

21 May 1968

DATE (Day, Month, Year):

1. REPORTING SHIP, ACTIVITY OR UNIT <b>USNS GENERAL JOHN POPEN, (T-AP 110)</b>								FLEET OR NAV. DIST. NO. <b>KSTSPAC</b>		Do not use
2. PERSONNEL INJURED (Name, Rank, Rate or Trade, and Branch of Service)		AGE	YEARS EXPER.	DUTY OR WORK ASSIGNMENT				EST. DAYS LOST OR TIME CHGS	TOTAL DISABLING INJURIES	
James W. Fisher, 32265, EMT, Marine Personnel (civilian)		57	2	X					0 0	
3. PROPERTY/EQUIPMENT DAMAGE								ESTIMATED DAMAGE COST		
TYPE		OWNERSHIP		LABOR	MATERIAL		OVERHEAD	TOTAL		
N/A										
4. DATE AND TIME OF ACCIDENT				WEATHER			LIGHT			
HOUR	DAY	MONTH	YEAR	GOOD	ADVERSE	NOT APPLIC.	GOOD	POOR	NOT APPLIC.	
2230	Mon	20 May	68	X			X			
5. DESCRIPTION OF ACCIDENT: Describe the accident so that the Reviewing Official can get a clear picture of the accident and the reasons for it. Select and check closest applicable item in each section on back of form.										
<p>The injured person's report is authentic and reliable. These are heavy insulated entrance doors to each engine room and open into a passageway which on the third deck is not too wide. Ordinarily these doors swing freely and will close of their own free will due to normal trim of the vessel. The vessel was underway in a calm sea which would not be attributed to the additional pressure applied to the door. Consequently it is assumed that some person in haste had pushed the door closed.</p>										

## 6. FORMS SUBMITTED APPLICABLE TO INJURED CIVILIAN EMPLOYEES

A. C.A.1  YES  NOB. C.A.2  YES  NOC. OTHER  
(INDICATE):

## 7. RECOMMENDED CORRECTIVE ACTION: What recommendations have been made which will help prevent another accident like this?

Door closers could be installed. However, this would add resistance to opening the door which in turn is undesirable. However, should Safety Committee ashore determine the frequency rate too high on this particular type of accident, door closers will be installed.

SIGNATURE OF SUPERVISOR  
CHIEF OF WORKING PARTY  
OR HEAD OF WORK DETAIL: *H. L. Fisher*TITLE, RANK, RATE OR GRADE  
Chief Engineer

DATE

5/21/68

## 8. REVIEW AND COMMENT OF REVIEWING OFFICIAL

Recommendation by Chief Engineer concurred in.

