of these items. The descriptions/definitions in NPD 8621.1 will supersede any of the following descriptions/usages in the following table:

As non-safety personnel are not as familiar with proper classification of incidents, many of the Impact Summary items in the following table may be changed/updated by the local safety office after the case is submitted to safety.

Item	Description
Fatality	The case involves one or more fatalities.
Permanent Disability	The case involves one or more persons who were permanently disabled as a direct result of the incident.
3 or more people hospitalized	The case involves 3 or more persons hospitalized for <u>more than observation</u> as a direct result of the incident.
Under 3 people hospitalized	The case involves 1 or 2 persons hospitalized for <u>more than observation</u> as a direct result of the incident.

Item	Description
Loss of Consciousness	The case involves 1 or more persons who loss consciousness as a direct result of the incident.
Injury or Illness	The case involves 1 or more persons who were injured or became ill as a direct result of the incident.
Serious Damage to Aircraft or Space Hardware	Any serious damage to an aircraft or space hardware.
Serious Damage to Flight or Ground Support Hardware	Any serious damage to flight or ground support hardware.
Unexpected Damage Due to Test Failure	Any serious unexpected damage resulting from a failed test.
Damage Estimate Over \$1,000,000	Any damage that the submitter believes may result in a repair/replacement cost of over \$1,000,000.
Damage Estimate Between \$250k and \$1M	Any damage that the submitter believes may result in a repair/replacement cost of between \$250,000 and \$1,000,000 inclusively.
Damage Estimate Between \$25k and \$250k	Any damage that the submitter believes may result in a repair/replacement cost of between \$25,000 and \$250,000 inclusively.
Damage Estimate Between \$1k and \$25k	Any damage that the submitter believes may result in a repair/replacement cost of between \$1,000 and \$25,000 inclusively.
Damage Estimate Under \$1,000	Any damage that the submitter believes may result in a repair/replacement cost of not more than \$1,000.
Affected Primary Objective(s) of Mission	Any incident that the submitter believes had a significant negative affect on the primary objective(s) of a NASA mission, program or project.
Significant Program Impact	Any incident that the submitter believes had a significant negative impact in terms of cost, schedule delays, etc. on a NASA mission, program or project.
High Visibility (internal or external to NASA)	Any incident that the submitter believes will lead to a highly publicized incident internal or external to NASA.
Close Call	Any incident that did not contain any injury/illness, property damage of more than \$1,000, or loss of productivity but could have led to one or more of these.

The validation rules for selecting a check box are as follows:

- If the user checks the “Close Call” checkbox then only “Damage Estimate Under \$1,000” can be checked.
- If the user checks the “3 or more people hospitalized” checkbox then “Under 3 people hospitalized” can not be checked (and vise-versa).
- Only one of the damage estimate items can be checked.

Multiple items can be checked in all other cases.

1627B FORM

The 1627B form is intended for use by non-safety personnel who can provide initial medical information about the incident and the person involved.

Note: Do not use this form if 2 or more persons are injured or ill in the same case or if not enough information is available about the injured/ill person. Use the 1627A form which does not collect information about the person(s) involved or use the Full 1627 form which is the form that the local safety office uses to gather more detail than the 1627A or 1627B can provide.

1627B Page 1

This page contains the general medical information about the incident.

The following fields appear at the top of all pages:

Field	Description
Year	Auto-filled with the Fiscal Year of the incident based on the Incident Date entered.
Case	Auto-filled with the next highest Case Number for the Site and Fiscal Year combination after the submitter presses the “Submit To Safety” button.
Site	Auto-filled with the Site Code based on the General Location that is entered.
Category	Auto-filled with “To Be Determined” when the case is a new case. After the case is classified, this field will contain one of several types of Case Category:

Field	Description
Category (cont.)	<ul style="list-style-type: none"> • A • B • C • Incident • Mission Failure • First Aid Only • Close Call
Status	<p>Auto-filled with “Initial Report” when the case is a new case. After the case is classified, this field will contain one of several types of Case Status:</p> <ul style="list-style-type: none"> • Open • Closed • Dropped

