

TYPE OF REVIEW CDR	REVIEW ITEM DISPOSITION (RID) ORBITER/SHUTTLE	RID NO. <i>EC-17</i>
VEHICLE/OTHER WMS	TEAM TRACKING NO.	TEAM/SYSTEM
DATE OF REVIEW	INITIATOR/MAIL CODE/PHONE	SUB-TEAM/SUBSYSTEM

RID TITLE: Contingency Bag Disposal

DESCRIPTION OF PROBLEM:

If contingency/vomitus bags are used, there is presently no method of placing them in the machine other than by pushing the hand down the heavily fecal contaminated tube. If this is done, adequate cleansing of the hand will be difficult with on-board facilities.

RECOMMENDATION

Provide ^{practical} alternative to manual muzzle loading.

Redesign as necessary to assure transfer of bags into the ~~can~~ storage containers without manual insertion.

IMPACT IF RECOMMENDATION NOT IMPLEMENTED:

A potent source of contamination will exist in a contingency situation.

A. Thornton
INITIATOR'S SIGNATURE

NASA TEAM LEADER

CONTRACTOR'S COMMENT

PROJECT ENGINEER

TEAM LEADER

DISPOSITIONED BY:

☐

NASA TEAM LEADER

☐

PRE-BOARD

☐

BOARD

☐

OPEN

☐

CLOSED

RID STATUS
TYPE ACTION REQUIRED

☐ CONTRACTOR ACTION REQ'D
☐ NASA ACTION REQ'D

☐ CONTRACTOR EXPLANATION SATISFACTORY
☐ DISAPPROVED ☐ WITHDRAWN

☐ STUDY
☐ CONTRACTUAL DIRECTION
☐ TECHNICAL DIRECTION
☐ OTHER

ACTIONEE: _____

ORG: _____ DUE DATE: _____

DESCRIPTION OF ACTION: _____

CONSTRAINT

☐

NO

☐

YES

CONTRACTOR REP.

DATE

NASA CHAIRMAN

DATE

Instructions For Completing RID Form

TYPE REVIEW - PRR, PDR, CDR, CARR, FRR, etc.
VEHICLE/OTHER - Vehicle or area being reviewed.
DATE OF REVIEW - Self-explanatory
TEAM TRACKING NO. - Any number or identification Team Leader wants to use for his own tracking.
INITIATOR - Name, mail code, and phone number of the person submitting the RID.
RID NO. - Leave blank. This number is assigned only by Control.
TEAM - Name of the team or system.
SUBTEAM - Name of subteam or subsystem.
RID TITLE - Short description of problem.
DESCRIPTION - Description of a single specific problem citing part number, pages, paragraph number of documents, and any other information necessary to identify the problem.
RECOMMENDATION - The specific action recommended to solve this problem.
IMPACT - Self-explanatory, be specific.
SIGNATURE BLOCKS - RID will not be accepted by Control unless signed by both parties.
CONTRACTORS' COMMENTS & SIGNATURES - Will be completed by contractor.
DISPOSITIONED BY - Appropriate box will be checked by Control to indicate board level that dispositioned RID.

RID WILL BE COMPLETED BELOW THE DISPOSITION LINE ONLY BY CONTROL OR BY THE PERSON WHO DISPOSITIONS THE RID.

CLOSED - If the closed box and the appropriate box within the block are checked, no other box on the RID will be checked and no action will be assigned. Signatures of the persons who closed the RID will complete the RID forms.

OPEN - If the open box is checked, all other sections will be completed:

CONTRACTOR ACTION, NASA ACTION - Check one or both.
TYPE ACTION - Check only one.
CONSTRAINT - Check one. If yes, identify the specific constraint by a recognizable milestone title and/or date. Use the adjacent area to describe the constraints.

ACTIONEE - Name, organization, and mail code of the person assigned responsibility for the action. Due date is the date by which assigned action is to be completed.

DESCRIPTION OF ACTION - Specific description of action required to correct the problem and close the RID.

SIGNATURES - Persons who dispositioned the RID will complete the RID form.

