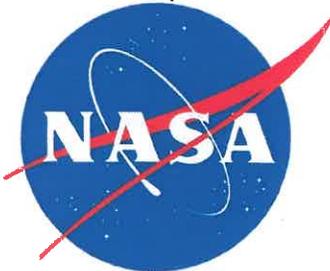


**Institutional Mishap Preparedness and
Contingency Plan**

**Effective Date
January 2015
Version 03**

803/Safety Office



**National Aeronautics and
Space Administration**

**Goddard Space Flight Center
Wallops Flight Facility
Wallops Island, Virginia 23337**

Author:

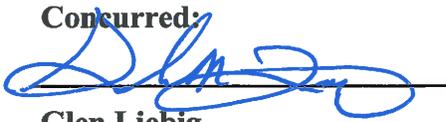


Kenneth E. Volante
WFF Emergency Coordinator

12 JAN 2015

Date

Concurred:



Glen Liebig
Chief, Safety Office

12 Jan 2015

Date

1.0	PLAN CLASSIFICATION	5
2.0	INFORMATION.....	5
3.0	PROGRAM/PROJECT ROLES AND RESPONSIBILITIES	5
4.0	PROGRAM/PROJECT DESCRIPTION	5
5.0	SIGNATURE REQUIREMENTS.....	5
7.0	PROGRAM/PROJECT PROPERTY	6
8.0	HOST CENTER INFORMATION	6
9.0	TEST INFORMATION.....	6
10.0	SIMULATIONS AND EXERCISES – MANDATORY SCHEDULE.....	6
11.0	AUTHORITIES AND REFERENCES	6
12.0	PROCEDURES FOR MISHAP RESPONSE	6
13.0	PROCEDURES FOR PROCESSING MISHAP AND ANOMALY REPORTS.....	7
14.0	EXTERNAL RESOURCES AND SUPPORT.....	7
15.0	IRT TRAINING AND MEMBERSHIP REQUIREMENTS.....	7
	ANNEX A Initial Response Checklist for IRTs	8
	ANNEX B Written Witness Statement Form.....	14
	ANNEX C Initial Report Check sheet	18
	ANNEX D NASA Mishap Investigation Evidence Property Tag and Chain of Custody	19
	ANNEX E NASA Mishap Investigation Evidence Log	23
	ANNEX F Mishap Classification Chart.....	24

1.0 PLAN CLASSIFICATION

This plan is not classified SBU.

2.0 INFORMATION

This document is intended to provide guidance related to the initial response and reporting of institutional incidents which are not captured under any existing Program Mishap Preparedness and Contingency Plan.

3.0 PROGRAM/PROJECT ROLES AND RESPONSIBILITIES

This document applies to all personnel at WFF who respond to an incident and perform as a member of an Interim Response Team for responses to mishaps and close calls at WFF. This procedure is limited to initial Interim Response Team (IRT) activity only. It is the responsibility of the IRT to ensure initial response is completed, the area involved in the incident is restricted and deemed safe for investigative personnel, and collects evidence that will be used by the appointed Investigative Authority. Investigations of mishaps shall be conducted per GPR 8621.4, GSFC Mishap Preparedness and Contingency Plan.

4.0 PROGRAM/PROJECT DESCRIPTION

This plan is used to respond to any mishap on Wallops Flight Facility that is not included in an existing Program level Mishap and Contingency Action Plan. This includes construction sites, administrative office areas, public areas, non-project laboratories and common facility related infrastructure, or projects that do not have approved Mishap and Contingency Action Plans.

5.0 SIGNATURE REQUIREMENTS

This document shall be developed and maintained by the Wallops Flight Facility Safety Office, Code 803. The highest required signature for this document is the WFF Safety Chief. This document supplements the GPR 8621.4, GSFC Mishap Preparedness and Contingency Plan and is an annex to the WFF Emergency Operations Plan, 803-GS-PLN-INST-EM-01.

6.0 PURPOSE AND APPLICABILITY

This plan establishes the initial response procedure for the immediate gathering of essential facts and information associated with mishaps, incidents, and close calls occurring at the Wallops Flight Facility (WFF). This information will be used to provide detailed, factual evidence used

in determining primary and causal factors, identifying corrective actions and lessons learned, and preventing recurrence of situations and factors that could lead to similar mishaps.

7.0 PROGRAM/PROJECT PROPERTY

This section is not applicable to this plan.

8.0 HOST CENTER INFORMATION

This plan supplements the GPR 8621.4, GSFC Mishap Preparedness and Contingency Plan regarding incidents at the Wallops Flight Facility.

