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| **Document Number:** | **Project Name:** | **Acronym:** | **Flight/Increment:** | **Export Control (US only) Classification:** |  **Date:** |
| JMX-???????? | Tanpopo2 | TNP2QCC | Sp-X | [ ]  EAR99 [ ]  ITAR [ ]  Other:       | 1/Feb/2019 |

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| **A(1). Part Name****(Use an attachment for more items)** | **Part Number** | **Quantity** | **Baseline\* Safety Document Reference No.** | **Baseline Safety Document Title** | **Document Release Date** | **Scope of Safety Assessment** |
| **Series/ Reflight** | **Launch/Operation** **Return/Disposal** |
| Tanpopo2 QCC Exposure Panel | TNP2QCC | 1 | PMR-013015B | Phase III SAFETY ASSESSMENT REPORT FOR SPACE ENVIRONMENTAL TESTING OF FUNCTIONAL THIN-FILM DEVICES FOR SOLAR SAIL | 23/Feb./2015 | [x]  Series[ ]  Reflight  | [x]  Launch[x]  Operation[x]  Return/Disposal |
| Tanpopo2 QCC Exposure Panel Lid | TNP2QCCLID | 1 | ditto | ditto | ditto | [x]  Series[ ]  Reflight | [x]  Launch[x]  Operation[x]  Return/Disposal  |
| Seal Bag | MA-18 | 1 | ditto | ditto | ditto | [x]  Series[ ]  Reflight | [x]  Launch[x]  Operation[x]  Return/Disposal |
| OC/MC Bag (Outward) | OC/MCBAGOW | 1 | ditto | ditto | ditto | [x]  Series[ ]  Reflight | [x]  Launch[x]  Operation[x]  Return/Disposal |
| OC/MC Bag (Homeward) | OC/MCBAGHW | 1 | ditto | ditto | ditto | [ ]  Series[ ]  Reflight | [ ]  Launch[ ]  Operation[ ]  Return/Disposal |
| If more space is required for section A(1), attach additional sheet(s) and denote as Attachment A(1). \*In the context of this form "Baseline" is the most up to date compilation of data and hazard reports that have been approved by the Safety Review Panel.Definitions (from SSP 30599, Paragraph 7.0): Series <END ITEMS> are defined as those of the same design and operation which were previously reviewed/approved by the safety review panel and/or IP safety organization.Reflown <END ITEMS> are the actual items which were previously approved, transported, utilized on-orbit and is re-manifested for flight/use.  |

| Complete all applicable items in column II. If changes have been made to <END ITEMS>, columns III and IV must be completed. Column IV should be reviewed for obligatory actions regardless. |
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| **I.** | **II** | **III.** | **IV.** |
| A(2). Use of Toxic Materials/ Chemicals, Biological Materials, and Ionizing Radiation | [x]  Item has altered use of Toxic Materials/ Chemicals[ ]  Item has altered use of Biological Materials[ ]  Item altered use of Ionizing Radiation[ ]  No Change[ ]  Not Applicable | [x]  New Items[ ]  Deleted Items[ ]  Quantity Change[ ]  Concentration Change[ ]  New JSC Form 44 has been reviewed and approved for this specific flight[ ]  New JSC Form 44 is pending approval for this specific flight | The following documentation is required if materials/chemicals are present:* Attach complete list of Toxic Materials/ Chemicals per JSC 27472.
* Attach complete list of Biological Materials per JSC 27472 and JSC 63828.

The following documentation is required as applicable:* Attach approved or pending JSC Form 44 and acceptance letter from Radiation Constraints Working Group or indicate the Safety Verification Tracking Log (SVTL) item that is tracking its open status:

