

ACCIDENT REPORT

REPORT EXOS-5100-6

DATE (Day, Month, Year):

1. REPORTING SHIP, ACTIVITY OR UNIT USNS GENERAL JOHN POPE (T-AP 110)										FLEET OR NAV. DIST. NO. MSTSPAC		Do not use
2. PERSONNEL INJURED (Name, Rank, Rate or Trade, and Branch of Service)				AGE	YEARS EXPER.	DUTY OR WORK ASSIGNMENT REG. TEMP. RECR. LV/LIB. TRAV. OTHER					EST. DAYS LOST OR TIME CHGS.	TOTAL DISABLING INJURIES
BELL, FRANCIS G., OILER MSTSPAC				22	4 YRS. 6 MO.						0	0
3. PROPERTY/EQUIPMENT DAMAGE						ESTIMATED DAMAGE COST						
TYPE		OWNERSHIP		LABOR		MATERIAL		OVERHEAD		TOTAL		
NONE												
4. DATE AND TIME OF ACCIDENT						WEATHER			LIGHT			
HOUR	DAY	MONTH		YEAR	GOOD	ADVERSE	NOT APPLIC.	GOOD	POOR	NOT APPLIC.		
0715	1	OCTOBER		1966								
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>Employee was coming back to the ship from liberty. As he started from the liberty boat to platform on bottom of Gangway he slipped and fell against the Bottom Edges of Platform.</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 to stress Safety and especially Emphasize safe practices in dangerous situations such as getting from Liberty Boat to Ship in Rough Weather.</p>												
SIGNATURE OF SUPERVISOR, CHIEF OF WORKING PARTY OR HEAD OF WORK DETAIL:					TITLE, RANK, RATE OR GRADE					DATE		
E. C. QUINN					CHIEF ENGINEER					1 OCT. 1966		
8. REVIEW AND COMMENT OF REVIEWING OFFICIAL												