The following fields and buttons display at the bottom of every page:

Field/Button	Description
Submitted By	Auto-filled with the User Name of the person who originally entered the case. This information comes from the list of users maintained on the User Administration screen.
Organization	Auto-filled with the Organization Code of the person who originally entered the case. This information comes from the list of users maintained on the User Administration screen.
Mail Code	Auto-filled with the Mail Code of the person who originally entered the case. This information comes from the list of users maintained on the User Administration screen.
Phone	Auto-filled with the Phone Number of the person who originally entered the case. This information comes from the list of users maintained on the User Administration screen.
Date	Auto-filled with the current date after the submitter presses the “Submit To Safety” button.
Time	Auto-filled with the current time (in 24-hour clock format) after the submitter presses the “Submit To Safety” button.
Page 1 Button	Moves to Page 1 of this screen.

Field/Button	Description
Page 2 Button	Moves to Page 2 of this screen.
Page 3 Button	Moves to Page 3 of this screen.
Page 4 Button	Moves to Page 4 of this screen.
Page 5 Button	Moves to Page 5 of this screen.
Find Button	<p>Opens the “Find Cases” window from which the user can enter special search criteria to locate cases.</p> <p>See section 4.5.2 Find Cases Screen for more details.</p>
Print Button	Displays a “Print Report” dialog box from which the user can choose to Close, Print to printer or Print Preview on screen the 1627B report for the currently displayed case.
New Button	Moves to an empty record into which the user can enter a New case.
Submit To Safety Button	Validates the newly entered case, assigns a Case Number, saves the record, prevents modification of the record from this screen, and sends an e-mail message to Safety informing them of the new case. Validation includes ensuring that all required fields contain data, and at least one Injury/Illness Summary item is selected.
Close Button	Closes the 1627B screen (if the current record is valid).

The following fields appear only on Page 1 of the 1627B Screen and the user moves through the page in the following tab order:

Field	Description
Date of Incident	This field will accept valid dates entered in many different formats; however, after entry, the field will display the date in MM/DD/YYYY format. After this date is entered, the Fiscal Year field will be adjusted to match the fiscal year for this date.
Time of Incident	This field will accept valid times entered in many different formats; however, after entry, the field will display the time in HH:MM format. To enter “7:30 PM” type “7:30 PM” or “19:30”. The colon is required for the field to accept the date.

Field	Description
General Location	This field contains a limited list of values from which the user must choose one. The list is maintained from the General Locations Maintenance screen found under the Safety Menu. This field usually contains large, well-known areas of a site (e.g., area number, building, facility, etc.) After selecting a General Location, the corresponding Site Code is automatically entered into the Site field at the top of the screen.
Exact Location	The Exact Location is any other descriptive information the user can provide which also relates to the General Location (e.g., room name/number, floor, street, etc.).
Incident Description or Symptoms of Injured/Ill Person	This is a required field. Use this field to enter as much narrative detail as necessary to fully describe the incident, injury, illness or symptoms thereof. If known, include in the description the extend of damage and/or injury/illness, conditions that led to the incident, cause, objects/substances involved, unsafe acts in progress, etc. Note: do not use in this field the actual names of injured/ill persons or persons alleged to have caused the incident.

1627B Page 2

This page is used to enter information about the person involved in the incident.

Initial Medical Safety Incident Report (Form 1627B) Page 2 of 5

Year: 1997 Case: Site: Category: Status: New

PERSON INVOLVED IN INJURY/ILLNESS

Name (Last, First MI) Organization Contract Number Job Title/Occupation

Supervisor's Name (Full Name) Supervisor's Organization Supervisor's Mail Code Supervisor's Phone

Age Sex Male Female Shift Worked 1st 2nd 3rd Continuous Duty Hours Years of Experience Under 1 Under 5 Under 10 Over 10

