

NASA MISHAP REPORT								
NOTE: FILL IN UNSHADED BLOCKS WITHIN 24 HOURS. PLEASE PRINT OR TYPE. SEE REVERSE FOR INSTRUCTIONS.								
1. NAME OF ORGANIZATION			2.MISHAP DATE (MDY)		3. MISHAP TIME (24 HRS.)		ORG. FILE NO.	
5. MISHAP CATEGORY (<i>Check as appropriate</i>) TYPE A TYPE B TYPE C INCIDENT 1 <input type="checkbox"/> DEATH 2 <input type="checkbox"/> LOST TIME 2 <input type="checkbox"/> LOST TIME 4 <input type="checkbox"/> INJURY 2 <input type="checkbox"/> LOST TIME 3 <input type="checkbox"/> PERM. DISABILITY 4 <input type="checkbox"/> INJURY 6 <input type="checkbox"/> DAMAGE 4 <input type="checkbox"/> INJURY 4 <input type="checkbox"/> INJURY 6 <input type="checkbox"/> DAMAGE 6 <input type="checkbox"/> IDAMAGE 5 <input type="checkbox"/> HOSPITALIZATION 7 <input type="checkbox"/> TEST MISSION 7 <input type="checkbox"/> TEST 6 <input type="checkbox"/> IDAMAGE FAILURE FAILURE FAILURE 7 <input type="checkbox"/> TEST FAILURE <input type="checkbox"/>			6. CLOSE CALL		7. LEVEL OF POTENTIAL		8. BLDG. NO./LOCATION	
				9. SPECIFIC AREA				
				10. MISSION AFFECTED		11. PROGRAM IMPACT		
12. DESCRIPTION OF MISHAP (<i>Sequence of events, extent of damage and injuries, cause, if known, etc. Use additional sheets if necessary</i>)								
PERSONNEL INVOLVED								
13. NAME (<i>Last, first, middle initial</i>)			14. AGE		15. SEX <input type="checkbox"/> M <input type="checkbox"/> F		16. ORGANIZATION (CODE)/POSITION	
17. SHIFT WORKED <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		18. HOURS OF CONTINUOUS DUTY BEFORE MISHAP		19. FIRST AID ONLY <input type="checkbox"/> YES <input type="checkbox"/> NO		20. FATALITY <input type="checkbox"/> YES <input type="checkbox"/> NO		
22. BODY PART(S) AFFECTED (<i>Codes</i>)		23. DAYS LOST		24. CAUSE(S) OF INJURY		25. MISHAP ENVIRONMENT		
		No. <input type="checkbox"/> TOTAL <input type="checkbox"/> CONTINUING		PRIMARY	CONTRIB.	POTENTIAL	AGENCY ACTIVITY	
26. HAS EMPLOYEE RECEIVED TRAINING/CERTIFICATION APPLICABLE TO TASK? <input type="checkbox"/> YES <input type="checkbox"/> NO								
EQUIPMENT/PROPERTY DAMAGED								
27. CLASS OF EQUIPMENT/PROPERTY DAMAGED 1 <input type="checkbox"/> FLIGHT HARDWARE 4 <input type="checkbox"/> PRESSURE VESSEL 7 <input type="checkbox"/> OTHER 2 <input type="checkbox"/> GROUND SUPPORT EQUIPMENT (GSE) 5 <input type="checkbox"/> MOTOR VEHICLE 3 <input type="checkbox"/> FACILITY 6 <input type="checkbox"/> AIRCRAFT					28. SPECIFIC ITEM DAMAGED			
29. SERIAL/NEMS NO.		30. SYSTEM/SUBSYSTEM AFFECTED		31. CAUSE(S) OF DAMAGE (<i>Codes</i>)		32. COST		
				PRIMARY	CONTRIB.	POTENTIAL	ESTIMATE \$ FINAL \$	
33. SUBMITTED BY (<i>Name, title, mail code</i>)			SIGNATURE			PHONE NO.	DATE	
CORRECTIVE ACTION								
34. ACTION PLAN (<i>Provide estimated completion date for each action. Use extra sheets if necessary.</i>)								
35. APPROVED (<i>Name, title, mail code</i>)			SIGNATURE			PHONE NO.	DATE	
36. NASA SAFETY CONCURRENCE WITH CORRECTIVE ACTION PLAN								
CONCUR (<i>Name, title, mail code</i>)			SIGNATURE			PHONE NO.	DATE	
NASA SAFETY OFFICE USE ONLY								
37. LESSONS LEARNED <input type="checkbox"/> YES <input type="checkbox"/> NO		REF. NO.		40. APPROVAL FOR CLOSURE				
38. TYPE OF INVESTIGATION 1 <input type="checkbox"/> BOARD 2 <input type="checkbox"/> TEAM 3 <input type="checkbox"/> INVESTIGATOR			NAME AND TITLE				PHONE NO.	
39. STATUS <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED			SIGNATURE				DATE	

INSTRUCTIONS

AS REQUIRED IN NMI, 8621.1F, COMPLETE THE INITIAL MISHAP REPORT (WHITE COPY, UNSHADED PORTIONS) AND SUBMIT TO YOUR LOCAL NASA SAFETY OFFICE WITHIN 24 HOURS OF THE MISHAP OCCURRENCE. COMPLETE AND SUBMIT THE FOLLOW-UP REPORT (YELLOW COPY) WITHIN TEN WORKING DAYS OF THE MISHAP. RETAIN THE BLUE COPY FOR YOUR OWN FILES.