TYPE OF REVIEW CDR		REVIEW ITEM DISPOSITION (RID) ORBITER/SHUTTLE		RID NO.	
VEHICLE/OTHER WMS-OV102 & Subs.		TEAM TRACKING NO.		TEAM/SYSTEM Astronaut Office	
DATE OF REVIEW 10/19/77		INITIATOR/MAIL CODE/PHONE W. THORNTON / CB 2421		SUB-TEAM/SUBSYSTEM Waste Collection Subsystem	
RID TITLE: Clothes "hanger"					
DESCRIPTION OF PROBLEM: It is accepted procedure in sims and in flight to partially disrobe during use of the WMS. Some method of retaining clothes in WMS areas is needed.					
RECOMMENDATION Add clothes retainers. NB--Apparently the Skylab devices worked well.					
IMPACT IF RECOMMENDATION NOT IMPLEMENTED: Increased time and effort to use the WMS.					
INITIATOR'S SIGNATURE <i>W. Thornton</i>			NASA TEAM LEADER		
CONTRACTOR'S COMMENT					
PROJECT ENGINEER			TEAM LEADER		
DISPOSITIONED BY: <input type="checkbox"/> NASA TEAM LEADER <input type="checkbox"/> PRE-BOARD <input type="checkbox"/> BOARD					
RID STATUS TYPE ACTION REQUIRED <input type="checkbox"/> STUDY <input type="checkbox"/> CONTRACTUAL DIRECTION <input type="checkbox"/> TECHNICAL DIRECTION <input type="checkbox"/> OTHER CONSTRAINT <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED <input type="checkbox"/> CONTRACTOR ACTION REQ'D <input type="checkbox"/> NASA ACTION REQ'D <input type="checkbox"/> CONTRACTOR EXPLANATION SATISFACTORY <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> WITHDRAWN			
		ACTIONEE: _____ ORG: _____ DUE DATE: _____ DESCRIPTION OF ACTION: _____			
CONTRACTOR REP. _____ DATE _____			NASA CHAIRMAN _____ DATE _____		

Not a GE requirement!
 Input should be made to
 Chris Permer #2383 of the spacecraft
 Design Div.

TYPE OF REVIEW CDR	REVIEW ITEM DISPOSITION (RID) ORBITER/SHUTTLE	RID NO.
VEHICLE/OTHER WMS	TEAM TRACKING NO.	TEAM/SYSTEM
DATE OF REVIEW	INITIATOR/MAIL CODE/PHONE	SUB-TEAM/SUBSYSTEM

RID TITLE: Backup Systems

DESCRIPTION OF PROBLEM:

Based on the reliability of the WMS system to date there is a high probability of failure.

RECOMMENDATION

Insure an easily used, adequate backup including realistic disposal (storage) is available especially on early flights.

This RID is covered by RID # 24 & 19

IMPACT IF RECOMMENDATION NOT IMPLEMENTED:

Possible abort

H. Thornton
INITIATOR'S SIGNATURE

NASA TEAM LEADER

CONTRACTOR'S COMMENT

PROJECT ENGINEER

TEAM LEADER

DISPOSITIONED BY: ☐ NASA TEAM LEADER ☐ PRE-BOARD ☐ BOARD

RID STATUS TYPE ACTION REQUIRED <input type="checkbox"/> STUDY <input type="checkbox"/> CONTRACTUAL DIRECTION <input type="checkbox"/> TECHNICAL DIRECTION <input type="checkbox"/> OTHER CONSTRAINT <input type="checkbox"/> NO <input type="checkbox"/> YES	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> OPEN <input type="checkbox"/> CONTRACTOR ACTION REQ'D <input type="checkbox"/> NASA ACTION REQ'D </div> <div> <input type="checkbox"/> CLOSED <input type="checkbox"/> CONTRACTOR EXPLANATION SATISFACTORY <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> WITHDRAWN </div> </div> <div style="margin-top: 10px;"> ACTIONEE: _____ ORG: _____ DUE DATE: _____ DESCRIPTION OF ACTION: _____ </div>
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CONTRACTOR REP. _____	NASA CHAIRMAN _____
DATE _____	DATE _____

TYPE OF REVIEW CDR	REVIEW ITEM DISPOSITION (RID) ORBITER/SHUTTLE	RID NO.
VEHICLE/OTHER WMS	TEAM TRACKING NO.	TEAM/SYSTEM
DATE OF REVIEW	INITIATOR/MAIL CODE/PHONE	SUB-TEAM/SUBSYSTEM

RID TITLE: Contingency Shutdown of Slinger

DESCRIPTION OF PROBLEM:

It is likely that at some time it will be necessary to work around ^(in the area of) the slinger disc; e.g., dislodge build ups, etc. This will only be possible if the slinger can be deactivated, i.e., a switch or breaker or equivalent should be available inflight.

