

ACCIDENT REPORT

REPORT EXOS-5100-6

DATE (Day, Month, Year):

1. REPORTING SHIP, ACTIVITY OR UNIT USNS GENERAL JOHN POPE (T-AP110)										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/L: B. TRAV. OTHER					EST. DAYS LOST OR TIME CHGS.	TOTAL DISABLING INJURIES	
HOUSER, JOHN L., JR. ENGINEER, MSTSPAC				42							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.				
2215	10	AUGUST	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>I was helping a man into a boat. The man had been drinking. He slipped and fell overboard taking me with him. I landed on some rocks.</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 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?

SIGNATURE OF SUPERVISOR, CHIEF OF WORKING PARTY OR HEAD OF WORK DETAIL: J. A. O'HALLORAN		TITLE, RANK, RATE OR GRADE CHIEF ENGINEER	DATE 12 AUGUST 1966
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8. REVIEW AND COMMENT OF REVIEWING OFFICIAL

SIGNATURE OF REVIEWING OFFICIAL: JOHN HARRINGTON		TITLE, RANK, RATE OR GRADE MASTER	DATE 12 AUGUST 1966
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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 vegetations, 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 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? _____		
	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.			
SECTION 13 UNSAFE PERSONAL FACTOR	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, unsuited or defective shoes, goggles, gloves, respirators, etc.) <input type="checkbox"/>	
	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"/>	
SECTION 14 TYPE OF INJURY	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"/>	30. FALL TO DIFFERENT LEVEL. <input type="checkbox"/>	34. CONTACT WITH ELECTRIC CURRENT. <input type="checkbox"/>	
	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"/>	
SECTION 15 PART OF BODY	28. CAUGHT IN, ON, OR BETWEEN. <input type="checkbox"/>	32. EXPOSURE TO TEMPERATURE EXTREMES. (Resulting in burning, scalding, heat exhaustion, sunstroke, freezing, etc.) <input type="checkbox"/>	36. FOREIGN BODIES IN EYE. (Resulting from dust, chips, airborne particles, etc.) <input type="checkbox"/>	
	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) _____ _____	
SECTION 16 PART OF BODY	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 type="checkbox"/>	
SECTION 17 PART OF BODY	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) _____ _____	
	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"/>	49. TYPE OF ACT NOT OTHERWISE CLASSIFIED (Explain) _____ _____	
SECTION 18 PART OF BODY	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): _____ _____	
	50. LACK OF KNOWLEDGE OR SKILL (Unaware of safe practice, unskilled, etc.) <input type="checkbox"/>	52. NO UNSAFE PERSONAL FACTOR: <input type="checkbox"/>	54. TYPE OF PERSONAL FACTOR NOT OTHERWISE CLASSIFIED (Explain) _____ _____	
SECTION 19 PART OF BODY	54. WOUNDS (Concussion, abrasion, incision, laceration) <input 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 20 PART OF BODY	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 21 PART OF BODY	58. FRACTURES <input type="checkbox"/>	63. FOREIGN BODY, LOOSE (Dust, etc.) <input type="checkbox"/>	68. TYPE OF INJURY NOT OTHERWISE CLASSIFIED: (Drowning, Electrocutation, Heat Exhaustion, etc.) <input type="checkbox"/>	
	Check (x) type of injury, one check (x) MUST be entered in this section.			
SECTION 22 PART OF BODY	69. HEAD <input type="checkbox"/>	71. EYES <input type="checkbox"/>	73. ARMS <input type="checkbox"/>	
	70. BACK <input type="checkbox"/>	72. TRUNK <input type="checkbox"/>	74. HANDS <input type="checkbox"/>	
SECTION 23 PART OF BODY	75. FINGERS <input type="checkbox"/>	76. FEET <input type="checkbox"/>	77. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.) <input type="checkbox"/>	
	78. LEGS <input type="checkbox"/>	79. TOES <input type="checkbox"/>	80. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain) _____ _____	