

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

FLEET OR NAV. DIST. NO.

Do not use

MSTSPAC

|  |  |     |                 |                         |       |       |         |                                    |                                |   |
|--|--|-----|-----------------|-------------------------|-------|-------|---------|------------------------------------|--------------------------------|---|
| 1. REPORTING SHIP, ACTIVITY OR UNIT<br>1111 164 Pope                       |  |     |                 |                         |       |       |         | FLEET OR NAV. DIST. NO.            |                                |   |
| 2. PERSONNEL INJURED<br>(Name, Rank, Rate or Trade, and Branch of Service) |  | AGE | YEARS<br>EXPER. | DUTY OR WORK ASSIGNMENT |       |       |         | EST. DAYS<br>LOST OR<br>TIME CHGS. | TOTAL<br>DISABLING<br>INJURIES |   |
| GEORGE BURNETT JR. MSTSPAC<br>THIRD ASSISTANT ENGINER                      |  | 36  | 2 1/2           | REG.                    | TEMP. | RECR. | LV/LIB. | TRAV.                              | OTHER                          | 3 |

|                              |           |                       |          |          |       |  |  |  |  |
|------------------------------|-----------|-----------------------|----------|----------|-------|--|--|--|--|
| 3. PROPERTY/EQUIPMENT DAMAGE |           | ESTIMATED DAMAGE COST |          |          |       |  |  |  |  |
| TYPE                         | OWNERSHIP | LABOR                 | MATERIAL | OVERHEAD | TOTAL |  |  |  |  |
| None                         |           |                       |          |          |       |  |  |  |  |
|                              |           |                       |          |          |       |  |  |  |  |
|                              |           |                       |          |          |       |  |  |  |  |

|                              |           |      |      |         |             |      |       |             |  |
|------------------------------|-----------|------|------|---------|-------------|------|-------|-------------|--|
| 4. DATE AND TIME OF ACCIDENT |           |      |      | WEATHER |             |      | LIGHT |             |  |
| YEAR                         | MONTH     | YEAR | GOOD | ADVERSE | NOT APPLIC. | GOOD | POOR  | NOT APPLIC. |  |
| 1966                         | September | 1966 | 60   | 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.

Mr. Burney 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.

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|   |   |                             |                         |   |                             |
|---|---|-----------------------------|-------------------------|---|-----------------------------|
| 6. FORMS SUBMITTED APPLICABLE TO INJURED CIVILIAN EMPLOYEES |   |                             | C. OTHER<br>(INDICATE): |   |                             |
| 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 |

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~~ internal pressure, prior disconnecting or removing any connection.

|  |                            |         |
|--|----------------------------|---------|
| SIGNATURE OF SUPERVISOR.<br>CHIEF OF WORKING PARTY<br>OR HEAD OF WORK DETAIL | TITLE, RANK, RATE OR GRADE | DATE    |
| <i>John C. Brown</i>   | 42                         | 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<br>REVIEWING<br>OFFICIAL: | TITLE, RANK, RATE OR GRADE | DATE |
|  |                            |      |

