

National Aeronautics and  
Space Administration

**George C. Marshall Space Flight Center**  
Marshall Space Flight Center, AL 35812



Reply to Attn of: DA01

February 19, 1999

**TO:** Distribution

**FROM:** DA01/A. G. Stephenson

**SUBJECT:** Minutes of the MSFC Quality Council Meeting

The MSFC Quality Council (MQC) met on Wednesday, February 10, 1999. The meeting began at 10:00 a.m., in Building 4203, Conference Room 6002. The roster of attendees for the meeting is attached as Enclosure 1. The agenda for the meeting is included as Enclosure 2.

OPENING REMARKS (A. Stephenson/DA01)

The coming NQA Surveillance Audit is a serious one. Each of us needs to take the time and assure that we are well prepared for it. A lot of work has been done since the MQC Meeting last December and it is appreciated. But, we still have a lot of work to do. One area that we want to revisit is the Corrective Action Program. It will be renamed to be the Preventive and Corrective Action Program to better define what the Center will be doing in that area.

INTERNAL QUALITY AUDIT REPORT (W. Woods/CR10)

Since February 1998, there have been nine Internal Audits completed at the Center. The audits were performed to 19 of the 20 ISO 9000 Elements. The round of audits for 1999 were begun this week. The first two audits will complete a 100% MSFC Organization coverage.

The NCR Status is given on the chart included as Enclosure 3. When Auditors are required to perform an action, the Audit Manager notifies them. If an NCR is over 100 days old, the actionee is required to report the status to the Implementation Team at a regular meeting. By request, the status of all open NCRs is given to the Center Director. The two that will be late for the Surveillance Audit are to be discussed with the Center Director. Every effort should be made to close them before the audit or present a good reason for their being open. If closure is dependent upon coordination between several

parties, that will not be an acceptable reason. If a large amount of work needs to be accomplished and it cannot happen before the audit, that would be an acceptable reason.

There needs to be a level of thinking among the personnel of the Center to feel accountable. When an action is assigned, the actionee should feel responsible for completing the task for personal reasons and not because the Center Director wants it done.

**ACTION:**

**Establish a reasonable target date for closing open NCRs.  
(MQC-0018, S. Saucier/DE01, Due: 02-24-99)**

**PREVENTIVE AND CORRECTIVE ACTION PROGRAM (J. Spencer/EE24)**

The status of the Preventive and Corrective Action Program since the last MQC Meeting in December 1998 was presented and discussed. The details are included in the presentation charts included as Enclosure 4.

**NATIONAL QUALITY ASSURANCE (NQA) FINDINGS STATUS  
(D. MILLER/CR10)**

All the findings documented during the last NQA Audit have been closed.

**MQC ACTION ITEMS STATUS (D. Miller/CR10)**

For action items, MQC-0014, MQC-0015, and MQC-0017, work has started. However, more time will be required to make suitable evaluations and planning before a proposal can be made to the MQC. These three actions will remain open.

Work has been completed on action item MQC-0016, to follow-up on the timeliness of Corrective Action closures. This action is closed.

A copy of the open actions log is included as Enclosure 5.

**SELF-ASSESSMENT RESULTS (D. Miller/CR10)**

A response has been received from all twenty-two in-scope organizations at the Center regarding their self-assessment. The general consensus of those responding was that this exercise was very useful. It met the goal of heightening awareness of the upcoming NQA Surveillance Audit this month. All the items identified have either been corrected already or are considered to be correctable before the coming audit with the exception of one item. The ten issues identified in the self-assessment survey are included in the minutes as Enclosure 6. The number of "hits" per issue is included in parenthesis at the end of the issue. Seventy-three projects were identified to be in-scope. Twenty-four of the in-scope projects require Project Plans. Eleven of the twenty-four are missing one or more plan.

Project plans vary in length from about ten pages to several. Project Managers should get a plan if their project does not have one. This should be accomplished with all the plans in place by the NQA Surveillance Audit this month. If this cannot be accomplished, an explanation should be given to the Center Director.

**ACTION:**

**Insure that all projects have a Project Plan before the upcoming NQA Surveillance Audit February 22-24, 1999, or provide an e-mail message to the Center Director explaining why it cannot be accomplished.  
(MQC-0019, S. Saucier/DE01, Due: 02-19-99)**

**OPEN DISCUSSION**

**INTERNAL TASK AGREEMENTS (J. Pea/SA71)**

Currently, there is some confusion in the process for handling internal task agreements at the Center. This process should be examined and recommendations made for correcting the problems.

**ACTION:**

**Review the Internal Task Agreement process at the Center.  
(MQC-0020, S. Saucier/DE01, Due: 03-24-99)**

**VOLUNTEERS FOR AUDITS (A. Stephenson/DA01)**

Currently, there is a process in place whereby personnel can volunteer and sign-up to perform internal audits at the Center. Frequently, after a person commits to assist with an audit, their plans change and they go on travel or become involved in other tasks that conflict with the planned audit dates. This creates a difficult situation to work around at the last minute to find a substitute. Those who agree to assist with an audit should remember that they have an accountability to fulfill their commitment. If conflicts arise and the audit obligations cannot be met, arrangements should be made to get a replacement before the last minute. An audit should not be rescheduled or canceled because of the reassignment of a team member.