Injury or Illness? Injury Illness OSHA Code From Pre-Existing? Yes No Fatality? Permanent Disability? # of Full Lost Workdays # of Restricted Workdays

Submitted by: Test User Organization: MRCAS Mail Code: HQ-1 Phone: (123) 456-7890 Date: Time:

1 2 3 4 5 Find Print New Submit to Safety Close

Record: 1 of 1

The following fields appear only on Page 2 of the 1627B Screen and the user moves through the page in the following tab order:

Field	Description
Name	Required field. The name of injured or ill person. This information will be reported on the OSHA log.
Organization	Required field. The organization to which the injured/ill person belongs. Select from the limited list of values. This information will be reported on the OSHA log.
Contract Number	The contract number of injured/ill person's organization, if applicable.
Job Title/Occupation	Required field. The job title or occupation of the injured/ill person. This information will be reported on the OSHA log.
Supervisor's Name	Required field. The supervisor's name of injured/ill person's.
Supervisor's Organization	Required field. The organization of

Field	Description
Supervisors Organization (cont.)	supervisor. Select from the limited list of values.
Supervisor's Mail Code	The mail code of supervisor.
Supervisor's Phone	Required field. The phone number of supervisor.
Age	The age of the affected person.
Sex	Required field. The sex of the affected person.
Shift Worked	The shift on which the affected person was working. Choose 1st, 2nd or 3rd.
Continuous Duty Hours	The number of continuous hours worked by the affected person before the incident occurred.
Years of Experience	Number of years of experience the affected person has on the current job or equipment.
Injury or Illness	Required field.
OSHA Code	Required if Illness is chosen. Select from the limited list of values. This information will be reported on the OSHA log.
From Pre-Existing	Select Yes if the injury or illness was from a pre-existing condition that was accelerated, re-injured or re-infected as a result of this case.
Fatality	Put a Check in this box if this person died.
Date of Death	Required if the Fatality checkbox is checked. Enter the date the person died. This information will be reported on the OSHA log.
Permanent Disability	Check if this person was permanently disabled as a result of the incident.
# of Full Lost Workdays	Enter all <u>full</u> workdays the person will be away from work. This should include any doctor prescribed days and any days taken thereafter. This information will be reported on the OSHA log.
# of Restricted Workdays	Enter all days that the affected person is placed on lighter than normal duty or has any restriction in work or motion. This information will be reported on the OSHA log.

The following fields appear only on Page 3 of the 1627B Screen and the user moves through the page in the following tab order:

Field	Description
Standard Injury/Illness Type(s)	Required field. Press the Select Injury Type button to add or delete a standard value. See Section 4.6.3.1 Injury Types Selection for more details.
Other Injury Type(s)	Enter any other value that is not available in the standardized list.
Standard Affected Body Part(s) or Body System(s)	Required field. Press the Select Parts/Systems button to add or delete a standard value. See Section 4.6.3.2 Body Parts and Systems Selection for more details.
Other Body Part(s) or Body System(s)	Enter any other value that is not available in the standardized list.

Injury Types Selection

The Injury Types Selection screen will open after pressing the Select Injury Type button which is on page 3 of the 1627B screen and 2 of the Person Involved Screen of the Full 1627 screen.

The top portion of the screen shows the currently selected values. The bottom portion of the screen show all the available values. Double-click on an item in the bottom portion of the screen to make it a part of the currently selected values (top portion of the screen). Double-click on an item in the top portion of the screen to remove it from the currently selected values. When

