

MWI 8715.12

REVISION I-1

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MARSHALL WORK INSTRUCTION

QD01

SAFETY, HEALTH, AND ENVIRONMENTAL- FINDING TRACKING SYSTEM (SHETRAK) *With Change 1 (3/17/17)*

COMPLIANCE IS MANDATORY

DIRECTIVE IS UNCONTROLLED WHEN PRINTED

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DOCUMENT HISTORY LOG

Status (Baseline/ Revision/ Change/ Revalidation/ Canceled)	Document Revision/ Change	Effective Date	Description
Baseline		9/26/2006	MWI is to provide the roles and responsibilities of all organizations involved in the identification, tracking, and closure of safety, health, and environmental-hazardous conditions.
Revision	A	9/4/2007	Reworded several sections to better define responsibilities and flow of requirements. Added SHE 103 training. Minor grammar changes throughout document.
Revision	B	9/18/2008	Revised 2. Applicability statement to address the applicability of this directive to the Michoud Assembly Facility. Added reference to MWI 8715.2 and MWI 8715.3, and Louisiana Department of Environmental Quality. Added new 6.2.3 to be able to lock and/or tag equipment found hazardous. Minor editorial changes. Added table of contents.
Revision	C	2/19/2010	Complete Rewrite. Revised some definitions. Revised inspection process. Added requirement for root cause and corrective action plans when identified by the SHE organization that entered the finding into SHEtrak. Rearranged sections within MWI. [On 3/16/10, at the request of the OPRD and concurrence of QD01 DCB Member, administrative changes were made at 6.1.1.1, 6.1.2.1, 6.1.4.14, 6.1.5.8, 6.6.2, 6.8.6, 6.10, and 10.1 adding NPR 8715.1 and in some cases 29 CFR 1960.]
Revision	D	01/28/2011	Changed hazard level "Medium" to "Moderate." Deleted document titles in body of MWI. Added Risk Assessment Code. Added section for SHEtrak Assignee. Updated hazard definitions. Updated process throughout document to better define roles. Updated information required to be included on SHEtrak finding.
Revision	E	10/2/2012	Total rewrite. Revised per 2011 management review. Rearranged some sections so that the flow is easier to follow and the requirement is clearer. Reformatted per MWI 1410.1 revision.
Revision	F	8/8/2013	The update makes the MWI more generic so that it is applicable to both MSFC and MAF. Where applicable replaced "MSFC and MAF" with "Center" so the instruction is more generic and can be easily applicable to both locations. Where applicable replaced Center specific organization names (ISB, EEOH, and FMO) with the generic terms "Center Safety Office, Center Occupational Health Office, Center Environmental Engineering Office and Center Facilities Management Office" so the instructions can be easily applicable to both locations. Used MSFC or MAF if the instruction is applicable to only one location. Added definitions in Appendix A for "Center Safety Office, Center Occupational Health Office, Center Environmental Engineering Office and Center Facilities Management Office" and identified which org at each location (MSFC or MAF) performs the instruction. Deleted Appendix for Reference documents.
Change	I	9/18/2013	On 9/18/2013, an Administrative Change was made at the request of the OPRD to update the title for ANSI Z535.5.
Revision	G	12/2/2014	Added sections to better separate announced/scheduled inspections/ surveys from unannounced/unscheduled inspections/surveys. Provided a better description of the overall inspection/survey process and the differences between the inspections performed by the Center's Safety Office from those performed by the Center's Occupational Health Office and Center's Environmental Office. Better lined with the inspection process describe in MPR 8715.1.
Revision	H	12/10/2015	Changed Inside Marshall to Explornet Homepage and SHE Webpage to SHE Community. Added SHEtrak Observation and Positive. Minor word changes throughout.

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Revision	I	10/20/2016	Added Unsafe acts and Positive findings to supervisor, changed SHE organization POC to Organization's SHE POC for NCR 1818. Deleted Appendix F. Acronyms not spelled out for its first use in body of document per OPRD Tips for writing directives.
Change	1	3/17/2017	On 3/17/17, at the request of the OPRD, administrative changes were made to update Appendix D Records, updated title for MWI 8715.5, and reference to MSFC's Explornet page.

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1. PURPOSE

To describe the Center’s SHE inspection program and process for recognizing, evaluating, resolving and controlling reports of hazardous or noncompliant conditions in the work environment as required by NPR 8715.1.

2. APPLICABILITY

2.1 This MWI applies to Center personnel, programs, projects, and activities including contractors and resident agencies to the extent specified in their respective contracts or agreements. (“Contractors,” for purposes of this paragraph, include contractors, grantees, Cooperative Agreement recipients, Space Act Agreement partners, or other agreement parties.)

2.2 This MWI applies to the MAF.

2.3 This MWI applies as follows: all mandatory actions (i.e., requirements) are denoted by statements containing the term “shall.” The terms: “may” or “can” denote discretionary privilege or permission; “should” denotes a good practice and is recommended, but not required; “will” denotes expected outcome; and “are/is” denotes descriptive material.

2.4 This MWI applies the following: all document citations are assumed to be the latest version unless otherwise noted.

3. AUTHORITY

NPR 8715.1, “NASA Occupational Safety and Health Programs”

4. APPLICABLE DOCUMENTS AND FORMS

4.1 “Occupational Safety and Health Programs for Federal Employees,” E.O. 12196

4.2 “The Public Health and Welfare,” Chapter 85, “Air Pollution Prevention and Control,” Titles I – VI, U.S.C. Title 42

4.3 “Inspections, Citations, and Proposed Penalties,” 29 CFR pt. 1903

4.4 “Occupational Safety and Health Standards,” 29 CFR pt. 1910

4.5 “Safety and Health Regulations for Construction,” 29 CFR pt. 1926

4.6 “Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters,” 29 CFR pt. 1960

4.7 “Protection of Environment,” 40 CFR pts. 1 - 1068

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- 4.8 NPD 8500.1, “NASA Environmental Management”
- 4.9 NPD 8820.2, “Design and Construction of Facilities”
- 4.10 NPR 1800.1, “NASA Occupational Health Program Procedures”
- 4.11 NPR 8553.1, “NASA Environmental Management System”
- 4.12 NPR 8715.3, “NASA General Safety Program Requirements”
- 4.13 NPR 8831.2, “Facilities Maintenance and Operations Management”
- 4.14 MPD 8500.1, “MSFC Environmental Management Policy”
- 4.15 MPR 1280.6, “Management Systems Internal Audits”
- 4.16 MPR 3410.1, “Training”
- 4.17 MPR 8500.1, “MSFC Environmental Engineering and Occupational Health Program”
- 4.18 MPR 8500.2, “MSFC Environmental Management System (EMS)”
- 4.19 MPR 8715.1, “Marshall Safety, Health, and Environmental (SHE) Program”
- 4.20 MPR 8812.1, “Requests for Facility Services at MSFC”
- 4.21 MWI 1840.1, “Industrial Hygiene Program”
- 4.22 MWI 7120.6, “Program, Project and Institutional Risk Management”
- 4.23 MWI 8715.5, “Area/Building Manager and Organization’s Safety, Health and Environmental (SHE) Point of Contact (POC) Program”
- 4.24 MWI 8715.11, “Fire Safety Program”
- 4.25 MWI 8715.13, “Safety Concerns Reporting System (SCRS)”
- 4.26 NRRS 1441.1, “NASA Records Retention Schedules”
- 4.27 Alabama Department of Environmental Management (ADEM) Administrative Code 335
- 4.28 Louisiana Department of Environmental Quality
- 4.29 National Fire Protection Association Codes

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- 4.30 ANSI Z535.1, “Safety Color Code”
- 4.31 ANSI Z535.2, “Environmental and Facility Safety Signs”
- 4.32 ANSI Z535.3, “Criteria for Safety Symbols”
- 4.33 ANSI Z535.4, “Product Safety Signs and Labels”
- 4.34 ANSI Z535.5, “Safety Tags and Barricade Tapes (for Temporary Hazards)”
- 4.35 AS10-OI-001, “Consolidated Environmental Response Plan”
- 4.36 AS10-OI-005, “MSFC Environmental Compliance Audits and Inspections”
- 4.37 QD-IS-007, “Industrial Safety Branch Oversight of MSFC Facilities”

5. INSTRUCTIONS

5.1 Inspection/Survey Process

5.1.1 Comprehensive inspections/surveys of Center-owned and leased buildings, facilities, operations, test activities, open areas and construction/demolition sites for conformance with federal, state, NASA, MSFC and general consensus standard codes, rules and regulations shall be performed by the Center’s SHE Offices in accordance with 29 CFR pt. 1960.26, NPR 8553.1 Chapter 5, NPR 8715.1 Chapters 2 and 4, NPR 1800.1 Chapter 4, following the processes described in MPR 8500.2 and this MWI to ensure employees are provided with a work environment free from recognized hazardous and noncompliant conditions.

