

ACCIDENT REPORT

REPORT EXOS-5100-6

DATE (Day, Month, Year): **24 NOV. 1966**

1. REPORTING SHIP, ACTIVITY OR UNIT <b>USNS GENERAL JOHN POPE (T-AP 110)</b>										FLEET OR NAV. DIST. NO. <b>MSTSPAC</b>		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		
<b>JOHN CLARK, WIPER MSTSPAC</b>										<b>43</b>	<b>1NO</b>	<b>X</b>				<b>0</b>	<b>0</b>		
3. PROPERTY/EQUIPMENT DAMAGE										ESTIMATED DAMAGE COST									
TYPE					OWNERSHIP		LABOR		MATERIAL		OVERHEAD		TOTAL						
<b>NONE</b>							<b>NONE</b>		<b>NONE</b>				<b>NONE</b>						
4. DATE AND TIME OF ACCIDENT										WEATHER				LIGHT					
HOUR		DAY		MONTH		YEAR		GOOD		ADVERSE		NOT APPLIC.		GOOD		POOR		NOT APPLIC.	
<b>1613</b>		<b>24</b>		<b>NOVEMBER</b>		<b>1966</b>		<b>X</b>											

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.

**A FOREIGN OBJECT FELL IN EMPLOYEES EYE WHILE HE WAS  
BLOWING BOILER TUBES.**

6. FORMS SUBMITTED APPLICABLE TO INJURED CIVILIAN EMPLOYEES

A. C.A.1 ☒ YES ☐ NO B. C.A.2 ☒ YES ☐ NO C. OTHER (INDICATE): **NO OTHER**

7. RECOMMENDED CORRECTIVE ACTION: What recommendations have been made which will help prevent another accident like this?

**EMPLOYEES HAVE BEEN DIRECTED TO WEAR EYE PROTECTION WHILE BLOWING  
TUBES OR ANY OTHER ACTIVITIES WHERE THERE IS A POSSIBILITY OF GETTING ANY  
OBJECT IN THEIR EYES.**

SIGNATURE OF SUPERVISOR, CHIEF OF WORKING PARTY OR HEAD OF WORK DETAIL: <b>E. C. QUINN</b>		TITLE, RANK, RATE OR GRADE <b>CHIEF ENGINEER</b>		DATE <b>24 NOV. 1966</b>	
8. REVIEW AND COMMENT OF REVIEWING OFFICIAL					
SIGNATURE OF REVIEWING OFFICIAL: <b>GERARD W. BERLIN</b>		TITLE, RANK, RATE OR GRADE <b>MASTER</b>		DATE <b>24 NOV. 1966</b>	

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, points, 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 checked="" 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 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"/>	
	WHAT PART OF AGENCY CHECKED (X) ABOVE WAS MOST CLOSELY INVOLVED? _____	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"/>	
SECTION 13 UNSAFE PERSONAL FACTOR	21. IMPROPER ILLUMINATION: (Insufficient light, glare, etc.) <input type="checkbox"/>	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 checked="" type="checkbox"/>	
	24. NO UNSAFE CONDITION: <input type="checkbox"/>	25. UNSAFE CONDITION NOT OTHERWISE CLASSIFIED: (Explain) _____	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"/>	
SECTION 14 TYPE OF INJURY	27. STRUCK BY (Falling, flying, sliding, or moving objects.) <input type="checkbox"/>	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 type="checkbox"/>	
SECTION 15 PART OF BODY	33. INHALATION, ABSORPTION, SWALLOWING. (Asphyxiation, poisoning, drowning, etc.) <input type="checkbox"/>	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 checked="" type="checkbox"/>	37. TYPE OF ACCIDENT NOT OTHERWISE CLASSIFIED: (Explain) _____	38. OPERATING WITHOUT AUTHORITY. (Failure to secure or warn) <input type="checkbox"/>	
SECTION 16 TYPE OF INJURY	39. OPERATING OR WORKING AT UNSAFE SPEED. (Too slow, too fast, throwing materials, etc.) <input type="checkbox"/>	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"/>	
SECTION 17 TYPE OF INJURY	45. DISTRACTING, TEASING, ABUSING, STARTLING, ETC. (Quarreling, horseplay, etc.) <input type="checkbox"/>	46. FAILURE TO USE SAFE CLOTHING OR PERSONAL PROTECTIVE DEVICES. (Hats, goggles, etc.) <input checked="" type="checkbox"/>	47. NO UNSAFE ACT. <input type="checkbox"/>	
	48. UNSAFE ACT NOT OTHERWISE CLASSIFIED (Explain) _____	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 checked="" type="checkbox"/>	
SECTION 18 TYPE OF INJURY	51. BODILY DEFECTS (Defective eyesight, hearing; fatigue, intoxicated, existing hernia, weak heart, etc.) <input type="checkbox"/>	52. NO UNSAFE PERSONAL FACTOR: <input type="checkbox"/>	53. UNSAFE PERSONAL FACTOR NOT ELSEWHERE CLASSIFIED (Explain): _____	
	54. WOUNDS (Concussion, abrasion, incision, laceration) <input type="checkbox"/>	55. SPRAINS <input type="checkbox"/>	56. STRAINS (Muscular) <input type="checkbox"/>	
SECTION 19 TYPE OF INJURY	57. HERNIA <input type="checkbox"/>	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 type="checkbox"/>	62. FOREIGN BODY IMBEDDED <input type="checkbox"/>	
SECTION 20 TYPE OF INJURY	63. FOREIGN BODY, LOOSE (Dust, etc.) <input checked="" type="checkbox"/>	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, Electroconvulsion, Heat Exhaustion, etc.) <input type="checkbox"/>	
SECTION 21 TYPE OF INJURY	69. HEAD FACE <input type="checkbox"/>	70. BACK <input type="checkbox"/>	71. EYES <input checked="" type="checkbox"/>	
	72. TRUNK <input type="checkbox"/>	73. ARMS <input type="checkbox"/>	74. HANDS <input type="checkbox"/>	
SECTION 22 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) _____	