

ELECTRONIC VERSION



National Aeronautics and Space Administration

# SENSITIVE BUT UNCLASSIFIED (SBU)

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*Check appropriate boxes (refer to Section 5.24 of NPR 1600.1):*

<input type="checkbox"/> Arms Export Control Act	<input checked="" type="checkbox"/> Investigative Records
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<input type="checkbox"/> Internal Personnel Rules/Practices	<input type="checkbox"/> Other (Specify)
	_____
	_____

SBU Designation Applied By: Danielle M. Griffin

Organization: Safety and Health Division (QS) Date: 02/19/2013

Agencies external to NASA shall handle this document as

----- FOR OFFICIAL USE ONLY -----

# Mishap Investigation Report

<b>INCIDENT TYPE</b> <i>(If other, please list)</i>	<b>INCIDENT DATE</b>	<b>INCIDENT TIME</b>	<b>ORGANIZATION</b>	<b>CONTRACT NUMBER</b>
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<b>GENERAL LOCATION</b> <i>(Building/Area)</i>	<b>EXACT LOCATION</b> <i>(Street/floor)</i>	<b>POINT OF CONTACT/PHONE</b>	<b>SUPERVISOR</b>
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**DRUG TEST EVALUATION:**  
 Did the incident result in a fatality or a serious injury requiring immediate hospitalization or substantial damage to property estimated to exceed \$10,000? If yes, refer to the [NSSC](#) for additional information detailing this process.  YES  NO

<b>HAS THIS INCIDENT BEEN ENTERED INTO IRIS?</b> <i>(If no, enter the item within 24 hours of the incident.)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>IRIS Number</b> <i>(If known)</i>	<b>INVESTIGATION DATE</b>
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**INCIDENT DESCRIPTION** *(Do not add names) Describe who, what, when, where, and why. Provide the accident source for injury/illness.*

**ACTIONS TAKEN TO SECURE SCENE AND IMPOUND EVIDENCE**

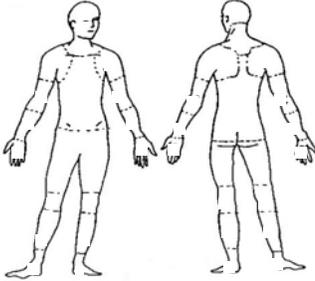
**SEVERITY OF INJURY** *(check all that apply)*  None  Death  First aid only  Close call  Medical treatment  
 Hospitalization  1 - 2  3 or more

Work restriction *(list type and days)* \_\_\_\_\_  Days away from work \_\_\_\_\_

**NATURE OF INJURY** *(Check all that apply)*

<input type="checkbox"/> Abrasion, scrapes	<input type="checkbox"/> Burn <i>(heat)</i>	<input type="checkbox"/> Damage
<input type="checkbox"/> Amputation	<input type="checkbox"/> Concussion	<input type="checkbox"/> Disability
<input type="checkbox"/> Broken bone	<input type="checkbox"/> Burn <i>(chemical)</i>	<input type="checkbox"/> Hernia
<input type="checkbox"/> Bruise	<input type="checkbox"/> Crushing injury	<input type="checkbox"/> Illness
<input type="checkbox"/> Other	<input type="checkbox"/> Cut, laceration, puncture	<input type="checkbox"/> Sprain, strain

Parts of the body affected. Mark all that apply.



Is this related to a pre-existing injury/illness  Yes  No

<b>AGE</b>	<b>GENDER</b>	<b>SHIFT WORKED</b>	<b>CONTINUOUS DUTY HOURS</b>	<b>YEARS OF EXPERIENCE</b> <input type="checkbox"/> Under 1 <input type="checkbox"/> Under 5 <input type="checkbox"/> Under 10 <input type="checkbox"/> Over 10
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**ENVIRONMENTAL CONDITIONS** *(List any conditions that might have contributed to this incident.)*

