

DATE (Day, Month, Year): 9 SEPT. 1966

1. REPORTING SHIP, ACTIVITY OR UNIT USS 664 Pope										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		
GEORGE BURNBY JR. MSTSPAC THIRD ASSISTANT ENGINEER				36	2 1/2	X				3			
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.
1615		Sat		SEPTEMBER		1966				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>Mr Burnby secured #1 Main feed pump and removed strongbacks from one valve cover to renew valve cover gasket. He apparently completely removed the nuts from the strongback and then removed the valve cover, at which time the hot water trapped in the pump cylinder was discharged out through the opening, striking him and causing 1st & 2nd degree burns to his face, shoulder and head.</p>													
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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?													
Caution all personnel in the proper procedures to use in relieving pressure on any equipment subject to internal pressure, prior to disconnecting or removing any connection.													
SIGNATURE OF SUPERVISOR, CHIEF OF WORKING PARTY OR HEAD OF WORK DETAIL						TITLE, RANK, RATE OR GRADE				DATE			
[Signature]						C/A				9/10/66			
8. REVIEW AND COMMENT OF REVIEWING OFFICIAL													
Cautioned all personnel in the proper procedures to use in relieving pressure on any equipment subject to internal pressure, prior to disconnecting or removing any connection.													
SIGNATURE OF REVIEWING OFFICIAL:						TITLE, RANK, RATE OR GRADE				DATE			