RECOMMENDATION

Add a switch or breaker that is reasonably accessible (not front panel) for slinger deactivation.

a CB exists which will allow deactivation of the slinger with Sep. 2 selected.

IMPACT IF RECOMMENDATION NOT IMPLEMENTED:

This could prevent salvage of operation of this device during flight.

H. Thornton

INITIATOR'S SIGNATURE

NASA TEAM LEADER

CONTRACTOR'S COMMENT

PROJECT ENGINEER

TEAM LEADER

DISPOSITIONED BY:

☐ NASA TEAM LEADER

☐ PRE-BOARD

☐ BOARD

☐ OPEN

☐ CLOSED

RID STATUS
TYPE ACTION REQUIRED

☐ CONTRACTOR ACTION REQ'D

☐ CONTRACTOR EXPLANATION SATISFACTORY

☐ NASA ACTION REQ'D

☐ DISAPPROVED

☐ WITHDRAWN

☐ STUDY

ACTIONEE: _____

ORG: _____ DUE DATE: _____

☐ CONTRACTUAL DIRECTION

DESCRIPTION OF ACTION:

☐ TECHNICAL DIRECTION

☐ OTHER

CONSTRAINT

☐ NO

☐ YES

CONTRACTOR REP.

DATE

NASA CHAIRMAN

DATE

TYPE OF REVIEW CDR	REVIEW ITEM DISPOSITION (RID) ORBITER/SHUTTLE	RID NO. <u>EC-18</u>
VEHICLE/OTHER WMS	TEAM TRACKING NO.	TEAM/SYSTEM
DATE OF REVIEW	INITIATOR/MAIL CODE/PHONE	SUB-TEAM/SUBSYSTEM

RID TITLE: Reliability

DESCRIPTION OF PROBLEM:

Prototypes of this system have had realistic one-g tests on two simulations. Slinger motor failed immediately on first test. After extensive study and a fix, it failed again on the fourth day of 2⁰ sim. Several other failures occurred during the 2⁰ sim.

RECOMMENDATION

Study, redesign and build to avoid similar failures and then make realistic preflight tests to demonstrate reliability.

IMPACT IF RECOMMENDATION NOT IMPLEMENTED:

Inflight failures with expensive "fixes" and heavy timeline impact.

INITIATOR'S SIGNATURE [Signature] NASA TEAM LEADER

CONTRACTOR'S COMMENT

PROJECT ENGINEER TEAM LEADER

DISPOSITIONED BY: ☐ NASA TEAM LEADER ☐ PRE-BOARD ☐ BOARD

RID STATUS TYPE ACTION REQUIRED <input type="checkbox"/> STUDY <input type="checkbox"/> CONTRACTUAL DIRECTION <input type="checkbox"/> TECHNICAL DIRECTION <input type="checkbox"/> OTHER CONSTRAINT <input type="checkbox"/> NO <input type="checkbox"/> YES	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> OPEN <input type="checkbox"/> CONTRACTOR ACTION REQ'D <input type="checkbox"/> NASA ACTION REQ'D ACTIONEE: _____ DESCRIPTION OF ACTION: _____ </div> <div> <input type="checkbox"/> CLOSED <input type="checkbox"/> CONTRACTOR EXPLANATION SATISFACTORY <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> WITHDRAWN ORG: _____ DUE DATE: _____ </div> </div>
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CONTRACTOR REP. _____ DATE _____	NASA CHAIRMAN _____ DATE _____
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TYPE OF REVIEW CDR	REVIEW ITEM DISPOSITION (RID) ORBITER/SHUTTLE	RID NO. <i>EL-19</i>
VEHICLE/OTHER WMS	TEAM TRACKING NO.	TEAM/SYSTEM
DATE OF REVIEW	INITIATOR/MAIL CODE/PHONE	SUB-TEAM/SUBSYSTEM

RID TITLE: One Wipe

DESCRIPTION OF PROBLEM:

SMD III prototype operations restricted cleaning to a single wipe at a time to prevent build up. In spite of this restriction, tissue trapped on the slinger rapidly trapped and built up large quantities of feces behind it requiring difficult removal.

RECOMMENDATION

Neither single wipes nor manual mucking out are acceptable operations and whatever redesign is required to avoid them should be done. Such redesign should then be verified by realistic testing.

