

MPG 1280.5

REVISION B

EFFECTIVE DATE: October 5, 1999

EXPIRATION DATE: October 5, 2004

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# **MARSHALL PROCEDURES AND GUIDELINES**

**QS01**

## **MSFC PREVENTIVE ACTION SYSTEM**

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<b>Marshall Procedures and Guidelines</b>		
<b>QS01</b>		
<b>MSFC Preventive Action System</b>	<b>MPG 1280.5</b>	<b>Revision: B</b>
	<b>Date: October 5, 1999</b>	<b>Page 2 of 10</b>

**DOCUMENT HISTORY LOG**

Status (Baseline/ Revision/ Canceled)	Document Revision	Effective Date	Description
Baseline		5/14/99	Document converted from MSFC-P14.2 to a Directive. Previous history retained in system as part of canceled or superseded ISO Document files.
Revision	A	8/16/99	Changes made to incorporate new organizational terminology.
Revision	B	10/5/99	In paragraphs 1.1, 3.1.e, and 3.5, changed "Project" to "Program/Project." Defined service reports. Revised paragraph 3.1 to include servicing reports as part of the data reviewed for preventive action. Modified paragraph 3.2 to require investigation and root cause determination for generic problems identified in service reports.

<b>Marshall Procedures and Guidelines</b>		
<b>QS01</b>		
<b>MSFC Preventive Action System</b>	<b>MPG 1280.5</b>	<b>Revision: B</b>
	<b>Date: October 5, 1999</b>	<b>Page 3 of 10</b>

TABLE OF CONTENTS

Preface

- P.1 Purpose
- P.2 Applicability
- P.3 Authority
- P.4 Applicable Documents
- P.5 References
- P.6 Cancellation

Document Content

- 1. Definitions
- 2. Responsibilities
- 3. Procedure
- 4. Records
- 5. Flow Diagram

<b>Marshall Procedures and Guidelines</b> QS01		
<b>MSFC Preventive Action System</b>	<b>MPG 1280.5</b>	<b>Revision: B</b>
	<b>Date: October 5, 1999</b>	<b>Page 4 of 10</b>

## PREFACE

### **P.1 PURPOSE**

This document establishes the procedures and responsibilities for preventive action at Marshall Space Flight Center (MSFC).

### **P.2 APPLICABILITY**

This procedure is applicable to MSFC and on-site contractor personnel.

### **P.3 AUTHORITY**

MPD 1280.1, "Marshall Management Manual"

### **P.4 APPLICABLE DOCUMENTS**

- a. MPG 1280.4, "MSFC Corrective Action System"
- b. MPG 1280.6, "Internal Quality Audits"
- c. MPG 8730.4, "Statistical Techniques"
- d. MWI 1280.3, "Corrective/Preventive Action Notification System"
- e. MWI 5100.1, "Procurement Initiators Guide"
- f. MWI 5116.1, "Evaluation of Contractor Performance under Contracts with Award Fee Provisions"
- g. NPG 1441.1, "NASA Records Retention Schedules"

### **P.5 REFERENCES**

None

Marshall Procedures and Guidelines QS01		
MSFC Preventive Action System	MPG 1280.5	Revision: B
	Date: October 5, 1999	Page 5 of 10

## P.6 CANCELLATION

MPG 1280.5A dated August 16, 1999

Original Signed by

A. G. Stephenson  
Director

<b>Marshall Procedures and Guidelines</b>		
<b>QS01</b>		
<b>MSFC Preventive Action System</b>	<b>MPG 1280.5</b>	<b>Revision: B</b>
	<b>Date: October 5, 1999</b>	<b>Page 6 of 10</b>

## DOCUMENT CONTENT

### 1. DEFINITIONS

1.1 Corrective/Preventive Action Notification (CAN) System. A structured system which provides notification to programs/projects and organizations of the potential for nonconformances and of nonconformances which have already occurred that may affect their hardware, software, processes, and/or operations.

1.2 Preventive Action. Action taken to eliminate the causes of a potential nonconformity, defect, or other undesirable situation in order to prevent occurrence.

1.3 Process Owner. The organization with primary responsibility for a process (e.g., machining, welding, plating).

1.4 Service reports. Documentation generated as a result of servicing activity and as defined in the servicing plan or organizational issuances.

### 2. RESPONSIBILITIES

2.1 Safety and Mission Assurance (S&MA) Office will:

2.1.1 Assure overall implementation of this procedure.

2.1.2 Provide support for statistical analysis and techniques relating to identification of trends in nonconformances and process data in accordance with MPG 8730.4.

