

ACCIDENT REPORT

DATE (Day, Month, Year): 4 August 1966

1. REPORTING SHIP, ACTIVITY OR UNIT USNS General John Pope (T-AP110)										FLEET OR NAV. DIST. NO. STSPAC		<i>Do not use</i>
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	
MOSHIER, Andrew B., Eng. Util., ASTORIC			22		REG.	TEMP.	RECR.	LV/LIB.	TRAV.	OTHER		
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.		
1000	22	July	1966			X					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>July 30 I lifted a heavy pipe and noticed a pain in my lower left side. On August 3 I attempted to lift a heavy weight in the Tool Room and noticed the pain again. At 0900 on 4 August I reported to Sick Bay aboard ship.</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?

Employee instructed to stand close to his work and use caution when lifting weights.

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

J. A. O'HALLORANTITLE, RANK, RATE OR GRADE
CHIEF WORKERDATE
4 August 1966

8. REVIEW AND COMMENT OF REVIEWING OFFICIAL

SIGNATURE OF
REVIEWING
OFFICIAL:

JOHN HARRINGTONTITLE, RANK, RATE OR GRADE
MASTERDATE
4 August 1966

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> <p>1. MACHINES: _____ 7. VEHICLES: _____ (Agitators, grinders, sewing machines, vices, saws, lathes, welding machines, etc.) <input type="checkbox"/> (All types; except in traffic or flight) <input type="checkbox"/></p> <p>2. PRIME MOVERS & PUMPS: _____ 8. ANIMALS: _____ (Steam, internal combustion or air, compressors, fans, blowers, etc.) <input type="checkbox"/> (Including insects and reptiles) <input type="checkbox"/></p> <p>3. ELEVATORS: _____ 9. MECHANICAL POWER TRANSMISSION APPARATUS: _____ (Passenger, freight, aircraft or dumbwaiters) <input type="checkbox"/> (Belts, gears, couplings, etc.) <input type="checkbox"/></p> <p>4. HOISTING APPARATUS: _____ 10. ELECTRICAL APPARATUS: _____ (Cranes, hoists (air or electric), shovels, dredges, jacks, etc.) <input type="checkbox"/> (Motors, transformers, lamps, appliances, etc.) <input type="checkbox"/></p> <p>5. CONVEYORS: _____ 11. HAND TOOLS: _____ (Belt, monorail, pneumatic, drag line, tiering or piling, etc.) <input type="checkbox"/> (Hand, mechanical or electrical motive power; hammers, wrenches, welding tools, sandblasters, etc.) <input type="checkbox"/></p> <p>6. BOILERS & PRESSURE VESSELS: _____</p> <p>(Fired or unfired, pressure lines, etc.) <input type="checkbox"/></p>										Do not use	
	<p>WHAT PART OF AGENCY CHECKED (X) ABOVE WAS MOST CLOSELY INVOLVED?</p>											
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> <p>18. IMPROPER GUARDING: _____ (Unguarded, inadequately guarded, etc.) <input type="checkbox"/> 20. HAZARDOUS ARRANGEMENT: _____ (Unsafe piling, poor layout, etc.) <input type="checkbox"/></p> <p>19. DEFECTIVE SUBSTANCES OR EQUIPMENT: _____ (Broken, rough, slippery, poorly designed, etc.) <input type="checkbox"/> 21. IMPROPER ILLUMINATION: _____ (Insufficient light, glare, etc.) <input type="checkbox"/></p> <p>22. IMPROPER VENTILATION: _____ (Dusty, gassy, impure air source, etc.) <input type="checkbox"/></p>										23. UNSAFE CLOTHING: _____ (Lack of, unsuited or defective shoes, goggles, gloves, respirators, etc.) <input type="checkbox"/>	
											24. NO UNSAFE CONDITION: <input checked="" type="checkbox"/>	