9.0 TEST INFORMATION

This section is not applicable to this plan.

10.0 SIMULATIONS AND EXERCISES – MANDATORY SCHEDULE

The schedule for exercises related to mishap response is generated annually and included in the WFF Safety Office planning. These exercises are managed under 803-GS-PLN-INST-EM-01.

11.0 AUTHORITIES AND REFERENCES

NPR 3792.1, NASA Plan for a Drug-Free Workplace
 NPR 8621.1, NASA Procedural Requirement for Mishap Reporting, Investigating, and Recordkeeping
 NPR 1441.1, NASA Records Retention Schedule
 NASA Witness Statement Form 08-06
 GPR 8621.4, GSFC Mishap Preparedness and Contingency Plan
 803-GS-PLN-INST-EM-01, WFF Emergency Operations Plan

12.0 PROCEDURES FOR MISHAP RESPONSE

The following Annexes were designed to be printed and contained in the Response Kit as printed checklists and forms. Annex A is the response checklist and designed to be printed on one side for clipboard use. Annex B is designed for two page printing with the intention of printing large quantities and the information that needs to be retained is located on the second page. Annex D is designed to be printed on two sides, 4 pages total stapled together. Annex E is designed to be printed on page with additional pages added as needed.

Annex A contains the checklist used for initial response to a mishap.

Annex B contains the current NASA Witness Statement form.

Annex C contains the report form for the information required to be submitted to NASA HQ within one hour.

Annex D contains the form for mishap investigation Evidence Property Tag and Chain of Custody

Annex E contains the mishap investigation Evidence Log

Annex F contains mishap classification chart

13.0 PROCEDURES FOR PROCESSING MISHAP AND ANOMALY REPORTS

All incidents that meet the criteria for formal investigation shall be processed using this plan for initial response and the requirements of NPR 8621.1, NASA Procedural Requirement for Mishap Reporting, Investigating, and Recordkeeping and GPR 8621.4, GSFC Mishap Preparedness and Contingency Plan.

14.0 EXTERNAL RESOURCES AND SUPPORT

Response to a mishap that requires external sources will be provided per the Mutual Aid Agreements documented in 803-GS-PLN-INST-EM-01. External resources required from Greenbelt will be acquired on an “as needed” basis per existing Memorandum of Agreement or “as required” via management request to other internal Goddard Space Flight Center directorates.

15.0 IRT TRAINING AND MEMBERSHIP REQUIREMENTS

All personnel will be trained to the requirements for GPR 8621.4, GSFC Mishap Preparedness and Contingency Plan. There are no additional training requirements for institutional mishap response at this time.

ANNEX A Initial Response Checklist for IRTs

√	Initials	Date	Action
INITIAL RESPONSE CHECKLIST FOR IRTs			
Hard copies of the required forms are located in the IRT Response Kit.			
Completely fill out this checklist and submit to the Investigating Authority.			
<u>Initial Report</u>			
			Time/Date:
			Printed Name of Individual Making Report:
			Injuries (Yes or No):
			Notify Emergency Services, if necessary (Yes or No) (explain any No answers):
			Property Damage (list below):
			Brief Summary of Event:
			Personnel (list names and mark <u>Involved</u> or <u>Witnessed</u>)
			Location/Time of Event:
√	Initials	Date	Action

<u>Significant Mishap</u>			
			Verify Emergency Services and Security (WFF Fire Department 911) have been notified.
			Verify Emergency Services or Security notified the WFF Safety Office or contact the office at 757-824-1625.
			Complete ANNEX C- HQ/OSMA 1-Hour Phone Report Form and verify NASA HQ Mishap Investigation Program Manager has been notified. (202-358-0603 or 321-861-2312 or 202-384-8062)
<u>Deploy IRT</u>			
			Acquire Ready Response Kits in building E-107, Room 101.
			Notify the Office of Communications, if appropriate (757-824-2958 or 1579 or 1139 or 757-894-4152 after hours).
			Notify Legal, if appropriate (301-286-9181).
<u>Secure Mishap Site</u>			
			Verify personnel adhere to the PPE requirements as defined by the WFF Safety Office or Incident Commander.
			Assist Incident Commander, as requested, until the site is secured and turned over to the IRT.
			Securing the mishap site may involve changing the locks to the room where the mishap occurred. Call the NASA protective services locksmith at x1421 to have the locks changed. If mishap site cannot be locked up, contact NASA Protective Services at 1300 for assistance with site securing (officer may need to be posted). NOTE - Anyone requesting access to the site shall be accompanied by a member of the IRT until the mishap site is turned over to the investigating authority
			Verify all hazards are controlled to limit additional injury to personnel or property damage. NOTE-Evidence preservation actions shall not hamper essential emergency response operations.