|  |   |  |  |  |  |  |  |  |  |  |            |  |
|--|---|--|--|--|--|--|--|--|--|--|------------|--|
| SECTION 9<br>AGENCY INVOLVED                                     | <p>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.</p> <p>1. MACHINES: _____</p> <p><input type="checkbox"/> (Agitators, grinders, sewing machines, vices, saws, lathes, welding machines, etc.)</p> <p><input checked="" type="checkbox"/> 2. PRIME MOVERS &amp; PUMPS: _____</p> <p>(Steam, internal combustion or air; compressors, fans, blowers, etc.)</p> <p><input type="checkbox"/> 3. ELEVATORS: _____</p> <p>(Passenger, freight, aircraft or dumbwaiters)</p> <p><input type="checkbox"/> 4. HOISTING APPARATUS: _____</p> <p>(Cranes, hoists (air or electric), shovels, dredges, jacks, etc.)</p> <p><input type="checkbox"/> 5. CONVEYORS: _____</p> <p>(Belt, monorail, pneumatic, drag line, tiering or piling, etc.)</p> <p><input type="checkbox"/> 6. BOILERS &amp; PRESSURE VESSELS: _____</p> <p>( Fired or unfired, pressure lines, etc.)</p> <p>7. VEHICLES: _____</p> <p>(All types, except in traffic or flight)</p> <p>8. ANIMALS: _____</p> <p>(Including insects and reptiles)</p> <p>9. MECHANICAL POWER TRANSMISSION APPARATUS: _____</p> <p>(Belts, gears, couplings, etc.)</p> <p>10. ELECTRICAL APPARATUS: _____</p> <p>(Motors, transformers, lamps, appliances, etc.)</p> <p>11. HAND TOOLS: _____</p> <p>(Hand, mechanical or electrical motive power; hammers, wrenches, welding tools, sandblasters, etc.)</p> |  |  |  |  |  |  |  |  |  | Do not use |  |
|  | <p>12. CHEMICALS: _____</p> <p>(Explosives, gases, vapors, acids, cosmetics, poisonous vegetations, etc.)</p> <p>13. HIGHLY INFLAMMABLE &amp; HOT SUBSTANCES: _____</p> <p>(Fire, alcohol, steam, paints, etc.)</p> <p>14. DUSTS: _____</p> <p>(Explosive, organic or inorganic; leather, emery, coal, etc.)</p> <p>15. RADIATIONS &amp; RADIATING SUBSTANCES: _____</p> <p>(X-Ray, radium, ultra violet rays, etc.)</p> <p>16. WORKING SURFACES: _____</p> <p>(Floors, decks, roofs, roads, stairs, platforms, stagings, scaffolds, etc.)</p> <p>17. AGENCIES: _____</p> <p>(Any object or substance not otherwise classified.)</p>  |  |  |  |  |  |  |  |  |  |            |  |
| WHAT PART OF AGENCY CHECKED (X) ABOVE WAS MOST CLOSELY INVOLVED? |   |  |  |  |  |  |  |  |  |  |            |  |
| SECTION 10<br>UNSAFE MECHANICAL CONDITION                        | <p>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.</p> <p><input type="checkbox"/> 18. IMPROPER GUARDING: _____</p> <p>(Unguarded, inadequately guarded, etc.)</p> <p><input type="checkbox"/> 19. DEFECTIVE SUBSTANCES OR EQUIPMENT: _____</p> <p>(Broken, rough, slippery, poorly designed, etc.)</p> <p><input type="checkbox"/> 20. HAZARDOUS ARRANGEMENT: _____</p> <p>(Unsafe piling, poor layout, etc.)</p> <p><input type="checkbox"/> 21. IMPROPER ILLUMINATION: _____</p> <p>(Insufficient light, glare, etc.)</p> <p><input type="checkbox"/> 22. IMPROPER VENTILATION: _____</p> <p>(Dusty, gassy, impure air source, etc.)</p> <p><input type="checkbox"/> 23. UNSAFE CLOTHING: _____</p> <p>(Lack of, unsoiled or defective shoes, goggles, gloves, respirators, etc.)</p> <p><input checked="" type="checkbox"/> 24. NO UNSAFE CONDITION:</p> <p><input type="checkbox"/> 25. UNSAFE CONDITION NOT OTHERWISE CLASSIFIED: _____ (Explain)</p>   |  |  |  |  |  |  |  |  |  |            |  |
|  |   |  |  |  |  |  |  |  |  |  |            |  |
| SECTION 11<br>TYPE OF ACCIDENT                                   | <p>Check (x) type of accident. One check (x) MUST be entered in this section.</p> <p><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.)</p> <p><input type="checkbox"/> 27. STRUCK BY (Falling, flying, sliding, or moving objects.)</p> <p><input type="checkbox"/> 28. CAUGHT IN, ON, OR BETWEEN.</p> <p><input type="checkbox"/> 29. FALL ON SAME LEVEL.</p> <p><input type="checkbox"/> 30. FALL TO DIFFERENT LEVEL.</p> <p><input type="checkbox"/> 31. SLIP (not fall) OR OVER-EXERTION. (Resulting in strain, hernia, etc.)</p> <p><input checked="" type="checkbox"/> 32. EXPOSURE TO TEMPERATURE EXTREMES. (Resulting in burning, scalding, heat exhaustion, sunstroke, freezing, etc.)</p> <p><input type="checkbox"/> 33. INHALATION, ABSORPTION, SWALLOWING. (Asphyxiation, poisoning, drowning, etc.)</p> <p><input type="checkbox"/> 34. CONTACT WITH ELECTRIC CURRENT.</p> <p><input type="checkbox"/> 35. ELECTRIC WELDING FLASH.</p> <p><input type="checkbox"/> 36. FOREIGN BODIES IN EYE. (Resulting from dust, chips, airborne particles, etc.)</p> <p><input type="checkbox"/> 37. TYPE OF ACCIDENT NOT OTHERWISE CLASSIFIED. (Explain)</p>   |  |  |  |  |  |  |  |  |  |            |  |