IMPACT IF RECOMMENDATION NOT IMPLEMENTED:

Either one wipe or manual mucking operations will cause the crew to revert to backup mode and render the WMS useless.

[Signature]
INITIATOR'S SIGNATURE

NASA TEAM LEADER

CONTRACTOR'S COMMENT

PROJECT ENGINEER

TEAM LEADER

DISPOSITIONED BY: ☐ NASA TEAM LEADER ☐ PRE-BOARD ☐ BOARD

RID STATUS TYPE ACTION REQUIRED <input type="checkbox"/> STUDY <input type="checkbox"/> CONTRACTUAL DIRECTION <input type="checkbox"/> TECHNICAL DIRECTION <input type="checkbox"/> OTHER CONSTRAINT <input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> OPEN <input type="checkbox"/> CONTRACTOR ACTION REQ'D <input type="checkbox"/> NASA ACTION REQ'D	<input type="checkbox"/> CLOSED <input type="checkbox"/> CONTRACTOR EXPLANATION SATISFACTORY <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> WITHDRAWN
	ACTIONEE: _____ ORG: _____ DUE DATE: _____ DESCRIPTION OF ACTION: _____	
CONTRACTOR REP. _____ DATE _____ NASA CHAIRMAN _____ DATE _____		

TYPE OF REVIEW CDR	REVIEW ITEM DISPOSITION (RID) ORBITER/SHUTTLE	RID NO. EC-17
VEHICLE/OTHER OV102 & Subs	TEAM TRACKING NO.	TEAM/SYSTEM Astronaut Office
DATE OF REVIEW 10/19/77	INITIATOR/MAIL CODE/PHONE W. Thornton/CB X2421	SUB-TEAM/SUBSYSTEM Waste Collection Subsystem

RID TITLE: Contingency Bag Disposal

DESCRIPTION OF PROBLEM:

If contingency/vomitus bags are used, there is presently no method of placing them in the machine other than by pushing the hand down the heavily fecal contaminated tube. If this is done, adequate cleansing of the hand will be difficult with on-board facilities.

RECOMMENDATION

Provide practical alternative to manual muzzle loading. Redesign ^{as}~~so~~ necessary to assure transfer of bags into the storage containers without manual insertion.

IMPACT IF RECOMMENDATION NOT IMPLEMENTED:

A potent source of contamination will exist in a contingency situation.

INITIATOR'S SIGNATURE

J.C. Brady
NASA TEAM LEADER

CONTRACTOR'S COMMENT

PROJECT ENGINEER

TEAM LEADER

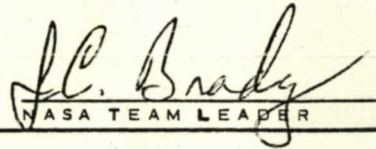
DISPOSITIONED BY:

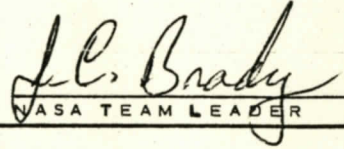
☐ NASA TEAM LEADER

☐ PRE-BOARD

☐ BOARD

RID STATUS TYPE ACTION REQUIRED <input type="checkbox"/> STUDY <input type="checkbox"/> CONTRACTUAL DIRECTION <input type="checkbox"/> TECHNICAL DIRECTION <input type="checkbox"/> OTHER CONSTRAINT <input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> OPEN <input type="checkbox"/> CONTRACTOR ACTION REQ'D <input type="checkbox"/> NASA ACTION REQ'D	<input type="checkbox"/> CLOSED <input type="checkbox"/> CONTRACTOR EXPLANATION SATISFACTORY <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> WITHDRAWN
	ACTIONEE: _____ DESCRIPTION OF ACTION: _____	ORG: _____ DUE DATE: _____
CONTRACTOR REP. _____ DATE _____ NASA CHAIRMAN _____ DATE _____		