5.1.1.1 Inspections/surveys performed for buildings designated as “active” are an inspection/survey of the entire building or areas/activities within the scope of the Center SHE Office performing the inspection/survey.

5.1.1.2 Inspections/surveys performed for buildings designated as “inactive” are limited in scope as determined by the Center’s SHE Office performing the inspection/survey. (See NPR 8831.2 or contact the Center’s FMO for more information.)

5.1.1.3 Center’s Safety Office performs inspections/surveys for safety-related subjects/issues. Center’s Occupational Health Office performs inspections/surveys for occupational health-related subjects/issues. Center’s Environmental Office performs inspections/surveys for environmental-related subjects/issues.

5.1.1.4 The Center’s Safety Office, Center’s Occupational Health Office and Center’s Environmental Office are referred to as the Center’s SHE Office’s and inspectors from these offices are referred to as SHE Inspectors in this MWI.

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5.1.1.5 See Appendix A of this MWI for the organizations that serve in the roles of the Center’s Safety Office, Center’s Occupational Health Office, and Center’s Environmental Office at MSFC and MAF.

NOTE: The terms conformance and compliance may be used interchangeably among the Center’s SHE Offices.

5.1.2 Inspections/surveys shall focus on the recognition, evaluation, resolution and control of hazardous conditions in the work environment and noncompliances with federal, state, and local regulations and requirements such as EPA, OSHA, ADEM (only applicable at MSFC), NFPA, and NASA and MSFC.

5.1.2.1 The inspection/survey schedule may include buildings located offsite that are not owned or leased by the Center, but have Center Civil Servant employees located in the building through a contract, Space Act or Cooperative Agreement or grant. (See section 5.20 of this MWI for more information.)

5.1.2.2 Inspections/surveys performed on buildings leased by the Center, but located offsite, are limited to only the areas that are occupied or controlled by the Center organization.

5.1.2.3 At MAF, use LDEQ is applicable in place of ADEM.

5.1.3 Noncompliances/observations/positives identified during the inspection/survey are documented in SHEtrak and assigned to an assignee or organization responsible for correcting the noncompliance or made aware of the observation/positive.

5.1.3.1 Assignees may include, but not limited to the BM, organization’s SHE POC, Center’s FMO, organization supervisors. (See section 5.9 of this MWI for more information.)

5.1.4 SHE Program-related noncompliances discovered by a third party (e.g., contractor, NASA Headquarters, OSHA, ADEM (only applicable at MSFC), or EPA) compliance inspection/survey/audit shall be documented and tracked in the manner determined by Center’s Office responsible for the SHE area being inspected/audited: the Center’s Safety Office for safety-related subjects/issues, the Center’s Occupational Health Office for occupational health-related subjects/issues, and the Center’s Environmental Office for environmental-related subjects/issues.

5.1.4.1 At MSFC, noncompliances/observations/positives of the Center’s Occupational Health Program and Center’s Environmental Program discovered by a third party (e.g., NASA Headquarters Occupational Health audit, Environmental Functional Review, Environmental Compliance audit) are entered in SHEtrak.

5.1.4.2 At MSFC, noncompliances/observations/positives of the Center’s Safety Program discovered by a third party (e.g., NASA Safety Center Institutional, Facilities and Operations Safety Audit) are entered in Audit Tracking and Information System following the process described in MPR 1280.6.

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5.1.5 A brief description of noncompliances/observations/positives discovered during the inspection/survey shall be provided to the employees that accompanied the SHE inspectors during the inspection/survey prior to leaving the area inspected, if possible.

5.1.6 The SHEtrak Inspection/Survey Report shall be provided to employees or organization identified to initiate corrective actions within 15 calendar days of the date the inspection/survey was performed. (See NPR 8715.1 Chapter 2 for more information.)

5.1.6.1 If the BM/ABM, organization’s SHE POC or area supervisor is not present during the inspection/survey, the SHE inspectors will inform employees working in the area of the noncompliances/observations/positives discovered during the inspection/survey prior to leaving the area, when possible.

5.1.7 Equipment/systems discovered by the SHE inspectors to be in a hazardous condition or noncompliant with Federal, State, or NASA requirements shall be placed in a safe position/location by the equipment owner/user to prevent the equipment/system from being used by employees until the hazardous or noncompliant condition has been corrected.

5.1.8 BM, organization’s SHE POC and/or area supervisor shall be notified when conditions considered as “imminent danger or have a high risk to cause injury to employees” are identified during the inspection/survey.

5.1.8.1 The SHE inspector shall not leave the area until “imminent danger or have a high risk to cause injury to employees” conditions have been corrected or placed in a safe condition.

5.1.9 Noncompliances/observations/positives that fall within the primary program responsibility of a Center’s SHE organizations that is different from the Center’s SHE organization that discovered the noncompliance/observation are communicated and coordinated as appropriate prior to entry into SHEtrak. (See “Center’s SHE organization” in Appendix A of this MWI for more information.)

5.1.10 The inspections performed by the Center’s Safety Office following the process described in this MWI serve as part of the building fire prevention inspections and include all areas and rooms within the building and the exterior of the building in accordance with MWI 8715.11. (See MPR 8715.1 and MWI 8715.11 for more information.)

5.2 Announced SHE Inspections/Surveys

5.2.1 Announced SHE inspections/surveys shall:

5.2.1.1 Be coordinated with the employees designated to serve as the BM/ABM for the building or area being inspected in accordance with U.S.C. Title 42, 29 CFR pt.1960 following the processes described in NPR 8715.1, NPR 8715.3, NPR 8831.2 Section 10.5, MPD 8500.1, MWI 1840.1, MPR 8500.1 (only applicable at MSFC), MPR 8500.2, MPR 8715.1, MWI 8715.11,

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AS10-OI-001 (only applicable at MSFC), AS10-OI-005 (only applicable at MSFC), and QD-IS-007.

5.2.1.2 Be performed at least annually by the Center’s SHE Offices in accordance with 29 CFR pt 1960 and NPR 8715.1.

a. At MSFC, the schedule of announced inspections/surveys performed by the Center’s SHE Offices are maintained independently by each Center’s SHE Office.

(1) The Center’s Safety Office’s schedule is located on the MSFC’s “Inside Marshall,” select “Organizational Websites,” locate “Safety and Mission Assurance Directorate,” select “Safety, Health and Environmental,” select “Safety Information,” select “Building Inspections.”

NOTE: MSFC’s “Inside Marshall” is located on NASA’s Explornet page.

b. The Center’s Occupational Health Office and Center’s Environmental Office do not post the schedule of announced inspections/surveys performed by them, but do coordinate the announced inspections/surveys directly with the organization responsible for the area where the inspection/survey will be performed.

c. At MAF the schedule of building inspections is maintained by the Center’s SHE Office performing the inspection/survey.

5.2.1.3 Be rescheduled, so the inspection does not interfere with scheduled manufacturing, production or testing activities, as needed. Rescheduling an inspection more than twice requires concurrence from the manager/director of the office/directorate.

a. Advance planning for building inspections/surveys is recommended to prevent interference with scheduled testing, production or other activities. Continual coordination between the Center’s SHE Offices and BM/ABM is encouraged prior to the date of the inspection/survey to prevent encountering unexpected conflicts that have arisen where the inspection/survey may impact/interfere with building activities.

5.2.1.4 Be accompanied by the BM/ABM, organization’s SHE POC, area supervisors or building occupants when possible.

a. Employees accompanying the SHE inspectors during the inspection/survey are encouraged to get an “eyes on view” and note each noncompliance/observation/positive identified by the SHE inspector, discuss the noncompliance/observation/positive with the SHE inspector to gain a better understanding of the noncompliance/observation/positive to understand the necessary corrective actions and take photographs of the noncompliance/observation/positive. These photographs may be used as a method to brief their organizational management of what is being discovered by SHE inspectors during the inspection/survey.

b. BM/ABM and organization’s SHE POCs are listed on the MSFC’s “Inside Marshall,” select “Organizational Websites,” locate “Safety and Mission Assurance Directorate,” select “Safety,

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Health and Environmental,” select “Who to Call.” The “Who to Call” list is updated by the Center’s Safety Office or parent organization of the BM/ABM or organization’s SHE POC when a name changes due to retirement, transfer, or change of job duties.

5.2.1.5 Include inspectors from each Center’s SHE Offices when feasible.

a. Center’s SHE Offices are encouraged to collaborate during the development of their announced SHE inspections and perform joint inspections/surveys of Center buildings in an effort to reduce the impact on the Center organizations, when feasible.

5.3 Unannounced Inspections/Surveys

5.3.1 Random unannounced inspections/surveys shall be performed throughout the year by the Center’s SHE Offices and may be performed multiple times throughout the year within the same building, operation, test, open area, or construction/demolition site.