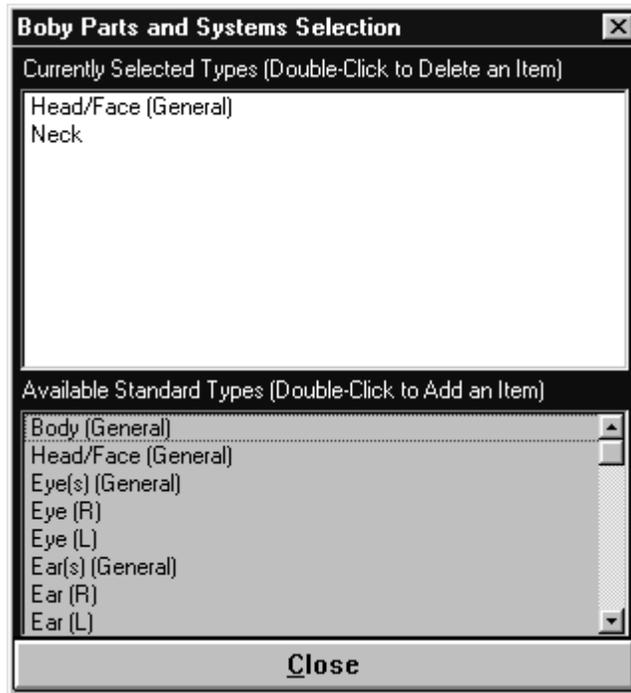
satisfied, press the Close button to save the changes to the 1627 screen field that opened this screen.



Body Parts and Systems Selection

The Body Parts and Systems Selection screen will open after pressing the Select Parts/Systems button which is on page 3 of the 1627B screen and 2 of the Person Involved Screen of the Full 1627 screen.

The top portion of the screen shows the currently selected values. The bottom portion of the screen show all the available values. Double-click on an item in the bottom portion of the screen to make it a part of the currently selected values (top portion of the screen). Double-click on an item in the top portion of the screen to remove it from the currently selected values. When satisfied, press the Close button to save the changes to the 1627 screen field that opened this screen.



Initial Medical Safety Incident Report (Form 1627B)

Year: 1997 Case: Site: Category: Status: New

DIAGNOSIS & TREATMENT Page 4 of 5

Brief Medical Diagnosis

Treatment of infection Application of sutures Removal of object in wound
 Application of antiseptic Use of butterfly adhesive Use of prescription medication
 2nd or 3rd degree burn(s) Removal of foreign object in eye(s) Hot or cold soaking/compress therapy
 Cut-away dead skin Use of heat therapy Use of whirlpool bath therapy
 Positive x-ray diagnosis Adm to hospital for more than observation First Aid Only

Other medical treatment administered

Submitted by: Test User Organization: MRCAS Mail Code: HQ-1 Phone: (123) 456-7890 Date: Time:

1 2 3 4 5 Find Print New Submit to Safety Close

Record: 1 of 1

The following fields appear only on Page 4 of the 1627B Screen and the user moves through the page in the following tab order:

Field	Description
Brief Medical Diagnosis	Required field. This information will be reported on the OSHA log.
Treatment Items	Select at least one item or enter any other treatment administered in the next field.
Other Medical Treatment Administered	Required if no other treatment item was selected from above; otherwise, can be left blank.

Check one or more of the following Impact Summary check boxes by clicking in the box with the mouse.

The following table describes the general usage of the items.

Note: NPJ 8621.1, “NASA Reporting and Investigating Policy” Document as revised or amended governs the definitions and usage of these items. The descriptions/definitions in NPJ 8621.1 will supersede any of the following descriptions/usages in the following table.

As non-safety personnel are not as familiar with proper classification of incidents, many of the Impact Summary items in the following table may be changed/updated by the local safety office after the case is submitted to safety.

Item	Description
Fatality	This person died as a direct result of the incident.
Permanent Disability	The person became permanently disabled as a direct result of the incident.
Person Hospitalized for More Than Observation	This person was hospitalized for <u>more than observation</u> as a direct result of the incident.
Loss of Consciousness	This person loss consciousness as a direct result of the incident.
Full Lost Workday(s)	This person was placed on medical leave for 1 or more full workdays because of his/her injury or illness.
Restricted Workdays(s)	This person was placed on restricted or

Item	Description
	lighter than normal duty because of his/her injury or illness.
Medication or Medical Treatment Administered	This person was provided medical treatment or medication as a result of the incident. NOTE: The treatment must be considered OSHA reportable treatment.
First Aid Only Administered	This person was provided medical treatment or medication as a result of the incident but the treatment or medication is <u>not</u> considered OSHA reportable.

