

National Aeronautics and
Space Administration

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



Reply to Attn of: DA01

August 20, 1999

TO: Distribution

FROM: DA01/A. G. Stephenson

SUBJECT: Minutes of the MSFC Quality Council Meeting

The MSFC Quality Council (MQC) met on Tuesday, August 17, 1999. The meeting began at 10:00 a.m., in Building 4200, Conference Room P110. The roster of attendees for the meeting is attached as Enclosure 1. The presentation charts for the meeting are included as Enclosure 2. The agenda for the meeting is on page 2 of Enclosure 2.

OPENING REMARKS (A. Stephenson/DA01; S. Saucier/DE01)

The MQC was reminded that the real value of ISO was to understand what we have at the Center and then determine what will be required to move forward from there. The Center needs to have a process to define how we can improve our processes.

The Director of the Chandra X-Ray Observatory Program, Fred Wojtalik/XP01, was recognized for the good work that his team had done. Mr. Wojtalik, in turn recognized the outstanding team that he had for support.

The ISO Management Representative introduced the ISO Implementation Team to the MQC and recognized the tremendous job, which they had done to prepare for the upcoming NQA Surveillance Audit.

Benchmarking ISO Implementation at MSFC, representatives from Tinker AFB visited MSFC on the advice of NQA to review the Center's corrective and preventative action systems. NQA also advised Raytheon Aircraft representatives to visit MSFC for model training system. The ISO 9000 Home Page and Marshall Management Manual is used in ISO Documentation Training at the Hennepin County Technical College in Minnesota and also at the University of Wisconsin.

The team has continued improvement for timely responsiveness to the closure for actions. The average time for closure has decreased from 120 days to 70 days. A target of 45 days is being reviewed as a feasible time for closure.

Integration of the ISO and MSFC Center Directives continues. There are modifications to 68 current in-scope Directives as a result of the reorganization. Of the 611 OI's, 529 have also been modified.

The recent reorganization had some impact on the ISO 9000 organizational representation. The 23 members and 22 alternates on the ISO Document Control Board changed to 15 members and 14 alternates on the Directives Control Board. Six of the members and 5 alternates are new to ISO. On the Implementation Team, the old organization had 22 members and 30 alternates. The new team has 28 members and 29 alternates for the 13 Directorates/Offices. Of the new members, 22 are new.

The Implementation Team is ready for the NQA Surveillance Audit August 23-25, to the current scope. The team will begin to status the OI's in September in preparation for the full registration audit to the expanded scope in May 2000.

Currently, a proposed ISO 9001 Revision 2000 is under consideration. The revised document will emphasize process improvements and safety. Consideration is being given to these elements in the revision to the procedures.

The presentation charts are included as pages 1-8 of Enclosure 2.

NQA SURVEILLANCE AUDIT REPORT STATUS(M. CHAMBLEE/RSSC)

The National Quality Assurance (NQA) Surveillance Audit was conducted at the Center February 22-24, 1999. During the visit, the NQA auditor documented a total of nine findings. Five of the findings were observations and four were minor nonconformances. The corrective action response was submitted to NQA a couple of days before the deadline of March 24, 1999. As of this date, 8 findings have been closed. One observation, NCR #7, remains open. Corrective action has been taken but was not considered to be effective enough to close the observation. Additional corrective action is in progress.

The presentation charts are included as pages 9-11 of Enclosure 2.

MQC ACTION ITEMS STATUS (S. SAUCIER/DE01)

The three open actions from previous MQC meetings were presented and discussed. The actions were:

MQC-0017 – Provide additional information to the Center Director on the system which is in place at MSFC for process improvements

Existing “mechanisms” for process improvement at the Center current consist of IDEAS, MSFC Suggestion Program, Quality System Deficiency Notice (QSDN), Quality Comment System, Safety Corrective Action Reporting System (SCARS), and the Cross Cutting Teams. The ISO 9001 Rev. 2000 will require the establishment of a process improvement process.

MQC-0020 – Review the Internal Task Agreement process at the Center.

