

DATE (Day, Month, Year):

1. REPORTING SHIP, ACTIVITY OR UNIT USNS GEN. JOHN POPE							FLEET OR NAV. DIST. NO.		Do not use	
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	
MSTSPAC KELLEY, STANLEY J. UNLIC JR. ENGR.		51	8	REG.	TEMP.	RECR.	LV/LIB. TRAV.	OTHER	Ø Ø	
3. PROPERTY/EQUIPMENT DAMAGE							ESTIMATED DAMAGE COST			
TYPE		OWNERSHIP		LABOR	MATERIAL	OVERHEAD	TOTAL			
4. DATE AND TIME OF ACCIDENT							WEATHER		LIGHT	
HOUR	DAY	MONTH	YEAR	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.

STEPPED IN LADDER WELL, FELL AND INJURED LITTLE FINGER.

6. FORMS SUBMITTED APPLICABLE TO INJURED CIVILIAN EMPLOYEES			C. OTHER (INDICATE):		
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

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

X Employee's Statement is questionable due to other events that took place soon after ward. Ladder well has been checked and found safe. No met at Head of ladder now - See -

SIGNATURE OF SUPERVISOR, CHIEF OF WORKING PARTY OR HEAD OF WORK DETAIL: <i>Eric L. azine #17</i>	TITLE, RANK, RATE OR GRADE	DATE
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8. REVIEW AND COMMENT OF REVIEWING OFFICIAL	
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SIGNATURE OF REVIEWING OFFICIAL:	TITLE, RANK, RATE OR GRADE	DATE
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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
	<input type="checkbox"/> 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"/> 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, smoky, coal, etc.)																
<input type="checkbox"/> 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"/> 6. BOILERS & PRESSURE VESSELS: (Fired or unfired, pressure lines, etc.)		<input type="checkbox"/> 17. AGENCIES: (Any object or substance not otherwise classified.) <i>NE</i>																
WHAT PART OF AGENCY CHECKED (X) ABOVE WAS MOST CLOSELY INVOLVED?																		
SECTION 10 UNSAFE MECHANICAL CONDITION	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.																	
	<input type="checkbox"/> 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, unsanitary 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 checked="" type="checkbox"/> 24. NO UNSAFE CONDITION:																
	<input type="checkbox"/> 22. IMPROPER VENTILATION: (Dusty, gassy, impure air source, etc.)	<input type="checkbox"/> 25. UNSAFE CONDITION NOT OTHERWISE CLASSIFIED: (Explain)																
SECTION 11 TYPE OF ACCIDENT	Check (x) type of accident. One check (x) MUST be entered in this section.																	
	<input type="checkbox"/> 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"/> 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 checked="" 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 12 UNSAFE ACT	Check (x) and explain PRINCIPAL unsafe act. One check (x) MUST be entered in this section.																	
	<input type="checkbox"/> 38. OPERATING WITHOUT AUTHORITY. (Failure to secure or earn.)	<input type="checkbox"/> 42. UNSAFE LOADING, PLACING, MIXING, ETC.	<input type="checkbox"/> 48. FAILURE TO USE SAFE CLOTHING OR PERSONAL PROTECTIVE DEVICES. (Gates, 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 checked="" type="checkbox"/> 47. NO UNSAFE ACT.																
<input type="checkbox"/> 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)																
<input type="checkbox"/> 41. USING UNSAFE EQUIPMENT, HANDS INSTEAD OF EQUIPMENT, OR EQUIPMENT UNSAFELY.	<input type="checkbox"/> 45. DISTRACTING, TEASING, ABUSING, STARTLING, ETC. (Quarreling, horseplay, etc.)																	
SECTION 13 UNSAFE PERSONAL FACTOR	Check (x) and explain the unsafe personal factor chiefly responsible for the accident. One check (x) MUST be entered in this section.																	
	<input type="checkbox"/> 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 checked="" type="checkbox"/> 53. UNSAFE PERSONAL FACTOR NOT ELSEWHERE CLASSIFIED (Explain)															
<input type="checkbox"/> 50. LACK OF KNOWLEDGE OR SKILL. (Unaware of safe practice, unskilled, etc.)	<input checked="" type="checkbox"/> 52. NO UNSAFE PERSONAL FACTOR:																	
SECTION 14 TYPE OF INJURY	Check (x) type of injury, one check (x) MUST be entered in this section.																	
	<input checked="" type="checkbox"/> 54. WOUNDS (Concussion, abrasion, incision, laceration)	<input type="checkbox"/> 59. AMPUTATIONS (Loss of body substance)	<input type="checkbox"/> 64. FLASHES															
<input type="checkbox"/> 55. SPRAINS	<input type="checkbox"/> 60. AVULSION (Loss of non-body substance by shearing or tearing away)	<input type="checkbox"/> 65. FUMES AND GASES																
<input type="checkbox"/> 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"/> 58. FRACTURES	<input type="checkbox"/> 63. FOREIGN BODY, LOOSE (Dust, etc.)	<input type="checkbox"/> 68. TYPE OF INJURY NOT OTHERWISE CLASSIFIED: (Drowning, Electrocution, Heat Exhaustion, etc.)																
SECTION 15 PART OF BODY	Check (x) part of body. Part of body chiefly identified with injury MUST be checked (x).																	
	<input checked="" type="checkbox"/> 69. HEAD, FACE	<input type="checkbox"/> 71. EYES	<input type="checkbox"/> 73. ARMS	<input checked="" type="checkbox"/> 75. FINGERS	<input type="checkbox"/> 77. FEET	<input type="checkbox"/> 79. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.)												
<input type="checkbox"/> 70. BACK	<input type="checkbox"/> 72. TRUNK	<input type="checkbox"/> 74. HANDS	<input checked="" type="checkbox"/> 76. LEGS	<input type="checkbox"/> 78. TOES	<input type="checkbox"/> 80. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain)													