|  |   |  |  |  |  |  |  |  |  |  |            |  |
| SECTION 12<br>UNSAFE ACT   | <p>Check (x) and explain PRINCIPAL unsafe act. One check (x) MUST be entered in this section.</p> <p><input type="checkbox"/> 38. OPERATING WITHOUT AUTHORITY. (Failure to secure or warn)</p> <p><input type="checkbox"/> 39. OPERATING OR WORKING AT UNSAFE SPEED. (Too slow, too fast, throwing materials, etc.)</p> <p><input type="checkbox"/> 40. MAKING SAFETY DEVICES INOPERATIVE. (Removing, missetting, disconnecting, etc.)</p> <p><input type="checkbox"/> 41. USING UNSAFE EQUIPMENT, HANDS INSTEAD OF EQUIPMENT, OR EQUIPMENT UNSAFELY.</p> <p><input type="checkbox"/> 42. UNSAFE LOADING, PLACING, MIXING, ETC.</p> <p><input type="checkbox"/> 43. UNSAFE POSITION, POSTURE OR ACT, ETC. (Under suspended loads, lifting with bent back, etc.)</p> <p><input type="checkbox"/> 44. WORKING ON MOVING OR DANGEROUS EQUIPMENT. (Cleaning, adjusting, oiling, etc.)</p> <p><input type="checkbox"/> 45. DISTRACTING, TEASING, ABUSING, STARTLING, ETC. (Quarreling, horseplay, etc.)</p> <p><input type="checkbox"/> 46. FAILURE TO USE SAFE CLOTHING OR PERSONAL PROTECTIVE DEVICES. (Hats, goggles, etc.)</p> <p><input type="checkbox"/> 47. NO UNSAFE ACT.</p> <p><input checked="" type="checkbox"/> 48. UNSAFE ACT NOT OTHERWISE CLASSIFIED (Explain)</p> <p><i>FAIL TO PROTECT<br/>PROPERTY RELIEF<br/>PRESSURE</i></p>  |  |  |  |  |  |  |  |  |  |            |  |
|  |   |  |  |  |  |  |  |  |  |  |            |  |
| SECTION 13<br>UNSAFE PERSONAL FACTOR                             | <p>Check (x) and explain the unsafe personal factor chiefly responsible for the accident. One check (x) MUST be entered in this section.</p> <p><input type="checkbox"/> 49. IMPROPER ATTITUDE (Disregard of instructions, failure to understand instructions, nervous, excitable, etc.)</p> <p><input type="checkbox"/> 50. LACK OF KNOWLEDGE OR SKILL (Unaware of safe practice, unskilled, etc.)</p> <p><input checked="" type="checkbox"/> 51. BODY DEFECTS (Defective eyesight, hearing, fatigue, intoxicated, existing hernia, weak heart, etc.)</p> <p><input type="checkbox"/> 52. NO UNSAFE PERSONAL FACTOR:</p>   |  |  |  |  |  |  |  |  |  |            |  |
|  |   |  |  |  |  |  |  |  |  |  |            |  |
| SECTION 14<br>TYPE OF INJURY                                     | <p>Check (x) type of injury, one check (x) MUST be entered in this section.</p> <p><input type="checkbox"/> 54. WOUNDS (Concussion, abrasion, incision, laceration)</p> <p><input type="checkbox"/> 55. SPRAINS</p> <p><input type="checkbox"/> 56. STRAINS (Muscular)</p> <p><input type="checkbox"/> 57. HERNIA</p> <p><input type="checkbox"/> 58. FRACTURES</p> <p><input type="checkbox"/> 59. AMPUTATIONS (Loss of bony substances)</p> <p><input type="checkbox"/> 60. AVULSION (Loss of non-bony substance by shearing or tearing away)</p> <p><input checked="" type="checkbox"/> 61. BURNS AND SCALDS</p> <p><input type="checkbox"/> 62. FOREIGN BODY IMBEDDED</p> <p><input type="checkbox"/> 63. FOREIGN BODY, LOOSE (Dust, etc.)</p> <p><input type="checkbox"/> 64. FLASHES</p> <p><input type="checkbox"/> 65. FUMES AND GASES</p> <p><input type="checkbox"/> 66. POISONS</p> <p><input type="checkbox"/> 67. SKIN DISEASE (Occupational)</p> <p><input type="checkbox"/> 68. TYPE OF INJURY NOT OTHERWISE CLASSIFIED: (Drowning, Electrocution, Heat Exhaustion, etc.)</p>  |  |  |  |  |  |  |  |  |  |            |  |
|  |   |  |  |  |  |  |  |  |  |  |            |  |
| SECTION 15<br>PART OF BODY                                       | <p>Check (x) part of body. Part of body chiefly identified with injury MUST be checked (x).</p> <p><input checked="" type="checkbox"/> 69. HEAD FACE</p> <p><input type="checkbox"/> 70. BACK</p> <p><input type="checkbox"/> 71. EYES</p> <p><input type="checkbox"/> 72. TRUNK</p> <p><input type="checkbox"/> 73. ARMS</p> <p><input type="checkbox"/> 74. HANDS</p> <p><input type="checkbox"/> 75. FINGERS</p> <p><input type="checkbox"/> 76. LEGS</p> <p><input type="checkbox"/> 77. FEET</p> <p><input type="checkbox"/> 78. TOES</p> <p><input type="checkbox"/> 79. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.)</p> <p><input type="checkbox"/> 80. PART OF BODY NOT OTHERWISE CLASSIFIED: (Explain)</p>  |  |  |  |  |  |  |  |  |  |            |  |
|  |   |  |  |  |  |  |  |  |  |  |            |  |