Initials	Date	Action	
<u>Preserve Evidence</u>			
		Brief personnel not to move or disturb any items, equipment, or debris.	
		Make all attempts to preserve as much evidence as possible, including covering and/or bagging evidence, isolating the area, and preventing unauthorized entry in the mishap site.	
		Record environmental factors such as ice, snow, etc., if applicable.	
		Draw area map showing details of the mishap site, including witness locations and location of evidence, if applicable.	
		<p>Photograph the immediate area involved.</p> <p><u>Comment:</u></p> <p>Take pictures of all items relevant to the event, which may include parts, equipment, panel switch positions, smoke, buildings, personnel, injuries, vehicles, etc.</p> <p>Reference the size of parts or pieces with a ruler or similar device to show actual size.</p> <p>Document the scene using drawings and photographs</p>	
		<p>Collect evidence by bagging and identifying by number system the location of each item.</p> <p>NOTE- Use the forms in the IRT Response Kit to document evidence collection. Chain of Custody must be maintained for personal effects and belongings.</p>	
<u>Impound Data</u>			
(Only Federal employees on the IRT shall support this effort.)			
		<u>Comment:</u>	

			<p>The Safety Office, supported by the IRT and Security Office personnel and supervisor, shall impound data, records, tapes and other data types related to the mishap.</p> <p>WFF Safety Office shall control access to all impounded items until they are released by the Investigating Authority.</p> <p>For mishaps at contractor or subcontractor sites, the IRT shall work through the Contracting Officer, with guidance from the Legal Advisor, to obtain and impound data.</p> <p>NOTE- Use the Evidence Property Tag Form and the Mishap Investigation Evidence Log Form to document evidence collection.</p>
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√	Initials	Date	Action
<u>Drug Testing</u>			
			<p>Advise supervisor if drug testing will be requested.</p> <p><u>Comment:</u></p> <p>Drug testing is mandatory if event includes fatality or injury requiring immediate hospitalization or damage estimated to be in excess of \$10,000 to government or private property.</p> <p>Call the NSSC at 1-877-677-212 for Federal employee testing.</p> <p>Contractor testing is dependent upon the contract.</p>
<u>Collect Witness Statements</u> (Only Federal employees on the IRT shall support this effort.)			
			<p>NOTE- Use the form in ANNEX B for collecting witness information.</p> <p>Read privacy statement to witness at start of formal interviews.</p>
			<p>Interview immediate supervisor and witnesses. Determine the following, if applicable:</p> <ul style="list-style-type: none"> • Who was involved? • Were other personnel in the area (Yes or No)? • Make a list of all possible witnesses: • What happened (who, what, when, where, how)?

ANNEX B Written Witness Statement Form

National Aeronautics and Space Administration

Written Witness Statement Form



 Witness Statement

It is important that witnesses be interviewed as soon as possible after the occurrence of a mishap in order to obtain the best recall of information that might assist in the identification of causal factors. Immediately after a mishap, this form must be completed by the witness. The written statement is intended to describe the witness's account of the mishap including a description of the sequence of events, facts, conditions, and/or causes of the mishap. The form will be collected by the NASA Center Safety Office or the NASA Interim Response Team.

The purpose of the NASA safety mishap investigation is to identify the proximate cause(s) and root cause(s) of the mishap and to develop recommendations that prevent the occurrence of similar mishaps. The NASA safety mishap investigation process conducted per the NASA Procedural Requirements 8621.1 (NPR 8621.1) does not assess blame and is completely separate from any proceedings the Agency may undertake to determine civil, criminal, or administrative culpability or liability.

Your testimony is entirely voluntary, but we hope that you will assist the investigating authority to the maximum extent of your knowledge of this matter.

Your testimony will be documented and retained as part of the mishap report background files but will not be publicly released with your name as part of the mishap report. The investigating authority will make every effort to keep your testimony confidential and privileged to the greatest extent permitted by law.

Note: There are three circumstances when your testimony may be released from the control of the investigating authority and would no longer be considered privileged:

1. When the investigating authority or NASA is ordered to release the testimony by a court or administrative body outside NASA.
2. When the Inspector General (IG) makes a written request to the NASA Administrator. The IG, by law, is permitted access to all records, reports, audits, reviews, documents, papers, recommendations, or other material available to the applicable establishment which relate to programs and operations. The Office of Inspector General rarely makes this request. The IG respects and, as a general rule, will defer to the disclosure restrictions attendant to NASA mishap investigations. Upon receipt of such testimonial information, the IG will consider it to be confidential witness testimony and will treat it as such to the full extent required by the Inspector General Act of 1978.
3. When NASA experiences the loss of a Space Shuttle, the loss of the International Space Station, or its operational viability, or the loss of any other U.S. space vehicle carrying humans. By law, an independent Presidential Commission will be formed and the contents of this written statement may be provided to the Commission.

