

DATE (Day, Month, Year):

1. REPORTING SHIP, ACTIVITY OR UNIT USNS GENERAL JOHN POPE (TAP-110)										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					EST. DAYS LOST OR TIME CHGS	TOTAL DISABLING INJURIES	
MC GINNIS, ROY DUANE, ENGINE UTILITY MSTSPAC			32	MO. 2	REG.	TEMP.	RECR.	LV/LIB.	TRAV.	OTHER	Ø	Ø
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.			
0820	20	SEPTEMBER	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 leaned over the ladder rail as I walked up the ladder, and bumped my head on the overhead.</p> <p><u>Employee bumped his head on the overhead deck, that extends over the ladder well, as he was going up the ladder.</u> <u>Employee bumped his head on the corner of a support for a vent duct, as he was going up the ladder.</u></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?

REMOVE SHARP EDGES FROM VENT SUPPORT AND.
REQUIRE ALL PERSONNEL TO WEAR HEAD COVERINGS.

SIGNATURE OF SUPERVISOR.
CHIEF OF WORKING PARTY
OR HEAD OF WORK DETAIL:

B. C. QUINN

TITLE, RANK, RATE OR GRADE

CHIEF ENGINEER

DATE

8. REVIEW AND COMMENT OF REVIEWING OFFICIAL

SIGNATURE OF
REVIEWING
OFFICIAL:

JOHN HARRINGTON

TITLE, RANK, RATE OR GRADE

MASTER

DATE

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