

OFFICIAL SUPERIOR'S REPORT OF INJURY

[To be submitted to U. S. DEPARTMENT OF LABOR, BUREAU OF EMPLOYEES' COMPENSATION, as soon as practicable after any injury to a civil employee of the United States sustained while in the performance of duty which causes any disability for work beyond the day or shift on which the injury occurred or results in any charge against the Bureau for medical expense. This form should be accompanied by C. A. 1.]

1. Department NAVY 2. Bureau or office ENGINEERING
 (Army, Navy, etc.) (Engineer, Navigation, etc.)
 3. Place of employment M.S.T.S.N.S.C. Oakland California
 (City) (State)
 4. Reporting office USNS GENERAL JOHN POPE, T-AP 110
 (Location of reporting office or division headquarters)
 5. Name of superintendent or foreman in charge when injury occurred _____
 6. Name of injured employee John L. Burdick 7. Age 48 8. Sex M 9. Citizenship USA
 (Give last name in full)
 10. Home address _____
 (Street and number) (City or town) (State)
 11. Occupation and division Public Engr. Engine Dept 12. Was employee doing his regular
 (Give both, as laborer, hull division; helper, machine shop, etc.) work? yes If not, what work? _____
 13. Total length of service with the Government as a civilian? 3 years
 14. How long at present work in this establishment? Assigned 2-26-68
 15. Dates of other injuries Unknown
 16. Rate of pay on date of injury, \$ 5604.00 per annum { and subsistence valued at \$ 426.30 per annum
 and quarters valued at \$ 176.00 per annum
 17. Employee begins work at 0800 m. 18. Regular day's work ends 1700 m.
 (Hour, a. m. or p. m.) (Hour, a. m. or p. m.)
 19. Hours worked per day 8 20. Days paid per week _____

21. Place where injury occurred #1 Diesel Fire pump.
 (Give exact location, as name or number of building and division, etc.)
 22. Date of injury 7 March, 1968; day of week Thursday; hour of day 1110 m.
 (a. m. or p. m.)
 23. Date employee stopped work No, 19____; day of week _____; hour of day _____ m.
 (a. m. or p. m.)
 24. Date employee's pay stopped No, 19____; day of week _____; hour of day _____ m.
 (a. m. or p. m.)
 25. Has employee returned to work? yes, 1300, 3/7/68
 (Give date and hour)
 26. Will employee receive pay for any portion of above absence on account of:
 (a) Annual leave _____ (Give exact dates) N/A
 (b) Sick leave _____ (Give exact dates) N/A
 (c) Any other reason _____ (Give exact dates) N/A
 27. Describe in full how injury occurred _____
Mr. Cannar, third assistant engineer was connecting up the leads to one of the #1 Diesel fire pump starting batteries, prior to starting to starting same after extensive repairs. Apparently a spark was discharged from the connection, igniting hydrogen gas in the battery causing it to explode. John L. Burdick happened to be passing by the battery box as it exploded, catching some of the electrolyte thrown from the battery on his face and eyes.
 28. Part of body injured and nature and extent of injury Electrolyte in his eyes.

29. Did injury cause loss of any member or part of member? No If so, describe exactly _____
 30. Was employee injured while in performance of duty? yes If not, or in doubt, give detailed statement _____
 31. Was injury caused by:
 (a) Willful misconduct of the employee? No (b) Intention of employee to bring about injury or death of himself or another? No (c) Employee's intoxication? No
 (If any answers to these questions are made in the affirmative, the reporting officer should attach an additional statement giving the reason for his conclusion)
 32. Was written notice of injury given within 48 hours? yes If not, did immediate superior have actual knowledge of injury? _____
 (Answer to question 5, Form C. A. 1, must be complete if notice was not given within 48 hours)
 33. Names and addresses of witnesses to injury
Ian D.J. Cannar, 3d Assistant Engineer.
 (If disability will continue for more than one day, have statements of witnesses made on reverse side of this form)
 34. Was injury caused by a third party other than a Government employee or agency? No If so, has employee been instructed in procedure under the Bureau's regulations? _____
 (A detailed statement should be forwarded with this report)

35. Name and address of physician who first attended case Medical Clinic, NSC OAKLAND CALIFORNIA
 36. How soon after injury? immediately
 37. To what hospital sent? Medical Clinic Location NSC OAKLAND CALIFORNIA
 38. Name and address of physician now attending case None
 Signed this 8th day of March, 1968 at USNS GENERAL JOHN POPE, T AP 110
 E. C. QUINN, Chief Engineer
 (Signature of reporting officer) (Title)

STATEMENT OF WITNESSES

[The statement of witness should tell just what the witness saw personally, or, if he did not see the injury occur, just what he knows about it and when and by whom the information was given him.]

I was applying a pair of channel-lock pliers to the bolt of 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 L. Burdick.

Signed this 8th day of March, 1968

Ian D.J. Cannar, 3d Asst. Engr
(Signature of witness)

Signed this _____ day of _____, 19____

(Signature of witness)

STATEMENT OF GOVERNMENT MEDICAL OFFICER OR PHYSICIAN WHO FIRST EXAMINED CASE

I CERTIFY that _____ was given first-aid treatment, or examined, on _____, 19____, at _____ m., and _____ disabled for work. Probable length of disability will be _____ In my opinion disability _____ due to injury on _____, 19____
(Name of employee) (Was or was not)

Nature of injury as found on examination _____

Hospitalized _____ Will return for further treatment _____

Discharged _____ Other disposition _____

Remarks _____

Signed this _____ day of _____, 19____

at _____

(Signature of medical officer)

(Title)