

DATA ITEM DESCRIPTION

Title: FACT FINDING REPORT

Number: DI-MGMT-82086

AMSC Number: N9746

DTIC Applicable: No

Preparing Activity: SH

Applicable Forms: N/A

Approval Date: 20161208

Limitation: N/A

GIDEP Applicable: No

Project Number: MGMT-2017-006

Use/Relationship: This DID will capture relevant facts regarding an unplanned event and will document the severity level of problems associated with the unplanned event.

This DID contains the format and content preparation instructions for the data product generated by the specific requirement delineated in the contract.

Requirements:

1. Format. The report shall be in a format similar to that of Figures 1, 2 and 3.
2. Content The report shall contain all of the information specified in Figures 1, 2 and 3 and shall contain the following information:
 - a. Chronological statement of relevant facts
 - b. Working copy of cause and Corrective Action Form(s)
 - c. Any other document(s) used during the Fact Finding Investigation
 - d. The identity of the senior manager who performed the review
 - e. Complete chronological statement of relevant facts from the unplanned event
 - f. Any other document(s) used during the Fact Finding Investigation (e.g. Independent Statements from individual(s), appropriate references, technical work documents)
 - g. A copy of critique meeting attendance from if a critique meeting was held
 - h. Identity of any similar unplanned event(s)

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Figure 1

FACT FINDING REPORT FORM

Preliminary Report

Final Report

SENIOR MANAGER REVIEW: _____

CONFIDENTIAL

ACTIVITY RESPONSIBLE FOR INVESTIGATION OF UNPLANNED EVENT: _____

CRITIQUE DATE/TIME (indicate "report only" if no critique held): _____

REPORT SERIAL NUMBER: _____ DATE REPORT ISSUED: _____

DATE/TIME OF ACTUAL UNPLANNED EVENT: _____

DATE/TIME WHEN UNPLANNED EVENT WAS DISCOVERED: _____

LOCATION OF UNPLANNED EVENT (i.e. building/facility, room/space): _____

TITLE (based on the most obvious problem): _____

SEVERITY LEVEL ASSIGNED: _____

DESCRIPTION OF THE UNPLANNED EVENT: _____

IMMEDIATE CORRECTIVE ACTIONS TAKEN: _____

PREVIOUS SIMILAR UNPLANNED EVENT (s) : YES NO , IF YES, LIST SERIAL NUMBER (s) _____

PROCEDURE NUMBER: _____ STEP BEING WORKED: _____

DISCOVERED BY: _____ PHONE#: _____

CHAIRPERSON: _____ PHONE #: _____

ORGANIZATION (S) RESPONSIBLE FOR IDENTIFIED PROBLEMS OR ASSIGNED ACTIONS/OPEN ITEMS

ORG: _____ ORG: _____ ORG: _____ ORG: _____ ORG: _____ ORG: _____

CONCURRENCE SIGNATURES

CHAIRPERSON/DATE: _____

SUPERVISOR/DATE: _____

CONCURRENCE BY/DATE: _____

CONCURRENCE BY/DATE: _____

CONCURRENCE BY/DATE: _____

CONCURRENCE BY/DATE: _____

CONCURRENCE BY/DATE: _____

CONCURRENCE BY/DATE: _____

CONCURRENCE BY/DATE: _____

CONCURRENCE BY/DATE: _____

CONCURRENCE BY/DATE: _____

CONCURRENCE BY/DATE: _____

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Figure 3

CAUSE AND CORRECTIVE ACTION FORM

REPORT SERIAL NUMBER: _____ EVENT SEVERITY LEVEL: _____ MANAGER/TECHNICAL CODE: _____
 DATE ISSUED: _____

This form contains the problem descriptions that were identified as being partially or wholly the responsibility of . As the manager, you are responsible to follow up and take the appropriate actions to correct the listed problems.

PROBLEM # _____ PROBLEM SEVERITY LEVEL _____

DESCRIPTION: _____

CAUSE: _____

SHORT-TERM CORRECTIVE ACTIONS: _____

ESTIMATED COMPLETION DATE: _____ ACTUAL COMPLETION DATE: _____

LONG-TERM CORRECTIVE ACTIONS: _____

ESTIMATED COMPLETION DATE: _____ ACTUAL COMPLETION DATE: _____

ACTION ASSIGNMENT SIGNATURES

CRITIQUE CHAIRPERSON _____ DATE: _____
 (Prime contractor)

SUPERVISOR REPRESENTATIVE: _____ DATE: _____

RESPONSIBLE ORGANIZATION: _____ DATE: _____

ACTION COMPLETION/ACCEPTANCE SIGNATURES

RESPONSIBLE ORGANIZATION: _____ DATE: _____

PRIME CONTRACTOR ACCEPTANCE: _____ DATE: _____

SUPERVISOR REPRESENTATIVE: _____ DATE: _____

End of DI-MGMT-82086