TYPE OF REVIEW CDR		REVIEW ITEM DISPOSITION (RID) ORBITER/SHUTTLE		RID NO. EC-18	
VEHICLE/OTHER OV102 & Subs		TEAM TRACKING NO.		TEAM/SYSTEM Astronaut Office	
DATE OF REVIEW 10/19/77		INITIATOR/MAIL CODE/PHONE W. Thornton/CB X2421		SUB-TEAM/SUBSYSTEM Waste Collection Subsystem	
RID TITLE: <u>Reliability</u>					
DESCRIPTION OF PROBLEM:					
<p>Prototypes of this system have had realistic one-g tests on two simulations. Slinger motor failed immediately on first test. After extensive study and a fix, it failed again on the fourth day of 2° sim. Several other failures occurred during the 2° sim.</p>					
RECOMMENDATION					
<p>Assess the slinger motor failures which occurred at JSC and assure the flight motor design protects against similar failures.</p>					
IMPACT IF RECOMMENDATION NOT IMPLEMENTED:					
<p>Inflight failures with expensive "fixes" and heavy timeline impact.</p>					
INITIATOR'S SIGNATURE				 NASA TEAM LEADER	
CONTRACTOR'S COMMENT					
PROJECT ENGINEER				TEAM LEADER	
DISPOSITIONED BY: <input type="checkbox"/> NASA TEAM LEADER <input type="checkbox"/> PRE-BOARD <input type="checkbox"/> BOARD					
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div> TYPE ACTION REQUIRED </div> <div> RID STATUS </div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> STUDY <input type="checkbox"/> CONTRACTUAL DIRECTION <input type="checkbox"/> TECHNICAL DIRECTION <input type="checkbox"/> OTHER </div> <div style="margin-top: 10px;"> CONSTRAINT <input type="checkbox"/> NO <input type="checkbox"/> YES </div> </div>		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> OPEN <input type="checkbox"/> CONTRACTOR ACTION REQ'D <input type="checkbox"/> NASA ACTION REQ'D </div> <div> <input type="checkbox"/> CLOSED <input type="checkbox"/> CONTRACTOR EXPLANATION SATISFACTORY <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> WITHDRAWN </div> </div>			
		ACTIONEE: _____ ORG: _____ DUE DATE: _____ DESCRIPTION OF ACTION: _____			
CONTRACTOR REP.		DATE		NASA CHAIRMAN DATE	

TYPE OF REVIEW CDR		REVIEW ITEM DISPOSITION (RID) ORBITER/SHUTTLE		RID NO. EC-19	
VEHICLE/OTHER OV102 & Subs		TEAM TRACKING NO.		TEAM/SYSTEM Astronaut Office	
DATE OF REVIEW 10/19/77		INITIATOR/MAIL CODE/PHONE W. Thornton/CB X2421		SUB-TEAM/SUBSYSTEM Waste Collection Subsystem	
RID TITLE: <u>One Wipe</u>					
DESCRIPTION OF PROBLEM: <p>SMD III prototype operations restricted cleaning to a single wipe at a time to prevent buildup. In spite of this restriction, tissue trapped on the slinger rapidly trapped and built up large quantities of feces behind it requiring difficult removal.</p>					
RECOMMENDATION <p>Neither single wipes nor manual mucking out are acceptable operations and whatever redesign is required to avoid them should be done. Such redesign should then be verified by realistic testing.</p>					
IMPACT IF RECOMMENDATION NOT IMPLEMENTED: <p>Buildup of wipes and feed matter could render the WCS useless in both the normal mode and backup (bag) mode.</p>					
INITIATOR'S SIGNATURE				 NASA TEAM LEADER	
CONTRACTOR'S COMMENT					
PROJECT ENGINEER				TEAM LEADER	
DISPOSITIONED BY: <input type="checkbox"/> NASA TEAM LEADER <input type="checkbox"/> PRE-BOARD <input type="checkbox"/> BOARD					
RID STATUS TYPE ACTION REQUIRED		<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED			
<input type="checkbox"/> STUDY <input type="checkbox"/> CONTRACTUAL DIRECTION <input type="checkbox"/> TECHNICAL DIRECTION <input type="checkbox"/> OTHER		<input type="checkbox"/> CONTRACTOR ACTION REQ'D <input type="checkbox"/> NASA ACTION REQ'D <input type="checkbox"/> CONTRACTOR EXPLANATION SATISFACTORY <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> WITHDRAWN			
CONSTRAINT <input type="checkbox"/> NO <input type="checkbox"/> YES		ACTIONEE: _____ ORG: _____ DUE DATE: _____ DESCRIPTION OF ACTION: _____			
CONTRACTOR REP. _____			NASA CHAIRMAN _____		
DATE _____			DATE _____		

