

## **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)

## DI-MGMT-82086

**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: \_\_\_\_\_

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CONCURRENCE BY/DATE: \_\_\_\_\_

CONCURRENCE BY/DATE: \_\_\_\_\_

CONCURRENCE BY/DATE: \_\_\_\_\_



## DI-MGMT-82086

**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