This action has been reassigned to the Cross Cutting Team. The Management process development for Collaborative Work Commitments (CWC's) is planned to be completed by September 30, 1999, including a new directive.

MQC-0021 – Develop a plan that clearly defines how the Center will have documentation in place to address the new organization.

A plan was prepared and implemented for the update of documentation for the reorganization. The action is closed. Currently, all directives have been updated and released or are awaiting final approval. Of the 611 OI's, 529 have been updated. Self-assessments by the organizations were completed on August 16, 1999.

The mandatory ISO 9000 training is being given today in three sessions. To date, approximately 1300 employees have taken the training. For those employees who do not get the training today, a tape will be made available through their Administrative Officer for them to complete the training.

Backup charts were presented relative to the various projects at the Center and the Internal Task Agreement Process. Prior to the last NQA audit all projects were required to have a Project Plan in place.

ACTIONS:

Directorate Leads should review all projects and assure that each one has a good Project Plan.

(MQC-0022, Directorate Leads, S. Saucier/DE01, Due: 09-17-99)

Directorate Leads should assess their projects for consistency with NPG 7120.5A and get with the Deputy Director on anything that needs to be corrected or addressed to comply with the document.

(MQC-0023, Directorate Leads, S. Saucier/DE01, Due: 09-17-99)

The presentation charts are included as pages 12-16 of Enclosure 2. The backup charts, which were presented and discussed, are included as Enclosure 3.

INTERNAL QUALITY AUDIT REPORT (W. WOODS/QS10)

Since the last MQC meeting, there have been seven Internal Audits at the Center. Staffing for the audits has been a problem. None of the audits were completed with the planned staff. To complete a full round of Internal Audits, will require one audit per week through February 2000. Currently, there are 20 open NCR's from the audits. None of the NCR's have a late status.

The presentation charts are included as pages 17-18 of Enclosure 2.

CORRECTIVE AND PREVENTATIVE ACTION PROGRAM (W. WOODS/QS10)

Currently, there are 14 open Recurrence Control Action Requests (RCAR's). Since the last MQC meeting, 19 Quality System Deficiency Notices (QSDN's) have been submitted. Seven of those were elevated to RCAR's. Six Discrepancy Reports have been generated with one resulting in a new RCAR. Sixteen RCAR's have been closed. There have been 2 Customer Comments received.

After discussion, it was agreed that it would be good to report the customer comments to the MQC. Having received only two comments from customers, we might need to assess the manner in which we are asking the questions.

ACTION:

Directorate Leads should review how they are getting feedback, both positive and negative, from their customers. This should, then, be a topic of discussion with the cross cutting teams.

(MQC-0024, Directorate Leads, S. Saucier/DE01, Due: 09-17-99)

The Directorate Leads should review how we compare with other customers with a good process for customer feedback.

The presentation charts are included as pages 19-21 of Enclosure 2.

PLAN TO IMPLEMENT THE "NEW SCOPE" (M. CHAMBLEE/RSSC)

The new scope for the Center will be expanded to include all of MSFC. The expanded scope will "apply to all products and services provided by MSFC." A gant chart has been developed to show the timeline for implementing the expanded scope. Significant activities for the implementation were discussed. Included were the formation of Documentation Support Teams, the MSFC Management Documentation System, ISO 9000 Training, Internal Audits, and Management Reviews. The new scope application has been completed. A contract change will be required and will be coordinated with the Registrar. The NQA Surveillance Audit has been scheduled to the current scope on August 23-25, 1999. A surveillance audit of the current scope and a Pre-Assessment of the New Scope is set for February 2000, with the Registration Audit to the New Scope in May 2000.

The presentation charts are included as pages 22-27 of Enclosure 2.

ISSUES (S. SAUCIER/DE01)

There have been some issues to resolve with the Marshall Integrated Document Library (MIDL). The Center Operations Directorate personnel have been working diligently to resolve the problems and continue to checkout the system. Part of the problem was due to the newness of the MIDL and the lack of user familiarity with the system.