I have read the above information and understand that NASA will make every effort to protect the information provided to the greatest extent permitted by law, and I understand the three circumstances when my testimony may be released.

Signature: _____

Date of Witness Statement: _____

Time of Witness Statement: _____

This page intentionally left blank.

The Witness Statement is intended to be printed as a two page, two-sided document.

Witness Info

Name: _____

Phone: _____

Email: _____

Company/Department: _____

Mail Code: _____

Job Title: _____

Age: _____ Years in Job: _____

Time of Mishap: _____

Your Location at Time of Mishap. (If needed, you may draw on the back of this form to show your location in reference to other objects, equipment, or people):

Building and Room

Additional Details About Your Location

Your Activity At Time of Mishap:

Please describe to the best of your memory **what happened** at the time of the mishap.

ANNEX C Initial Report Check sheet

Headquarters OSMA 1-Hour Phone Report (Follow With Immediate Email)	
Call: 202-358-0603 or 321-861-2312 or 202-384-8062	
Mishap Type:	
Date of Mishap:	Time of Mishap:
Location of Mishap:	
Type of Injury, Illness or Fatality:	
Type of Employee Injured (Civil Service, Contractor, Grantee, Public, Other):	
If Contractor or Grantee, Name of Company or Organization:	
Type of Property Damage:	
Estimated Direct Cost of Property Damage:	
Mission Affected (If Applicable):	
Program Affected (If Applicable):	
Description of Incident:	
Actions Taken to Date:	
Date of Report:	Time of Report
Author of Report:	
Author's Phone Number:	
Center Reporting Mishap:	

ANNEX D NASA Mishap Investigation Evidence Property Tag and Chain of Custody

NASA Mishap Investigation Evidence Property Tag

Chain of Custody to be performed by NASA Civil Service Personnel Only

- Evidence Property Tag (page 1-2) must be attached to each "personal effect" or "personal belonging" that is collected as part of a mishap investigation. This Form is used in combination with the "Chain of Custody Tracking Log" (page 3) to ensure that the item is protected, analyzed (as necessary), and then returned to the rightful owner.
- Evidence Property Tag (page 1-2) must be attached to any item collected as part of a mishap investigation that is deemed hazardous, so that handlers of the item are aware of the hazards and handling instructions.

ITEM CONTROL NUMBER (From Evidence Tag)		CHAIN OF CUSTODY - LOG NUMBER				
INCIDENT TITLE		DATE - TIME COLLECTED				
INCIDENT DATE		Month	Day	Year	Time	Time Zone
FROM		TO				
FINDER OF ITEM		FIRST RECEIVER OF ITEM – NASA CIVIL SERVICE				
Name:		Name:				
Organization:		Organization:				
Address:		Address:				
City: State:		City: State:				
Country:		Country:				
Phone Number: ()		Phone Number: ()				
LOCATION ITEM WAS FOUND OR OBTAINED		LOCATION ITEM WILL BE STORED				
Longitude:		Center:				
Latitude:		Building:				
Address:		Address:				
City: State:		City: State:				
Country:		Country:				
REASON ITEM OBTAINED		Contact Phone Number: ()				
<input type="checkbox"/> Found <input type="checkbox"/> Impounded <input type="checkbox"/> Other _____						
DESCRIPTION OF ITEM						
Item Description	Model No. Serial No.	Identifying Marks/ Condition	Quantity	Value (If Known)		

Page 1 of 3

HAZARDS ASSOCIATED WITH ITEM

	No	Yes
1. Is there a possibility that the item has blood on it?		
2. Is the item hazardous?		
3. If hazardous, are MSDS sheets attached?		
4. Does the item require special PPE for handling?		
5. If yes, what PPE is required?		
6. How does the item have to be stored to ensure safety and preservation of evidence? (Please describe any special precautions (e.g., cold dark room, away from ignition sources or flammable products).		

IS ITEM NASA SENSITIVE BUT UNCLASSIFIED (SBU)?

