


DATE (Day, Month, Year): **23 NOVEMBER 1966**

1. REPORTING SHIP, ACTIVITY OR UNIT USNS CLC JOHN FOR (T-AS11)										FLEET OR NAV. DIST. NO. MSSTSPAC		Do not use
2. PERSONNEL INJURED (Name, Rank, Rate or Trade, and Branch of Service)				AGE	YEARS EXPER.	DUTY OR WORK ASSIGNMENT REG. TEMP. RECR. LV/LIB. TRAV. OTHER					EST. DAYS LOST OR TIME CHGS	TOTAL DISABLING INJURIES
AGUIOS, JUAN, UNIC. JR. INGP. MSSTSPAC				33	1	X					0	0
3. PROPERTY/EQUIPMENT DAMAGE						ESTIMATED DAMAGE COST						
TYPE		OWNERSHIP		LABOR		MATERIAL		OVERHEAD		TOTAL		
NONE				NONE		NONE				NONE		
4. DATE AND TIME OF ACCIDENT				WEATHER				LIGHT				
HOURL	DAY	MONTH		YEAR	GOOD	ADVERSE	NOT APPLIC.		GOOD	POOR	NOT APPLIC.	
1315	23	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>Employee was burned only face and shoulder by hot oil and steam, when he opened steam valve to a Burner without the Burner being installed.</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 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?

Employee has been thoroughly instructed in the proper procedure to follow prior lighting off Burners and precautions to take.

SIGNATURE OF SUPERVISOR, CHIEF OF WORKING PARTY OR HEAD OF WORK DETAIL:  F. C. QUINN	TITLE, RANK, RATE OR GRADE CHIEF ENGINEER	DATE 26 NOV. 1966
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8. REVIEW AND COMMENT OF REVIEWING OFFICIAL

