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# CONJUNCTION ASSESSMENT RISK ANALYSIS ORBITAL COLLISION AVOIDANCE PLAN (OCAP) SCREENING FORM INSTRUCTIONS

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As described in NPR 8079.1, missions are required to prepare an Orbital Collision Avoidance Plan (OCAP). The OCAP is a collection of analyses performed by CARA on behalf of the mission using mission inputs. The results are documented in the OCAP along with any decisions made using the analysis. In an effort to streamline the OCAP preparation process, CARA has prepared the attached screening form which contains questions about your mission. The questions should take no more than 10 minutes to answer. Based on the responses, CARA will determine which of the OCAP analyses are needed for your mission and which can be waived. If it is determined that no further analysis is required, section six of the form will be signed by both the mission and CARA and will serve as the completed OCAP for your mission. If further analyses are required, CARA will be in touch to solicit input data needed to perform the analyses.

NPR 8079.1 also requires completion of a compliance matrix that is supposed to be attached to the OCAP at the OCAP approval step. The compliance matrix is also where tailoring of the non-OCAP requirements in NPR 8079.1 is proposed and accepted. When this form is serving as a "one-page OCAP," the compliance matrix should also be attached (please see Appendix C of NPR 8079.1).

**Definitions:**

Any questions about definitions of terms in the form should be considered in the context of the definitions listed in NPR 8079.1, as other entities may define the same words in a different manner for their applications. For example, per NPR 8079.1, a maneuverable spacecraft has capability permitting the manipulation of its trajectory in a non-Keplerian fashion, which includes chemical or electric propulsion or differential drag attitude changes intended to adjust the trajectory. An autonomous maneuver is designed and executed autonomously without ground intervention to change the spacecraft trajectory in a non-Keplerian way. Consider this context when answering the question about autonomous maneuvering.

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## PROJECT INFORMATION

1. PROJECT NAME:	2. PROJECT POINT OF CONTACT <i>(Name and title)</i> :
3. PDR & LAUNCH DATES <i>(Best current estimates)</i> : PDR:                      Launch:	4. PROJECT POC EMAIL ADDRESS:

## 5. SCREENING QUESTIONS

QUESTION NUMBER	SCREENING QUESTION	PROJECT RESPONSE	
		YES	NO
1	Is your spacecraft larger than 10cm per side for LEO or 50cm/side for MEO/HEO/GEO?		
2	Does your spacecraft have a propulsion system? If yes, check one: <input type="checkbox"/> chemical <input type="checkbox"/> electric <input type="checkbox"/> other		
3	For spacecraft without a propulsion system, are you intentionally performing actions that will change the spacecraft orbit (e.g., differential drag, ...)		
4	Is your spacecraft using a tether?		
5	Are there multiple spacecraft as part of your mission?		
6	Is your spacecraft deploying any child objects?		
7	Is your spacecraft a rideshare?		
8	Will ephemeris with covariance (including any planned maneuvers) be provided based on a mission tracking data source?		
9	Does your spacecraft perform autonomous maneuvering?		
10	Specify the mission orbit apogee <input type="text"/> perigee <input type="text"/> inclination <input type="text"/> If different than the mission orbit, specify the injection apogee <input type="text"/> perigee <input type="text"/> inclination <input type="text"/>		

## 6. PROJECT CERTIFICATION\*

– For Office Use Only –

*\*Sign only if no further analyses are needed and this form will serve as the OCAP.*

*By signing below, I certify that the above information is an accurate representation of the project architecture and that CARA has agreed that this form is sufficient to serve as the OCAP for this mission.*

a. PROJECT APPROVER <i>(Name and title)</i> :	b. SIGNATURE	c. DATE

## 7. OCAP COMPLETION RECOMMENDATION

*(To be completed by CARA Representative)*

*Based on the information provided, CARA makes the following recommendation:*

CLASSIFICATION (SELECT ONE) (a)	RISK CLASSIFICATION RECOMMENDATION (b)
<input type="checkbox"/>	This project meets the criteria to utilize this form as OCAP. No further analysis is recommended unless future changes to the project would change the response to one of the screening questions.
<input type="checkbox"/>	The project does <u>not</u> meet all of the criteria required to utilize this form as the OCAP; a tailored OCAP is required.
<input type="checkbox"/>	The project screening criteria answers justify completion of a full OCAP.

c. CARA COMMENTS:

d. CARA REPRESENTATIVE <i>(Name and title)</i> :	e. SIGNATURE	f. DATE