

## ACCIDENT REPORT

REPORT EXOS-5100-6

DATE (Day, Month, Year):

FLEET OR NAV. DIST. NO.

Do not use

1. REPORTING SHIP, ACTIVITY OR UNIT								FLEET OR NAV. DIST. NO.			
<b>USNS GENERAL JOHN POPE (TMAP 110)</b>								<b>MSTSPAC</b>			
2. PERSONNEL INJURED (Name, Rank, Rate or Trade, and Branch of Service)		AGE	YEARS EXPER.	DUTY OR WORK ASSIGNMENT				TEST DAYS	TOTAL		
JUHN LEMAL MGREOS MSTSPAC				REG.	TEMP.	RECR.	LV/LIB.	TRAV.	OTHER	LOST OR TIME CHGS	DISABLING INJURIES
										0	0
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.		
1315	23	NOVEMBER	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.											

## 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:**E. C. QUINN**

TITLE, RANK, RATE OR GRADE

DATE

## 8. REVIEW AND COMMENT OF REVIEWING OFFICIAL

SIGNATURE OF  
REVIEWING  
OFFICIAL:**GERARD W. BERLIN**

TITLE, RANK, RATE OR GRADE

DATE

**MASTER**

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, sewing machines, vices, saws, lathes, welding machines, etc.)	7. VEHICLES: (All types, except in traffic or flight)	12. CHEMICALS: (Explosives, gases, vapors, acids, caustics, 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, paints, 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 motive 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, kneeling 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)														
Check (x) and explain PRINCIPAL unsafe act. One check (x) MUST be entered in this section.																
SECTION 12 UNSAFE ACT	38. OPERATING WITHOUT AUTHORITY. (Failure to secure or warn)	42. UNSAFE LOADING, PLACING, MIXING, ETC.	46. 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, missetting, 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.)															
Check (x) and explain the unsafe personal factor chiefly responsible for the accident. One check (x) MUST be entered in this section.																
SECTION 13 UNSAFE PERSONAL FACTOR	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 (Un-aware of safe practice, unskilled, etc.)	52. NO UNSAFE PERSONAL FACTOR:														
Check (x) type of injury, one check (x) MUST be entered in this section.																
SECTION 14 TYPE OF INJURY	54. WOUNDS (Concussion, abrasion, incision, laceration)	59. AMPUTATIONS (Loss of bony substances)	64. FLASHERS													
	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.)														
Check (x) part of body. Part of body chiefly identified with injury MUST be checked (x).																
SECTION 15 PART OF BODY	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)										