      Denote any necessary attachments as Attachment as A(2).  |
| B. Changes in Hardware/ Software Design, Operations | [x]  Changes exist in Hardware/ Software since previous documentation submittal[ ]  Changes affect Flight Safety[ ]  No Change | [x]  Hardware Changes[ ]  Software Changes[ ]  Operational Changes[ ]  Configuration Changes[ ]  On Orbit Reconfiguration Changes | Describe changes made to hardware/software. If changes affect flight safety of the hardware/software or impact on-orbit verifications/re-verifications of hazard controls, provide a description of these impacts.Include all applicable TIAs.Denote any necessary attachments as Attachment B.  |
| C. Hazard Reports (HRs) | [ ]  New HR required[ ]  Modifications required in previously approved HRs[ ]  HR no longer applicable to item[ ]  HR not applicable (or deleted) in this application[x]  No Change[ ]  Not Applicable | [ ]  New Hazard Identified[x]  HR Revision[ ]  Support Data Revision[ ]  HR Applicability Change[ ]  Design modification to remove hazard source | Attach all new or modified HRs and supporting data. Attach a list of any deleted/no longer applicable HRs with rationale.If no changes, and not already provided in A(1), provide the electronic location of the baseline Phase III HRs below or include in the attachment for this section.       Denote any necessary attachments as Attachment C. |
| D. Baseline Safety Verifications | [ ]  Verifications remain open as of the time of the submittal at this form[x]  All verifications are complete at the time of the submittal at this form | Type of verifications open:[ ]  Test[ ]  Inspection[ ]  Analysis[ ]  Assembly of Hardware[ ]  Procedure Development[ ]  Maintenance /Refurbishment  | Attach a current copy of the Safety Verification Tracking Log (SVTL) (ISS\_OE\_764) (or equivalent information that meets SSP 30599, Paragraph 5.7) identifying all verifications that were reopened for flight, indicating clearly those that remain open. Include details for any items of maintenance, structural inspection and/or refurbishment for the hardware. Indicate estimated completion date for all open items. Denote any necessary attachments as Attachment D. |
| E. Limited Life Items | [ ]  Limited life items are safety critical[ ]  Not Applicable | For safety critical items:[ ]  Limited life items are limited by number of missions/increments[ ]  Limited life parts are limited by service/shelf life | Indicate the remaining life of items and any critical limits that may be approached during this mission, include a description of the failure mode and potential resulting hazard if items were to remain in service past their safe design and/or operational life. Denote any necessary attachments as Attachment E. |
| F. Failures and Anomalies Since Previous Documentation Submittal | [ ]  Failures occurred since previous documentation submittal[ ]  Anomalies occurred since previous documentation submittal[x]  Not Applicable | [ ]  Testing failures and/or anomalies occurred[ ]  Ground processing failures and/or anomalies occurred[ ]  Flight failures and/or anomalies occurred on previous mission | If any failures or anomalies occurred, attach a summary of all failures and anomalies, indicating if they were safety related or not. If they were safety related, indicate the cause of the failure or anomaly, and the corrective action taken to preclude recurrence, or the rationale to accept continued use. Include any Anomaly Reports, PRACAs, or FIARs as appropriate.Any Anomaly Reports, PRACAs, or FIARs may be attached as electronic links below:     Denote any necessary attachments as Attachment F. |
| G. Flight Safety Certificate (ISS\_OE\_906):  | [ ]  Previous certificate(s) is(are) valid for transport and all operations for this flight[x]  A new certificate is needed for transport and/or operations for this flight | Item is planned to launch/operate in the following vehicles/segments:[ ]  ATV [ ]  US Segment[ ]  HTV [ ]  Columbus[ ]  Soyuz [x]  JEM[ ]  Progress [ ]  Russian[x]  Cygnus Segment[x]  Dragon | The Flight Safety Certificate must cover the transport, stowage/operations, and return/disposal for the item(s).If not already provided in A, attach signed Flight Safety Certificate to this form, or provide Certificate number:      If there are multiple applicable Certificates, provide in an attachment.Denote any necessary attachments as Attachment G. |
| H.. Safety Non-Compliance Reports (NCRs) | Quantity of applicable Non- compliance Reports (enter total number in box) 0[ ]  There are changes to non- compliances that need to be documented | [ ]  A new NCR has been generated[ ]  NCRs have expired and/or require updates[ ]  NCRs have an effectivity that covers this flight/increment | If pending approval, attach a list of NCRs with descriptions to this form in an attachment.If previously approved, provide a reference to the NCR(s):      Attach a list of any deleted or no longer applicable NCR(s) with rationale.Denote any necessary attachments as Attachment H. |

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| **Approval Signatures:** | **Signature / Title** | **Date** |
| <END ITEM> Provider/ Project Manager (or designee) |       |       |
| Additional Provider signature (if applicable) |       |       |
| Safety Review Panel Chairperson |       |       |