

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

1. REPORTING SHIP, ACTIVITY OR UNIT <b>USNS DR. JOHN FORD (T-AFP-111)</b>										FLEET OR NAV. DIST. NO. <b>MSTSPAC</b>		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		
<b>IGUOS, JUAN, UNIC. JR. INGR.</b> <b>MSTSPAC</b>		<b>33</b>	<b>1</b>	<b>X</b>					<b>0</b>	<b>0</b>		
3. PROPERTY/EQUIPMENT DAMAGE										ESTIMATED DAMAGE COST		
TYPE			OWNERSHIP		LABOR		MATERIAL		OVERHEAD		TOTAL	
<b>NONE</b>			<b>NONE</b>		<b>NONE</b>		<b>NONE</b>		<b>NONE</b>		<b>NONE</b>	
4. DATE AND TIME OF ACCIDENT				WEATHER				LIGHT				
HOUR	DAY	MONTH	YEAR	GOOD	ADVERSE	NOT APPLIC.	GOOD	POOR	NOT APPLIC.			
<b>1315</b>	<b>23</b>	<b>NOVEMBER</b>	<b>1966</b>	<b>X</b>								
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><b>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.</b></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): <b>NO OTHER</b>					

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:  <i>R. C. Cline</i>		TITLE, RANK, RATE OR GRADE <b>CHIEF ENGINEER</b>		DATE <b>26 NOV. 1966</b>
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8. REVIEW AND COMMENT OF REVIEWING OFFICIAL