SIGNATURE OF REVIEWING OFFICIAL:		TITLE, RANK, RATE OR GRADE		DATE	
JOHN HARRINGTON		MASTER		1 OCT. 1966	

SECTION 9 AGENCY INVOLVED	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.			Do not use
	1. MACHINES: (Agitators, grinders, sewing 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 vegetation, etc.) <input type="checkbox"/>	
SECTION 10 UNSAFE MECHANICAL CONDITION	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"/>	
SECTION 11 TYPE OF ACCIDENT	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 checked="" type="checkbox"/>	
SECTION 12 UNSAFE ACT	6. BOILERS & PRESSURE VESSELS: (Fired or unfired, pressure lines, etc.) <input type="checkbox"/>	WHAT PART OF AGENCY CHECKED (X) ABOVE WAS MOST CLOSELY INVOLVED?		
	17. AGENCIES: (Any object or substance not otherwise classified.) <input type="checkbox"/>			
SECTION 13 UNSAFE PERSONAL FACTOR	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.			
	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, unneeded or defective shoes, goggles, gloves, respirators, etc.) <input type="checkbox"/>	
SECTION 14 TYPE OF INJURY	19. DEFECTIVE SUBSTANCES OR EQUIPMENT: (Broken, rough, slippery, poorly designed, etc.) <input type="checkbox"/>	21. IMPROPER ILLUMINATION: (Insufficient light, glare, etc.) <input 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) <u>Setting for liberty boat to ship in rough water.</u>		
SECTION 15 PART OF BODY	Check (x) type of accident. One check (x) MUST be entered in this section.			
	26. STRIKING AGAINST (Contact with rough or sharp objects, resulting in cuts, etc., due to striking against, kneeling on, or slipping on objects.) <input checked="" type="checkbox"/>	30. FALL TO DIFFERENT LEVEL: <input type="checkbox"/>	34. CONTACT WITH ELECTRIC CURRENT: <input type="checkbox"/>	
SECTION 16 TYPE OF INJURY	27. STRUCK BY (Falling, flying, sliding, or moving objects.) <input type="checkbox"/>	31. SLIP (not fall) OR OVER-EXERTION: (Resulting in strain, hernia, etc.) <input type="checkbox"/>	35. ELECTRIC WELDING FLASH: <input type="checkbox"/>	
	28. CAUGHT IN, ON, OR BETWEEN: <input type="checkbox"/>	32. EXPOSURE TO TEMPERATURE EXTREMES: (Resulting in burning, scalding, heat exhaustion, amnesia, freezing, etc.) <input type="checkbox"/>	36. FOREIGN BODIES IN EYE: (Resulting from dust, chips, airborne particles, etc.) <input type="checkbox"/>	
SECTION 17 TYPE OF INJURY	29. FALL ON SAME LEVEL: <input type="checkbox"/>	33. INHALATION, ABSORPTION, SWALLOWING: (Asphyxiation, poisoning, drowning, etc.) <input type="checkbox"/>	37. TYPE OF ACCIDENT NOT OTHERWISE CLASSIFIED: (Explain) <input type="checkbox"/>	
	Check (x) and explain PRINCIPAL unsafe act. One check (x) MUST be entered in this section.			
SECTION 18 TYPE OF INJURY	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: <input checked="" type="checkbox"/>	
SECTION 19 TYPE OF INJURY	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: (Explain) <input type="checkbox"/>	
	41. USING UNSAFE EQUIPMENT, HANDS INSTEAD OF EQUIPMENT, OR EQUIPMENT UNSAFELY: <input type="checkbox"/>	45. DISTRACTING, TEASING, ABUSING, STARTLING, ETC. (Quarreling, horseplay, etc.) <input type="checkbox"/>		
SECTION 20 TYPE OF INJURY	Check (x) and explain the unsafe personal factor chiefly responsible for the accident. One check (x) MUST be entered in this section.			
	49. IMPROPER ATTITUDE (Disregard of instructions, failure to understand instructions, nervous, excitable, etc.) <input type="checkbox"/>	51. BODILY DEFECTS (Defective eyesight, hearing; fatigue, intoxicated, existing hernia, weak heart, etc.) <input type="checkbox"/>	53. UNSAFE PERSONAL FACTOR NOT ELSEWHERE CLASSIFIED: (Explain): <input type="checkbox"/>	
SECTION 21 TYPE OF INJURY	50. LACK OF KNOWLEDGE OR SKILL (Unaware of safe practice, unskilled, etc.) <input checked="" type="checkbox"/>	52. NO UNSAFE PERSONAL FACTOR: <input type="checkbox"/>		
	Check (x) type of injury, one check (x) MUST be entered in this section.			
SECTION 22 TYPE OF INJURY	54. WOUNDS (Concussion, abrasion, incision, laceration) <input checked="" type="checkbox"/>	59. AMPUTATIONS (Loss of bony substances) <input type="checkbox"/>	64. FLASHES <input type="checkbox"/>	
	55. SPRAINS <input type="checkbox"/>	60. AVULSION (Loss of non-bony substance by shearing or tearing away) <input type="checkbox"/>	65. FUMES AND GASES <input type="checkbox"/>	
SECTION 23 TYPE OF INJURY	56. STRAINS (Muscular) <input type="checkbox"/>	61. BURNS AND SCALDS <input type="checkbox"/>	66. POISONS <input type="checkbox"/>	
	57. HERNIA <input type="checkbox"/>	62. FOREIGN BODY IMBEDDED <input type="checkbox"/>	67. SKIN DISEASE (Occupational) <input type="checkbox"/>	
SECTION 24 TYPE OF INJURY	58. FRACTURES <input type="checkbox"/>	63. FOREIGN BODY, LOOSE (Dust, etc.) <input type="checkbox"/>	68. TYPE OF INJURY NOT OTHERWISE CLASSIFIED: (Drowning, Electrocution, Heat Exhaustion, etc.) <input type="checkbox"/>	
	Check (x) part of body. Part of body chiefly identified with injury MUST be checked (x).			
SECTION 25 TYPE OF INJURY	69. HEAD <input type="checkbox"/>	71. EYES <input type="checkbox"/>	73. ARMS <input type="checkbox"/>	
	70. BACK <input type="checkbox"/>	72. TRUNK <input checked="" type="checkbox"/>	74. HANDS <input type="checkbox"/>	
SECTION 26 TYPE OF INJURY	75. FINGERS <input type="checkbox"/>	76. LEGS <input type="checkbox"/>	77. FEET <input type="checkbox"/>	
	78. TOES <input type="checkbox"/>	79. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.) <input type="checkbox"/>	80. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain) <input type="checkbox"/>	