

DATE (Day, Month, Year): **13 May 1968**

EDWARD JOHN POPE, T AP 110 (Engine Dept)								FLEET OR NAV. DIST. NO.		Do not use	
PERSONNEL INJURED (Name, Rank, Rate or Trade, and Branch of Service)		AGE	YEARS EXPER.	DUTY OR WORK ASSIGNMENT				EST. DAYS	TOTAL LOST OR DISABLING TIME CHGS.	INJURIES	
Edward G. Sylva, 14045, Civ/Mar.Per. Reefer Engineer (DW)		62	15	REG.	TEMP.	RECR.	LV/LIB.	TRAV.	OTHER	Own Vol- tion	0 0
PROPERTY/EQUIPMENT DAMAGE								ESTIMATED DAMAGE COST			
TYPE		OWNERSHIP		LABOR		MATERIAL		OVERHEAD	TOTAL		
N/A											
DATE AND TIME OF ACCIDENT				WEATHER				LIGHT			
HOUR	DAY	MONTH	YEAR	GOOD	ADVERSE	NOT APPLIC.		GOOD	POOR	NOT APPLIC.	
2130	Fri.	10 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>Accident occurred as employee stated, but with this difference as he related to me. He stated that "his attention was momentarily directed elsewhere due to roll of the ship and his finger slipped into the worm.</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?											
<p>Continue instructing men to concentrate on what they are doing with particular attention directed to dangerous locations, moving or revolving equipment in particular.</p>											

SIGNATURE OF SUPERVISOR. CHIEF OF WORKING PARTY OR HEAD OF WORK DETAIL: M. S. CHAMBERLAIN	TITLE, RANK, RATE OR GRADE Chief Engineer	DATE 5/13/68
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8. REVIEW AND COMMENT OF REVIEWING OFFICIAL

SIGNATURE OF REVIEWING OFFICIAL: H. L. HEINZ	TITLE, RANK, RATE OR GRADE Master	DATE 5/13/68
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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 checked="" type="checkbox"/> 1. MACHINES: Low machine (Agitators, grinders, setting machines, vices, saws, lathes, welding 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 & 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 & 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, ebony, 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 & 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 motive 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 & 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 checked="" type="checkbox"/> 1. MACHINES: Low machine (Agitators, grinders, setting machines, vices, saws, lathes, welding 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, ebony, 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 motive 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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SECTION 12 UNSAFE ACT	<table border="0"> <tr> <td><input type="checkbox"/> 38. OPERATING WITHOUT AUTHORITY: (Failure to secure or warn)</td> <td><input type="checkbox"/> 42. UNSAFE LOADING, PLACING, MIXING, ETC.</td> <td><input type="checkbox"/> 46. FAILURE TO USE SAFE CLOTHING OR PERSONAL PROTECTIVE DEVICES: (Hats, goggles, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 39. OPERATING OR WORKING AT UNSAFE SPEED: (Too slow, too fast, throwing materials, etc.)</td> <td><input type="checkbox"/> 43. UNSAFE POSITION, POSTURE OR ACT, ETC: (Under suspended loads, lifting with bent back, etc.)</td> <td><input type="checkbox"/> 47. NO UNSAFE ACT: <i>ASSUMED</i></td> </tr> <tr> <td><input type="checkbox"/> 40. MAKING SAFETY DEVICES INOPERATIVE: (Removing, misadjusting, disconnecting, etc.)</td> <td><input type="checkbox"/> 44. WORKING ON MOVING OR DANGEROUS EQUIPMENT: (Cleaning, adjusting, oiling, etc.)</td> <td><input type="checkbox"/> 48. UNSAFE ACT NOT OTHERWISE CLASSIFIED: (Explains)</td> </tr> <tr> <td><input type="checkbox"/> 41. USING UNSAFE EQUIPMENT, HANDS INSTEAD OF EQUIPMENT, OR EQUIPMENT UNSAFELY: <i>ASSUMED</i></td> <td><input type="checkbox"/> 45. DISTRACTING, TEASING, ABUSING, STARTLING, ETC: (Quarreling, horseplay, etc.)</td> <td></td> </tr> </table>															<input type="checkbox"/> 38. OPERATING WITHOUT AUTHORITY: (Failure to secure or warn)	<input type="checkbox"/> 42. UNSAFE LOADING, PLACING, MIXING, ETC.	<input type="checkbox"/> 46. FAILURE TO USE SAFE CLOTHING OR PERSONAL PROTECTIVE DEVICES: (Hats, goggles, etc.)	<input type="checkbox"/> 39. OPERATING OR WORKING AT UNSAFE SPEED: (Too slow, too fast, throwing materials, etc.)	<input type="checkbox"/> 43. UNSAFE POSITION, POSTURE OR ACT, ETC: (Under suspended loads, lifting with bent back, etc.)	<input type="checkbox"/> 47. NO UNSAFE ACT: <i>ASSUMED</i>	<input type="checkbox"/> 40. MAKING SAFETY DEVICES INOPERATIVE: (Removing, misadjusting, disconnecting, etc.)	<input type="checkbox"/> 44. WORKING ON MOVING OR DANGEROUS EQUIPMENT: (Cleaning, adjusting, oiling, etc.)	<input type="checkbox"/> 48. UNSAFE ACT NOT OTHERWISE CLASSIFIED: (Explains)	<input type="checkbox"/> 41. USING UNSAFE EQUIPMENT, HANDS INSTEAD OF EQUIPMENT, OR EQUIPMENT UNSAFELY: <i>ASSUMED</i>	<input type="checkbox"/> 45. DISTRACTING, TEASING, ABUSING, STARTLING, ETC: (Quarreling, horseplay, etc.)									
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