Another issue of concern was the use of credit cards to purchase flight hardware. Currently, the Department Managers are being asked to become familiar with MWI 5113.1, Credit Card Operating Procedures, and assure that they get a MOU with the S&MA for purchases of flight hardware or development hardware that may be upgraded to flight status.

Staffing for internal audits has become more of a problem after registration. After two years, the experienced auditors are ready to move on to other things. With little incentive for being an auditor and the level of activity being so high, auditors are declining audits more often. Some solutions for the Audit Program, which are being proposed, are to go from the present 130 auditors to approximately 65. The audit reports will be made to the Directorate Leads to involve upper management more. This approach will begin in September.

The new organizational structure requires fewer man-hours to support the audit schedule. Auditors are able to get Center lever visibility and thus have more incentive to participate. Fewer audits allow for better audit planning, less conflicts with Center activities, and more senior management involvement. The new structure has some drawbacks because fewer people are involved in auditing to gain experience and there are fewer people being audited.

Other benefits are the electronic document system has allowed quicker access and has shortened the review and approval process for documents. There has been a 65% reduction in Procurement work instructions and the calibration system has been consolidated and improved. Also, a more formal and disciplined system for Center processes has been established.

The presentation charts are included as pages 28-34 of Enclosure 2.

OTHER (S. SAUCIER/DE01)

Efforts are being made to incorporate safety into the ISO documentation. A statement has been added to the Marshall Policy Directive to include safety in all documentation. The ISO procedures should assure that we are implementing all four elements of the Agency philosophy.

ACTION:

Get objective evidence that we are auditing at the Center to include safety and to determine how VPP will be integrated with ISO.

(MQC-0025, S. Saucier/DE01, W. Woods/QS10, Due: 09-17-99)

A brief overview of the changes coming in the new ISO-9001 Rev. 2000 document will be given at the next MQC meeting.

CLOSING REMARKS (S. SAUCIER/DE01)

For the NQA Surveillance Audit next week, the following four Programs/Projects have been selected for Audit:

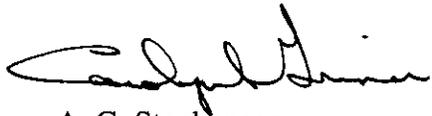
- Dynamically Controlled Crystal Growth (DCPCG)
- Gravity Probe-B
- X-34
- Express Rack

The elements to be audited are:

- 4.1 Management Responsibility
- 4.2 Quality System
- 4.3 Contract (Customer Agreement) Review
- 4.4 Design Control
- 4.5 Document and Data Control
- 4.10 Inspection and Testing
- 4.14 Corrective and Preventive Action
- 4.17 Internal Quality Audits

Some of the challenges ahead include understanding how the expanded scope of ISO applies to new areas, recognizing the importance of ISO at the working and mid-management levels, readiness for the upcoming audits, implementation of ISO 9001 rev 2000, and maintaining our momentum.

No other items for record were discussed at the meeting.