5.3.2 More frequent unannounced inspections/surveys shall be performed for buildings, facilities, operations, test activities, open areas, and construction/demolition sites in accordance with 29 CFR pt. 1960.25 and NPR 8715.1 Chapter 4 if they are identified to contain any of the following:

5.3.2.1 An increased risk to cause/contribute to an accident, injury, illness, or damage to property or environment due to the nature of the work being performed.

5.3.2.2 Materials, substances, or activities that increase the likelihood of an accidental fire occurring.

a. The more frequent inspections/surveys are performed following the process described in this MWI, and normally focus on construction/demolition sites and the industrial areas within a building such as shops, labs, highbays, warehouses, and where manufacturing, production, testing, research, and storage activities are performed.

b. More frequent inspections/surveys are performed at the frequency determined individually by each Center’s SHE Office.

c. The more frequent inspections/surveys may be identified as “spot inspections” in SHEtrak.

5.4 Documenting a Noncompliance Finding in SHEtrak

5.4.1 SHE-related noncompliances with Federal, State, local, and NASA requirements discovered during inspections/surveys shall be entered into SHEtrak and assigned following the process described in section 5.9 of this MWI.

5.4.2 Noncompliances corrected during the inspection/survey (and have no additional corrective action required) are entered into SHEtrak and marked as “closed.”

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5.4.2.1 Additional information is provided on the finding such as “corrected on-the-spot” “action taken” block, or marked as “corrected on-the-spot box” on the SHEtrak finding.

5.4.2.2 Identifying and trending “corrected on-the-spot” noncompliances as SHEtrak findings assists the Center management in identifying areas where additional attention may be needed.

5.4.3 At MAF the SHEtrak system is not fully implemented. An equivalent method/system to document and track inspections and noncompliances may be used until the SHEtrak system is operational. Contact the MAF SMA Manager/QD12 for additional information.

5.4.3.1 At MAF the use of SHEtrak to document and track SHE inspection findings will be coordinated between MAF Integration and Operations/SF02 and each SHE organization, MAF SMA Manager/QD12 for safety-related, MAF Emergency Management/Protective Services Office Operations Manager/AS50 for occupational health-related, and MAF Environmental Lead/AS60 for environmental-related. The election to use SHEtrak may be by a single MAF SHE organization.

5.4.4 SHEtrak findings shall include, at a minimum, the following: inspection date; specific location; inspector names; a clear description of the noncompliance; reference documents or rationale why the SHEtrak finding was initiated; and recommended or interim actions.

5.4.4.1 Specific information describing the noncompliance is provided in the “additional information” section of the SHEtrak finding.

5.4.4.2 The attachment of supporting data such as a photograph to a SHEtrak finding is encouraged, but is at the discretion of the SHE inspector entering the noncompliance. The SHE inspector normally provides supporting data in cases where they feel the additional information is necessary for the SHEtrak assignee to fully understand the noncompliance and the actions necessary to correct the noncompliance. Photographs are helpful for findings where the situation may change before the finding is assigned and for those findings that may result in a disagreement with the actual condition witnessed by the SHE inspector.

5.4.5 Evidence of a hazardous or noncompliant condition being recognized, evaluated, resolved or controlled prior to the inspection/survey shall be provided to the SHE Inspector.

5.4.5.1 A FWR number may serve as evidence the hazardous or noncompliant condition had been recognized and evaluated, but the resolution or control has not been fully implemented at the time of the inspection/survey.

5.4.6 The initiation of a single SHEtrak finding shall be considered in cases where multiple like items are identified during the inspection/survey in the same location for the same noncompliance.

5.4.6.1 In these cases, all like items may be listed in a single SHEtrak finding. The use of a single SHEtrak finding does not include combining like items in multiple locations in the facility/area.

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5.4.7 The use of a single SHEtrak finding to identify like items in multiple locations across the Center shall have concurrence from the Center’s SHE Office that has primary responsibility for the requirement.

5.4.7.1 A single SHEtrak finding may be used in cases where the noncompliance is for like items in multiple locations across the Center and the same organization will be responsible for the corrective actions.

5.4.8 Each Center’s SHE Office shall develop standard SHE finding codes for their respective areas.

5.4.8.1 The standard SHE finding codes are provided in the “violation” section of the SHEtrak finding and provide the Center’s SHE Offices the ability to search and gather Center metrics for specific types of noncompliances being identified across the Center.

5.5 Documenting an Observation Finding in SHEtrak

5.5.1 SHEtrak observation findings are a method for SHE inspectors to formally document and notify a Center organization of an unsafe/unhealthful condition or concern discovered during the inspection/survey that doesn’t rise to the level of a clearly defined noncompliance with federal, state, local, NASA and recognized industry standards, regulations and requirements, but if left alone, could result in becoming a noncompliance or mishap in the future.

5.5.2 SHEtrak observation findings shall include a thorough description of reasoning the SHE inspector believes the unsafe/unhealthful condition or concern has creditable potential to lead to a noncompliance with federal, state, local, NASA and recognized industry standards, regulations and requirements or a mishap in the future.

5.5.3 SHEtrak observation findings are entered into SHEtrak and assigned following the process described in section 5.9 of this MWI.

5.6 Documenting a Positive Finding in SHEtrak

5.6.1 SHEtrak positive findings are a method for the SHE inspectors to formally document and notify a supervisor of them observing an activity/operation where an organization or employee is demonstrating practices beyond the minimum SHE program requirements.

5.6.2 SHEtrak positive findings will include a thorough description of how the organization/employee went beyond fulfilling the requirement.

5.6.3 SHEtrak positive findings are entered into SHEtrak and assigned to the supervisor responsible for the activity or area following the process described in section 5.9 of this MWI.

5.7 SHEtrak Hazard Probability/Severity Level Classifications

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NOTE: Assigning a hazard probability/severity level classification to a finding can be a challenge. Use sound judgment in evaluating the hazardous or noncompliant conditions. Review the definitions for each probability/severity level classification and Appendix A of this MWI before assigning a hazard probability/severity level classification. The hazard probability/severity level classification is shown on the SHEtrak finding as the “hazard probability/severity” and is sometimes referred to as the RAC classification.

5.7.1 The hazard probability/severity level classifications shall truly represent the finding’s “probability” of occurrence and if it does occur, the “severity” of its outcome.

5.7.2 The following shall be considered when assigning a hazard probability/severity level classification to a SHEtrak finding:

5.7.2.1 The configuration/complexity of the hazardous or noncompliant condition.

5.7.2.2 The location and environment in which the hazardous or noncompliant condition was located.

5.7.2.3 The realistic probability that the hazardous or noncompliant condition can occur and if it does occur, the realistic worst-case potential severity. (See Appendix E in this MWI for more information.)

5.7.3 SHEtrak findings shall be assigned one of the following hazard probability/severity level classifications:

5.7.3.1 High hazard.

5.7.3.2 Moderate hazard.

5.7.3.3 Low hazard.

5.7.3.4 Minimal hazard.

5.7.4 At MSFC, the Center’s Health Office and Center Environmental Office do not use the minimal level of risk for SHEtrak findings. The SHEtrak hazard probability/severity level classifications may vary between each Center’s SHE organizations.

5.7.5 At MSFC, the Center’s SHE Offices have developed standard SHEtrak finding codes for their specific areas and are listed in SHEtrak. The standard SHEtrak finding codes are preselected to automatically default to a hazard probability/severity level classification, but may be manually changed to select a different hazard probability/severity level classification for any SHEtrak finding when determined necessary. (See definitions in Appendix A of this MWI for more information.)

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NOTE: Assistance from other Center's SHE Office inspectors or engineers may be requested to determine the appropriate hazard probability/severity level classification, as needed.

5.8 SHEtrak Inspection/Survey Report

5.8.1 The Center's SHE Office shall ensure the SHEtrak Inspection/Survey Report is complete prior to being released to assignee and include all noncompliances/observations/positives, and comments noted during the inspection/survey.

5.8.1.1 SHEtrak Inspection/Survey Report comments provide a general description of various activities that may have been observed or areas visited during the inspection/survey. The comments may also provide concerns noted and additional information about the inspection/survey.

5.8.2 SHEtrak Inspection/Survey Report shall be sent to all SHEtrak finding assignees.

5.8.2.1 Center management (department/branch level) responsible for the area are included in the SHEtrak Inspection/Survey Report distribution list when SHEtrak findings are initiated for housekeeping, unsafe acts, and positives.

5.8.2.2 Center management (department/branch) responsible for the area where the inspection/survey was performed may be included in the SHEtrak Inspection/Survey Report distribution list when employees are observed not fully complying with the minimum SHE Program expectations, but not to the level that would generate a SHEtrak finding. These situations are normally described in the comment's section of the SHEtrak Inspection/Survey Report.