1627 FORM

1627 Page 1

Full Safety Incident Report (Form 1627)						
Year:	1997	Case:		Site:		Status: New
DETAILS Page 1 of 3						
Date of Incident	Time of Incident	General Location		Exact Location		
3/14/1997	18:19					
Responsible Organization		Contract Number	Org. File Number	Organization Point of Contact		
Mail Code	Phone	Mission Affected		Program Impact		
Incident Description						
Submitted by	Organization	Mail Code	Phone	Date	Time	
DBO User	HQ ORG	HQ-1	(123) 456-7890			
1 2 3 Safety Personnel Damage Corrective Action Find Print Save New Drop Close						
Record: 13 of 13						

The following fields appear at the top of all pages:

Field	Description
Year	Auto-filled with the Fiscal Year of the incident based on the Incident Date entered.
Case	Auto-filled with the next highest Case Number for the Site and Fiscal Year combination after the submitter presses the "Submit To Safety" button.
Site	Auto-filled with the Site Code based on the General Location that is entered.
Category	Auto-filled with "To Be Determined" when the case is a new case. After the case is classified, this field will contain one of several types of Case Category: <ul style="list-style-type: none"> • A • B • C • Incident • Mission Failure • First Aid Only • Close Call

Item	Description
Status	<p>Auto-filled with “Initial Report” when the case is a new case. After the case is classified, this field will contain one of several types of Case Status:</p> <ul style="list-style-type: none"> • Open • Closed • Dropped

The following fields and buttons display at the bottom of every page:

Field/Button	Description
Submitted By	<p>Auto-filled with the User Name of the person who originally entered the case. This information comes from the list of users maintained on the User Administration screen under the Security Menu.</p> <p>Note: this screen is the only 1627 screen that will allow you to enter/modify this field manually.</p>
Organization	<p>Auto-filled with the Organization Code of the person who originally entered the case. This information comes from the list of users maintained on the User Administration screen under the Security Menu.</p> <p>Note: this screen is the only 1627 screen that will allow you to enter/modify this field manually.</p>

Field/Button	Description
Mail Code	<p>Auto-filled with the Mail Code of the person who originally entered the case. This information comes from the list of users maintained on the User Administration screen under the Security Menu.</p> <p>Note: this screen is the only 1627 screen that will allow you to enter/modify this field manually.</p>
Phone	<p>Auto-filled with the Phone Number of the person who originally entered the case.</p>

Field/Button	Description
Phone (cont.)	This information comes from the list of users maintained on the User Administration screen under the Security Menu. Note: this screen is the only 1627 screen that will allow you to enter/modify this field manually.
Date	Auto-filled with the current date after the record is saved for the first time.
Time	Auto-filled with the current time (in 24-hour clock format) after the record is saved for the first time.
Page 1 Button	Moves to Page 1 of this screen.
Page 2 Button	Moves to Page 2 of this screen.
Page 3 Button	Moves to Page 3 of this screen.
Safety Button	Opens the Safety screen which allows the user to enter/update the Case Category, to whom the case is reportable, assign an investigator, enter/update causes, close the case, etc.
Personnel Button	Open the Person Involved screen in which the user can enter/update the injury/illness information for one or more affected persons.
Damage Button	Opens the Property/Equipment Damage screen on which the user can enter/update the type of equipment/property that was damaged, the estimated cost, the final cost, etc.
Corrective Action Button	Opens the Corrective Action screen on which the user can enter/update one or more action item details.

Field/Button	Description
Find Button	Opens the "Find Cases" window from which the user can enter special search criteria to locate cases. See section 4.5.2 Find Cases Screen for more details.
Print Button	Displays a "Print Report" dialog box from which you can choose to Close, Print to printer or Print Preview on screen the 1627A or 1627B reports for the currently displayed case.