for
A. G. Stephenson
Chairman
MSFC Quality Council

Enclosures

Distribution:
Council Members
Meeting Attendees

ISO 9000 MSFC QUALITY COUNCIL MEETING

August 17, 1999, Building 4200, Conference Room P110

MEETING ATTENDEES

<u>NAME</u>	<u>ORGANIZATION</u>	<u>PHONE</u>	<u>FAX</u>
	Director's Office		
Art Stephenson**	DA01	544-1912	544-5228
James W. Bilbro	DA01	544-3467	544-8345
Carolyn Griner**	DD01	544-1914	544-7580
Sd Saucier**	DE01	544-1919	544-7920
Andrew Smith	DA01	544-4932	544-1401
	Center Operations Directorate		
Jim Carter ¹	AD01	544-6630	544-5893
John Puett	AD01	544-5652	544-6570
Michael W. Haynes	AD23	544-7933	544-8890
	Customer & Emp. Relations Directorate		
Susan Cloud ²	CD01	544-5377	544-2610
	Engineering Directorate		
Jim Kennedy*	ED01	544-1000	544-4100
Bill Kilpatrick	ED01	544-1001	544-5896
Jim Blanche	ED16	544-3707	544-0900
Rod Stallworth	ED23	544-7189	544-8838
Dawn Cross	ED36	544-1835	544-5877
G. R. Wallace	ED40	544-4359	544-4131
Sonya Hutchinson	ED42	544-3312	544-5178
R. G. Zagrodzky	ED43	544-3293	544-0242
	Flight Projects Directorate		
Jan Davis ³	FD01	544-0455	544-7580
Jackie Steadman	FD10	544-1940	544-5590
	Chief Counsel		
Bill Hicks*	LS01	544-0010	544-0258
	Space Shuttle Projects Office		
Jeff Spencer	MP21	544-7498	544-7713
John Pea	MP71	544-8437	544-5799
	Equal Opportunity Office		
Charles Scales*	OS01	544-4927	544-2411
	Procurement Office		
Steve Beale*	PS01	544-0257	544-3214
Marena McClure	PS10	544-0407	544-9344
David Iosco	PS20	544-0387	544-4400
	Safety and Mission Assurance		
Amanda H. Goodson**⁴	QS01	544-2353	544-2053
Robert O. McBrayer	QS01	544-1926	544-2053
Ron Mize	QS01	544-2485	544-8101
Don Miller	QS10	544-8361	544-4857
Warren Woods	QS10	544-2275	544-5685

Sandy Coleman	Office of Financial Officer RS01	544-0795	544-3536
	Science Directorate		
Don Bishop ⁵	SD80	544-0582	544-9243
Don Thurman	SD01	544-1908	544-5861
Roslin Hicks	SD20	544-7795	544-7128
Rex Geveden	SD30	544-9335	544-5975
	Space Transportation Directorate		
Rick Bachtel ⁶	TD01	544-7210	544-9614
Stephan Davis	TD11	544-3202	544-9190
	Systems Management Office		
Bill Kilpatrick	VS01	544-1001	544-4131
	Chandra X-Ray Observatory Program		
Fred Wojtalik*	XP01	544-0647	544-5858
Marc Osborne	XP11	544-2300	544-5858
	Contractors		
John McPherson	HEI	544-7479	544-9257
Mary Chamblee	RSSC	544-1342	544-4470

* Council Members

** Council Members Required to Attend

- 1 Attending for Sheila Cloud/AD01
- 2 Attending for Tereasa Washington/CD01
- 3 Attending for Axel Roth/FD01
- 4 Participated in meeting through a Teleconference Connection
- 5 Attending for Frank Rose/SD01
- 6 Attending for Row Rogzcki/TD01

Marshall Quality Council

August 17, 1999

Enclave 2



Agenda

- **Opening Remarks (Art Stephenson, Sidney Saucier)**
- **NQA Surveillance Status (Mary Chamblee)**
- **MQC Action Items Status (Sidney Saucier)**
- **Internal Quality Audit Report (Warren Woods)**
- **Corrective and Preventive Action Program (Warren Woods)**
- **Overall Plan to Implement the “New Scope” (Mary Chamblee)**
- **Issues (Sidney Saucier)**
- **Other**
- **Closing Remarks (Sidney Saucier)**
 - **Example Benefits of ISO To Date**
 - **Next Week’s Surveillance**
 - **Challenges Ahead**

Opening Remarks

Art Stephenson - Sidney Saucier



Opening Remarks

Benchmarking ISO at MSFC - Sidney Saucier

- **Benchmarking MSFC ISO Implementation**
 - Tinker AFB visited MSFC for model corrective and preventive action system on the advice of NQA
 - Raytheon Aircraft advised by NQA to visit MSFC for model training system
 - ISO 9000 Home Page and Marshall Management Manual used in ISO Documentation Training, Hennepin County Technical College in Minnesota and University of Wisconsin
 - MSFC ISO 9000 program acknowledgements from around the globe