5.9 Assigning a SHEtrak Finding

5.9.1 SHEtrak findings shall be assigned to employees (e.g., BM, organization's SHE POC, supervisor) within 15 calendar days from the date of the inspection/survey was performed. Assignees have been identified by their organization as having the primary responsibility within the organization to initiate corrective actions for the SHEtrak finding. (See NPR 8715.1 Chapter 2 for more information.)

5.9.1.1 Initiating corrective actions may be permitted to exceed the 15 calendar days in cases where an inspection/survey/audit was performed by a third party (e.g., contractor, NASA Headquarters, OSHA, ADEM (only applicable at MSFC), LDEQ (only applicable to MAF) or EPA, NASA Headquarters Occupational Health audit, Environmental Functional Review, Environmental Compliance audit, or NASA Safety Center Institutional, Facilities and Operations Safety Audit). The permission to exceed 15 calendar days is provided by the Center's SHE Office involved in or sponsored the third party audit.

5.9.2 SHEtrak findings assignees are normally the following:

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5.9.2.1 The Center’s FMO is assigned noncompliances that are clearly building structure-related or directly related to a building infrastructure system (e.g., electrical, water, heating and ventilation). (For construction see section 5.19 for more information.)

5.9.2.2 Organization’s SHE POC’s are assigned noncompliances that are program/project, organization-related, or are associated with contractors and tenants supporting the organization on Center through a lease, Space Act or Cooperative Agreement, or grant in support of their organization.

5.9.2.3 BMs are assigned noncompliances discovered in building common areas, areas not assigned directly to a Center organization within the building, and areas outside the building that are adjacent to the building, unless the SHEtrak finding is clearly the responsibility of the Center’s FMO or an organization’s SHE POC.

5.9.2.4 Supervisors (Branch Chief or equivalent) responsible for the area are assigned noncompliances housekeeping and unsafe acts, and positives.

NOTE: SHEtrak findings are assigned to the supervisor in situations where the corrective actions may be beyond those that can be implemented by BM or organization’s SHE POC. SHEtrak findings may also be assigned to the supervisor to make them aware of unsafe acts being performed by their employee or when their employees are being recognized for going beyond the minimum SHE program expectations.

5.9.2.5 Area Managers responsible for the area are assigned noncompliances when building managers are discovered not performing building inspections following the process described in MWI 8715.5.

5.9.3 At MSFC, the MSFC Facilities Geographic Information System is used to identify what organization is assigned the work area. In some cases the phonebook located on NASA’s “Explornet page,” select “Center,” select “Marshall,” select “Online Phonebook” may be used to identify the assignee’s organization.

5.9.3.1 At MAF, noncompliances that are program/project/user-related will be assigned to the supervisors assigned the work area.

5.9.3.2 At MAF, the identity of the organization assigned an area will be determined by the MAF Chief Operating Officer or designee.

5.9.4 The actions recommended on the SHEtrak finding or other actions necessary to correct the noncompliance shall be implemented by the assignee as appropriate.

5.9.5 The cause that led to the noncompliance shall be provided on the SHEtrak finding when requested.

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5.9.6 A prevention plan shall be initiated, when requested.

NOTE: If the cause that led to the noncompliance and a prevention plan is needed, it will be noted on the SHEtrak finding.

5.9.7 SHEtrak findings for an observation/positive are normally assigned following the same process shown in this section of the MWI.

5.10 Reassigning a SHEtrak Finding

5.10.1 The reassignment of a SHEtrak finding for a noncompliance from the initial assignee to another assignee shall be coordinated between the two assignees prior to reassigning the SHEtrak finding.

5.10.1.1 The SHEtrak finding reassignment is documented in SHEtrak after concurrence is obtained from the new assignee.

5.10.2 SHEtrak findings should not be reassigned when the SHEtrak finding is 7 calendar days or less of the ECD.

5.10.3 The reassignment of SHEtrak findings is only permitted between those organizations that have assignees (e.g., BMs or organization's SHE POCs) who have access in SHEtrak.

5.10.4 When a SHEtrak finding is reassigned it will be updated to contain the following: name; title; or organization of the new assignee responsible to correct the SHEtrak finding.

5.10.4.1 When reassigned to the BM or different organization, the names may be obtained via a link under "assignee."

5.10.5 When a SHEtrak finding is reassigned to another assignee the SHEtrak database automatically ensures the SHEtrak finding has a minimum of 10 calendar days before the ECD. Additional calendar days are added to ensure a minimum of 10 before the ECD in cases where the ECD on the date of reassignment is less than 10 days.

5.10.5.1 No additional days are added to the ECD in cases where the ECD on the date of reassignment is greater than 10 calendar days.

5.10.6 SHEtrak assignees may reassign a SHEtrak finding if the finding has been wrongly assigned or the assignee does not have the primary responsibility to initiate the corrective actions for the noncompliance as described in section 5.9 of this MWI.

5.10.6.1 Reassignment of a SHEtrak finding from an organization's SHE POC to a BM is discouraged unless the SHEtrak finding is related to a building area not assigned directly to the organization's SHE POC organization. (See section 5.9 of this MWI for more information.)

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5.10.7 SHEtrak findings for an observation/positive are normally not reassigned, but if they are reassigned the reassignment will follow the same process shown in this section of the MWI.

5.11 Correcting a SHEtrak Finding

5.11.1 Actions shall be initiated by the assignee to correct the SHEtrak finding. These actions may be the initiation of a FWR or by other actions deemed as appropriate by the assignee to correct the noncompliance. (See MPR 8812.1 for more information on the process of initiating an FWR.)

5.11.2 An abatement plan shall be initiated by the assignee to extend the ECD of the SHEtrak finding following the process described in section 5.14 of this MWI in cases where the ECD of the FWR exceeds the ECD of the SHEtrak finding.

5.11.2.1 The FWR may serve as the abatement for the SHEtrak finding by providing the justification and rationale why the due date of the SHEtrak finding was extended. The due date of the SHEtrak finding should not be less than the due date for the FWR. (See NPR 8715.1 Chapter 2 for more information.)

5.11.2.2 Corrective actions for an observation are not required, but are highly recommended for some level of action to be taken to address the observation.

5.11.3 No corrective actions are required for a positive.

5.12 SHEtrak Finding Correction Timeline

5.12.1 When a hazardous or noncompliant condition is recognized, it shall be evaluated and resolved or corrected, if possible, or placed in a safe/healthful or environmentally-safe condition and/or identified (e.g., signage, tags, barricades, or other method) to alert other employees working in the area of the condition.

5.12.2 The timeline to place a hazardous or noncompliant condition in a safe/healthful or environmentally-safe condition shall depend on the hazard probability/severity level classification assigned in SHEtrak. The rule of thumb is generally that the higher the hazard probability/severity level classification, the shorter the timeline expected to place the hazardous or noncompliant condition in a safe/healthful or environmentally-safe condition. The hazardous or noncompliant condition does not necessarily have to be permanently corrected, but only placed in a safe/healthful or environmentally-safe condition until additional actions can be implemented to permanently correct the condition.

5.12.2.1 All SHEtrak findings currently default to a ECD of 30 calendar days to correct a hazardous or noncompliant condition. The 30 calendar day ECD begins when the SHEtrak Inspection Report is released by the SHE inspector and sent to the assignee. (See section 5.14 of this MWI for more information.)

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5.12.2.2 Communicating hazardous or noncompliant conditions to employees may be accomplished by the use of barricades, signs, tags, labels, or a standard safety color to alert the employees in the immediate area of the hazardous or noncompliant conditions. (See 29 CFR pts. 1910.144 and 145, and ANSI Z535.1, Z535.2, Z535.3, Z535.4, and Z535.5, and MPR 8715.1 for more information on sign format, color combinations, signal words or symbols, and basic messages.)

5.12.2.3 Signs intended to communicate hazardous or noncompliant conditions and/or control methods may be purchased from a vendor or computer generated, so long as the signs comply with the format, color combinations, signal words or symbols, and basic messages specified by the ANSI requirements listed in section 5.12.2.2 of this MWI. (See MPR 8715.1 for more information.)

5.12.3 When a hazardous or noncompliant condition is identified as a “high hazard,” the SHE inspector that discovered the hazardous or noncompliant condition cannot leave the immediate area until corrective measures have been implemented and verified as placing the hazardous or noncompliant condition in a safe/healthful condition. (See 29 CFR pt. 1903.13 for imminent danger for more information.)

5.12.4 Actions to correct a hazardous or noncompliant condition shall be initiated by the assignee after receiving the notice that they have been assigned a SHEtrak finding.

5.12.5 An abatement plan shall be initiated by the assignee when the SHEtrak finding cannot be corrected within 30 calendar days in accordance with NPR 8715.1 Chapter 2, and 29 CFR pt. 1960.30 following the process described section 5.14 of this MWI.

5.12.6 Any interim actions taken during the inspection to place the hazardous or noncompliant condition in a safe/healthful or environmentally-safe condition, or prevent employees from being potentially exposed to the hazardous or noncompliant condition shall be noted on the SHEtrak finding.