TYPE OF REVIEW CDR	REVIEW ITEM DISPOSITION (RID) ORBITER/SHUTTLE	RID NO. EC-20
VEHICLE/OTHER OV102 & Subs	TEAM TRACKING NO.	TEAM/SYSTEM Astronaut Office
DATE OF REVIEW 10/19/77	INITIATOR/MAIL CODE/PHONE W. Thornton/CB X2421	SUB-TEAM/SUBSYSTEM Waste Collection Subsystem

RID TITLE: Man Machine Interface

DESCRIPTION OF PROBLEM:

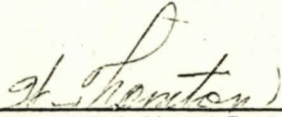
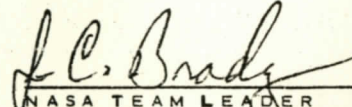
Efforts should be continued to insure that no sharp edges, etc., exist. The prototype had a thin strip with small radii.
foot

RECOMMENDATION

All radii should be large and all edges should be broken, etc.

IMPACT IF RECOMMENDATION NOT IMPLEMENTED:

Possibility of personal injury.


 INITIATOR'S SIGNATURE
 
 NASA TEAM LEADER

CONTRACTOR'S COMMENT

PROJECT ENGINEER _____ TEAM LEADER _____
 DISPOSITIONED BY: ☐ NASA TEAM LEADER ☐ PRE-BOARD ☐ BOARD

RID STATUS TYPE ACTION REQUIRED	<input type="checkbox"/> OPEN <input type="checkbox"/> CONTRACTOR ACTION REQ'D <input type="checkbox"/> NASA ACTION REQ'D	<input type="checkbox"/> CLOSED <input type="checkbox"/> CONTRACTOR EXPLANATION SATISFACTORY <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> WITHDRAWN
<input type="checkbox"/> STUDY <input type="checkbox"/> CONTRACTUAL DIRECTION <input type="checkbox"/> TECHNICAL DIRECTION <input type="checkbox"/> OTHER	ACTIONEE: _____ ORG: _____ DUE DATE: _____ DESCRIPTION OF ACTION: _____	
CONSTRAINT <input type="checkbox"/> NO <input type="checkbox"/> YES		

CONTRACTOR REP. _____	NASA CHAIRMAN _____
DATE _____	DATE _____

TYPE OF REVIEW CDR	REVIEW ITEM DISPOSITION (RID) ORBITER/SHUTTLE	RID NO. EC-21
VEHICLE/OTHER OV102 & Subs	TEAM TRACKING NO.	TEAM/SYSTEM Astronaut Office
DATE OF REVIEW 10/19/77	INITIATOR/MAIL CODE/PHONE W. Thornton/CB X2421	SUB-TEAM/SUBSYSTEM Waste Collection Subsystem

RID TITLE: Cleaning Materials

DESCRIPTION OF PROBLEM:

Germicidal and cleansing agents and procedures have not been provided for the WMS.

RECOMMENDATION

Provide clean-up materials and procedures.

IMPACT IF RECOMMENDATION NOT IMPLEMENTED:

A filthy machine which becomes a potent source of contamination.

W. Thornton

INITIATOR'S SIGNATURE

J.C. Brady

NASA TEAM LEADER

CONTRACTOR'S COMMENT

PROJECT ENGINEER

TEAM LEADER

DISPOSITIONED BY: ☐ NASA TEAM LEADER ☐ PRE-BOARD ☐ BOARD

<p style="text-align: center;">RID STATUS</p> <p>TYPE ACTION REQUIRED</p> <p><input type="checkbox"/> STUDY</p> <p><input type="checkbox"/> CONTRACTUAL DIRECTION</p> <p><input type="checkbox"/> TECHNICAL DIRECTION</p> <p><input type="checkbox"/> OTHER</p> <p>CONSTRAINT</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p>	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> OPEN <input type="checkbox"/> CONTRACTOR ACTION REQ'D <input type="checkbox"/> NASA ACTION REQ'D </div> <div> <input type="checkbox"/> CLOSED <input type="checkbox"/> CONTRACTOR EXPLANATION SATISFACTORY <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> WITHDRAWN </div> </div> <p>ACTIONEE: _____ ORG: _____ DUE DATE: _____</p> <p>DESCRIPTION OF ACTION:</p>
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CONTRACTOR REP. _____	DATE _____
NASA CHAIRMAN _____	DATE _____