Opening Remarks

Status of Challenges from Last MQC - Sidney Saucier

- **Continued improvement for timely responsiveness to the closure for actions - average time for closure has decreased from 120 days to 70 days.**
- **Integration of the ISO and MSFC Center Directives**
 - 68 ISO documents converted to 64 Directives
 - 6 new Directives generated
 - 8 ISO documents were converted to 8 MSFC Standards
 - 1 MSFC Procedure converted to a MSFC Directive
- **Modifications to current in-scope Directives and OI's resulting from our reorganization**
 - 68 Directives
 - 529 of 611 OI's (86.6% complete)



Opening Remarks (cont)

Status of Challenges from Last MQC (cont) - Sidney Saucier

- **Potential loss of current organizational representatives to the ISO organizational teams (Auditors, Implementation Team) resulting from the Center's reorganization**
 - **DCB Membership**
 - **23 Members and 22 Alternates on the ISO Document Control Board**
 - **15 Members and 14 Alternates on the Directives Control Board (6 Members and 5 Alternates are new)**
 - **ISO Implementation Team**
 - **22 Primes and 30 Alts. for old Orgs. represented**
 - **New Team: 28 Prime Reps. and 29 Alternates for 13 Directorates/Offices (22 Individuals are new)**



Opening Remarks (cont)

Status of Challenges from Last MQC (cont) - Sidney Saucier

- **Readiness for our next surveillance audit in August of 1999 and full registration in May 2000**
 - We are ready for surveillance to the current scope
 - Most documentation has been updated for the reorganization
 - One NQA observation remains open
 - Directives have performed Internal Self Assessments
- **Expanded scope of ISO within the Center**
 - 2 out of 11 MPG's are past due for DCB review
 - 2 out of 13 MWI's are past due for DCB review
 - MPG's and MWI's need to be completed before Sept. 6
 - We have not started statusing of OI's - to start in Sept '99
 - Registration in May 2000 should be attainable



Opening Remarks (cont)

Status of Challenges from Last MQC (cont) - Sidney Saucier

- **Consideration of changes to our documentation due to the proposals under consideration for ISO 9001 rev 2000**
 - **Currently emphasizing process improvements and safety in our revised procedures**

***NQA Surveillance Status for Feb '99
Surveillance***

Mary Chamblee



NQA Surveillance Status for Feb '99 Surveillance

Mary Chamblee

- **NQA Surveillance Audit Findings**

Observations	5
Minor Nonconformances	4
Total Findings	9

- **Corrective action response submitted to NQA before due date (3/24/99)**
- **Eight (8) findings have been closed to date**
- **One (1) observation remains open**
 - **Corrective action was taken, but was not effective**
 - **Additional corrective action is in progress**



NQA Surveillance Status for Feb '99 Surveillance ***NCR # 7-- (Observation) - Mary Chamblee***

- Internal Audits reviewed exhibit inconsistent recording of objective evidence.

Cause: Auditors are trained; however, keeping a clear understanding of the definition and how to document objective evidence has been difficult for part-time auditors.

Corrective Action Taken: MSFC-P17.1 was revised to add examples of objective evidence that should be recorded on audit checklists/interview notes. Review of the procedure is also required during pre-audit team meetings.

Corrective action was taken, but internally determined as not effective.

Additional Corrective Action: Lead Auditors will review auditor notes at the daily audit briefings during each audit to ensure adequate recording of objective evidence.

MQC Action Items Status

Sidney Saucier



MQC Action Items Status

· MQC-0017 - Sidney Saucier

- **MQC-0017 - Provide additional information to the Center Director on the system which is in place at MSFC for process improvements**
 - **Existing “mechanisms” for process improvement consist of:**
 - **IDEAS (Informal, non-monetary awards)**
 - **MSFC Suggestion Program (formal, monetary awards)**
 - **QSDN - Quality System Deficiency Notice**
 - **QualComm - Quality Comment System**
 - **SCARS - Safety Corrective Action Reporting System**
 - **Cross Cutting Team**
 - **ISO 9001 REV. 2000 will require establishment of a process improvement process**



MQC Action Items Status (cont)