CONCUR WITH ABOVE RECOMMENDATION

SIGNATURE OF REVIEWING OFFICIAL: GERARD W. DEULIN	TITLE, RANK, RATE OR GRADE MASTER	DATE
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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> <table style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 1. MACHINES: (Agitators, grinders, sewing machines, vices, saws, lathes, welding machines, etc.) </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 7. VEHICLES: (All types, except in traffic or flight) </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 12. CHEMICALS: (Explosives, gases, vapors, acids, caustics, poisonous vegetation, etc.) </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> 2. PRIME MOVERS & PUMPS: (Steam, internal combustion or air, compressors, fans, blowers, etc.) </td> <td style="vertical-align: top;"> <input type="checkbox"/> 8. ANIMALS: (Including insects and reptiles) </td> <td style="vertical-align: top;"> <input checked="" type="checkbox"/> 13. HIGHLY INFLAMMABLE & HOT SUBSTANCES: (Fire, alcohol, steam, paints, etc.) </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> 3. ELEVATORS: (Passenger, freight, aircraft or dumbwaiters) </td> <td style="vertical-align: top;"> <input type="checkbox"/> 9. MECHANICAL POWER TRANSMISSION APPARATUS: (Belts, gears, couplings, etc.) </td> <td style="vertical-align: top;"> <input type="checkbox"/> 14. DUSTS: (Explosive, organic or inorganic; leather, sawy, coal, etc.) </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> 4. HOISTING APPARATUS: (Cranes, hoists (air or electric), shovels, dredges, jacks, etc.) </td> <td style="vertical-align: top;"> <input type="checkbox"/> 10. ELECTRICAL APPARATUS: (Motors, transformers, lamps, appliances, etc.) </td> <td style="vertical-align: top;"> <input type="checkbox"/> 15. RADIATIONS & RADIATING SUBSTANCES: (X-Ray, radium, ultra violet rays, etc.) </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> 5. CONVEYORS: (Belt, monorail, pneumatic, drag line, tiering or piling, etc.) </td> <td style="vertical-align: top;"> <input type="checkbox"/> 11. HAND TOOLS: (Hand, mechanical or electrical motive power; hammers, wrenches, welding tools, sandblasters, etc.) </td> <td style="vertical-align: top;"> <input type="checkbox"/> 16. WORKING SURFACES: (Floors, decks, roofs, roads, stairs, platforms, stagings, scaffolds, etc.) </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> 6. BOILERS & PRESSURE VESSELS: (Fired or unfired, pressure lines, etc.) </td> <td></td> <td style="vertical-align: top;"> <input type="checkbox"/> 17. AGENCIES: (Any object or substance not otherwise classified.) </td> </tr> </table> <p>WHAT PART OF AGENCY CHECKED (X) ABOVE WAS MOST CLOSELY INVOLVED?</p>	<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 vegetation, 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 checked="" 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, sawy, 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.)	Do not use
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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> <table style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 18. IMPROPER GUARDING: (Unguarded, inadequately guarded, etc.) </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 20. HAZARDOUS ARRANGEMENT: (Unsafe piling, poor layout, etc.) </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 23. UNSAFE CLOTHING: (Lack of, unaltered or defective shoes, goggles, gloves, respirators, etc.) </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> 19. DEFECTIVE SUBSTANCES OR EQUIPMENT: (Broken, rough, slippery, poorly designed, etc.) </td> <td style="vertical-align: top;"> <input type="checkbox"/> 21. IMPROPER ILLUMINATION: (Insufficient light, glare, etc.) </td> <td style="vertical-align: top;"> <input checked="" type="checkbox"/> 24. NO UNSAFE CONDITION: </td> </tr> <tr> <td></td> <td style="vertical-align: top;"> <input type="checkbox"/> 22. IMPROPER VENTILATION: (Dusty, gassy, impure air source, etc.) </td> <td style="vertical-align: top;"> <input type="checkbox"/> 25. UNSAFE CONDITION NOT OTHERWISE CLASSIFIED: (Explain) </td> </tr> </table>	<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, unaltered 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)										
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SECTION 11	TYPE OF ACCIDENT	<p>Check (x) type of accident. One check (x) MUST be entered in this section.</p> <table style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <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.) </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 30. FALL TO DIFFERENT LEVEL. </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 34. CONTACT WITH ELECTRIC CURRENT. </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> 27. STRUCK BY (Falling, flying, sliding, or moving objects.) </td> <td style="vertical-align: top;"> <input type="checkbox"/> 31. SLIP (not fall) OR OVER-EXERTION. (Resulting in strain, hernia, etc.) </td> <td style="vertical-align: top;"> <input type="checkbox"/> 35. ELECTRIC WELDING FLASH. </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> 28. CAUGHT IN, ON, OR BETWEEN. </td> <td style="vertical-align: top;"> <input checked="" type="checkbox"/> 32. EXPOSURE TO TEMPERATURE EXTREMES. (Resulting in burning, scalding, heat exhaustion, sunstroke, freezing, etc.) </td> <td style="vertical-align: top;"> <input type="checkbox"/> 36. FOREIGN BODIES IN EYE. (Resulting from dust, chips, airborne particles, etc.) </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> 29. FALL ON SAME LEVEL. </td> <td style="vertical-align: top;"> <input type="checkbox"/> 33. INHALATION, ABSORPTION, SWALLOWING. (Asphyxiation, poisoning, drowning, etc.) </td> <td style="vertical-align: top;"> <input type="checkbox"/> 37. TYPE OF ACCIDENT NOT OTHERWISE CLASSIFIED: (Explain) </td> </tr> </table>	<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 checked="" 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 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)							