5.12.7 Observations should not exceed the 30 calendar day ECD for closure. No corrective actions are required, other than acknowledging the assignee is aware of the observation.

5.12.7.1 The assignee will determine if organizational management should be made aware of the observation.

5.12.8 Positives have no closure timeline and are automatically closed when the SHEtrak inspection report is released to the assignees.

5.13 Closing a SHEtrak Finding

5.13.1 SHEtrak findings shall be submitted for closure or an abatement plan initiated prior to the SHEtrak finding’s ECD.

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5.13.2 Actions taken to correct the SHEtrak finding shall be noted in the closure section of the SHEtrak finding.

5.13.2.1 The SHEtrak finding normally includes the recommended action to correct the hazardous or noncompliant condition. The recommended action is always dependent upon the type and level of the hazardous or noncompliant condition.

5.13.2.2 SHEtrak findings submitted for closure by the assignee are considered as “closed” and are not displayed on the IMSC charts column for “open or late actions” for the organization.

5.13.3 SHEtrak findings shall not be submitted for closure by the assignee until all of the corrective actions have been implemented and verified as complete.

5.13.4 The cause, actions taken to correct the hazardous or noncompliant condition, and actions taken to prevent a recurrence of the hazardous or noncompliant condition shall be included with the SHEtrak closure when requested.

5.13.5 The SHE inspector that initiated the SHEtrak finding is identified on the finding and shall be contacted if assistance is needed.

5.13.6 Corrective actions implemented to close the SHEtrak finding shall be reviewed by the SHE inspector designated to concur or non-concur with the request for closure within 7 calendar days of receiving notice that a SHEtrak finding has been submitted closure.

5.13.6.1 The SHE inspector may elect to verify the corrective actions have been implemented to prevent recurrence of the condition.

5.13.6.2 At MSFC, the Center’s Occupational Health Office and Center’s Environmental Office review SHEtrak finding closures for concurrence during a weekly staff meeting.

5.13.7 Rationale shall be provided to the SHEtrak assignee for a non-concurrence within 7 calendar days of a nonconcurrence. The rationale for the nonconcurrence is entered in SHEtrak.

5.13.7.1 Assignees may receive notification of the nonconcurrence by phone/email prior to it being entered into SHEtrak. No feedback is provided to the assignee for concurrence with the proposed SHEtrak finding closure.

5.13.7.2 Status of a SHEtrak finding may be obtained from MSFC’s “Inside Marshall,” select “Organizational Websites,” locate “Safety and Mission Assurance Directorate,” select “Safety, Health and Environmental” select “safety search,” select “SHEtrak.”

5.13.7.3 When a SHEtrak finding closure rationale is rejected by the SHE representative the SHEtrak database automatically ensures the SHEtrak finding has a minimum of 10 calendar days before the ECD. Additional days are added to ensure a minimum of 10 calendar days before the ECD in cases where the ECD on the date of rejection is less than 10 calendar days. No

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additional days are added to the ECD in cases where the ECD on the date of rejection is greater than 10 calendar days.

5.13.8 The issuance of an FWR or abatement plan shall not be considered as the corrective action necessary to close a SHEtrak finding.

5.13.8.1 When a SHEtrak finding is submitted for closure it will automatically close any associated abatement plan if the SHEtrak finding number is included on the FWR and entered into the FMO computerized system for tracking FWRs.

5.13.9 Observations are closed following the process shown in this section of the MWI. The assignee only needs to enter their acknowledgement of the reported observation in the closure section of the SHEtrak finding. Any additional actions that may have been implemented to address the observation should also be noted on SHEtrak finding closure.

5.13.9.1 Observations submitted for closure will not be rejected by the responsible Center's SHE Office.

5.13.10 Positives do not require submission for closure.

5.14 Abatement Plan

5.14.1 An abatement plan shall be initiated by the assignee within 7 calendar days of identifying a SHEtrak finding cannot be corrected within 30 calendar days of the due date shown on the SHEtrak finding report in accordance with NPR 8715.1 Chapter 2, and 29 CFR pt. 1960.30.

5.14.1.1 At MSFC, the Center's Occupational Health Office and Center's Environmental Office review Abatement Plans for concurrence during a weekly staff meeting.

5.14.1.2 The abatement plan should include an ECD greater than the ECD shown on any work authorization document initiated to correct the SHEtrak finding. (See NPR 8715.1 Chapter 2 for more information.)

5.14.1.3 Access to a blank abatement plan is available within SHEtrak. Contact the SHE inspector that initiated the SHEtrak finding for assistance if the abatement plan cannot be entered directly into SHEtrak.

5.14.2 Abatement Plans shall include, at a minimum, the following:

5.14.2.1 Rationale why the hazardous or noncompliant condition cannot be corrected within 30 calendar days.

5.14.2.2 Interim actions that have been implemented to protect employees from injury, or prevent damage to equipment, or harm the environment until corrective actions can be implemented to correct the hazardous or noncompliant condition.

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5.14.2.3 The ECD for implementing the corrective actions.

5.14.3 Abatement plan shall be reviewed by the SHE representative within 7 calendar days of receiving notice that an abatement plan has been submitted.

5.14.4 Rationale shall be provided to the SHEtrak assignee for the non-concurrence with an abatement plan within 7 calendar days of a nonconcurrence. The rationale for the nonconcurrence is entered in SHEtrak.

5.14.4.1 Assignees may receive notification of the nonconcurrence by phone/email prior to it being entered into SHEtrak. No feedback is provided to the assignee for concurrence with the proposed abatement plan.

5.14.4.2 Status of a SHEtrak finding may be obtained from MSFC's "Inside Marshall," select "Organizational Websites," locate "Safety and Mission Assurance Directorate," select "Safety, Health and Environmental," select "safety search," select "SHEtrak."

5.14.4.3 When an abatement plan is rejected by the SHE representative the SHEtrak database automatically ensures the SHEtrak finding has a minimum of 10 calendar days before the ECD. Additional days are added to ensure a minimum of 10 calendar days before the ECD in cases where the ECD on the date of rejection is less than 10 calendar days. No additional days are added to the ECD in cases where the ECD on the date of rejection is greater than 10 calendar days.

5.14.4.4 When an abatement plan is pending review by the SHE representative, the SHEtrak finding will be shown as "open" and will not be displayed on the IMSC charts column for "open or late actions" for the organization.

5.14.5 Abatement plans submitted two times or more to extend the ECD for a SHEtrak finding shall be elevated to the SHE organization management for concurrence. The SHE inspector designated to concur with the abatement plan coordinates the abatement plan concurrence with the SHE organization management.

5.14.5.1 Abatement plans that have been submitted multiple times to extend the ECD for a SHEtrak finding may be brought to the attention of Center management by the Center's SHE organizations or be identified as an Center/organizational risk following the processes described in MWI 7120.6.

5.14.6 Observations do not require the use of an abatement plan.

5.15 Cause and Prevention Plan

5.15.1 The "cause" of a hazardous or noncompliant condition shall be included when the SHE inspector identifies on the SHEtrak finding that a "cause" is required.

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5.15.1.1 A “cause” may be required when determined by the SHE inspector based on the following: 1) hazard level classification; 2) if it is a repeat finding; or 3) if the finding has exceeded the identified closure date.

5.15.2 A clear description of the “cause” that led to the hazardous or noncompliant condition shall be provided, when requested.

5.15.2.1 A cause is normally requested for environmental-related SHEtrak findings identified as “high hazard” or “moderate hazard,” safety-related SHEtrak findings identified as “high hazard,” occupational health-related SHEtrak findings identified as “high hazard” and any SHEtrak finding identified as “systemic” regardless of the hazard level classification, if determined necessary by appropriate Center’s SHE organization management.

5.15.2.2 A variety of methods (e.g., root cause analysis, hazard analysis, or fault tree) may be used to assist in determining the “cause” of a hazardous or noncompliant condition. Assignees may contact the SHE inspector that initiated the SHEtrak finding for assistance if needed.

5.15.3 A clear description of the “actions taken to prevent recurrence” of the hazardous or noncompliant condition shall be provided when a prevention plan is requested.

5.15.4 Rationale for the non-concurrence with the proposed “cause” or “actions to prevent recurrence” shall be provided when needed.

5.15.5 A requirement for a “cause” shall not be assigned to BMs unless the SHE inspector can determine the hazardous or noncompliant conditions are only discovered within the building(s) for which the building manager is assigned.

5.15.6 SHEtrak findings shall be assigned to the organization’s SHE POC when there are an unusually high number of hazardous or noncompliant conditions discovered within a single organization.