MQC-0020 - Sidney Saucier

- **MQC-0020 - Review the Internal Task Agreement process at the Center**
 - **This action has been reassigned to the Cross-Cutting Team**
 - **Management process development for Collaborative Work Commitments (CWC's) planned to be complete by Sept. 30, including new Directive**



MQC Action Items Status (cont)

· MQC-0021 - Sidney Saucier

- **MQC-0021 - Develop a plan that clearly defines how the Center will have documentation in place to address the new organization. (Sid Saucier)**
 - **A plan was prepared and implemented for the update of documentation for the re-organization. This action is closed.**
 - **Current status:**
 - **All Directives were updated ahead of schedule and have been released or are awaiting final approval**
 - **529/611 (86.6%) OI's have been updated (Due 7/26)**
 - **Self-assessments by organizations were completed on 8/16/99**



Internal Assessment Results - Sidney Saucier

- **Internal assessments completed by all Directorates**
- **Most common problem areas**
 - **Marshall Integrated Document Library**
 - **Directives numbering scheme**
 - **OI's and master lists not up to date**
 - **Quality records not filed properly/missing**
 - **Lack of familiarity with corrective action systems**
 - **QSDN**
 - **QUALCOMM**
 - **SCRS**
 - **Personnel didn't know the quality policy or the Management Representative**

Internal Quality Audit Report

Warren Woods



Internal Quality Audit Report

Audit Status - Warren Woods

- **Seven additional Internal Audits since the last MQC**
- **Staffing has been a problem. None of the audits occurred with planned staff.**
- **Full round of Internal Audits requires one audit per week through February 2000**
- **Status of Open NCR's**
 - **20 Open Non-Conformance Reports (NCR's)**
 - **None have a late status**

Corrective & Preventive Action Program

Warren Woods



Corrective & Preventive Action Program

Status - Warren Woods

- **Status of open Recurrence Control Action Request (RCAR's)**
 - 14 open RCAR's
 - 3 QSDN draft RCAR's currently in PAC review
 - No delinquent activities from either Points of Contacts (POC's) or Problem Assessment Center (PAC)
 - 5 RCAR's in Corrective Action Board review
- **RCAR Activity Since Last MQC**
 - 19 Quality System Deficiency Notices (QSDN's) submitted; 7 elevated to RCAR's
 - 6 Discrepancy Reports (DR's) generated; 1 resulted in a new RCAR
 - 2 Customer Comments; 0 evaluated as RCAR's
 - 16 RCAR's have been closed



Corrective & Preventive Action Program
Status - Warren Woods

- **Status of Preventive Actions**
 - 2 QSDN's resulted from internal audits
 - 1 Corrective/Preventive Action Notice (CAN) resulted from a hardware-related RCAR
 - No other preventive actions reported to S&MA for tracking

***Overall Plan to implement the
“New Scope”
- Key Activities***

Mary Chamblee



***Overall Plan to implement the “New Scope”
New Scope Statement - Mary Chamblee***

The Marshall Management System shall apply to all products and services provided by the Marshall Space Flight Center.



***Overall Plan to implement the “New Scope”
Key Activities - Mary Chamblee***

- **Documentation Support Teams (4/9/99)**
 - Teams being formed as necessary

- **MSFC Management Document System (4/26/99)**
 - Implemented in May

- **New Scope Documentation (6/4/99 - 12/3/99)**
 - Various Documents at all levels will require revision
 - 1 MPD revised
 - 9/11 MPG's revised
 - 11/13 MWI's revised
 - OI's in progress



Overall Plan to implement the “New Scope”
Key Activities (cont) - Mary Chamblee

- **ISO 9000 Training (9/16/98 - ongoing)**
 - **Auditor and Lead Auditor**
 - Periodic classes already set up and ongoing
 - **General Employee - Refresher/New Scope Impact**
 - Includes QSDN's, QualComm's, calibration database and the new Directives system
 - 12 classes held (1,375 + Civil Service trained)
 - Completion date - August 17
 - **Procedures/ Instructions**
 - Some training has been done in the past
 - Further training needs to be developed
 - Much of this will continue at the organization level or by functions



