

U.S. DEPARTMENT OF LABOR
Bureau of Employees' Compensation

EMPLOYEE'S NOTICE OF INJURY OR OCCUPATIONAL
DISEASE
(Under the Federal Employee's Compensation
Act)

The immediate superior should complete the reverse side of this form.

1. Name of Injured Employee (Last, first, middle) 2. Date of this Notice (mo, day yr)

JONES, HERMAN MEDFORD. Z1193335

NOV. 25, 1966

3. Place of Employment (Name & location)

4. Date of Injury (Mo, day, yr.)

WSTS, WSC. OAKLAND CALIF.

NOV. 24, 1966

5. Occupation

6. Hour of Injury (a.m. or p.m.)

2ND ASSIST. ENGINEER

5:30 P.M.

7. Place or Location Where Injury Occurred

ENGINE ROOM, USNS GEN. POPE (T-AP 116)

8. Cause of Injury (Describe how and why injury occurred)

INJURY WAS SUSTAINED IN LEFT LEG, DUE TO CHEMICAL COMPOUND

SPLASHING INTO IT (LEG) FROM THE BOILER CHEMICAL CHARGING TANKS TOP AND

WHEN THE VALVE WAS OPENED TO COMPLETELY FILL TANK WITH WATER PRIOR TO

DISCHARGING CHEMICALS INTO THE BOILER.

9. Nature of Injury (Name of body affected-fractured left leg, bruised thumb, etc.)

CHEMICAL BURN ON LEFT LEG

10. Names of Witnesses to Injury

NONE

11. If this Notice was not given within 48 hours after the injury, explain reason for delay. If earlier notice was given, verbal or written, state when and to whom.

I certify that the injury described above was sustained in the performance of my duties as an employee of the U.S. Government and that it was not caused by my willful misconduct, intention to bring about the injury or death of myself, or another, nor by my intoxication. I hereby make claim for compensation and medical treatment to which I may be entitled by reason of this injury.

12. Signature

HERMAN M. JONES

13. Home Address of Injured Employee

STATEMENTS OF THE IMMEDIATE SUPERIOR AND WITNESSES TO THE INJURY

The immediate superior should submit a statement and secure statements of witnesses where possible. The statements should tell just what each personally knows about the injury, and how and when such knowledge was obtained.

14. Date CA-1 received by Agency (Mo., day, yr.) 15. CA-1 Received by whom

16. Statement of immediate superior

17. Signature of immediate superior

18. Date (Mo., day, yr.)

19. Statement of Witness

NONE

20. Signature of Witness

21. Date (Mo., day, yr.)

22. Statement of Witness

NONE

23. Signature of Witness

24. Date (Mo., day, yr.)