

21 May 1968

DATE (Day, Month, Year):

De 501 54.

		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.	Do not use
SECTION 9 AGENCY INVOLVED		<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <p><input type="checkbox"/> 1. MACHINES: (Agitators, grinders, sewing machines, vices, saws, lathes, welding machines, etc.)</p> <p><input type="checkbox"/> 2. PRIME MOVERS & PUMPS: (Steam, internal combustion or air, compressors, fans, blowers, etc.)</p> <p><input type="checkbox"/> 3. ELEVATORS: (Passenger, freight, aircraft or dumbwaiters)</p> <p><input type="checkbox"/> 4. HOISTING APPARATUS: (Cranes, hoists (air or electric), shovels, dredges, jacks, etc.)</p> <p><input type="checkbox"/> 5. CONVEYORS: (Belt, monorail, pneumatic, drag line, tiering or piling, etc.)</p> <p><input type="checkbox"/> 6. BOILERS & PRESSURE VESSELS: (Fired or unfired, pressure lines, etc.)</p> </div> <div style="width: 33%;"> <p><input type="checkbox"/> 7. VEHICLES: (All types, except in traffic or flight)</p> <p><input type="checkbox"/> 8. ANIMALS: (Including insects and reptiles)</p> <p><input type="checkbox"/> 9. MECHANICAL POWER TRANSMISSION APPARATUS: (Belts, gears, couplings, etc.)</p> <p><input type="checkbox"/> 10. ELECTRICAL APPARATUS: (Motors, transformers, lamps, appliances, etc.)</p> <p><input type="checkbox"/> 11. HAND TOOLS: (Hand, mechanical or electrical motive power, hammers, wrenches, welding tools, sandblasters, etc.)</p> </div> <div style="width: 33%;"> <p><input type="checkbox"/> 12. CHEMICALS: (Explosives, gases, vapors, acids, caustics, poisonous vegetations, etc.)</p> <p><input type="checkbox"/> 13. HIGHLY INFLAMMABLE & HOT SUBSTANCES: (Fire, alcohol, steam, paints, etc.)</p> <p><input type="checkbox"/> 14. DUSTS: (Explosive, organic or inorganic; leather, emery, coal, etc.)</p> <p><input type="checkbox"/> 15. RADIATIONS & RADIATING SUBSTANCES: (X-Ray, radium, ultra violet rays, etc.)</p> <p><input type="checkbox"/> 16. WORKING SURFACES: (Floors, decks, roofs, roads, stairs, platforms, staging, scaffolds, etc.)</p> <p><input checked="" type="checkbox"/> 17. AGENCIES: door (Any object or substance not otherwise classified.)</p> </div> </div>	
		WHAT PART OF AGENCY CHECKED (X) ABOVE WAS MOST CLOSELY INVOLVED?	
SECTION 10 UNSAFE MECHANICAL CONDITION		<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <p><input type="checkbox"/> 18. IMPROPER GUARDING: (Unguarded, inadequately guarded, etc.)</p> <p><input type="checkbox"/> 19. DEFECTIVE SUBSTANCES OR EQUIPMENT: (Broken, rough, slippery, poorly designed, etc.)</p> </div> <div style="width: 33%;"> <p><input type="checkbox"/> 20. HAZARDOUS ARRANGEMENT: (Unsafe piling, poor layout, etc.)</p> <p><input type="checkbox"/> 21. IMPROPER ILLUMINATION: (Insufficient light, glare, etc.)</p> <p><input type="checkbox"/> 22. IMPROPER VENTILATION: (Dusty, gassy, impure air source, etc.)</p> </div> <div style="width: 33%;"> <p><input type="checkbox"/> 23. UNSAFE CLOTHING: (Lack of, unsuited or defective shoes, goggles, gloves, respirators, etc.)</p> <p><input type="checkbox"/> 24. NO UNSAFE CONDITION:</p> <p><input checked="" type="checkbox"/> 25. UNSAFE CONDITION NOT OTHERWISE CLASSIFIED: outside assistance</p> </div> </div>	
		Check (x) type of accident. One check (x) MUST be entered in this section.	
SECTION 11 TYPE OF ACCIDENT		<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <p><input type="checkbox"/> 26. STRIKING AGAINST (Contact with rough or sharp objects, resulting in cuts, etc., due to striking against, kneeling on, or slipping on objects.)</p> <p><input type="checkbox"/> 27. STRUCK BY (Falling, flying, sliding, or moving objects.)</p> <p><input checked="" type="checkbox"/> 28. CAUGHT IN, ON, OR BETWEEN.</p> <p><input type="checkbox"/> 29. FALL ON SAME LEVEL.</p> </div> <div style="width: 33%;"> <p><input type="checkbox"/> 30. FALL TO DIFFERENT LEVEL.</p> <p><input type="checkbox"/> 31. SLIP (not fall) OR OVER-EXERTION. (Resulting in strain, hernia, etc.)</p> <p><input type="checkbox"/> 32. EXPOSURE TO TEMPERATURE EXTREMES. (Resulting in burning, scalding, heat exhaustion, sunstroke, freezing, etc.)</p> <p><input type="checkbox"/> 33. INHALATION, ABSORPTION, SWALLOWING. (Asphyxiation, poisoning, drowning, etc.)</p> </div> <div style="width: 33%;"> <p><input type="checkbox"/> 34. CONTACT WITH ELECTRIC CURRENT.</p> <p><input type="checkbox"/> 35. ELECTRIC WELDING FLASH.</p> <p><input type="checkbox"/> 36. FOREIGN BODIES IN EYE. (Resulting from dust, chips, airborne particles, etc.)</p> <p><input type="checkbox"/> 37. TYPE OF ACCIDENT NOT OTHERWISE CLASSIFIED. (Explain)</p> </div> </div>	
