

DATE (Day, Month, Year):

FLEET OR NAV. DIST. NO.

Do not use

1. REPORTING SHIP, ACTIVITY OR UNIT									FLEET OR NAV. DIST. NO.	
2. PERSONNEL INJURED (Name, Rank, Rate or Trade, and Branch of Service)			AGE	YEARS EXPER.	DUTY OR WORK ASSIGNMENT				EST. DAYS LOST OR TIME CHGS.	TOTAL DISABLING INJURIES
HUTTON,					REG.	TEMP.	RECR.	LV/LIB. TRAV.		
3. PROPERTY/EQUIPMENT DAMAGE									ESTIMATED DAMAGE COST	
TYPE			OWNERSHIP		LABOR		MATERIAL		OVERHEAD	TOTAL
4. DATE AND TIME OF ACCIDENT				WEATHER				LIGHT		
YEAR	MONTH	DAY	HOUR	GOOD	ADVERSE	NOT APPLIC.	GOOD	POOR	NOT APPLIC.	
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 cleaVing boRNER, WeST. To TAKE NOT holding Fly phote in place, and The Table Cane foWard, spilling boRners in side RACK of Table, ove hinded on my Right big Toe.</p>										

6. FORMS SUBMITTED APPLICABLE TO INJURED CIVILIAN EMPLOYEES

A. C.A.1 YES NOB. C.A.2 YES NOC. 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.

TITLE, RANK, RATE OR GRADE

DATE

8. REVIEW AND COMMENT OF REVIEWING OFFICIAL

SIGNATURE OF
REVIEWING
OFFICIAL:

TITLE, RANK, RATE OR GRADE

DATE

SECTION 9 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: <input type="checkbox"/> (Agitators, grinders, sewing machines, vices, saws, lathes, welding machines, etc.)</p> <p>2. PRIME MOVERS & PUMPS: <input type="checkbox"/> (Steam, internal combustion or air; compressors, fans, blowers, etc.)</p> <p>3. ELEVATORS: <input type="checkbox"/> (Passenger, freight, aircraft or dumbwaiters)</p> <p>4. HOISTING APPARATUS: <input type="checkbox"/> (Cranes, hoists (air or electric), shovels, dredges, jacks, etc.)</p> <p>5. CONVEYORS: <input type="checkbox"/> (Belt, monorail, pneumatic, drag line, tiering or piling, etc.)</p> <p>6. BOILERS & PRESSURE VESSELS: <input type="checkbox"/> (Fired or unfired, pressure lines, etc.)</p> <p>7. VEHICLES: <input type="checkbox"/> (All types, except in traffic or flight)</p> <p>8. ANIMALS: <input type="checkbox"/> (Including insects and reptiles)</p> <p>9. MECHANICAL POWER TRANSMISSION APPARATUS: <input type="checkbox"/> (Belts, gears, couplings, etc.)</p> <p>10. ELECTRICAL APPARATUS: <input type="checkbox"/> (Motors, transformers, lamps, appliances, etc.)</p> <p>11. HAND TOOLS: <input type="checkbox"/> (Hand, mechanical or electrical motive power; hammers, wrenches, welding tools, sandblasters, etc.)</p>										Do not use
	<p>12. CHEMICALS: <input type="checkbox"/> (Explosives, gases, vapors, acids, caustics, poisonous vegetations, etc.)</p> <p>13. HIGHLY INFLAMMABLE & HOT SUBSTANCES: <input type="checkbox"/></p> <p>14. DUSTS: <input type="checkbox"/> (Explosive, organic or inorganic; leather, smoky, coal, etc.)</p> <p>15. RADIATIONS & RADIATING SUBSTANCES: <input type="checkbox"/> (X-Ray, radium, ultra violet rays, etc.)</p> <p>16. WORKING SURFACES: <input type="checkbox"/> (Floors, decks, roofs, roads, stairs, platforms, stagings, scaffolds, etc.)</p> <p>17. AGENCIES: <input type="checkbox"/> (Any object or substance not otherwise classified.)</p>										
WHAT PART OF AGENCY CHECKED (X) ABOVE WAS MOST CLOSELY INVOLVED?											
SECTION 10 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>18. IMPROPER GUARDING: <input type="checkbox"/> (Unguarded, inadequately guarded, etc.)</p> <p>19. DEFECTIVE SUBSTANCES OR EQUIPMENT: <input type="checkbox"/> (Broken, rough, slippery, poorly designed, etc.)</p> <p>20. HAZARDOUS ARRANGEMENT: <input type="checkbox"/> (Unsafe piling, poor layout, etc.)</p> <p>21. IMPROPER ILLUMINATION: <input type="checkbox"/> (Insufficient light, glare, etc.)</p> <p>22. IMPROPER VENTILATION: <input type="checkbox"/> (Dusty, gassy, impure air source, etc.)</p> <p>23. UNSAFE CLOTHING: <input type="checkbox"/> (Lack of, unadapted or defective shoes, goggles, gloves, respirators, etc.)</p> <p>24. NO UNSAFE CONDITION:</p> <p>25. UNSAFE CONDITION NOT OTHERWISE CLASSIFIED: <input type="checkbox"/> (Explain)</p>										
SECTION 11 TYPE OF ACCIDENT	<p>Check (x) type of accident. One check (x) MUST be entered in this section.</p> <p>26. STRIKING AGAINST: <input type="checkbox"/> (Contact with rough or sharp objects, resulting in cuts, etc., due to striking against, kneeling on, or slipping on objects.)</p> <p>27. STRUCK BY: <input type="checkbox"/> (Falling, flying, sliding, or moving objects.)</p> <p>28. CAUGHT IN, ON, OR BETWEEN: <input type="checkbox"/></p> <p>29. FALL ON SAME LEVEL: <input type="checkbox"/></p> <p>30. FALL TO DIFFERENT LEVEL: <input type="checkbox"/></p> <p>31. SLIP (not fall) OR OVER-EXERTION: <input type="checkbox"/> (Resulting in strain, hernia, etc.)</p> <p>32. EXPOSURE TO TEMPERATURE EXTREMES: <input type="checkbox"/> (Resulting in burning, scalding, heat exhaustion, sunstroke, freezing, etc.)</p> <p>33. INHALATION, ABSORPTION, SWALLOWING: <input type="checkbox"/> (Asphyxiation, poisoning, drowning, etc.)</p> <p>34. CONTACT WITH ELECTRIC CURRENT: <input type="checkbox"/></p> <p>35. ELECTRIC WELDING FLASH: <input type="checkbox"/></p> <p>36. FOREIGN BODIES IN EYE: <input type="checkbox"/> (Resulting from dust, chips, airborne particles, etc.)</p> <p>37. TYPE OF ACCIDENT NOT OTHERWISE CLASSIFIED: <input type="checkbox"/> (Explain)</p>										