To the best of your knowledge, please select all appropriate categories for item

<input type="checkbox"/> Personnel Document of Injured or Deceased	<input type="checkbox"/> Infrastructure or Security Vulnerabilities Information
<input type="checkbox"/> Privileged Testimony	<input type="checkbox"/> Inter or Intra-Agency Memoranda or Letters
<input type="checkbox"/> Personally Identifiable Information (Personnel, Medical or Similar Files (PII))	<input type="checkbox"/> Internal Personnel Rules or Practices
<input type="checkbox"/> Proprietary Information	<input type="checkbox"/> Investigative Records
<input type="checkbox"/> International Traffic in Arms Regulations (ITAR)	<input type="checkbox"/> NASA Information Technology/Internal Systems Data
<input type="checkbox"/> Export Administration Regulations (EAR) information	<input type="checkbox"/> NASA Sensitive Information
<input type="checkbox"/> Business or Company Confidential	<input type="checkbox"/> Patent Information
<input type="checkbox"/> Emergency Contingency or Continuity of Operations Information	<input type="checkbox"/> Space Act (Sec. 303B)
<input type="checkbox"/> Financial Institution Information	<input type="checkbox"/> Subject to Trade Secrets Act
<input type="checkbox"/> Geological or Geophysical Information	<input type="checkbox"/> System Security Data Information
<input type="checkbox"/> Other (Specify) _____	

If any of the boxes above have been marked indicating that this is NASA Sensitive But Unclassified (SBU), the NASA Form 1686 should be attached to the top of the item and it should be protected in accordance with NASA Procedural Requirements 1600.1.

The NASA Mishap Investigation Evidence Tag is required to be attached to each "personal effect" or "personal belonging" that is collected by the NASA Interim Response Team (IRT) or IRT support staff during their activities to support a NASA Mishap Investigation.

Please complete the box on the right to indicate the owner of the personal effect or personal belonging. The third page documents the handling of the item until its disposal. The Chain of Custody Log should be maintained by Civil Service Personnel in charge of the impound process.

OWNER of ITEM (IF APPLICABLE)

Name:	
Organization:	
Address:	
City:	State:
Country:	
Phone Number: ()	

NASA Mishap Investigation Evidence Property Tag Chain of Custody Tracking Log

ITEM	RELEASED BY	RELEASED TO	DATE & TIME	PURPOSE

FINAL DISPOSAL ACTION

DISPOSAL AUTHORITY	
Name:	
Organization:	
Address:	
City:	State:
Country:	
Phone Number: ()	

DISPOSAL ACTION
<input type="checkbox"/> Returned to Owner
<input type="checkbox"/> Placed in Permanent Investigation Archive
<input type="checkbox"/> Destroyed
<input type="checkbox"/> Other Method (Describe):

WITNESS TO FINAL DISPOSAL			
Print Name	Organization	Phone	Signature

Additional Comments or Notes:

This is a WFF Safety Office Controlled Document. To verify this is the correct version check the WFF Safety Office library at [\\code803\Documents\Approved Reference Materials\Safety Plans](#) or check with the 803/Configuration Management Specialist to verify that this is the correct version.

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ANNEX F Mishap Classification Chart

Classification Level & Investigation Type	Property Damage	Injury
Type A Mishap	Total direct cost of mission failure and property damage equal to or greater than \$2,000,000 or more, or Crewed aircraft hull loss has occurred, or Unexpected crewed aircraft departure from controlled flight occurred (except high performance jet/test aircraft such as F-15, F-16, F/A-18, T-38, OV-10, and T-34, when engaged in flight test activities).	Occupational injury or illness that resulted in: A fatality, or A permanent total disability
Type B Mishap	Total direct cost of mission failure and property damage equal to or greater than \$500,000 but less than \$2,000,000.	Occupational injury or illness that resulted in a permanent partial disability, or Hospitalization for inpatient care of <u>three</u> or more people within 30 workdays of the mishap.
Type C Mishap	Total direct cost of mission failure and property damage equal to or greater than \$50,000 but less than \$500,000.	Nonfatal occupational injury or illness that resulted in: Days away from work, not including the day or shift on which it occurred, or Restricted work, or transfer to another job not including the day or shift on which it occurred, or Hospitalization for inpatient care of one or two people within 30 workdays of the mishap.
Type D Mishap	Total direct cost of mission failure and property damage equal to or greater than \$20,000 but less than \$50,000.	Any nonfatal OSHA recordable occupational injury or illness that does not meet the definition of a Type C mishap.
Close Call	An event in which there is no equipment or property damage, or minor equipment property damage of less than \$20,000, but which possesses a potential to cause a mishap.	No injury or only minor injury requiring first aid, but which possesses a potential to cause a mishap.