**CONCUR WITH ABOVE RECOMMENDATION**

SIGNATURE OF REVIEWING OFFICIAL:  <i>GEARD H. BERLIN</i>		TITLE, RANK, RATE OR GRADE <b>MASTER</b>		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 border="0"> <tr> <td><input type="checkbox"/> 1. MACHINES: (Agitators, grinders, sawing machines, vices, saws, lathes, welding machines, etc.)</td> <td><input type="checkbox"/> 7. VEHICLES: (All types, except in traffic or flight)</td> <td><input type="checkbox"/> 12. CHEMICALS: (Explosives, gases, vapors, acids, caustics, poisonous vegetations, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 2. PRIME MOVERS &amp; PUMPS: (Steam, internal combustion or air; compressors, fans, blowers, etc.)</td> <td><input type="checkbox"/> 8. ANIMALS: (Including insects and reptiles)</td> <td><input checked="" type="checkbox"/> 13. HIGHLY INFLAMMABLE &amp; HOT SUBSTANCES: (Fire, alcohol, steam, paints, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 3. ELEVATORS: (Passenger, freight, aircraft or dumbwaiters)</td> <td><input type="checkbox"/> 9. MECHANICAL POWER TRANSMISSION APPARATUS: (Belts, gears, couplings, etc.)</td> <td><input type="checkbox"/> 14. DUSTS: (Explosive, organic or inorganic; leather, earth, coal, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 4. HOISTING APPARATUS: (Cranes, hoists (air or electric), shovels, dredges, jacks, etc.)</td> <td><input type="checkbox"/> 10. ELECTRICAL APPARATUS: (Motors, transformers, lamps, appliances, etc.)</td> <td><input type="checkbox"/> 15. RADIATIONS &amp; RADIATING SUBSTANCES: (X-Ray, radium, ultra violet rays, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 5. CONVEYORS: (Belt, monorail, pneumatic, drag line, tiering or piling, etc.)</td> <td><input type="checkbox"/> 11. HAND TOOLS: (Hand, mechanical or electrical motive power; hammers, wrenches, welding tools, sandblasters, etc.)</td> <td><input type="checkbox"/> 16. WORKING SURFACES: (Floors, decks, roofs, roads, stairs, platforms, stagings, scaffolds, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 6. BOILERS &amp; PRESSURE VESSELS: ( Fired or unfired, pressure lines, etc.)</td> <td></td> <td><input type="checkbox"/> 17. AGENCIES: (Any object or substance not otherwise classified.)</td> </tr> </table>												<input type="checkbox"/> 1. MACHINES: (Agitators, grinders, sawing 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 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, earth, 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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WHAT PART OF AGENCY CHECKED (X) ABOVE WAS MOST CLOSELY INVOLVED?																															
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 border="0"> <tr> <td><input type="checkbox"/> 18. IMPROPER GUARDING: (Unguarded, inadequately guarded, etc.)</td> <td><input type="checkbox"/> 20. HAZARDOUS ARRANGEMENT: (Unsafe piling, poor layout, etc.)</td> <td><input type="checkbox"/> 23. UNSAFE CLOTHING: (Lack of, unsuited or defective shoes, goggles, gloves, respirators, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 19. DEFECTIVE SUBSTANCES OR EQUIPMENT: (Broken, rough, slippery, poorly designed, etc.)</td> <td><input type="checkbox"/> 21. IMPROPER ILLUMINATION: (Insufficient light, glare, etc.)</td> <td><input checked="" type="checkbox"/> 24. NO UNSAFE CONDITION:</td> </tr> <tr> <td></td> <td><input type="checkbox"/> 22. IMPROPER VENTILATION: (Dusty, gassy, impure air source, etc.)</td> <td><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, unsuited 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 12 UNSAFE ACT	<table border="0"> <tr> <td><input type="checkbox"/> 38. OPERATING WITHOUT AUTHORITY. (Failure to secure or warn.)</td> <td><input type="checkbox"/> 42. UNSAFE LOADING, PLACING, MIXING, ETC.</td> <td><input type="checkbox"/> 46. FAILURE TO USE SAFE CLOTHING OR PERSONAL PROTECTIVE DEVICES. (Hats, goggles, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 39. OPERATING OR WORKING AT UNSAFE SPEED. (Too slow, too fast, throwing materials, etc.)</td> <td><input type="checkbox"/> 43. UNSAFE POSITION, POSTURE OR ACT, ETC. (Under suspended loads, lifting with bent back, etc.)</td> <td><input type="checkbox"/> 47. NO UNSAFE ACT.</td> </tr> <tr> <td><input type="checkbox"/> 40. MAKING SAFETY DEVICES INOPERATIVE. (Removing, miscalculating, disconnecting, etc.)</td> <td><input type="checkbox"/> 44. WORKING ON MOVING OR DANGEROUS EQUIPMENT. (Cleaning, adjusting, oiling, etc.)</td> <td><input checked="" type="checkbox"/> 48. UNSAFE ACT NOT OTHERWISE CLASSIFIED. (Explain)</td> </tr> <tr> <td><input type="checkbox"/> 41. USING UNSAFE EQUIPMENT, HANDS INSTEAD OF EQUIPMENT, OR EQUIPMENT UNSAFELY.</td> <td><input type="checkbox"/> 45. DISTRACTING, TEASING, ABUSING, STARTLING, ETC. (Quarreling, horseplay, etc.)</td> <td><b>FAILURE TO PROPERLY CHECK DEVICE PRIOR OPENING VALVE</b></td> </tr> </table>												<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, miscalculating, 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.)	<b>FAILURE TO PROPERLY CHECK DEVICE PRIOR OPENING VALVE</b>							
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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	<table border="0"> <tr> <td><input type="checkbox"/> 49. IMPROPER ATTITUDE (Disregard of instructions, failure to understand instructions, nervous, excitable, etc.)</td> <td><input type="checkbox"/> 51. BODILY DEFECTS (Defective eyesight, hearing, fatigue, intoxicated, existing hernia, weak heart, etc.)</td> <td><input type="checkbox"/> 53. UNSAFE PERSONAL FACTOR NOT ELSEWHERE CLASSIFIED. (Explain)</td> </tr> <tr> <td><input checked="" type="checkbox"/> 50. LACK OF KNOWLEDGE OR SKILL (Unaware of safe practice, unskilled, etc.)</td> <td><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 14 TYPE OF INJURY	<table border="0"> <tr> <td><input type="checkbox"/> 54. WOUNDS (Concussion, abrasion, incision, laceration)</td> <td><input type="checkbox"/> 59. AMPUTATIONS (Loss of body substance)</td> <td><input type="checkbox"/> 64. FLASHES</td> </tr> <tr> <td><input type="checkbox"/> 55. SPRAINS</td> <td><input type="checkbox"/> 60. AVULSION (Loss of non-body substance by shearing or tearing away)</td> <td><input type="checkbox"/> 65. FUMES AND GASES</td> </tr> <tr> <td><input type="checkbox"/> 56. STRAINS (Muscular)</td> <td><input checked="" type="checkbox"/> 61. BURNS AND SCALDS</td> <td><input type="checkbox"/> 66. POISONS</td> </tr> <tr> <td><input type="checkbox"/> 57. HERNIA</td> <td><input type="checkbox"/> 62. FOREIGN BODY IMBEDDED</td> <td><input type="checkbox"/> 67. SKIN DISEASE (Occupational)</td> </tr> <tr> <td><input type="checkbox"/> 58. FRACTURES</td> <td><input type="checkbox"/> 63. FOREIGN BODY, LOOSE (Dust, etc.)</td> <td><input type="checkbox"/> 68. TYPE OF INJURY NOT OTHERWISE CLASSIFIED: (Drowning, Electrocution, Heat Exhaustion, etc.)</td> </tr> </table>												<input 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 checked="" 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.)				
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Check (x) part of body. Part of body chiefly identified with injury MUST be checked (x).																															
SECTION 15 PART OF BODY	<table border="0"> <tr> <td><input checked="" type="checkbox"/> 69. HEAD FACE</td> <td><input type="checkbox"/> 71. EYES</td> <td><input type="checkbox"/> 73. ARMS</td> <td><input type="checkbox"/> 75. FINGERS</td> <td><input type="checkbox"/> 77. FEET</td> <td><input type="checkbox"/> 79. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 70. BACK</td> <td><input checked="" type="checkbox"/> 72. TRUNK</td> <td><input type="checkbox"/> 74. HANDS</td> <td><input type="checkbox"/> 76. LEGS</td> <td><input type="checkbox"/> 78. TOES</td> <td><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"/> 77. FEET	<input type="checkbox"/> 79. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.)	<input type="checkbox"/> 70. BACK	<input checked="" type="checkbox"/> 72. TRUNK	<input type="checkbox"/> 74. HANDS	<input type="checkbox"/> 76. LEGS	<input type="checkbox"/> 78. TOES	<input type="checkbox"/> 80. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain)							
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