5.15.7 Observations do not require the use of a cause and prevention plan.

5.16 Present to Center SHE Committee

5.16.1 The Center’s SHE Committee shall be informed by the organization assigned the SHEtrak finding of the “cause” of the hazardous or noncompliant condition and discuss the “actions taken to prevent recurrence” for the following:

5.16.1.1 When assigned an safety-related, environmental-related or occupational health-related SHEtrak finding classified as “high hazard.”

5.16.1.2 When requested by the Center’s Environmental Office for environmental-related or the Center’s Occupational Health Office for occupational health-related SHEtrak finding classified as

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“systemic moderate hazard.”

5.16.2 Reporting to the Center’s SHE Committee is normally done at the next regularly-scheduled Center SHE Committee meeting after the SHEtrak finding is assigned, but may be delayed if the organization needs additional time to determine the actions necessary to prevent recurrence.

5.16.2.1 SHE Committee Representatives are listed on MSFC’s “Inside Marshall,” select “Organizational Websites,” locate “Safety and Mission Assurance Directorate,” select “Safety, Health and Environmental,” select “Who to Call.” Organization may contact the Center’s Safety Office to make an update to the list.

5.16.3 The Center’s SHE Offices have the option of notifying the Center’s SHE Committee when an organization assigned a SHEtrak finding has submitted abatement plans multiple times to extend the ECD for a SHEtrak finding.

5.17 SHEtrak Status

5.17.1 An automated SHEtrak status notification shall be sent for the following:

5.17.1.1 To the assignee when the SHEtrak finding is released through SHEtrak, five (5) days before expected closure date, on the expected closure date, and at least once after the expected closure date has passed.

5.17.1.2 SHEtrak assignees also receive a reminder notification of open SHEtrak findings assigned to them at approximately midway between the date the SHEtrak finding was released and the date expected for closure.

5.17.1.3 To the SHE inspector that initiated the SHEtrak finding when the status of an open SHEtrak finding is changed.

a. The SHE inspector concurs or non-concurs with the changes.

5.17.2 SHEtrak status shall be updated automatically when a SHEtrak finding is entered by a SHE inspector or closed by an assignee.

5.17.2.1 It is recommended that organization management be made aware of SHEtrak status assigned to the organization prior to the monthly Center SHE Committee meeting.

5.17.2.2 SHEtrak status may be obtained from MSFC’s “Inside Marshall,” select “Organizational Websites,” locate “Safety and Mission Assurance Directorate,” select “Safety, Health and Environmental,” select “Safety Information,” select “Safety Search.” This link also provides the capability to perform an integrated search of other SHE-related databases such as SCRS; CMMS; SHE Charts; and IMSC Charts.

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5.18 Verification of Actions Taken to Close a SHEtrak Finding

5.18.1 The effectiveness of the actions taken to prevent a recurrence of a SHEtrak finding shall be accomplished by the method determined by the appropriate Center's SHE organization.

5.18.2 The method of verification by each Center's SHE organization shall be documented within its own organization's work instructions.

5.18.3 Verification of an observation is not required.

5.19 Construction/Demolition Site Inspection/Monitoring

5.19.1 Construction/Demolition site SHE inspection/monitoring shall be performed in accordance with 29 CFR pt. 1960.26, 29 CFR pt. 1926, 40 CFR pts. 1-1068, NPD 8820.2, NPR 8715.1, and ADEM Administrative Code 335 (only applicable at MSFC) following the process described in this MWI.

5.19.1.1 At MAF, LDEQ is applicable in place of ADEM.

5.19.1.2 Active Construction of Facility work sites are normally inspected/monitored weekly by the Center's Safety Office. At least 30 percent of all other active construction work sites (e.g., Indefinite Delivery Indefinite Quantity or Blanket Purchase Agreement) are inspected/monitored by the Center's Safety Office weekly.

5.19.1.3 The Center's Safety Office normally begins inspecting/monitoring construction site activities when they are shown to have reached 5-10 percent of completion and end at the 95-97 percent completion on the Center's FMO construction activities report.

5.19.2 Hazardous or noncompliant conditions discovered during the inspection/monitoring shall be communicated to the construction/demolition contractor superintendent and/or FMO construction support personnel.

5.19.3 Construction/demolition SHEtrak findings shall be documented and assigned following the process described in this MWI in SHEtrak and assigned to the Center's FMO and include a notification to the Center's FMO Contracting Officer Representative or Center's FMO project/program manager.

5.19.4 Construction/demolition site issues discovered during the final inspection of the construction/demolition site activities shall be identified and provided to the FMO representative for inclusion on the Center's FMO Punch List.

5.20 Inspections/Surveys Performed Offsite on Premises Owned or Controlled By MSFC

5.20.1 Inspections/surveys of facilities that are not located on MSFC shall be performed for the following:

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5.20.1.1 Property that is owned or leased by MSFC.

5.20.1.2 When MSFC Civil Servant employees are located offsite on property that is not owned or controlled by MSFC through a contract, Space Act or Cooperative Agreement or grant.

5.20.1.3 Only the areas that are occupied by the MSFC’s Civil Servant employees will be inspected for property located offsite.

5.20.2 Building inspections/surveys performed by an offsite local SHE authority may be permitted to serve as the formal safety and health inspection/survey required by NPR 8715.1. Contact the Center’s Safety Office, Center’s Occupational Health Office or Center’s Environmental Office. (See 29 CFR pt. 1960.26, NPR 8715.1 Chapter 4, and MPR 8715.1 Chapter 3 for more information.)

5.20.2.1 A copy of the offsite SHE authority’s building inspection/survey report will be needed in this situation. (See NPR 8715.1 Chapter 4 for more information.)

5.21 Inspections/Surveys of Center Buildings Not Owned or Controlled By MSFC

5.21.1 Inspections/surveys are not performed by the Center’s Safety Office, Center’s Occupational Health Office and Center’s Environmental Office for Center buildings/areas that are not owned or controlled by MSFC, or house MSFC employees.

5.21.2 The Center’s AHJ shall be granted access to buildings owned and controlled by a nongovernment entity, but located on Center to ensure conformance with NFPA regulations.

5.22 Training

5.22.1 Training shall be provided to SHE inspectors that enables them to recognize, evaluate, resolve and control hazardous, and noncompliant conditions in the work environment identified during an audit/inspection/survey in accordance with NPR 8715.1 Chapter 4 and Chapter 6, and 29 CFR pt. 1960.25, and with appropriate Federal, State, and local laws and regulations. (See MPR 8715.1 for more information.)

5.22.2 Training shall be provided to employees designated to perform SHE collateral duties for the organization. The training should enable them to recognize, evaluate, resolve and control hazardous, and noncompliant conditions in the work environment identified during an audit/inspection/survey in accordance with 29 CFR pt. 1960.58. (See MPR 8715.1 and MWI 8715.5 for more information.)

5.22.2.1 Successful completion of SHE 103, “SHE Collateral Duty Training” will fulfill this training requirement for individuals designated to perform SHE collateral duties for their organization.

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6. CANCELLATION

MWI 8715.12H, “Safety, Health, and Environmental-Finding Tracking System (SHEtrak),” dated December 10, 2015.

Original signed by

Todd A. May
Director

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APPENDIX A DEFINITIONS

Abatement Plan A plan initiated by the SHEtrak assignee when the SHEtrak finding cannot be corrected within 30 calendar days. (See 29 CFR Part 1960.30 and 34, and NPR 8715.1 Chapter 2 for more information.)

Assistant Building Manager (ABM) Individual assigned responsibility to aid the Building Manager in assuring that their assigned buildings and its surrounding areas are safe, healthful, and in compliance with housekeeping rules. The ABM is sometimes referred to as a floor manager.

Active Building Any building that has a specific and near-term program or institutional requirement. Space utilization is normally 50 percent, and/or usage level exceeds 50 percent of the available time for use. (See NPR 8831.2 for more information.)

Announced Safety, Health and Environmental (SHE) Inspection/Survey A formal inspection/survey that systematically examines a building/area to determine if SHE program requirements are being implemented effectively and is coordinated and scheduled with the BM and/or organization's SHE POCs directly responsible for a specific activity/program prior to the start of the inspection/survey.

Assignee Organization employee(s) designated to be assigned SHE findings to correct. These employee(s) can also be designated serve as an organization single POC to track the open/close status of the SHEtrak finding or can assign the SHEtrak finding(s) to other organization employees to correct. This employee can also be designated to serve multiple SHE roles for the organization.

Audit (Safety, Occupational Health and Environmental) Methodical examination of procedures and practices by a SHE inspector/representative to lead to the verification of compliance with federal, state and NASA requirements, internal policies, or expected practices and that these are being implemented effectively to achieve the planned objectives.

Audit Tracking and Information System A database that documents and tracks the non-fulfillment of specified management system requirements discovered during an audit and generates a nonconformance report. This database can be used for both internal audits and external audits conducted on an MSFC activity, process, or program.

Building Manager (BM) Organization employee(s) designated the respective Area Manager to ensure that their assigned building(s) and surrounding areas are maintained in a safe, healthful working condition, and in compliance with housekeeping and environmental rules.