Field/Button	Description
Save Button Save Button (cont.)	Validates the newly entered/modified case, assigns a Case Number (if new), saves the record, and sends an e-mail message to Safety informing them of the new case. Validation includes ensuring that all required fields contain data, and at least one Impact Summary item is selected.
New Button	Moves to an empty record into which you can enter a New case.
Drop Button	Displays a message indicating that you must mark this case as “Not Reportable” on the Safety Screen to Drop the case.
Close Button	Closes the 1627 screen (if the current record is valid).

The following fields appear only on Page 1 of the 1627 Screen and the user moves through the page in the following tab order:

Field	Description
Date of Incident	This field will accept valid dates entered in many different formats; however, after entry, the field will display the date in MM/DD/YYYY format. After this date is entered, the Fiscal Year field will be adjusted to match the fiscal year for this date.
Time of Incident	This field will accept valid times entered in many different formats; however, after entry, the field will display the time in HH:MM format. To enter “7:30 PM” type “7:30 PM” or “19:30”. The colon is required for the field to accept the date.
General Location	This field contains a limited list of values from which the user must choose one. The list is maintained from the General Locations Maintenance screen found under the Safety Menu. This field usually contains large, well-known areas of a site (e.g., area number, building, facility, etc.) After selecting a General Location, the corresponding Site Code is automatically entered into the Site field at the top of the screen.
Exact Location	The Exact Location is any other descriptive information the user can provide which also relates to the General Location (e.g., room number, floor, street, etc.)

Field/Button	Description
Responsible Organization	The civil service or contractor organization that is most responsible for the occurrence of the incident. This field contains a limited list of values from which you must choose one. If currently unknown, enter "TBD" (to be determined) as the organization. After entering the Responsible Organization, the Contract Number, Organization POC, Mail Code, and Phone fields will be auto-filled with the corresponding information entered in the Organization Codes Maintenance Screen (under the Safety Menu). The user can manually override these defaults by enter the correct value in the appropriate field.
Org. File Number	The file number that the Responsible Organization assigned to the case. This field is not required. Centers can choose to use the field in any manor they wish.
Organization Point of Contact	Auto-filled with the POC name for the Responsible Organization after the Responsible Organization is entered. You can override the auto-entry with any other value.
Mail Code	Auto-filled with the Mail Code for the Responsible Organization's POC after the Responsible Organization is entered. You can override the auto-entry with any other value.
Phone	Auto-filled with the Phone Number for the Responsible Organization's POC after the Responsible Organization is entered. You can override the auto-entry with any other value.
Mission Affected	The name, number or other signifying value that identifies the mission, program, or project affected by this incident. This field is not required but is recommend if known.
Program Impact	The impact to the mission, program or project in terms of schedule delays, cost adjustments, etc. This field is not required but is recommend if known.

Field/Button	Description
Incident Description	This is a required field. Use this field to enter as much narrative detail as necessary to fully describe the incident. If known, include in the description the extend of damage and/or injury/illness, conditions that led to the incident, cause, objects/substances involved, unsafe acts in progress, etc. Note: do not use in this field actual names of injured/ill persons or persons alleged to have caused the incident.

Full Safety Incident Report (Form 1627)

Year: 1997 Case: Site: Category: Status: New

IMPACT SUMMARY Page 2 of 3

Fatality
 Permanent Disability
 3 or More People Hospitalized
 Under 3 People Hospitalized
 Loss of Consciousness
 Full Lost Workday(s)
 Restricted Workday(s)
 Injury or Illness
 Medication or Medical Treatment Administered
 First Aid Only Administered

Serious Damage to Aircraft or Space Hardware
 Serious Damage to Flight or Ground Support Hardware
 Unexpected Damage Due to Test Failure
 Damage Estimate Over \$1,000,000
 Damage Estimate Between \$250k and \$1M
 Damage Estimate Between \$25k and \$250k
 Damage Estimate Between \$1k and \$25k
 Damage Estimate Under \$1k
 Affected Primary Objective(s) of Mission
 Significant Program Impact
 High Visibility (internal or external to NASA)

Close Call

Submitted by: DBO User Organization: HQ ORG Mail Code: HQ-1 Phone: (123) 456-7890 Date: Time:

1 2 3 Safety Personnel Damage Corrective Action Find Print Save New Drop Close

Record: 13 of 13

Check one or more of the following Impact Summary check boxes by clicking in the box with the mouse.