**Overall Plan to implement the “New Scope”
Key Activities (cont) - Mary Chamblee**

- **Internal Audits to New Scope (9/6/99 - ongoing)**
 - Continue audits of current scope for registration
 - Audits will include new scope documents as they are approved and released
- **Management Reviews (2/year minimum)**
- **Coordination with Registrar (4/2/99-11/19/99)**
 - New scope application completed
 - Contract change required
 - Schedule document review, pre-assessment, and registration assessment



***Overall Plan to implement the “New Scope”
Key Activities (cont) - Mary Chamblee***

- **Registrar Audits (2/26/98 - ongoing)**
 - **Surveillance to current scope (8/99)**
 - **Surveillance to current scope and pre-assessment of new scope (2/00)**
 - **Registration audit to new scope (5/00)**

ISSUES

Sidney Saucier



Issues

(MIDL) - Sidney Saucier

- **Marshall Integrated Document Library (MIDL)**
 - **Some bugs still exist and are being worked**
 - **Speed of the system was of some concern - AD has made improvements and continues to check out the system**
 - **Newness of MIDL - Lack of user familiarity**



Issues

Credit Card Purchases of Flight Hardware - Sidney Saucier

- **Ensure Department Managers are familiar with MWI 5113.1, "Credit Card Operating Procedures," and know to get a MOU with S&MA for credit card purchases of flight hardware or development hardware that may be upgraded to flight hardware**



Issues

Audit Support - Sidney Saucier

- **Audit Staffing Issues**

- **After registration, staffing the internal audits has become more of a problem**

- **Experienced auditors have served for 2 years now and are ready to move on to other things**
- **New auditors have regular jobs and can't be pulled away as often - Priority**
- **With the level of activity so high, auditors are declining audits more often, at or near the last minute**
- **Little incentive for being an auditor or performing an audit**
- **Lack of direct manager support in some cases**



Issues (Audit Support - cont) - Sidney Saucier

Proposed Solution for Audit Program

Present

- **Department Audits**
- **23 Audits under normal schedule**
- **Daily Department briefings**
- **Exit Briefing to Department**

- **Audit report to Department**

- **Approx. 130 auditors used**

Proposed

- **Directorate Audits**
- **12 "Audit of the Month" under normal schedule (begins after May 2000)**
- **Daily Directorate briefings**
- **Exit Briefing to the Center Director and Senior Management (30 min)**
- **Audit Manager reports auditor participation/support at audit exit**
- **Audit report to the Directorate with a "cc:" to the Center Director**
- **Approx. 65 auditors to be used**
- **Propose starting this approach (Sept '99) with compressed schedule until registration audit**



Issues (Audit Support - cont) - Sidney Saucier

- **Some benefits of new structure**
 - Fewer man-hours needed to support the audit schedule
 - Auditors will get Center level visibility
 - More incentive to participate to demonstrate their skills and knowledge
 - Improves opportunity to obtain more proficient auditors
 - Auditors should be more diligent and thorough with their work
 - Center level visibility including opportunity to share lessons learned with other directorates
 - Fewer audits to schedule, enhances audit planning logistics, less conflict with Center activities
 - More Senior Management involvement
- **Some drawbacks of the new structure**
 - More challenges to gain practice auditing
 - Fewer people involved in auditing to gain experience
 - Fewer people being audited



Closing Remarks

Examples of Benefits of ISO to date - Sidney Saucier

- **Electronic document system for instant access**
- **Electronic review of documents shortened review and approval process**
- **Quality System Deficiency Notice (QSDN) system is effective**
- **Quality Comment (QUALCOMM) system is effective**
- **Internal Audits and MQC monitor performance and add accountability**
- **65% reduction in Procurement work instructions**
- **Consolidated and improved calibration system**
- **International Recognition**
- **Established a more formal and disciplined system for Center processes**