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 checked="" 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: (Band, 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"/>	
SECTION 12 UNSAFE ACT	6. BOILERS & PRESSURE VESSELS: (Fired or unfired, pressure lines, etc.) <input type="checkbox"/>	17. AGENCIES: (Any object or substance not otherwise classified.) <input type="checkbox"/>	18. IMPROPER GUARDING: (Unguarded, inadequately guarded, etc.) <input type="checkbox"/>	
	19. DEFECTIVE SUBSTANCES OR EQUIPMENT: (Broken, rough, slippery, poorly designed, etc.) <input type="checkbox"/>	20. HAZARDOUS ARRANGEMENT: (Unsafe piling, poor layout, etc.) <input type="checkbox"/>	21. IMPROPER ILLUMINATION: (Insufficient light, glare, etc.) <input type="checkbox"/>	
SECTION 13 UNSAFE PERSONAL FACTOR	22. IMPROPER VENTILATION: (Dusty, gassy, impure air source, etc.) <input type="checkbox"/>	23. UNSAFE CLOTHING: (Lack of, unsuited or defective shoes, goggles, gloves, respirators, etc.) <input type="checkbox"/>	24. NO UNSAFE CONDITION: <input checked="" type="checkbox"/>	
	25. UNSAFE CONDITION NOT OTHERWISE CLASSIFIED: (Explain) <input type="checkbox"/>	26. STRIKING AGAINST (Contact with rough or sharp objects, resulting in cuts, etc., due to striking against, kneeling on, or slipping on objects.) <input type="checkbox"/>	27. STRUCK BY (Falling, flying, sliding, or moving objects.) <input type="checkbox"/>	
SECTION 14 TYPE OF INJURY	28. CAUGHT IN, ON, OR BETWEEN. <input type="checkbox"/>	29. FALL ON SAME LEVEL. <input type="checkbox"/>	30. FALL TO DIFFERENT LEVEL. <input type="checkbox"/>	
	31. SLIP (not fall) OR OVER-EXERTION. (Resulting in strain, hernia, etc.) <input type="checkbox"/>	32. EXPOSURE TO TEMPERATURE EXTREMES. (Resulting in burning, scalding, heat exhaustion, sunstroke, freezing, etc.) <input checked="" type="checkbox"/>	33. INHALATION, ABSORPTION, SWALLOWING. (Asphyxiation, poisoning, drowning, etc.) <input type="checkbox"/>	
SECTION 15 PART OF BODY	34. CONTACT WITH ELECTRIC CURRENT. <input type="checkbox"/>	35. ELECTRIC WELDING FLASH. <input type="checkbox"/>	36. FOREIGN BODIES IN EYE. (Resulting from dust, chips, airborne particles, etc.) <input type="checkbox"/>	
	37. TYPE OF ACCIDENT NOT OTHERWISE CLASSIFIED. (Explain) <input type="checkbox"/>	38. OPERATING WITHOUT AUTHORITY. (Failure to secure or warn) <input type="checkbox"/>	39. OPERATING OR WORKING AT UNSAFE SPEED. (Too slow, too fast, throwing materials, etc.) <input type="checkbox"/>	
SECTION 15 PART OF BODY	40. MAKING SAFETY DEVICES INOPERATIVE. (Removing, misadjusting, disconnecting, etc.) <input type="checkbox"/>	41. USING UNSAFE EQUIPMENT, HANDS INSTEAD OF EQUIPMENT, OR EQUIPMENT UNSAFELY. <input type="checkbox"/>	42. UNSAFE LOADING, PLACING, MIXING, ETC. <input type="checkbox"/>	
	43. UNSAFE POSITION, POSTURE OR ACT, ETC. (Under suspended loads, lifting with bent back, etc.) <input type="checkbox"/>	44. WORKING ON MOVING OR DANGEROUS EQUIPMENT. (Cleaning, adjusting, oiling, etc.) <input type="checkbox"/>	45. DISTRACTING, TEASING, ABUSING, STARTLING, ETC. (Juggling, horseplay, etc.) <input type="checkbox"/>	
SECTION 15 PART OF BODY	46. FAILURE TO USE SAFE CLOTHING OR PERSONAL PROTECTIVE DEVICES. (Hats, goggles, etc.) <input type="checkbox"/>	47. NO UNSAFE ACT. <input type="checkbox"/>	48. UNSAFE ACT NOT OTHERWISE CLASSIFIED (Explain) <u>Failure to</u> <u>properly relieve</u> <u>pressure</u>	
	49. IMPROPER ATTITUDE (Disregard of instructions, failure to understand instructions, nervous, excitable, etc.) <input type="checkbox"/>	50. LACK OF KNOWLEDGE OR SKILL (Unaware of safe practice, unskilled, etc.) <input type="checkbox"/>	51. BODILY DEFECTS (Defective eyesight, hearing; fatigue, intoxicated, existing hernia, weak heart, etc.) <input type="checkbox"/>	
SECTION 15 PART OF BODY	52. NO UNSAFE PERSONAL FACTOR: <input checked="" type="checkbox"/>	53. UNSAFE PERSONAL FACTOR NOT ELSEWHERE CLASSIFIED (Explain): <input type="checkbox"/>	54. WOUNDS (Concussion, abrasion, incision, laceration) <input type="checkbox"/>	
	55. SPRAINS <input type="checkbox"/>	56. STRAINS (Muscular) <input type="checkbox"/>	57. HERNIA <input type="checkbox"/>	
SECTION 15 PART OF BODY	58. FRACTURES <input type="checkbox"/>	59. AMPUTATIONS (Loss of bony substances) <input type="checkbox"/>	60. AVULSION (Loss of non-bony substance by shearing or tearing away) <input type="checkbox"/>	
	61. BURNS AND SCALDS <input checked="" type="checkbox"/>	62. FOREIGN BODY IMBEDDED <input type="checkbox"/>	63. FOREIGN BODY, LOOSE (Dust, etc.) <input type="checkbox"/>	
SECTION 15 PART OF BODY	64. FLASHES <input type="checkbox"/>	65. FUMES AND GASES <input type="checkbox"/>	66. POISONS <input type="checkbox"/>	
	67. SKIN DISEASE (Occupational) <input type="checkbox"/>	68. TYPE OF INJURY NOT OTHERWISE CLASSIFIED: (Drowning, Electrocutation, Heat Exhaustion, etc.) <input type="checkbox"/>	69. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.) <input type="checkbox"/>	
SECTION 15 PART OF BODY	70. BACK <input type="checkbox"/>	71. EYES <input type="checkbox"/>	72. TRUNK <input type="checkbox"/>	
	73. ARMS <input type="checkbox"/>	74. HANDS <input type="checkbox"/>	75. FINGERS <input type="checkbox"/>	
SECTION 15 PART OF BODY	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"/>	81. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain) <input type="checkbox"/>	

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