

# 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.]

Place of employment	1. Department	NAVY	2. Bureau or office	ENGINEERING
	(Army, Navy, etc.)		(Engineering, Navigation, etc.)	
	3. Place of employment	M.S.T.S.N.S.C.	Oakland	California
	4. Reporting office	USNS GENERAL JOHN POPE, T-AP 110	(City)	(State)
	(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				
10. Home address				
(Street and number) (City or town) (State)				
11. Occupation and division UPLIC Jr Engr. Engine Dept				
(Give both, as laborer, hall division; helper, machine shop, etc.)				
12. Was employee doing his regular 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 \$ 431.30 per Annu- and quarters valued at \$ 136.00 per Annu-				
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 N/A (b) Sick leave N/A (c) Any other reason N/A (Give exact dates)				
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. Did injury cause loss of any member or part of member? No If so, describe exactly				
29. Did employee injured while in performance of duty? yes If not, or in doubt, give detailed statement				
30. 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*  
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, (Name of employee) on ..... 19....., at ..... m., and ..... disabled for work. Probable length of (Was or was not) disability will be ..... In my opinion disability ..... due to injury on ..... 19....., 19..... (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)