SIGNATURE OF  
REVIEWING  
OFFICIAL: *H. L. Fisher*TITLE, RANK, RATE OR GRADE  
Master

DATE

5/21/68

SECTION 9 AGENCY INVOLVED	<p>Check (x) and specify in space provided the object or substance most closely associated with the injury and which in general could have been properly guarded or corrected. One check (x) MUST be entered in this section.</p> <table border="0"> <tr> <td><input type="checkbox"/> 1. MACHINES: (Agitators, grinders, sewing machines, vices, saws, lathes, welding machines, etc.)</td> <td><input type="checkbox"/> 7. VEHICLES: (All types, except in traffic or flight)</td> <td colspan="8">Do not use</td> </tr> <tr> <td><input type="checkbox"/> 2. PRIME MOVERS &amp; PUMPS: (Steam, internal combustion or air, compressors, fans, blowers, etc.)</td> <td><input type="checkbox"/> 8. ANIMALS: (Including insects and reptiles)</td> <td colspan="8"></td> </tr> <tr> <td><input type="checkbox"/> 3. ELEVATORS: (Passenger, freight, aircraft or dumbwaiters)</td> <td><input type="checkbox"/> 9. MECHANICAL POWER TRANSMISSION APPARATUS: (Belts, gears, couplings, etc.)</td> <td colspan="8"></td> </tr> <tr> <td><input type="checkbox"/> 4. HOISTING APPARATUS: (Cranes, hoists (air or electric), shovels, dredges, jacks, etc.)</td> <td><input type="checkbox"/> 10. ELECTRICAL APPARATUS: (Motors, transformers, lamps, appliances, etc.)</td> <td colspan="8"></td> </tr> <tr> <td><input type="checkbox"/> 5. CONVEYORS: (Belt, monorail, pneumatic, drag line, tiering or piling, etc.)</td> <td><input type="checkbox"/> 11. HAND TOOLS: (Hand, mechanical or electrical active power, hammers, wrenches, welding tools, sandblasters, etc.)</td> <td colspan="8"></td> </tr> <tr> <td><input type="checkbox"/> 6. BOILERS &amp; PRESSURE VESSELS: ( Fired or unfired, pressure lines, etc.)</td> <td colspan="9"></td> </tr> </table>										<input type="checkbox"/> 1. MACHINES: (Agitators, grinders, sewing machines, vices, saws, lathes, welding machines, etc.)	<input type="checkbox"/> 7. VEHICLES: (All types, except in traffic or flight)	Do not use								<input type="checkbox"/> 2. PRIME MOVERS & PUMPS: (Steam, internal combustion or air, compressors, fans, blowers, etc.)	<input type="checkbox"/> 8. ANIMALS: (Including insects and reptiles)									<input type="checkbox"/> 3. ELEVATORS: (Passenger, freight, aircraft or dumbwaiters)	<input type="checkbox"/> 9. MECHANICAL POWER TRANSMISSION APPARATUS: (Belts, gears, couplings, etc.)									<input type="checkbox"/> 4. HOISTING APPARATUS: (Cranes, hoists (air or electric), shovels, dredges, jacks, etc.)	<input type="checkbox"/> 10. ELECTRICAL APPARATUS: (Motors, transformers, lamps, appliances, etc.)									<input type="checkbox"/> 5. CONVEYORS: (Belt, monorail, pneumatic, drag line, tiering or piling, etc.)	<input type="checkbox"/> 11. HAND TOOLS: (Hand, mechanical or electrical active power, hammers, wrenches, welding tools, sandblasters, etc.)									<input type="checkbox"/> 6. BOILERS & PRESSURE VESSELS: ( Fired or unfired, pressure lines, etc.)									
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SECTION 10 UNSAFE MECHANICAL CONDITION	<p>Check (x) and specify the PRINCIPAL unsafe condition which led to or was responsible for the accident. One check (x) MUST be entered in this section.</p> <table border="0"> <tr> <td><input type="checkbox"/> 18. IMPROPER GUARDING: (Unguarded, inadequately guarded, etc.)</td> <td><input type="checkbox"/> 20. HAZARDOUS ARRANGEMENT: (Unsafe piling, poor layout, etc.)</td> <td><input type="checkbox"/> 23. UNSAFE CLOTHING: (Lack of, unlined or defective shoes, goggles, gloves, respirators, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 19. DEFECTIVE SUBSTANCES OR EQUIPMENT:  (Broken, rough, slippery, poorly designed, etc.)</td> <td><input type="checkbox"/> 21. IMPROPER ILLUMINATION: (Insufficient light, glare, etc.)</td> <td><input type="checkbox"/> 24. NO UNSAFE CONDITION:</td> </tr> <tr> <td></td> <td><input type="checkbox"/> 22. IMPROPER VENTILATION: (Dusty, gassy, impure air source, etc.)</td> <td><input checked="" type="checkbox"/> 25. UNSAFE CONDITION NOT OTHERWISE CLASSIFIED: <b>Outside assistance</b></td> </tr> </table>										<input type="checkbox"/> 18. IMPROPER GUARDING: (Unguarded, inadequately guarded, etc.)	<input type="checkbox"/> 20. HAZARDOUS ARRANGEMENT: (Unsafe piling, poor layout, etc.)	<input type="checkbox"/> 23. UNSAFE CLOTHING: (Lack of, unlined or defective shoes, goggles, gloves, respirators, etc.)	<input type="checkbox"/> 19. DEFECTIVE SUBSTANCES OR EQUIPMENT:  (Broken, rough, slippery, poorly designed, etc.)	<input type="checkbox"/> 21. IMPROPER ILLUMINATION: (Insufficient light, glare, etc.)	<input type="checkbox"/> 24. NO UNSAFE CONDITION:		<input type="checkbox"/> 22. IMPROPER VENTILATION: (Dusty, gassy, impure air source, etc.)	<input checked="" type="checkbox"/> 25. UNSAFE CONDITION NOT OTHERWISE CLASSIFIED: <b>Outside assistance</b>																																																			
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