

U.S. DEPARTMENT OF LABOR  
Bureau of Employees' Compensation

EMPLOYEE'S NOTICE OF INJURY OR OCCUPATIONAL  
DISEASE  
(Under the Federal Employee's Compensation  
Act)

The immediate superior should complete the reverse side of this form.

1. Name of Injured Employee (last, first, middle) 2. Date of this Notice (mo, day, yr)  
**BURDICK, John L.** **18236** **UnLicJr Engr** **7 March 1968**

3. Place of Employment (City & Location) 4. Date of Injury (mo, day, yr)  
**USNS GEN POPE, T AP 110 (Engine Dept)** **March 7, 1968**

5. Occupation 6. Hour of Injury (a.m. or p.m.)  
**UnLicJr Engineer** **1110**

7. Place or Location Where Injury Occurred  
**#1 Emergency Diesel Fire Pump Engine, 5th Deck.**

8. Cause of Injury (Describe how and why injury occurred)

While working on the #1 Emergency Diesel fire pump engine, a Canadian 3rd assistant engineer was connecting cable to the terminal of the battery and in doing so produced an arc causing an explosion of the battery. Electrolyte sprayed in my face and some entered in my right eye. I immediately washed it with fresh water. I immediately went to the Medical clinic at Building 310 for treatment.

9. Nature of Injury (Name of body affected-fractured left leg, bruised thumb, etc.)  
**electrolyte entered my right eye.**

10. Names of Witnesses to Injury

**Ian D.J. Cannar, 3d Assistant Engineer**

11. If this Notice was not given within 48 hours after injury, explain reason for delay. If earlier notice was given, verbal or written, state when and to whom.

I certify that the injury described above was sustained in the performance of my duties as an employee of the U.S. Government and that it was not caused by my willful misconduct, intention to bring about the injury or death of myself, or another, nor by my intoxication. I hereby make claim for compensation and medical treatment to which I may be entitled by reason of this injury.

12. Signature **John L. Burdick**  
**John L. Burdick**

13. Home Address of Injured Employee

STATEMENTS OF THE IMMEDIATE SUPERIOR AND WITNESSES TO THE INJURY

The immediate superior should submit a statement and secure statements of witnesses where possible. The statements should tell just what each personally knows about the injury, and how and when such knowledge was obtained.

14. Date CA-1 Received by Agency (mo, day, yr.) 15. CA-1 Received by whom

16. Statement of immediate superior

Mr. GARNER, CHIEF ENGINEER, was connecting up the leads to one of the 31 Diesel fire pump starting batteries, prior to starting same after extensive repairs. Upon doing so a spark was discharged from the connection, igniting hydrogen gas in the battery, causing it to explode. John V. Burdick happened to be passing by the battery box as it exploded, catching some of the electrolyte spray from the battery on his face and eyes.

17. Signature of immediate superior

J. V. Burdick, Chief Engineer

18. Date (mo, day, yr.)

March 7, 1968

19. Statement of Witness

I was applying a pair of channel-lock pliers to the bolt on the positive terminal of a battery in the forward emergency fire pump room, a spark was caused, igniting explosive vapors and blowing out weakest point of battery, splashing diluted sulphuric acid over the face of John V. Burdick.

20. Signature of Witness

Jan V. V. Garner

21. Date (mo. day, yr.)

March 7, 1968

22. Statement of Witness

None

23. Signature of Witness

24. Date (mo. day, yr.)