MASTER FILE NO. – DO NOT FILL IN. This number is assigned by the local NASA Safety Office.

GENERAL INFORMATION:

1. NAME OF ORGANIZATION – Enter complete name of organization which is reporting mishap.
2. MISHAP DATE – Enter date of mishap in MMDDYY format. Example: 060166.
3. MISHAP TIME – Enter time of mishap using 24-hour clock. Examples: 0930 for 9:30 AM; 1415 for 2:15 PM.
4. ORGANIZATION FILE NO. – Assign file number using your organization's unique four-character code, the mish number (sequential) using four digits, and the fiscal year using two digits. Example: EGB1-0001-69.
5. MISHAP CATEGORY – Check as appropriate. Refer to NMI 8621.1E for definition. NOTE: Only one mishap category may be selected. Multiple selections within a category are permissible.
6. CLOSE CALL – Check if appropriate. Refer to NMI 8621.1E for definition.
7. LEVEL OF POTENTIAL – Enter a code from Mishap Categories (Item #5) to reflect the potential impact of the actual mishap or close call under differing conditions.
8. BLDG. NO/LOCATION – Enter the building number and/or location where the mishap occurred.
9. SPECIFIC AREA – Describe the exact location of the mishap. Example: Third floor, far west corridor.
10. MISSION AFFECTED – Enter the name or number of the mission, program, or project affected by the mishap. Examples: STS-32; Delta 181.
11. PROGRAM IMPACT – Describe the effect on the mission, program, or project in terms of delay or significant cost adjustment. Example: Two-week launch delay.
12. DESCRIPTION OF MISHAP – 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.

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

13. NAME – self-explanatory.
14. AGE – Self-explanatory.
15. SEX – Self-explanatory.
16. ORGANIZATION/POSITION – Enter the organization identification code (four-character code) and position title. Example: EGB1/Technician.
17. SHIFT WORKED – Check as appropriate.
18. HOURS OF CONTINUOUS DUTY BEFORE MISHAP – Self-explanatory.
19. FIRST AID ONLY – Check "Yes" if only First Aid treatment was administered to the individual.
20. FATALITY – Check as appropriate.
21. INJURY TYPE – Enter code. (See reverse of yellow sheet for appropriate code.)
22. BODY PART(S) AFFECTED – Enter up to 3 codes (See reverse of yellow sheet for appropriate codes.)
23. NUMBER OF LOST DAYS – Enter the number of days lost. Check either "Total" or "Continuing".
24. CAUSE(S) OF INJURY – Enter codes. (See reverse of yellow sheet for appropriate codes.)
25. MISHAP ENVIRONMENT – Enter up to 3 codes for Agency and Activity. (See reverse of yellow sheet for appropriate codes.)
26. HAS EMPLOYEE RECEIVED TRAINING/CERTIFICATION APPLICABLE TO TAS? – Check as appropriate. If "Yes" and name of training course or type of certification is known, reference this information in Item #12, "Description of Mishap."

EQUIPMENT/PROPERTY DAMAGED:

27. CLASS OF EQUIPMENT/PROPERTY DAMAGED – Check as applicable.
28. SPECIFIC ITEM DAMAGED – Provide description.
29. SERIAL NO. AND NEMS –(NEMS –NASA Equipment Management System – number is located on the NASA property tag affixed to each piece of NASA equipment.)
30. SYSTEM/SUBSYSTEM AFFECTED – Indicate engineering system and subsystem of class of equipment/property damaged as identified in Item #27. Example: If the class indicated in item #27 is Flight Hardware, the system and subsystem could be "Orbiter/Avionics."
31. CAUSES OF DAMAGE – Enter codes (See reverse of yellow sheet for appropriate codes.)
32. COST – If initial estimate is not immediately known, enter the minimum damage cost for the mishap category selected in Item #5. (Refer to NMI 8621.1E for definitions of COSTS and MISHAPS.) Provide Final Cost in follow-up report. Example: If Mishap Category is C6, the minimum damage cost is \$25,000.
33. REPORT SUBMITTED BY – Self-explanatory.

CORRECTIVE ACTION:

34. ACTION PLAN – List planned corrective actions, responsible organizations and estimated completion dates.
35. CORRECTIVE ACTION PLAN APPROVED BY – Signature of appropriate level of management in reporting organization.
36. NASA SAFETY CONCURRENCE WITH CORRECTIVE ACTION PLAN – Signature of NASA Safety Branch Chief or higher level.

37 – 40. To be completed by NASA Safety Office.