Cause A condition that can lead to the noncompliance with a specific requirement and when corrected can greatly reduce the potential for the recurrence of the noncompliance.

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Center NASA-owned property that has been designated as a NASA Center. In this MWI the Center is MSFC or MAF.

Center’s Environmental Office The Center Office/Department/Branch that provides insight, oversight and coordination of environmental-related issues with internal and external organizations to ensure compliance is maintained with all applicable federal, state and local environmental regulations, NASA and Center environmental requirements, and environmental-related Executive Orders, in accordance with NPD 8500.1. At MSFC these functions are performed by the Office of Center Operations/ EEOH/AS10. At MAF these functions are performed by the MAF Environmental Lead/AS60 and the SACOM contract Environmental Services who ensure all environmental-related day-to-day functions identified in this MWI for EEOH are performed.

Center’s Facilities Management Office (FMO) The Center Office/Department/Branch that provides insight, oversight and coordination of facility operation and maintenance-related issues with internal and external organizations to ensure compliance is maintained with all applicable facility-related Executive Orders, federal, state, local, NASA and Center regulations in accordance with NPR 8831.2. At MSFC these functions are performed by the Office of Center Operations/FMO/AS20. At MAF these functions are performed by the MAF Operations Office/AS60 and the SACOM contract Facilities Management Office Department who ensure all facility-related day-to-day functions identified in this MWI for FMO are performed.

Center’s Occupational Health Office The Center Office/Department/Branch that provides insight, oversight and coordination of occupational health-related issues with internal and external organizations to ensure compliance is maintained with all applicable occupational health-related Executive Orders, federal, state, local, NASA and Center regulations in accordance with NPR 1800.1. At MSFC these functions are performed by the Office of Center Operations/EEOH/AS10. At MAF these functions are performed by the MAF Emergency Management/Protective Services Office Operations Manager/AS50 and the SACOM contract Safety and Health Services who ensure all occupational health-related day-to-day functions identified in this MWI for EEOH are performed.

Center’s Safety Office The Center Office/Department/Branch that provides insight, oversight and coordination of safety-related issues with internal and external organizations to ensure compliance is maintained with all applicable safety-related Executive Orders, federal, state, local, NASA and Center regulations in accordance with NPR 8715.1 and NPR 8715.3. At MSFC these functions are performed by the SMA Directorate/QD12. At MAF these functions are performed by the MAF SMA Manager/QD12 and the SACOM contract Safety and Health Services who ensure all safety-related day-to-day functions identified in this MWI for SMA and ISB are performed. The MAF SMA Manager/QD12 is commonly referred to as the MAF Site Safety Manager.

Center’s SHE Offices The Center Offices given primary responsibility for implementing Federal, State, local, NASA and Center SHE-related requirements and ensuring continual compliance with these requirements. At MSFC, these organizations are the ISB within SMA and the EEOH within

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the Center Operations organization. The Center’s Safety Office, Center’s Occupational Health Office and Center’s Environmental Office form the Center’s SHE Offices in this MWI.

Collateral Duty (as applied to this MWI) A duty assigned to an employee that is performed in addition to and separate from the duties of the employee’s regular position. In the scope of this MWI, serving as an AM, BM, ABM, or organization’s SHE POC may (at times) require significant activity in support of the SHE Program. (See MPR 8715.1 for more information.)

Corrected on-the-Spot An audit/inspection/survey term used to identify a minor isolated problem that can be “corrected on-the-spot” and normally requires no additional actions.

Correction Actions taken to correct a noncompliance or to reduce a hazardous condition to an acceptable safe level. This includes any actions taken to correct a noncompliance, corrections implemented on-the-spot during the inspection, and additional actions taken after the inspection has been completed. A correction can be made in conjunction with a corrective action.

Corrective Action Actions taken to eliminate the cause(s) of a noncompliance or hazardous condition and to prevent the recurrence of the noncompliance or hazardous condition in both the original and all like circumstances. Corrective action requires the identification and elimination of causes.

Facilities Work Request (FWR) Any facility service less than \$500,000 that is not performed by a trouble call. The FWRs include (but are not limited to) building repairs, alterations, modifications, or new construction. (See MPR 8812.1 for more information.)

Finding A generic term used in this MWI to describe a documented report of facts discovered or noted during an audit/inspection/survey for a noncompliance, observation and positive. In this MWI is referred to as a SHEtrak finding.

Hazard A state or a set of conditions internal or external to a facility or operation and has the potential to cause an undesired event. In this MWI includes unsafe and unhealthful conditions identified in the work environment. Hazard classifications may be defined differently by the Center’s Safety Office, Center’s Occupational Health Office, and Center’s Engineering Office.

Hazard Level The level of risk based on the probability that the hazard can occur and if it does, the severity of its outcome that is assigned to a hazard in SHEtrak. In SHEtrak, the hazard level is identified as “Hazard Probability/Severity.”

High Hazard (Environmental) A condition in which the noncompliance: (a) is a significant regulatory violation; (b) is an immediate danger to human health and/or the environment; (c) is a systemic problem as determined by repeat “moderate hazard” noncompliances; or (d) is a “moderate hazard” noncompliance that is overdue for closure.

High Hazard (Safety and Occupational Health) The existence of any condition or activity where there is reasonable certainty that a significant level of danger exists that has a high probability to

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cause an undesired event before the condition or activity can be corrected. This level of hazard is sometimes referred to as “imminent danger conditions” or “RAC 1” and is identified by the color “red” on the RAC classification shown in Appendix E, Tables 1 and 2. (See 29 CFR pt. 1903.13 and NPR 8715.1, Chapter 4 for more information.)

Inactive Building A building that has no specific and present or near-term program or institutional requirement. An inactive building may be placed in “standby,” “mothballed,” or “abandoned” status and generally apply to the following: No personnel occupy the building; utilities are curtailed, other than as required for fire, security, or safety; building is secured to prevent unauthorized access and injury to personnel; and the building does not receive funding for renewal or other significant improvement. (See NPR 8831.2 or contact the Center’s FMO for more information.)

Inspection (Environmental Engineering) An examination of a building/facility or area by an environmental inspector/representative to detect and identify noncompliances with ADEM (only applicable at MSFC), EPA, and NASA requirements. At MAF, these inspections/surveys include ensuring compliance with LDEQ (only applicable to MAF), EPA and NASA requirements.

Inspection (Safety) An examination of a building/facility or area by a safety inspector/representative to detect and identify noncompliances with OSHA, NFPA, NASA, and other applicable SHE standards.

Low Hazard (Environmental) A condition that violates MSFC environmental procedures, possibly resulting in limited regulatory impacts.

Low Hazard (Safety and Occupational Health) The existence of any condition or activity where there is a low probability to cause an undesired event if not corrected. This level of hazard is less than a moderate hazard, is sometimes referred to as “less than serious condition” or “RAC 3,” and is identified by the color “green” on the RAC shown in Appendix E, Tables 1 and 2. (See NPR 8715.1, Chapter 4 for more information.)

Minimal Hazard (Safety) The existence of any condition or activity where there is a minimal probability to cause an undesired event if not corrected. This level of hazard is less than a low hazard, is sometimes referred to as “RAC 4,” and is identified by the color “white” on the RAC shown in Appendix E, Tables 1 and 2. At MSFC, this level of hazard does not apply to EEOH.

Moderate Hazard (Environmental) A condition in which the noncompliance: (a) is a minor regulatory violation; (b) has potential to impact human health and/or the environment; (c) is a systemic problem as determined by repeat “low hazard” noncompliances; or (d) is a “low hazard” noncompliance that is overdue for closure.

Moderate Hazard (Safety and Occupational Health) The existence of any condition or activity where there is a moderate probability to cause an undesired event if not corrected. This level of hazard is less than a high hazard, but greater than a low hazard, is sometimes referred to as

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“serious conditions” or “RAC 2” and is identified by the color “yellow” on the RAC shown in Appendix E, Tables 1 and 2. (See NPR 8715.1, Chapter 4 for more information.)

Noncompliance A condition that fails to comply with a law, regulation or requirement.

Nonconformance A condition of any article, material, software, service, or activity in which one or more characteristics do not conform to requirements. This includes failures, discrepancies, defects, malfunctions, and noncompliances with a Federal, State, local, NASA or Center SHE-related requirement.

Observation Documented report of a concern, hazard, or risk discovered during an inspection/survey that does not rise to the level of a clearly defined noncompliance with federal, state, local, NASA and recognized industry standards, regulations and requirements, but if left alone, could result in becoming a noncompliance or mishap in the future. A method of commending an organization’s safety effort and also noting an organization’s “opportunity for improvement.”

Organization (as applied in this MWI) Center Directorate/Office/Department/Laboratory.