		Check (x) and explain PRINCIPAL unsafe act. One check (x) MUST be entered in this section.	
SECTION 12 UNSAFE ACT		<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <p><input type="checkbox"/> 38. OPERATING WITHOUT AUTHORITY. (Failure to secure or warn)</p> <p><input type="checkbox"/> 39. OPERATING OR WORKING AT UNSAFE SPEED. (Too slow, too fast, throwing materials, etc.)</p> <p><input type="checkbox"/> 40. MAKING SAFETY DEVICES INOPERATIVE. (Removing, misadjusting, disconnecting, etc.)</p> <p><input type="checkbox"/> 41. USING UNSAFE EQUIPMENT, HANDS INSTEAD OF EQUIPMENT, OR EQUIPMENT UNSAFELY.</p> </div> <div style="width: 33%;"> <p><input type="checkbox"/> 42. UNSAFE LOADING, PLACING, MIXING, ETC.</p> <p><input type="checkbox"/> 43. UNSAFE POSITION, POSTURE OR ACT, ETC. (Under suspended loads, lifting with bent back, etc.)</p> <p><input type="checkbox"/> 44. WORKING ON MOVING OR DANGEROUS EQUIPMENT. (Cleaning, adjusting, oiling, etc.)</p> <p><input type="checkbox"/> 45. DISTRACTING, TEASING, ABUSING, STARTLING, ETC. (Quarreling, horseplay, etc.)</p> </div> <div style="width: 33%;"> <p><input type="checkbox"/> 46. FAILURE TO USE SAFE CLOTHING OR PERSONAL PROTECTIVE DEVICES. (Hats, goggles, etc.)</p> <p><input checked="" type="checkbox"/> 47. NO UNSAFE ACT.</p> <p><input type="checkbox"/> 48. UNSAFE ACT NOT OTHERWISE CLASSIFIED (Explain)</p> </div> </div>	
		Check (x) and explain the unsafe personal factor chiefly responsible for the accident. One check (x) MUST be entered in this section.	
SECTION 13 UNSAFE PERSONAL FACTOR		<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <p><input type="checkbox"/> 49. IMPROPER ATTITUDE (Disregard of instructions, failure to understand instructions, nervous, excitable, etc.)</p> <p><input type="checkbox"/> 50. LACK OF KNOWLEDGE OR SKILL (Unaware of safe practice, unskilled, etc.)</p> </div> <div style="width: 33%;"> <p><input type="checkbox"/> 51. BODILY DEFECTS (Defective eyesight, hearing, fatigue, intoxicated, existing hernia, weak heart, etc.)</p> <p><input checked="" type="checkbox"/> 52. NO UNSAFE PERSONAL FACTOR:</p> </div> <div style="width: 33%;"> <p><input type="checkbox"/> 53. UNSAFE PERSONAL FACTOR NOT ELSEWHERE CLASSIFIED (Explain):</p> </div> </div>	
		Check (x) type of injury, one check (x) MUST be entered in this section.	
SECTION 14 TYPE OF INJURY		<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <p><input checked="" type="checkbox"/> 54. WOUNDS (Concussion, abrasion incision, laceration)</p> <p><input type="checkbox"/> 55. SPRAINS</p> <p><input type="checkbox"/> 56. STRAINS (Muscular)</p> <p><input type="checkbox"/> 57. HERNIA</p> <p><input type="checkbox"/> 58. FRACTURES</p> </div> <div style="width: 33%;"> <p><input type="checkbox"/> 59. AMPUTATIONS (Loss of bony substances)</p> <p><input type="checkbox"/> 60. AVULSION (Loss of non-bony substance by shearing or tearing away)</p> <p><input type="checkbox"/> 61. BURNS AND SCALDS</p> <p><input type="checkbox"/> 62. FOREIGN BODY IMBEDDED</p> <p><input type="checkbox"/> 63. FOREIGN BODY, LOOSE (Dust, etc.)</p> </div> <div style="width: 33%;"> <p><input type="checkbox"/> 64. FLASHES</p> <p><input type="checkbox"/> 65. FUMES AND GASES</p> <p><input type="checkbox"/> 66. POISONS</p> <p><input type="checkbox"/> 67. SKIN DISEASE (Occupational)</p> <p><input type="checkbox"/> 68. TYPE OF INJURY NOT OTHERWISE CLASSIFIED: (Drowning, Electrocutation, Heat Exhaustion, etc.)</p> </div> </div>	
		Check (x) part of body. Part of body chiefly identified with injury MUST be checked (x).	
SECTION 15 PART OF BODY		<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <p><input type="checkbox"/> 69. HEAD</p> <p><input type="checkbox"/> 70. BACK</p> </div> <div style="width: 33%;"> <p><input type="checkbox"/> 71. EYES</p> <p><input type="checkbox"/> 72. TRUNK</p> </div> <div style="width: 33%;"> <p><input type="checkbox"/> 73. ARMS</p> <p><input type="checkbox"/> 74. HANDS</p> </div> <div style="width: 33%;"> <p><input type="checkbox"/> 75. FINGERS</p> <p><input type="checkbox"/> 76. LEGS</p> </div> <div style="width: 33%;"> <p><input type="checkbox"/> 77. FEET</p> <p><input type="checkbox"/> 78. TOES</p> </div> <div style="width: 33%;"> <p><input type="checkbox"/> 79. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.)</p> <p><input type="checkbox"/> 80. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain)</p> </div> </div>	