SECTION 12 UNSAFE ACT	<p>Check (x) and explain PRINCIPAL unsafe act. One check (x) MUST be entered in this section.</p> <p>38. OPERATING WITHOUT AUTHORITY: <input type="checkbox"/> (Failure to secure or earn)</p> <p>39. OPERATING OR WORKING AT UNSAFE SPEED: <input type="checkbox"/> (Too slow, too fast, throwing materials, etc.)</p> <p>40. MAKING SAFETY DEVICES INOPERATIVE: <input type="checkbox"/> (Removing, disadjusting, disconnecting, etc.)</p> <p>41. USING UNSAFE EQUIPMENT, HANDS INSTEAD OF EQUIPMENT, OR EQUIPMENT UNSAFELY: <input type="checkbox"/></p> <p>42. UNSAFE LOADING, PLACING, MIXING, ETC: <input type="checkbox"/></p> <p>43. UNSAFE POSITION, POSTURE OR ACT, ETC: <input type="checkbox"/> (Under suspended loads, lifting with bent back, etc.)</p> <p>44. WORKING ON MOVING OR DANGEROUS EQUIPMENT: <input type="checkbox"/> (Cleaning, adjusting, oiling, etc.)</p> <p>45. DISTRACTING, TEASING, ABUSING, STARTLING, ETC: <input type="checkbox"/> (Quarreling, horseplay, etc.)</p> <p>46. FAILURE TO USE SAFE CLOTHING OR PERSONAL PROTECTIVE DEVICES: <input type="checkbox"/> (Hats, goggles, etc.)</p> <p>47. NO UNSAFE ACT:</p> <p>48. UNSAFE ACT NOT OTHERWISE CLASSIFIED: <input type="checkbox"/> (Explain)</p>										
SECTION 13 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>49. IMPROPER ATTITUDE (Disregard of instructions, failure to understand instructions, nervous, excitable, etc.) <input type="checkbox"/></p> <p>50. LACK OF KNOWLEDGE OR SKILL (Un-aware of safe practice, unskilled, etc.) <input type="checkbox"/></p> <p>51. BODY DEFECTS (Defective eyesight, hearing, fatigue, intoxicated, existing hernia, weak heart, etc.) <input type="checkbox"/></p> <p>52. NO UNSAFE PERSONAL FACTOR: <input type="checkbox"/></p> <p>53. UNSAFE PERSONAL FACTOR NOT ELSEWHERE CLASSIFIED: <input type="checkbox"/> (Explain)</p>										
SECTION 14 TYPE OF INJURY	<p>Check (x) type of injury, one check (x) MUST be entered in this section.</p> <p>54. WOUNDS (Concussion, abrasion, incision, laceration) <input type="checkbox"/></p> <p>55. SPRAINS <input type="checkbox"/></p> <p>56. STRAINS (Muscular) <input type="checkbox"/></p> <p>57. HERNIA <input type="checkbox"/></p> <p>58. FRACTURES <input type="checkbox"/></p> <p>59. AMPUTATIONS (Loss of body substance) <input type="checkbox"/></p> <p>60. AVULSION (Loss of non-body substance by shearing or tearing away) <input type="checkbox"/></p> <p>61. BURNS AND SCALDS <input type="checkbox"/></p> <p>62. FOREIGN BODY IMBEDDED <input type="checkbox"/></p> <p>63. FOREIGN BODY, LOOSE (Dust, etc.) <input type="checkbox"/></p> <p>64. FLASHES <input type="checkbox"/></p> <p>65. FUMES AND GASES <input type="checkbox"/></p> <p>66. POISONS <input type="checkbox"/></p> <p>67. SKIN DISEASE (Occupational) <input type="checkbox"/></p> <p>68. TYPE OF INJURY NOT OTHERWISE CLASSIFIED: <input type="checkbox"/> (Drowning, Electrocution, Heat Ex-haustion, etc.)</p>										
SECTION 15 PART OF BODY	<p>Check (x) part of body. Part of body chiefly identified with injury MUST be checked (x).</p> <p>69. HEAD FACE <input type="checkbox"/></p> <p>70. BACK <input type="checkbox"/></p> <p>71. EYES <input type="checkbox"/></p> <p>72. TRUNK <input type="checkbox"/></p> <p>73. ARMS <input type="checkbox"/></p> <p>74. HANDS <input type="checkbox"/></p> <p>75. FINGERS <input type="checkbox"/></p> <p>76. LEGS <input type="checkbox"/></p> <p>77. FEET <input type="checkbox"/></p> <p>78. TOES <input type="checkbox"/></p> <p>79. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.) <input type="checkbox"/></p> <p>80. PART OF BODY NOT ELSEWHERE CLASSIFIED: <input type="checkbox"/> (Explain)</p>										