SECTION 11 TYPE OF ACCIDENT	<p>Check (x) type of accident. One check (x) MUST be entered in this section.</p> <p>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: _____</p> <p>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"/></p> <p>28. CAUGHT IN, ON, OR BETWEEN: _____ 32. EXPOSURE TO TEMPERATURE EXTREMES: _____ (Resulting in burning, scalding, heat exhaustion, sunstroke, freezing, etc.) <input type="checkbox"/></p> <p>29. FALL ON SAME LEVEL: _____ 33. INHALATION, ABSORPTION, SWALLOWING: _____ (Asphyxiation, poisoning, drowning, etc.) <input type="checkbox"/></p>										34. CONTACT WITH ELECTRIC CURRENT: <input type="checkbox"/>	
											35. ELECTRIC WELDING FLASH: <input type="checkbox"/>	
SECTION 12 UNSAFE ACT	<p>Check (x) and explain PRINCIPAL unsafe act. One check (x) MUST be entered in this section.</p> <p>38. OPERATING WITHOUT AUTHORITY: _____ (Failure to secure or warn) <input type="checkbox"/> 42. UNSAFE LOADING, PLACING, MIXING, ETC.: _____</p> <p>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"/></p> <p>40. MAKING SAFETY DEVICES INOPERATIVE: _____ (Removing, missetting, disconnecting, etc.) <input type="checkbox"/> 44. WORKING ON MOVING OR DANGEROUS EQUIPMENT: _____ (Cleaning, adjusting, oiling, etc.) <input type="checkbox"/></p> <p>41. USING UNSAFE EQUIPMENT, HANDS INSTEAD OF EQUIPMENT, OR EQUIPMENT UNSAFELY: _____ _____ <input type="checkbox"/> 45. DISTRACTING, TEASING, ABUSING, STARTLING, ETC.: _____ (Quarreling, horseplay, etc.) <input type="checkbox"/></p>										36. FOREIGN BODIES IN EYE: _____ (Resulting from dust, chips, airborne particles, etc.) <input type="checkbox"/>	
											37. TYPE OF ACCIDENT NOT OTHERWISE CLASSIFIED: (Explain) <input checked="" type="checkbox"/> No Aparent Accident	
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> <p>49. IMPROPER ATTITUDE (Disregard of instructions, failure to understand instructions, nervous, excitable, etc.) <input type="checkbox"/> 51. BODY DEFECTS (Defective eyesight, hearing; fatigue, intoxicated, existing hernia, weak heart, etc.) <input type="checkbox"/></p> <p>50. LACK OF KNOWLEDGE OR SKILL (Unaware of safe practice, unskilled, etc.) <input checked="" type="checkbox"/> 52. NO UNSAFE PERSONAL FACTOR: _____</p>										53. UNSAFE PERSONAL FACTOR NOT ELSEWHERE CLASSIFIED: (Explain): _____	
SECTION 14 TYPE OF INJURY	<p>Check (x) type of injury, one check (x) MUST be entered in this section.</p> <p>54. WOUNDS (Concussion, abrasion, incision, laceration) <input type="checkbox"/> 59. AMPUTATIONS (Loss of bony substances) <input type="checkbox"/> 64. FLASHES <input type="checkbox"/></p> <p>55. SPRAINS <input type="checkbox"/> 60. AVULSION (Loss of non-bony substance by shearing or tearing away) <input type="checkbox"/> 65. FUMES AND GASES <input type="checkbox"/></p> <p>56. STRAINS (Muscular) <input type="checkbox"/> 61. BURNS AND SCALDS <input type="checkbox"/> 66. POISONS <input type="checkbox"/></p> <p>57. HERNIA <input checked="" type="checkbox"/> 62. FOREIGN BODY IMBEDDED <input type="checkbox"/> 67. SKIN DISEASE (Occupational) <input type="checkbox"/></p> <p>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.) <input type="checkbox"/></p>											
SECTION 15 PART OF BODY	<p>Check (x) part of body. Part of body chiefly identified with injury MUST be checked (x).</p> <p>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"/></p> <p>70. BACK <input 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) <input checked="" type="checkbox"/> Inquiry</p>											