None  Glare  Dark  Windy  Rain  Ice  Snow  Other \_\_\_\_\_

**SENSITIVE BUT UNCLASSIFIED (SBU)**

**UNSAFE ACTS OR UNSAFE CONDITIONS:** (Check all items that contributed to this incident.)  None

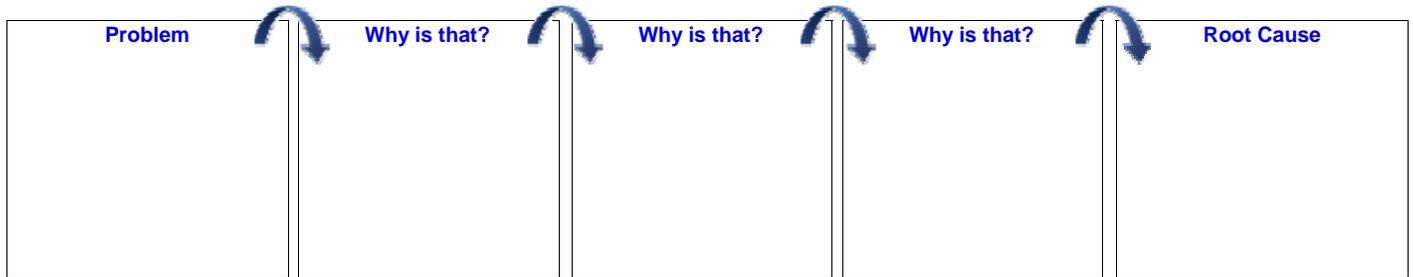
UNSAFE ACTS	UNSAFE CONDITIONS
<input type="checkbox"/> Improper work technique	<input type="checkbox"/> Unsafe operation method
<input type="checkbox"/> Failure to warn or secure	<input type="checkbox"/> Insufficient training
<input type="checkbox"/> Bypassing safety devices	<input type="checkbox"/> Insufficient knowledge of job
<input type="checkbox"/> Protective equipment not in use	<input type="checkbox"/> Slippery conditions
<input type="checkbox"/> Improper loading or placement	<input type="checkbox"/> Inadequate guarding of hazards
<input type="checkbox"/> Improper lifting	<input type="checkbox"/> Defective tools/equipment
<input type="checkbox"/> Horseplay	<input type="checkbox"/> Insufficient lighting
<input type="checkbox"/> Other	<input type="checkbox"/> Other

**INCIDENT CAUSE**

a. What event or condition immediately preceded the incident?

b. What activity/operation was on-going at the time of the incident? \_\_\_\_\_

c. Why did this incident occur? **See example**



d. Is the finding supported by evidence?  No  Physical evidence  Document evidence  Interview

**PROPOSED CORRECTIVE ACTION** (Specify actions that are practical, feasible and achievable to prevent recurrence of similar incidents. State who in general should take action.)

Is Corrective Action(s) completed?  NO  YES Action #/Date(s): \_\_\_\_\_  
 (Provide objective evidence for closure): \_\_\_\_\_

**MISHAP COST** (Include lost commodity cost)  
 PROPERTY DAMAGE                      CLEAN-UP                      LABOR                      REPLACEMENT/REPAIR  
 \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_ = \_\_\_\_\_

**LESSONS LEARNED**

**NO. OF ATTACHMENTS** (Include investigation/objective evidence):

**INVESTIGATOR**

PRINT NAME	SIGNATURE	ORGANIZATION	DATE
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**SAFETY AND HEALTH DIVISION SME (or designee) APPROVAL**

PRINT NAME	SIGNATURE	ORGANIZATION	DATE
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**MISHAP INVESTIGATION MANAGER (or designee) APPROVAL**

To the best of my knowledge this report contents are accurate and complete; I concur with the findings and recommendations.

PRINT NAME	SIGNATURE	ORGANIZATION	DATE
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Provide this completed form to the GRC Mishap Investigation Manager for entry into IRIS.  
**Submit this form securely via Entrust encryption to Danielle.M.Griffin@nasa.gov**

CONTINUATION