**PROCESS IMPROVEMENT (A. Stephenson/DA01)**

When you know what system you have and have it documented, then you're in a position to talk about it. However, all systems can be improved. Specific inefficiencies in our system should be selected for improvement. We should work to correct them, have a party to celebrate then pick some more weaknesses to correct. Everyone should have process improvement as a personal goal.

No other items for record were discussed at the meeting.

A handwritten signature in black ink, appearing to read "A. G. Stephenson", followed by a long horizontal flourish.

A. G. Stephenson  
Chairman  
MSFC Quality Council

Enclosures

Distribution:  
Council Members  
Meeting Attendees

**ISO 9000 MSFC QUALITY COUNCIL MEETING**

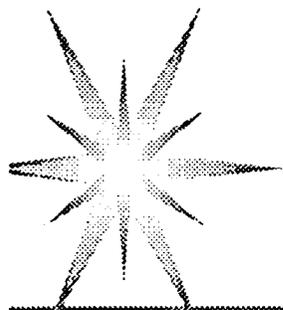
**February 10, 1999, Building 4203, Conference Room 6002**

**MEETING ATTENDEES**

<b><u>NAME</u></b>	<b><u>ORGANIZATION</u></b>	<b><u>PHONE</u></b>	<b><u>FAX</u></b>
Donald Bishop	PP01	544-0582	544-9614
Jim Blanche	EB13	544-3707	544-0900
Mary Chamblee	RSSC	544-1342	544-4470
Sheila Cloud*	AA01	544-0120	544-5893
Dawn Cross	EH42	544-1835	544-5877
Carolyn Griner**	DD01	544-1914	544-7580
Amanda Harris**	CR01	544-2353	544-2053
David Harris	EP01	544-0057	544-3960
Michael Haynes	AB31	544-7933	544-8808
Bill Hicks	CC01	544-0010	544-0258
Roslin Hicks	ES92	544-7795	544-7128
John Howell	BC01	544-5219	544-5867
Robert W. Hughes	RA40	544-6624	544-5853
Sonya Hutchinson	EO66	544-3312	544-5551
Joel Kearns*	MG01	544-5506	544-8369
Jim Kennedy**	EA01	544-2656	544-4100
Marena McClure	GP10	544-0407	544-9344
Roy Malone	AA01	544-0506	544-9190
Robert O. McBrayer	CR01	544-1926	544-9344
Don Miller	CR10	544-8361	544-4857
Ron Mize	CR20	544-2485	544-8101
Tina Palacios-LaBair	RA02	544-5664	544-4103
John Pea	SA71	544-8437	544-5799
John Puett	AM01	544-5652	544-4470
Ed Reske	ED32	544-1753	544-1215
Axel Roth*	PA01	544-0451	544-7580
Sid Saucier**	DE01	544-0171	544-3560
Charles Scales	CE01	544-4927	544-2411
Pat Schultz	CO20	544-7559	544-4809
Jeff Spencer	EE24	544-7498	544-7713
A. G. Stephenson**	DA01	544-1912	544-5228
Annette Tingle	AT01	544-4522	544-8752
G. R. Wallace	EL01	544-4359	544-4131
Ann Whitaker	EH01	544-2481	544-5877
Walt Whitacre	EP61	544-0047	544-8259
Warren Woods	EL31	544-3293	544-0242
R. G. Zagrodzky	EL02	544-3293	544-0242

\* MSFC QUALITY COUNCIL MEMBER

\*\* MQC MEMBER REQUIRED TO ATTEND THE COUNCIL MEETING

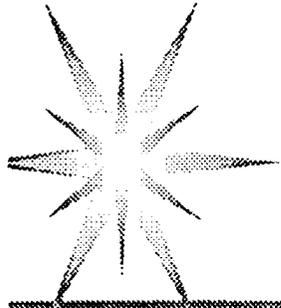


# Agenda

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- Opening Remarks
- Internal Quality Audit Report
- Corrective Action Program
- National Quality Assurance (NQA)  
Findings Status
- Action Items Status
- Self-Assessment Results
- Other

*Enclosure 2*



# Internal Quality Audit Report

## NCR Status - Warren Woods

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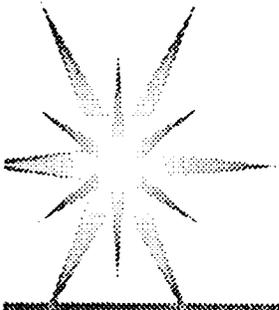
### ➤ December 29th:

- 179 Non-conformance Reports (NCRs) were in the system
- 147 of those are closed
- Average age of open NCRs is 145 Days
- 27/32 Late