2.1.3 Maintain records of recommended preventive actions and their dispositions.

2.2 Process Owners will:

2.2.1 Determine the need for and perform, or coordinate the performance of, all necessary root cause investigations.

2.2.2 Determine appropriate preventive action as required.

2.2.3 Provide documented results of investigations and preventive action plans to S&MA.

2.2.4 Provide support to Preventive Action Boards as required.

Marshall Procedures and Guidelines QS01		
MSFC Preventive Action System	MPG 1280.5	Revision: B
	Date: October 5, 1999	Page 7 of 10

2.3 Contracting Officers. Contracting officers pursue corrective/preventive action for generic/systemic nonconformances discovered during external quality audits per MWI 5100.1, "Procurement Initiators Guide," and MWI 5116.1, "Evaluation of Contractor Performance under Contracts with Award Fee Provisions."

2.4 Preventive Action Board (PAB) will:

2.4.1 Review preventive actions.

2.4.2 Provide management direction and support.

2.4.3 Resolve conflicts in approaches to preventive actions.

2.4.4 Assign PAB action items.

2.4.5 Close preventive actions upon verification that action has been taken and that it is effective.

### 3. PROCEDURE

<u>Actionee</u>	<u>Action</u>
	3.1 Review and monitor applicable data for generic/potential problems, adverse trends or variations.
S&MA	a. Hardware/software nonconformances (screened per MPG 1280.4).
S&MA	b. Customer comments (screened per MPG 1280.4).
S&MA	c. Internal audit results.
S&MA	d. External audit results.
Process Owner	e. Process control data (only if required by the Program/Project/Quality Assurance Plan).
S&MA	f. Information on major deviations and waivers.
S&MA	g. Lessons learned.
S&MA	h. Service reports.

Marshall Procedures and Guidelines QS01		
MSFC Preventive Action System	MPG 1280.5	Revision: B
	Date: October 5, 1999	Page 8 of 10

3.2 If generic/potential problems, adverse trends, or variations are detected, process as follows:

S&MA a. For generic/systemic nonconformances discovered during internal quality system audits, pursue corrective/preventive action per MPG 1280.6, "Internal Quality Audits."

Contracting Officer/S&MA b. For generic/systemic nonconformances discovered during external quality audits, pursue corrective/preventive action per MWI 5100.1, "Procurement Initiators Guide," and/or MWI 5116.1, "Evaluation of Contractor Performance under Contracts with Award Fee Provisions."

S&MA c. For generic/systemic nonconformances discovered during the review of discrepancy reports (DR) and quality comments, pursue corrective/preventive action per MWI 1280.3, "Corrective/Preventive Action Notification System."

Process Owner d. For adverse trends or variations in process control data, begin investigation and determine root cause.

S&MA e. For generic problems reflected in major waivers and deviations and service reports, begin investigation and determine root cause.

Process Owner/S&MA f. For potential problems identified from any of the above or other sources, begin investigation and root cause analysis.

Process Owner/S&MA 3.3 Identify preventive action measures.

Process Owner/S&MA 3.4 Begin implementation of those preventive action measures not requiring management approval.

Preventive Action Board 3.5 S&MA will facilitate the PAB. The PAB will consist of the Chair (Program/Project Manager, Process Manager, or MMS Management

<b>Marshall Procedures and Guidelines</b>		
<b>QS01</b>		
<b>MSFC Preventive Action System</b>	<b>MPG 1280.5</b>	<b>Revision: B</b>
	<b>Date: October 5, 1999</b>	<b>Page 9 of 10</b>

Representative, as appropriate) and S&MA.  
The PAB closure process is as follows:

- |             |  |
|-------------|--|
| S&MA        | a. Develop an agenda and notify PAB members.   |
| PAB Members | b. Review preventive actions on the agenda prior to the meeting.   |
| PAB Members | c. Review and concur with preventive action, assuring that the root cause is identified and addressed to prevent occurrence. |
| PAB Members | d. Assign followup actions to ensure that planned preventive actions are taken and are effective.                            |
| S&MA        | e. Record, track, and status action items assigned.  |
| S&MA        | f. Track status of all preventive actions.   |

#### **4. RECORDS**

4.1 Copies (hard copy or electronic) of preventive action plans and associated root cause investigations will be maintained on file by S&MA for 3 years and then dispositioned in accordance with NPG 1441.1.

4.2 Status of preventive actions will be maintained by S&MA until closed.

<b>Marshall Procedures and Guidelines</b> QS01		
<b>MSFC Preventive Action System</b>	<b>MPG 1280.5</b>	<b>Revision: B</b>
	<b>Date: October 5, 1999</b>	<b>Page 10 of 10</b>

## 5. FLOW DIAGRAM