OTHER

Sidney Saucier

CLOSING REMARKS

Sidney Saucier



Closing Remarks

Next Week's Surveillance - Sidney Saucier

- **Preferred Programs/Projects Selected for Audit**
 - Dynamically Controlled Crystal Growth (DCPCG)
 - Gravity Probe B
 - X-34
 - Express Rack
- **Elements to be Audited**
 - 4.1 Management Responsibility
 - 4.2 Quality System
 - 4.3 Contract (Customer Agreement) Review
 - 4.4 Design Control
 - 4.5 Document and Data Control
 - 4.10 Inspection and Testing
 - 4.14 Corrective and Preventive Action
 - 4.17 Internal Quality Audits



Closing Remarks
Challenges Ahead - Sidney Saucier

- **Recognize the importance of ISO at the working and mid-management levels**
- **Expanded scope of ISO**
 - **Understanding how the standard applies to new areas**
- **Readiness for our next surveillance audit in February 2000, with full registration in May 2000**
- **Implementation of ISO 9001 rev 2000**
- **Effectiveness of the revised Audit Process**
- **Maintaining our momentum**



Internal Assessment Results (back-up charts)

- **A significant number of personnel had outdated bookmarks**
- **Difficulty locating the MIDL.**
- **Difficulty locating documents in the MIDL.
(Confused by different numbering system.)**
- **Incorrect links to organization master lists on MIDL.**
- **OI master lists required update.**
- **OI's not posted on master list.**
- **Various OI content problems.**
- **Personnel didn't know OI change policy.**
- **OI's lack all of the required information for maintenance and disposition of quality records.**

William



Internal Assessment Results (back-up charts)

- **Difficulty identifying quality records.**
- **Problems with filing of quality records.**
- **Inconsistencies in record retention times for similar records.**
- **Lack of objective evidence.**
- **Personnel in several organizations unfamiliar with the corrective and preventive action systems, including QSDN's, QUALCOMM's, and SCRS.**
- **Problems accessing CAS**
- **Personnel in several organizations didn't know the quality policy and management rep.**
- **Some employees not familiar with the MQC.**



Internal Assessment Results (back-up charts)

- **The project plan, quality plan, and configuration management plan for a project are all in draft for a project that has already performed a Critical Design Review.**
- **Calibration issues.**
- **Incomplete training forms.**
- **Need to document continued use of ITA's until CWC in place.**
- **Researchers unclear about R&T efforts vs. in-scope work.**
- **NASA/MSFC at Work on Inside Marshall has not been updated to reflect the Center reorganization.**
- **One-Stop Shop contains outdated document references.**



Internal Assessment Results (back-up charts)

- **ISO Home Page contains too much information.**
- **Need additional ISO badge cards.**
- **Overall, organizations feel prepared for the surveillance by NQA.**

ISO 9000 MANAGEMENT COUNCIL ACTIONS LOG

[OPEN ACTIONS ONLY]

- MQC-0017 (O) Provide additional information to the Center Director on the system which is in place at MSFC for process improvements. This action has been assigned to be worked by the "cross-cutting" teams.
12-29-98 (S. Saucier/DE01, J. Spencer/EE24, Due: 07-30-99)
- MQC-0020 (O) Review the Internal Task Agreement process at the Center. This action has been assigned to be worked by the "cross-cutting" teams.
02-10-99 (S. Saucier/DE01, D. Bates/BC01, Due: 09-30-99)
- MQC-0022 (O) Directorate Leads should review all projects and assure that each one has a good Project Plan.
08-17-99 (Directorate Leads, S. Saucier/DE01, Due: 09-17-99)
- MQC-0023 (O) Directorate Leads should assess their projects for consistency with NPG 7120.5A and get with the Deputy Director on anything that needs to be corrected or addressed to comply with the document.
08-17-99 (Directorate Leads, S. Saucier/DE01, Due: 09-17-99)
- MQC-0024 (O) Directorate Leads should review how they are getting feedback, both positive and negative, from their customers. This should, then, be a topic of discussion with the cross cutting teams.
08-17-99 (Directorate Leads, S. Saucier/DE01, Due: 09-17-99)
- MQC-0025 (O) Get objective evidence that we are auditing at the Center to include safety.
08-17-99 (S. Saucier/DE01, W. Woods/QS10, Due: 09-17-99)