The following table describes the general usage of the items.

Note: NPD 8621.1 “NASA Mishap Reporting and Investigating Policy” as revised or amended governs the definitions and usage of these items. The descriptions/definitions in NPD 8621.1 will supersede any of the following descriptions/usages in the following table:

As non-safety personnel are not as familiar with proper classification of incidents, many of the Impact Summary items in the following table may be changed/updated by the local safety office after the case is submitted to safety.

Item	Description
Fatality	The case involves one or more fatalities.
Permanent Disability	The case involves one or more persons who permanently disabled as a direct result of the incident.
3 or More People Hospitalized	The case involves 3 or more persons hospitalized for <u>more than observation</u> as a direct result of the incident.
Under 3 People Hospitalized	The case involves 1 or 2 persons hospitalized for <u>more than observation</u> as a direct result of the incident.
Loss of Consciousness	The case involves 1 or more persons who loss consciousness as a direct result of the

Item	Description
	incident.
Full Lost Workday(s)	The case involves 1 or more persons who were placed on medical leave for 1 or more full workdays because of their injury or illness.
Restricted Workdays(s)	The case involves 1 or more persons who were placed on restricted or lighter than normal duty because of their injury or illness.
Injury or Illness	The case involves 1 or more persons who were injured or became ill as a direct result of the incident.
Medication or Medical Treatment Administered	The case involves 1 or more persons who were provided medical treatment or medication as a result of the incident. NOTE: The treatment must be considered OSHA reportable treatment.
First Aid Only Administered	The case involves 1 or more persons who were provided medical treatment or medication as a result of the incident but the treatment or medication is not considered OSHA reportable.
Serious Damage to Aircraft or Space Hardware	Any serious damage to an aircraft or space hardware.
Serious Damage to Flight or Ground Support Hardware	Any serious damage to flight or ground support hardware.
Unexpected Damage Due to Test Failure	Any serious unexpected damage resulting from a failed test.
Damage Estimate Over \$1,000,000	Any damage that the submitter believes may result in a repair/replacement cost of over \$1,000,000.
Damage Estimate Between \$250k and \$1M	Any damage that the submitter believes may result in a repair/replacement cost of between \$250,000 and \$1,000,000 inclusively.
Damage Estimate Between \$25k and \$250k	Any damage that the submitter believes may result in a repair/replacement cost of between \$25,000 and \$250,000 inclusively.
Damage Estimate Between \$1k and \$25k	Any damage that the submitter believes may result in a repair/replacement cost of between \$1,000 and \$25,000 inclusively.
Damage Estimate Under \$1,000	Any damage that the submitter believes may result in a repair/replacement cost of not more than \$1,000.
Affected Primary Objective(s) of Mission	Any incident that the submitter believes had a significant negative affect on the primary

Item	Description
Affected Primary Objective(s) of Mission (cont.)	objective(s) of a NASA mission, program or project.
Significant Program Impact	Any incident that the submitter believes had a significant negative impact in terms of cost, schedule delays, etc. on a NASA mission, program or project.
High Visibility (internal or external to NASA)	Any incident that the submitter believes will lead to a highly publicized incident internal or external to NASA.
Close Call	Any incident that did not contain any injury/illness, property damage of more than \$1,000, or loss of productivity but could have led to one or more of these.

The validation rules for selecting a check box are as follows:

- If you checked the “Close Call” checkbox then only “Damage Estimate Under \$1,000” can be checked.
- If you checked the “3 or more people hospitalized” checkbox then “Under 3 people hospitalized” can not be checked (and vice-versa).
- Only one of the damage items can be checked.

Multiple items can be checked in all other cases.