TYPE OF REVIEW CDR	REVIEW ITEM DISPOSITION (RID) ORBITER/SHUTTLE	RID NO. EC-22
VEHICLE/OTHER OV102 & Subs	TEAM TRACKING NO.	TEAM/SYSTEM Astronaut Office
DATE OF REVIEW 10/19/77	INITIATOR/MAIL CODE/PHONE W. Thornton/CB X2421	SUB-TEAM/SUBSYSTEM Waste Collection Subsystem

RID TITLE: Menstrual Waste

DESCRIPTION OF PROBLEM:

sooner or later

Unless hormonal or other suppression is used, it is certain that a female will ^{sooner or later} menstruate on orbit, hence disposal of the waste must be provided as well as personal hygiene facilities for the individual and to clean the urinal.

RECOMMENDATION

Study problem and either use suppression (which may be ^{un}desirable or impossible in some cases) or make provision for stowage and clean up.

IMPACT IF RECOMMENDATION NOT IMPLEMENTED:

Should be obvious.

W. Thornton

INITIATOR'S SIGNATURE

J.C. Brady

NASA TEAM LEADER

CONTRACTOR'S COMMENT

PROJECT ENGINEER

TEAM LEADER

DISPOSITIONED BY:

☐ NASA TEAM LEADER ☐ PRE-BOARD ☐ BOARD

RID STATUS TYPE ACTION REQUIRED	<input type="checkbox"/> OPEN <input type="checkbox"/> CONTRACTOR ACTION REQ'D <input type="checkbox"/> NASA ACTION REQ'D	<input type="checkbox"/> CLOSED <input type="checkbox"/> CONTRACTOR EXPLANATION SATISFACTORY <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> WITHDRAWN
<input type="checkbox"/> STUDY <input type="checkbox"/> CONTRACTUAL DIRECTION <input type="checkbox"/> TECHNICAL DIRECTION <input type="checkbox"/> OTHER	ACTIONEE: _____ DESCRIPTION OF ACTION: 	ORG: _____ DUE DATE: _____
CONSTRAINT <input type="checkbox"/> NO <input type="checkbox"/> YES		

CONTRACTOR REP. _____

DATE _____

NASA CHAIRMAN _____

DATE _____

TYPE OF REVIEW CDR	REVIEW ITEM DISPOSITION (RID) ORBITER/SHUTTLE	RID NO. EC-23
VEHICLE/OTHER OV102 & Subs	TEAM TRACKING NO.	TEAM/SYSTEM Astronaut Office
DATE OF REVIEW 10/19/77	INITIATOR/MAIL CODE/PHONE W. Thornton/CB X2421	SUB-TEAM/SUBSYSTEM Waste Collection Subsystem

RID TITLE: Personal Hygiene

DESCRIPTION OF PROBLEM:

Typically the food produces a soft stool which requires large amounts of paper for acceptable cleanliness. Such quantities of paper is undesirable for many reasons. It should be more efficient to use some form of wet/dry wipes.

RECOMMENDATION

Consider addition of wet wipes or other devices to improve cleansing efficiency.

IMPACT IF RECOMMENDATION NOT IMPLEMENTED:

Large quantities of paper and time required.

W. Thornton
INITIATOR'S SIGNATURE

J.L. Brady
NASA TEAM LEADER

CONTRACTOR'S COMMENT

PROJECT ENGINEER

TEAM LEADER

DISPOSITIONED BY: ☐ NASA TEAM LEADER ☐ PRE-BOARD ☐ BOARD

RID STATUS TYPE ACTION REQUIRED <input type="checkbox"/> STUDY <input type="checkbox"/> CONTRACTUAL DIRECTION <input type="checkbox"/> TECHNICAL DIRECTION <input type="checkbox"/> OTHER CONSTRAINT <input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> OPEN <input type="checkbox"/> CONTRACTOR ACTION REQ'D <input type="checkbox"/> NASA ACTION REQ'D	<input type="checkbox"/> CLOSED <input type="checkbox"/> CONTRACTOR EXPLANATION SATISFACTORY <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> WITHDRAWN
	ACTIONEE: _____ ORG: _____ DUE DATE: _____ DESCRIPTION OF ACTION: _____	

