

DATE (Day, Month, Year): 23 May 1968

Do not use

1. REPORTING SHIP, ACTIVITY OR UNIT USNS GEN JOHN POPE, T AP 110 (Engine Dept)								FLEET OR NAV. DIST. NO. MSTSPAC			
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		
Robert N. WHEATLEY, 32475, 3rd Asst. Engineer			40	18 Mos.	REG.	TEMP.	RECR.	LV/LIB.	TRAV.	OTHER	
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.		
1500	Wed	22 May 1968				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 accident happened during coffee break which would be between 1500 and 1530, 22 May, 1968 while made fast to dock at Cam Ranh Bay, Vietnam. Mr. Wheatley had been ashore on liberty and to my knowledge, was on duty at the time of the accident. However, Mr. Pfeil, First Assistant Engineer informed me that an agreeable change of watches was made between Mr. Harris, Watch second Assistant Engineer and Mr. Wheatley on proper form agreeable to First Assistant Engineer & the two (2) watch engineers which is standard order of procedure in this department in order to provide "generous liberty". He further informed me that Mr. Wheatley had been looking for me so he could be relieved of his responsibility as Third Assistant Engineer to accept a position on another vessel in port. However, this was never communicated to me by Mr. Wheatley.</p> <p>There are no actual witness to the accident. However, Quartermaster Steel's report is quite authentic and reliable which in turn accounts for the cause of the accident. Mr. Wheatley having a suitcase in each hand descending a wet downward ladder slipped and fell. From the position he was found it is also quite evident that he cut his head on the door sill. Wet steps were probably due to numerous troops walking thru troop mess which was being cleaned to the weatherdeck above.</p>											

6. FORMS SUBMITTED APPLICABLE TO INJURED CIVILIAN EMPLOYEES										
A. C.A.1		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	B. C.A.2		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	C. OTHER (INDICATE):		

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

SIGNATURE OF SUPERVISOR, CHIEF OF WORKING PARTY OR HEAD OF WORK DETAIL:		TITLE, RANK, RATE OR GRADE		DATE
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8. REVIEW AND COMMENT OF REVIEWING OFFICIAL

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