### ➤ February 9th:

- 183 Non-conformance
- 167 of those are closed
- Average Age of open NCRs is 138 Days
- 2/16 Late

*Enclosure 3*



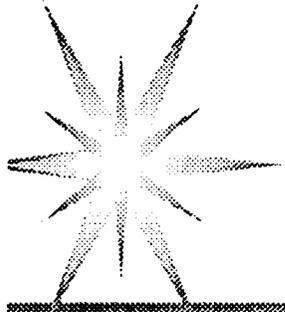
# Corrective Action Program

Status since Last MQC Meeting - Jeff Spencer

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- QSDN #40 written 12/28/98 to document delinquent closure actions
  - Catch up S&MA processing of all open RCARs - (complete)
  - Conduct training of PAC personnel in timeliness - (complete)
  - Implement monthly status reports of all open RCARs from PAC engineers to PAC Lead - (complete)
  - Draft revision to S&MA-CR10-R-Y-012 to include dates - (complete)
  - Obtain S&MA concurrence with S&MA-CR10-R-Y-012 revision - 2/24/99
  - Develop and submit RCAR closure rationale - 3/1/99

*Enclosure #*



# Corrective Action Program

Status since Last MQC Meeting (cont) - Jeff Spencer

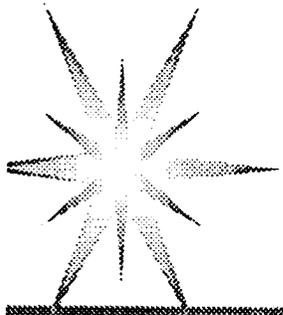
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- All open RCARs are now being worked and those that can will be closed, but we can't get back lost time
- Discrepancy Reports (DRs) Status
  - 2 new RCARs generated - 14 total
  - 3 additional RCARs closed - 4 total closed
  - 10 open - 0 "late" RCAR responses
- Quality System Deficiency Notices (QSDNs) Status
  - 5 new QSDNs generated - 32 total (1 pending S&MA review)
  - 3 additional RCARs closed - 13 total closed
  - 2 screened out as not valid QSDNs
  - 16 open - 0 "late" RCAR responses

## ISO 9000 MANAGEMENT COUNCIL ACTIONS LOG

### [OPEN ACTIONS ONLY]

- MQC-0014 (O) Review the ISO 9000 process for TTA's at MSFC and JSC and  
12-29-98 decide on the best way to address this issue utilizing the Customer  
Feedback Program.  
(S. Saucier/DE01, Due: 01-27-99)
- MQC-0015 (O) Establish a system to recognize Lead Auditors/Auditors for their  
12-29-98 efforts to perform the ISO 9000 Internal Audits. Also, consider the  
possibility of including ISO audit training in the Individual Career  
Development Program.  
(S. Saucier/DE01, Due: 01-27-99)
- MQC-0017 (O) Provide additional information to the Center Director on the  
12-29-98 system which is in place at MSFC for process improvements.  
(S. Saucier/DE01, Due: 01-27-99)
- MQC-0018 (O) Establish a reasonable target date for closing open NCRs.  
02-10-99 (S. Saucier/DE01, Due: 02-24-99)
- MQC-0019 (O) Verify that all projects have a Project Plan before the upcoming  
02-10-99 NQA Surveillance Audit February 22-24, 1999, or provide an  
e-mail message to the Center Director explaining why it cannot be  
accomplished.  
(S. Saucier/DE01, Due: 02-19-99)
- MQC-0020 (O) Review the Internal Task Agreement process at the Center.  
02-10-99 (S. Saucier/DE01, Due: 03-24-99)



# Self Assessment

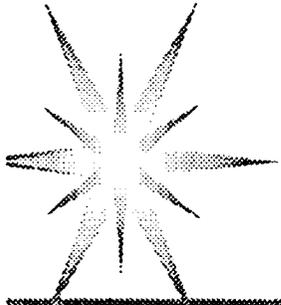
## Findings - Don Miller

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### ► Issues Identified

- 1) OWI & Documentation problems - correctness, currentness, strict adherence to, unapproved or out-of-date (7)
- 2) Lack of Familiarity of Corrective Action System (6)
- 3) Problems accessing the Masterlist (6)
- 4) Incomplete, Draft or No Project Plans, Quality Plans and Configuration Plans. (11 out of 24 of those in-scope projects requiring Plans lack one or more plans. 49 projects are in Phase A/B or have been Grand-fathered.)  
(Recommend Corrective Action be generated)
- 5) Calibration Equipment problems - incorrect use of history logs, exceeded dates on equipment, incorrect categorization, and use of uncontrolled metrology (5)

*Enclosure 6*



# Self Assessment

## Findings (cont) - Don Miller

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### ➤ Issues Identified (cont)

6) Quality Record Problems (5)

7) Lack of Familiarity of the 20 ISO Elements (3)

8) Task Agreement Issues (2)

9) Credit Card Use (2)

10) Quality Comments (Customer Feedback) not well understood (2)