CONTRACTOR REP. _____

DATE _____

NASA CHAIRMAN _____

DATE _____

TYPE OF REVIEW CDR	REVIEW ITEM DISPOSITION (RID) ORBITER/SHUTTLE	RID NO. EC-24
VEHICLE/OTHER OV102 & Subs	TEAM TRACKING NO.	TEAM/SYSTEM Astronaut Office
DATE OF REVIEW 10/19/77	INITIATOR/MAIL CODE/PHONE W. Thornton/CB X2421	SUB-TEAM/SUBSYSTEM Waste Collection Subsystem

RID TITLE: Adequate Volume

DESCRIPTION OF PROBLEM:

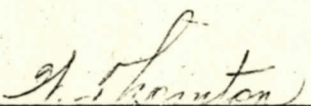
It is not obvious from inspection that adequate disposal volume is present in the event of backup bag usage.


RECOMMENDATION

Make a test of volumes available using realistic numbers and volumes of backup bags.

IMPACT IF RECOMMENDATION NOT IMPLEMENTED:

Overflow of a noxious item without storage for it.


INITIATOR'S SIGNATURE


NASA TEAM LEADER

CONTRACTOR'S COMMENT

PROJECT ENGINEER _____

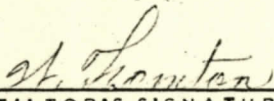

TEAM LEADER _____

DISPOSITIONED BY: ☐ NASA TEAM LEADER ☐ PRE-BOARD ☐ BOARD

RID STATUS TYPE ACTION REQUIRED	<input type="checkbox"/> OPEN <input type="checkbox"/> CONTRACTOR ACTION REQ'D <input type="checkbox"/> NASA ACTION REQ'D	<input type="checkbox"/> CLOSED <input type="checkbox"/> CONTRACTOR EXPLANATION SATISFACTORY <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> WITHDRAWN
<input type="checkbox"/> STUDY <input type="checkbox"/> CONTRACTUAL DIRECTION <input type="checkbox"/> TECHNICAL DIRECTION <input type="checkbox"/> OTHER	ACTIONEE: _____ ORG: _____ DUE DATE: _____ DESCRIPTION OF ACTION: _____	
CONSTRAINT <input type="checkbox"/> NO <input type="checkbox"/> YES		

CONTRACTOR REP. _____ DATE _____

NASA CHAIRMAN _____ DATE _____

TYPE OF REVIEW CDR	REVIEW ITEM DISPOSITION (RID) ORBITER/SHUTTLE	RID NO. EC-25
VEHICLE/OTHER OV102 and Subs	TEAM TRACKING NO.	TEAM/SYSTEM Astronaut Office
DATE OF REVIEW 10/19/77	INITIATOR/MAIL CODE/PHONE W. Thornton/CB X2421	SUB-TEAM/SUBSYSTEM Waste Collection Subsystem
RID TITLE: <u>Odor</u>		
DESCRIPTION OF PROBLEM: On SMD III (7 days one-g sims) during use, this device produced extremely foul odors which would persist for hours. A significant portion of the odor seemed to emanate from the seat hole in spite of a "positive" air flow.		
RECOMMENDATION Take whatever steps are required to insure elimination of such odor. Both SMEAT and Skylab demonstrated that this was both possible and feasible.		
IMPACT IF RECOMMENDATION NOT IMPLEMENTED: Odors such as this are incompatible with food preparation, use or for that matter even occupation of mid-deck.		
 INITIATOR'S SIGNATURE		 NASA TEAM LEADER
CONTRACTOR'S COMMENT		
PROJECT ENGINEER		TEAM LEADER
DISPOSITIONED BY: <input type="checkbox"/> NASA TEAM LEADER <input type="checkbox"/> PRE-BOARD <input type="checkbox"/> BOARD		
RID STATUS TYPE ACTION REQUIRED <input type="checkbox"/> STUDY <input type="checkbox"/> CONTRACTUAL DIRECTION <input type="checkbox"/> TECHNICAL DIRECTION <input type="checkbox"/> OTHER CONSTRAINT <input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> OPEN <input type="checkbox"/> CONTRACTOR ACTION REQ'D <input type="checkbox"/> NASA ACTION REQ'D ACTIONEE: _____ ORG: _____ DUE DATE: _____ DESCRIPTION OF ACTION: _____	
	<input type="checkbox"/> CLOSED <input type="checkbox"/> CONTRACTOR EXPLANATION SATISFACTORY <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> WITHDRAWN	
CONTRACTOR REP. _____		NASA CHAIRMAN _____
DATE _____		DATE _____