

## ACCIDENT REPORT

DATE (Day, Month, Year) 22 May 68

1. REPORTING SHIP, ACTIVITY OR UNIT <b>USNS GEN JOHN POPE TAP 110 FPO SAN FRANCISCO, CALIF.</b>								FLEET OR NAV. DIST. NO. <b>MSTSPAC</b>		<i>Do not use</i>
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	
<b>WHEATLEY, Robert N.</b>		<b>40</b>		REG.	TEMP.	RECR.	LV/LIB. TRAV.			
3. PROPERTY/EQUIPMENT DAMAGE								ESTIMATED DAMAGE COST		
TYPE		OWNERSHIP		LABOR		MATERIAL	OVERHEAD	TOTAL		
<b>None</b>										
4. DATE AND TIME OF ACCIDENT				WEATHER			LIGHT			
HOUR	DAY	MONTH	YEAR	GOOD	ADVERSE	NOT APPLIC.	GOOD	POOR	NOT APPLIC.	
<b>1500</b>	<b>22</b>	<b>May</b>	<b>68</b>			<b>X</b>			<b>X</b>	
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>Patient was going down a ladder well, slipped and hit his head on door at the bottom.</p>										
6. FORMS SUBMITTED APPLICABLE TO INJURED CIVILIAN EMPLOYEES										
A. C.A.1		<input type="checkbox"/> YES	<input type="checkbox"/> NO	B. C.A.2		<input 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?										
<p><b>Observe safety precautions.</b></p>										

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: <b>H.L. HEINZ</b>	TITLE, RANK, RATE OR GRADE <b>MASTER</b>	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> <table border="0"> <tr> <td><input type="checkbox"/> 1. MACHINES: (Agitators, grinders, sewing machines, etc.)</td> <td><input type="checkbox"/> 7. VEHICLES: (All types, except in traffic or flight)</td> <td><input type="checkbox"/> 12. CHEMICALS: (Explosives, gases, vapors, acids, caustics, poisonous vegetations, etc.)</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><input type="checkbox"/> 13. HIGHLY INFLAMMABLE &amp; HOT SUBSTANCES: (Fire, alcohol, steam, paints, etc.)</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><input type="checkbox"/> 14. DUSTS: (Explosive, organic or inorganic; leather, emery, coal, etc.)</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><input type="checkbox"/> 15. RADIATIONS &amp; RADIATING SUBSTANCES: (X-Ray, radium, ultra violet rays, etc.)</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 power; hammers, wrenches, welding tools, sandblasters, etc.)</td> <td><input type="checkbox"/> 16. WORKING SURFACES: (Floors, decks, roofs, roads, stairs, platforms, stagings, scaffolds, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 6. BOILERS &amp; PRESSURE VESSELS: (Fired or unfired, pressure lines, etc.)</td> <td></td> <td><input type="checkbox"/> 17. AGENCIES: (Any object or substance not otherwise classified.)</td> </tr> </table>										<input type="checkbox"/> 1. MACHINES: (Agitators, grinders, sewing machines, etc.)	<input type="checkbox"/> 7. VEHICLES: (All types, except in traffic or flight)	<input type="checkbox"/> 12. CHEMICALS: (Explosives, gases, vapors, acids, caustics, poisonous vegetations, etc.)	<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"/> 13. HIGHLY INFLAMMABLE & HOT SUBSTANCES: (Fire, alcohol, steam, paints, etc.)	<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"/> 14. DUSTS: (Explosive, organic or inorganic; leather, emery, coal, 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"/> 15. RADIATIONS & RADIATING SUBSTANCES: (X-Ray, radium, ultra violet rays, 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 power; hammers, wrenches, welding tools, sandblasters, etc.)	<input type="checkbox"/> 16. WORKING SURFACES: (Floors, decks, roofs, roads, stairs, platforms, stagings, scaffolds, etc.)	<input type="checkbox"/> 6. BOILERS & PRESSURE VESSELS: (Fired or unfired, pressure lines, etc.)		<input type="checkbox"/> 17. AGENCIES: (Any object or substance not otherwise classified.)	Do not use	
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	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> <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, unsuited 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 checked="" 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 type="checkbox"/> 25. UNSAFE CONDITION NOT OTHERWISE CLASSIFIED: (Explain)</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, unsuited 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 checked="" type="checkbox"/> 24. NO UNSAFE CONDITION:		<input type="checkbox"/> 22. IMPROPER VENTILATION: (Dusty, gassy, impure air source, etc.)	<input type="checkbox"/> 25. UNSAFE CONDITION NOT OTHERWISE CLASSIFIED: (Explain)											
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	Check (x) part of body. Part of body chiefly identified with injury MUST be checked (x).																													
SECTION 15 PART OF BODY	<table border="0"> <tr> <td><input checked="" type="checkbox"/> 69. HEAD FACE</td> <td><input type="checkbox"/> 71. EYES</td> <td><input type="checkbox"/> 73. ARMS</td> <td><input type="checkbox"/> 75. FINGERS</td> <td><input type="checkbox"/> 77. FEET</td> <td><input type="checkbox"/> 79. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 70. BACK</td> <td><input type="checkbox"/> 72. TRUNK</td> <td><input type="checkbox"/> 74. HANDS</td> <td><input type="checkbox"/> 76. LEGS</td> <td><input type="checkbox"/> 78. TOES</td> <td><input type="checkbox"/> 80. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain)</td> </tr> </table>										<input checked="" type="checkbox"/> 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"/> 79. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.)	<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"/> 80. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain)								
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