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SECTION 12	UNSAFE ACT	<p>Check (x) and explain PRINCIPAL unsafe act. One check (x) MUST be entered in this section.</p> <table style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 38. OPERATING WITHOUT AUTHORITY. (Failure to secure or warn) </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 42. UNSAFE LOADING, PLACING, MIXING, ETC. </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 46. FAILURE TO USE SAFE CLOTHING OR PERSONAL PROTECTIVE DEVICES. (Hats, goggles, etc.) </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> 39. OPERATING OR WORKING AT UNSAFE SPEED. (Too slow, too fast, throwing materials, etc.) </td> <td style="vertical-align: top;"> <input type="checkbox"/> 43. UNSAFE POSITION, POSTURE OR ACT, ETC. (Under suspended loads, lifting with bent back, etc.) </td> <td style="vertical-align: top;"> <input type="checkbox"/> 47. NO UNSAFE ACT. </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> 40. MAKING SAFETY DEVICES INOPERATIVE. (Removing, misadjusting, disconnecting, etc.) </td> <td style="vertical-align: top;"> <input type="checkbox"/> 44. WORKING ON MOVING OR DANGEROUS EQUIPMENT. (Cleaning, adjusting, oiling, etc.) </td> <td style="vertical-align: top;"> <input checked="" type="checkbox"/> 48. UNSAFE ACT NOT OTHERWISE CLASSIFIED: (Explain) </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> 41. USING UNSAFE EQUIPMENT, HANDS INSTEAD OF EQUIPMENT, OR EQUIPMENT UNSAFELY. </td> <td style="vertical-align: top;"> <input type="checkbox"/> 45. DISTRACTING, TEASING, ABUSING, STARTLING, ETC. (Quarreling, horseplay, etc.) </td> <td></td> </tr> </table> <p style="text-align: center; font-weight: bold;">FAILURE TO PROPERLY CHECK DEVICE PRIOR OPENING VALVE</p>	<input type="checkbox"/> 38. OPERATING WITHOUT AUTHORITY. (Failure to secure or warn)	<input type="checkbox"/> 42. UNSAFE LOADING, PLACING, MIXING, ETC.	<input type="checkbox"/> 46. FAILURE TO USE SAFE CLOTHING OR PERSONAL PROTECTIVE DEVICES. (Hats, 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 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 checked="" 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.)								
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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> <table style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 49. IMPROPER ATTITUDE (Disregard of instructions, failure to understand instructions, nervous, excitable, etc.) </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 51. BODILY DEFECTS (Defective eyesight, hearing; fatigue, intoxicated, existing hernia, weak heart, etc.) </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 53. UNSAFE PERSONAL FACTOR NOT ELSEWHERE CLASSIFIED: (Explain): </td> </tr> <tr> <td style="vertical-align: top;"> <input checked="" type="checkbox"/> 50. LACK OF KNOWLEDGE OR SKILL (Unaware of safe practice, unskilled, etc.) </td> <td style="vertical-align: top;"> <input type="checkbox"/> 52. NO UNSAFE PERSONAL FACTOR: </td> <td></td> </tr> </table>	<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 type="checkbox"/> 53. UNSAFE PERSONAL FACTOR NOT ELSEWHERE CLASSIFIED: (Explain):	<input checked="" type="checkbox"/> 50. LACK OF KNOWLEDGE OR SKILL (Unaware of safe practice, unskilled, etc.)	<input type="checkbox"/> 52. NO UNSAFE PERSONAL FACTOR:														
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SECTION 15	PART OF BODY	<p>Check (x) part of body. Part of body chiefly identified with injury MUST be checked (x).</p> <table style="width: 100%;"> <tr> <td style="width: 25%; vertical-align: top;"> <input checked="" type="checkbox"/> 69. HEAD FACE </td> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> 71. EYES </td> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> 73. ARMS </td> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> 75. FINGERS </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> 70. BACK </td> <td style="vertical-align: top;"> <input checked="" type="checkbox"/> 72. TRUNK </td> <td style="vertical-align: top;"> <input type="checkbox"/> 74. HANDS </td> <td style="vertical-align: top;"> <input type="checkbox"/> 76. LEGS </td> </tr> <tr> <td></td> <td></td> <td style="vertical-align: top;"> <input type="checkbox"/> 77. FEET </td> <td style="vertical-align: top;"> <input type="checkbox"/> 79. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.) </td> </tr> <tr> <td></td> <td></td> <td style="vertical-align: top;"> <input type="checkbox"/> 78. TOES </td> <td style="vertical-align: top;"> <input type="checkbox"/> 80. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain) </td> </tr> </table>	<input checked="" type="checkbox"/> 69. HEAD FACE	<input type="checkbox"/> 71. EYES	<input type="checkbox"/> 73. ARMS	<input type="checkbox"/> 75. FINGERS	<input type="checkbox"/> 70. BACK	<input checked="" type="checkbox"/> 72. TRUNK	<input type="checkbox"/> 74. HANDS	<input type="checkbox"/> 76. LEGS			<input type="checkbox"/> 77. FEET	<input type="checkbox"/> 79. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.)			<input type="checkbox"/> 78. TOES	<input type="checkbox"/> 80. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain)			
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