Organization’s Safety, Health and Environmental (SHE) Point of Contact (POC) Individual designated by an organization’s management to perform a wide range of activities in support of the Center’s Safety Office, Center’s Occupational Health Office and Center’s Environmental Office in implementing the Center’s SHE Program within their organization. Sometimes referred to in general terms as an organization’s SHE representative or coordinator. (See MPR 8715.1, MWI 8715.5, and MWI 8715.13 for more details in the types of activities and support these individuals are expected to perform.)

Positive Documented report of a condition or activity identified to exceed minimal expectations.

Risk Assessment Code (RAC) A numerical expression of a level of risk associated with a condition that is determined by an evaluation of both the severity of the condition (worse potential consequence) and the probability of its occurrence. (See Appendix E, Table 1 of this MWI for more information.)

Risk The combination of (1) the probability (qualitative or quantitative) of experiencing the occurrence of an undesired event; (2) the consequences, impact, or severity that can result from the undesired event occurring; and (3) the uncertainties associated with the probability and consequences.

SHE Inspector/Representative Employee(s) that is authorized pursuant to E.O. 12196 section 1201(g) to carry out inspections for the purpose of 29 CFR pt. 1960, Subpart D and has received training in how to identify and evaluate safety, health, or environmental hazards or non-compliances in accordance with appropriate federal, state, and NASA laws and regulations. This employee(s) is normally assigned to or directly represents and supports the Center’s Safety

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Office, Center’s Occupational Health Office, or Center’s Environmental Office, but can also be other employees(s) when these activities are conducted by a third party.

SHE-Related Issues, concerns, or conditions associated with safety or health regulations governed by OSHA or environmental regulations governed by the Environmental Protection Agency.

SHEtrak Database for the purpose of recording and tracking safety, health, and environmental noncompliances. This database is located on MSFC’s “Inside Marshall,” select “Organizational Websites,” locate “Safety and Mission Assurance Directorate,” select “Safety, Health and Environmental,” Select “Safety Tools and Apps.”

Survey (Occupational Health) A walk-through inspection of a workplace by an occupational health inspector/representative to identify potential hazards or stressors that may cause sickness, impaired health and wellbeing, or significant discomfort and inefficiency among employees. The hazards can include (but are not limited to) chemical, physical (e.g., noise, radiation, and heat), and biological agents. Specific monitoring or analytical methods may be required to detect the extent of employee exposure. Also, activities, processes, or projects may be observed to identify compliance with pertinent health regulations.

Systemic Affecting or relating to a system-wide noncompliance with a specific federal, state, or NASA requirement.

Unannounced Inspection/Survey An inspection/survey that is uncoordinated and unscheduled with the building manager, organization’s SHE POC or building occupants prior to the inspection/survey being performed. These inspections are performed randomly at the SHE inspector’s discretion.

Undesired Event An event or series of events which unleashes the potential inherent in a hazard and either directly or indirectly results in (1) injury, occupational-related illness, or death to personnel or the public; (2) damage to or loss of facilities/equipment; or (3) detrimental impact to the environment and the surrounding community.

Unhealthful Conditions A wide range of conditions that has been implicated as risk factors for a variety of health problems (e.g., unsanitary, unhygienic or dirty work conditions).

Unsafe Conditions Any physical state which deviated from that this is acceptable, normal or correct in terms of its past production or potential future production of person injury and/or damage to property of things; any physical state which results in a reduction in the degree of safety normally present. A condition that has been found to be harmful in the past and has the potential to be harmful again in the future if not corrected. The condition exists immediately prior to an undesired event which is significant in initiating the event.

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APPENDIX B ACRONYMS

ABM	Assistant Building Manager
ADEM	Alabama Department of Environmental Management
AHJ	Authority Having Jurisdiction
ANSI	American National Standard Institute
AS	Organization code for Office of Center Operations
BM	Building Manager
CFR	Code of Federal Regulations
CMMS	Computerized Maintenance Management System
ECD	Estimated Completion Date
EEOH	Environmental Engineering and Occupational Health
EPA	Environmental Protection Agency
FMO	Facilities Management Office
FWR	Facilities Work Requests
IMSC	Integrated Management System Council
IS	Organization Code for Office of Chief Information Officer
ISB	Industrial Safety Branch
LDEQ	Louisiana Department of Environmental Quality
MAF	Michoud Assembly Facility
NFPA	National Fire Protection Association
NRRS	NASA Records Retention Schedules
OI	Organizational Issuance
OSHA	Occupational Safety and Health Administration

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POC	Point of Contact
QD	Organization code for Safety and Mission Assurance Directorate
RAC	Risk Assessment Code
SACOM	Synergy Achieving Consolidated Operations and Maintenance
SCRS	Safety Concerns Reporting System
SF	Organization code for Michoud Assembly Facility
SHE	Marshall Safety, Health, and Environmental
SHEtrak	Safety, Health, and Environmental-Finding Tracking System
SMA	Safety and Mission Assurance
U.S.C.	United States Code

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APPENDIX C VERIFICATION MATRIX

Section	Brief Description	Verification			Comments
		Insp	Doc	Test	
5.1	Inspection/Survey Process		x		
5.2	Announced SHE Inspections/Surveys		x		
5.3	Unannounced SHE Inspections/Surveys		x		
5.4	Documenting a Noncompliance/Observation in SHEtrak	x	x		
5.5	Documenting an Observation in SHEtrak	x	x		
5.6	Documenting a Positive in SHEtrak	x	x		
5.7	SHEtrak Hazardous Probability/Severity Level Classifications		x		
5.8	SHEtrak Inspection/Survey Report		x		
5.9	Assigning a SHEtrak Finding		x		
5.10	Reassigning a SHEtrak finding		x		
5.11	Correcting a SHEtrak Finding	x	x		
5.12	SHEtrak Finding Correction Timeline		x		
5.13	Closing a SHEtrak Finding		x		
5.14	Abatement plan		x		
5.15	Cause and Prevention Plan		x		
5.16	Present to Center SHE Committee		x		
5.17	SHEtrak status		x		
5.18	Verification of Actions Taken to Close a SHEtrak Finding	x	x		
5.19	Construction/Demolition Site Inspection/Monitoring		x		
5.20	Inspections/Surveys Performed Offsite on Premises Owned or Controlled by MSFC		x		
5.21	Inspections/Surveys of Center Buildings Not Owned or Controlled by MSFC		x		

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**APPENDIX D
RECORDS**

RECORD	REPOSITORY	RETENTION
SHEtrak Inspection/Survey/Audit records and related abatement plans	At MSFC maintained by ISB in the SHEtrak database At MAF maintained by the SACOM in an inspection tracking database or SHEtrak	NRRS 1/117/A: Retire to the Federal Records Center when related property is disposed of by NASA. Destroy 5 years after the disposal.
SHE Inspector Training	Per MPR 3410.1	Per MPR 3410.1

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**APPENDIX E
RAC**

TABLE 1				
Probability	Severity			
	1 Catastrophic	2 Critical	3 Marginal	4 Negligible
A – Frequent	1A	2A	3A	4A
B – Probable	1B	2B	3B	4B
C – Occasional	1C	2C	3C	4C
D – Remote	1D	2D	3D	4D
E – Improbable	1E	2E	3E	4E

TABLE 2	
Level of Hazard	
High Hazard	Unacceptable.
Moderate Hazard	Undesirable.
Low Hazard	Acceptable.
Minimal Hazard	Acceptable.

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TABLE 3 Severity Definitions - A condition that can cause:			
Description	Personnel Safety and Health	Facility/Equipment	Environmental
1 - Catastrophic	Loss of life or a permanent-disabling injury.	Loss of facility, systems, or associated hardware.	Catastrophic environmental impact; serious or repeat OSHA/EPA violations resulting in termination.
2 - Critical	Severe injury or occupational-related illness.	Major damage to facilities, systems, or hardware.	Critical environmental impact; critical OSHA/EPA violations causing a temporary stoppage.
3 - Marginal	Minor injury or occupational-related illness.	Minor damage to facilities, systems, or hardware.	Minor environmental impact; OSHA/EPA violations which require immediate remediation.
4 - Negligible	First aid injury or occupational-related illness.	Minimal damage to facility, systems, or hardware.	Minimal environmental impact; reportable OSHA/EPA violation.

TABLE 4 Probability Definitions		
Description	Qualitative Definition	Quantitative Definition
A – Frequent	High likelihood to occur immediately or expected to be continuously experienced.	Probability is > 0.1
B – Probable	Likely to occur or expected to occur frequently within time.	0.1 ≥ probability > 0.01
C – Occasional	Expected to occur several times or occasionally within time.	0.01 ≥ probability > 0.001
D – Remote	Unlikely to occur, but can be reasonably expected to occur at some point within time.	0.001 ≥ probability > 0.000001
E – Improbable	Very unlikely to occur and an occurrence is not expected to be experienced within time.	0.000001 ≥ probability