Full Safety Incident Report (Form 1627)						
Year:	1997	Case:		Site:		Status: New
LEVEL OF POTENTIAL				Page 3 of 3		
<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"/> Full Lost Workday(s)	<input type="checkbox"/> Affect Primary Objective(s) of Mission					
<input type="checkbox"/> Potential Estimate Over \$250,000	<input type="checkbox"/> Significant Program Impact					
<input type="checkbox"/> Potential Estimate Under \$250,000	<input type="checkbox"/> High Visibility (internal or external to NASA)					
ADDITIONAL CASE REMARKS						
Submitted by	Organization	Mail Code	Phone	Date	Time	
DBO User	HQ ORG	HQ-1	(123) 456-7890			
1	2	3	Safety	Personnel	Damage	Corrective Action
			Find	Print	Save	New
			Drop	Close		
Record: 13 of 13						

G-6

LESSON LEARNED REPORT

Lessons Learned Input

Lessons learned from mishaps and close calls shall be identified, developed, documented, and entered into the NASA-wide Lessons Learned Information System (LLIS) per the respective Center's LLIS Plan. The enclosed Lesson Learned Report form, or equivalent, shall be used to document and submit these lessons to the responsible Center's LLIS Data Manager.

Report Instructions

The most important aspect of a Lesson Learned is the actions that should be taken to prevent a mishap, failure or loss of any kind (Block 6). Each action or lesson must be submitted on a separate report form. If you are submitting several Lessons derived from the same source or several actions from the same lesson, fill out the source information on only one of the report forms. The information you provide will be entered into the agencywide lessons learned information system (LLIS). Leave any item blank if not applicable unless required.

BLOCK

1. The automated system will generate this number.
2. Provide the date this lesson is written
3. Provide the ID of the NASA Facility that is preparing this lesson: ARC, GSFC, HQ, JPL, JSC, KSC, LARC, LERC, MSFC, SSC. If SSF program office use SSPO. (Required)
4. Specify the subject or topic of the lesson. E.G., Range Safety, Deviations/Waivers, Tear Down Procedures, Bolt Installation, Electrical Harness Wire Insulation, etc.
5. Briefly explain the Lesson Learned including the risk to be eliminated or mitigated.
6. Briefly state the action that should be taken to eliminate or mitigate the risk
- 7.-9. Provide your name as submitter of this lesson, the name of your organization and your phone number.
10. Provide the number of the source document that describes the event from which the session was developed.
11. Provide the ID of the facility that reported the triggering event and has possession of the source document.
12. Provide the date of the source document (not the date of the driving event).

13. Briefly describe the driving event or problem that resulted in the development of the lesson. Attach additional sheets if necessary.

14. Briefly describe the evidence that the action required (stated in 6.) is effective in controlling the recurrence of the driving event(s). Attach additional sheets if necessary.

15-16 For Data Management Use Only.

**For additional LLIS information go to the LLIS Home Page -
<http://envnet.gsfc.nasa.gov/ll/llis/llis.html>
(PROVIDE HYPERLINK)**

LESSON LEARNED REPORT

1. LESSON LEARNED NO. <small>(Will be filled in by system)</small>	2. DATE	3. FACILITY ID	
4. SUBJECT			
5. LESSON LEARNED			
6. ACTION REQUIRED			
7. SUBMITTED BY	8. ORGANIZATION	9. PHONE NO.	
SOURCE INFORMATION			
10. SOURCE NO	11. REPORTING FACILITY	12. SOURCE DATE	
13. DESCRIPTION OF DRIVING EVENT (Attach additional sheets if necessary)			
14. EVIDENCE OF RECURRENCE CONTROL EFFECTIVENESS (Attach additional sheets if necessary)			
APPROVAL & CONCURRENCE			
15. TECHNICAL REVIEW AND APPROVAL			
Print or type name	Signature	MAIL CODE	PHONE NO.
16. SR&QA CONCURRENCE			
Print or type name	Signature	MAIL CODE	PHONE NO.