

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

1. REPORTING SHIP, ACTIVITY OR UNIT								FLEET OR NAV. DIST. NO.		Do not use	
USNS GENERAL JOHN POPP (T-AP 116)								MSTSPAC			
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	
HERMAN M. JONES, 2ND ENGINEER MSTSPAC		51	1 YR. 5 MO.	X					0	0	
3. PROPERTY/EQUIPMENT DAMAGE								ESTIMATED DAMAGE COST			
TYPE		OWNERSHIP		LABOR	MATERIAL		OVERHEAD	TOTAL			
NONE				NON	NON			NONE			
4. DATE AND TIME OF ACCIDENT								WEATHER		LIGHT	
HOUR	DAY	MONTH	YEAR	GOOD	ADVERSE	NOT APPLIC.	GOOD	POOR	NOT APPLIC.		
1730	24	NOVEMBER	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>BOILER TREATMENT CHEMICAL SPLASHED INTO MR. JONES EYE AS HE WAS FILLING COMPOUND T IN PRIOR DISCHARGING CHEMICAL INTO BOILER.</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 checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	C. OTHER (INDICATE):			
NO OTHER											

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

STRESS THE REQUIREMENT THAT AT ANY TIME THAT PERSONNEL ARE WORKING  
WITH CHEMICALS, THEY WILL BE PROTECTED WITH FACE SHIELDS, GLOVES AND  
PROPER CLOTHING

SIGNATURE OF SUPERVISOR CHIEF OF WORKING PARTY	E. C. QUINN	TITLE, RANK, RATE OR GRADE	DATE
		CHIEF ENGINEER	24 NOV. 1966

8. REVIEW AND COMMENT OF REVIEWING OFFICIAL

Same as #7  
G. W. Berlin

SIGNATURE OF REVIEWING OFFICIAL	GERALD W. BERLIN	TITLE, RANK, RATE OR GRADE	DATE
		MASTER	24 NOV. 1966

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.)      7. VEHICLES: <input type="checkbox"/> (All types; except in traffic or flight)</p> <p>2. PRIME MOVERS &amp; PUMPS: <input type="checkbox"/> (Steam, internal combustion or air; compressors, fans, blowers, etc.)      8. ANIMALS: <input type="checkbox"/> (Including insects and reptiles)</p> <p>3. ELEVATORS: <input type="checkbox"/> (Passenger, freight, aircraft or dumbwaiters)</p> <p>4. HOISTING APPARATUS: <input type="checkbox"/> (Crane, hoists (air or electric), shovels, dredges, jacks, etc.)      9. MECHANICAL POWER TRANSMISSION APPARATUS: <input type="checkbox"/> (Belts, gears, couplings, etc.)</p> <p>5. CONVEYORS: <input type="checkbox"/> (Belt, monorail, pneumatic, drag line, tiering or piling, etc.)      10. ELECTRICAL APPARATUS: <input type="checkbox"/> (Motors, transformers, lamps, appliances, etc.)</p> <p>6. BOILERS &amp; PRESSURE VESSELS: <input type="checkbox"/> ( Fired or unfired, pressure lines, etc.)      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 checked="" type="checkbox"/> (Explosives, gases, vapors, acids, caustics, poisonous vegetations, etc.)</p> <p>13. HIGHLY INFLAMMABLE &amp; HOT SUBSTANCES: <input type="checkbox"/> (Fire, alcohol, steam, paints, etc.)</p> <p>14. DUSTS: <input type="checkbox"/> (Explosive, organic or inorganic; leather, emery, coal, etc.)</p> <p>15. RADIATIONS &amp; 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.)      20. HAZARDOUS ARRANGEMENT: <input type="checkbox"/> (Unsafe piling, poor layout, etc.)</p> <p>19. DEFECTIVE SUBSTANCES OR EQUIPMENT: <input type="checkbox"/> (Broken, rough, slippery, poorly designed, etc.)      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 checked="" type="checkbox"/> (Lack of, unsuited 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.)      30. FALL TO DIFFERENT LEVEL: <input type="checkbox"/></p> <p>27. STRUCK BY <input type="checkbox"/> (Falling, flying, sliding, or moving objects.)      31. SLIP (not fall) OR OVER-EXERTION: <input type="checkbox"/> (Resulting in strain, hernia, etc.)</p> <p>28. CAUGHT IN, ON, OR BETWEEN: <input type="checkbox"/>      32. EXPOSURE TO TEMPERATURE EXTREMES: <input type="checkbox"/> (Resulting in burning, scalding, heat exhaustion, sunstroke, freezing, etc.)</p> <p>29. FALL ON SAME LEVEL: <input type="checkbox"/>      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 checked="" 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 warn)</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 checked="" 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 checked="" type="checkbox"/></p> <p>51. BODY DEFECTS (Defective eyesight, hearing, fatigue, intoxicated, existing hernia, weak heart, etc.) <input type="checkbox"/></p> <p>53. UNSAFE PERSONAL FACTOR NOT ELSEWHERE CLASSIFIED: <input type="checkbox"/> (Explain)</p> <p>50. LACK OF KNOWLEDGE OR SKILL (Unaware of safe practice, unskilled, etc.) <input type="checkbox"/></p> <p>52. NO UNSAFE PERSONAL FACTOR: <input checked="" type="checkbox"/></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>59. AMPUTATIONS (Loss of bony substances) <input type="checkbox"/></p> <p>64. FLASHES <input type="checkbox"/></p> <p>55. SPRAINS <input type="checkbox"/></p> <p>60. AVULSION (Loss of non-bony substance by shearing or tearing away) <input type="checkbox"/></p> <p>65. FUMES AND GASES <input type="checkbox"/></p> <p>56. STRAINS (Muscular) <input checked="" type="checkbox"/></p> <p>61. BURNS AND SCALDS <input type="checkbox"/></p> <p>66. POISONS <input type="checkbox"/></p> <p>57. HERNIA <input type="checkbox"/></p> <p>62. FOREIGN BODY IMBEDDED <input type="checkbox"/></p> <p>67. SKIN DISEASE (Occupational) <input type="checkbox"/></p> <p>58. FRACTURES <input type="checkbox"/></p> <p>63. FOREIGN BODY, LOOSE (Dust, etc.) <input type="checkbox"/></p> <p>68. TYPE OF INJURY NOT OTHERWISE CLASSIFIED: <input type="checkbox"/> (Drowning, Electrocution, Heat Ex-posure, 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"/> 71. EYES <input checked="" type="checkbox"/> 73. ARMS <input type="checkbox"/> 75. FINGERS <input type="checkbox"/> 77. FEET <input type="checkbox"/></p> <p>70. BACK <input type="checkbox"/> 72. TRUNK <input type="checkbox"/> 74. HANDS <input type="checkbox"/> 76. LEGS <input type="checkbox"/> 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>										