NAVEXOS-108 (REV. 1-60)
EXCEPTION TO STANDARD FORM 92
APPROVED BY BUREAU OF THE BUDGET, JAN. 1960

Engine Copy

ACCIDENT REPORT

REPORT EXOS-5100-6

DATE (Day, Month, Year): 1 MAY 1967

1. REPORTING SHIP, ACTIVITY OR UNIT	FLEET OR NAV. DIST. NO.	Do not use
USNS GENERAL JOHN POPE (T-AP110)	MSTS/40	

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
WATKINS, JACK, #32586, FWT	39	6mos.	X						NONE	NONE

3. PROPERTY/EQUIPMENT DAMAGE: TYPE	OWNERSHIP	ESTIMATED DAMAGE COST: LABOR	MATERIAL	OVERHEAD	TOTAL

4. DATE AND TIME OF ACCIDENT: HOUR	DAY	MONTH	YEAR	WEATHER: GOOD	ADVERSE	NOT APPLIC.	LIGHT: GOOD	POOR	NOT APPLIC.
0640	29	APRIL	67			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.*

EMPLOYEE ACCIDENTLY OPENED STEAM ATOMIZING VALVE TO BURNER MECHANISM WHILE THERE WAS NO BURNER INSTALLED. STEAM SHOT OUT TOWARD HIM, CAUSING A SLIGHT BURN ON NECK AND SHOULDER

6. FORMS SUBMITTED APPLICABLE TO INJURED CIVILIAN EMPLOYEES

A. C.A.1 [X] YES [ ] NO B. C.A.2 [ ] YES [ ] NO C. OTHER (INDICATE): _____

7. RECOMMENDED CORRECTIVE ACTION: *What recommendations have been made which will help prevent another accident like this?*

EMPLOYEES HAVE BEEN DIRECTED TO STAND TO THE SIDE OF THE BURNERS INSTEAD OF IN FRONT TO KEEP FROM BEING STRUCK BY STEAM OR OIL IN CASE BURNER SHOULD NOT BE PROPERLY SECURED OR HAS BEEN REMOVED.

SIGNATURE OF SUPERVISOR, CHIEF OF WORKING PARTY OR HEAD OF WORK DETAIL	TITLE, RANK, RATE OR GRADE	DATE
[signature]	CHIEF ENGINEER	30 APRIL 1967

8. REVIEW AND COMMENT OF REVIEWING OFFICIAL

Concur with item 7 above.

SIGNATURE OF REVIEWING OFFICIAL:	TITLE, RANK, RATE OR GRADE	DATE
R. L. HAWKS	MASTER	30 APRIL 1967

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.)*
- [ ] 2. PRIME MOVERS & PUMPS: *(Steam, internal combustion or air, compressors, fans, blowers, etc.)*
- [ ] 3. ELEVATORS: *(Passenger, freight, aircraft or dumbwaiters)*
- [ ] 4. HOISTING APPARATUS: *(Cranes, hoists (air or electric), shovels, dredges, jacks, etc.)*
- [ ] 5. CONVEYORS: *(Belt, monorail, pneumatic, drag line, tiering or piling, etc.)*
- [ ] 6. BOILERS & PRESSURE VESSELS: *(Fired or unfired, pressure lines, etc.)*
- [ ] 7. VEHICLES: *(All types, except in traffic or flight)*
- [ ] 8. ANIMALS: *(Including insects and reptiles)*
- [ ] 9. MECHANICAL POWER TRANSMISSION APPARATUS: *(Belts, gears, couplings, etc.)*
- [ ] 10. ELECTRICAL APPARATUS: *(Motors, transformers, lamps, appliances, etc.)*
- [ ] 11. HAND TOOLS: *(Hand, mechanical or electrical motive power; hammers, wrenches, welding tools, sandblasters, etc.)*
- [ ] 12. CHEMICALS: *(Explosives, gases, vapors, acids, caustics, poisonous vegetations, etc.)*
- [x] 13. HIGHLY INFLAMMABLE & HOT SUBSTANCES: *(Fire, alcohol, steam, paints, etc.)*
- [ ] 14. DUSTS: *(Explosive, organic or inorganic; leather, emery, coal, etc.)*
- [ ] 15. RADIATIONS & RADIATING SUBSTANCES: *(X-Ray, radium, ultra violet rays, etc.)*
- [ ] 16. WORKING SURFACES: *(Floors, decks, roofs, roads, stairs, platforms, stagings, scaffolds, 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.)*
- [ ] 19. DEFECTIVE SUBSTANCES OR EQUIPMENT: *(Broken, rough, slippery, poorly designed, etc.)*
- [ ] 20. HAZARDOUS ARRANGEMENT: *(Unsafe piling, poor layout, etc.)*
- [ ] 21. IMPROPER ILLUMINATION: *(Insufficient light, glare, etc.)*
- [ ] 22. IMPROPER VENTILATION: *(Dusty, gassy, impure air source, etc.)*
- [ ] 23. UNSAFE CLOTHING: *(Lack of, unsuited or defective shoes, goggles, gloves, respirators, etc.)*
- [x] 24. NO UNSAFE CONDITION:
- [ ] 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.*
- [ ] 27. STRUCK BY *(Falling, flying, sliding, or moving objects.)*
- [ ] 28. CAUGHT IN, ON, OR BETWEEN.
- [ ] 29. FALL ON SAME LEVEL.
- [ ] 30. FALL TO DIFFERENT LEVEL.
- [ ] 31. SLIP *(not fall)* OR OVER-EXERTION. *(Resulting in strain, hernia, etc.)*
- [x] 32. EXPOSURE TO TEMPERATURE EXTREMES. *(Resulting in burning, scalding, heat exhaustion, sunstroke, freezing, etc.)*
- [ ] 33. INHALATION, ABSORPTION, SWALLOWING. *(Asphyxiation, poisoning, drowning, etc.)*
- [ ] 34. CONTACT WITH ELECTRIC CURRENT.
- [ ] 35. ELECTRIC WELDING FLASH.
- [ ] 36. FOREIGN BODIES IN EYE. *(Resulting from dust, chips, airborne particles, 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 warn)*
- [ ] 39. OPERATING OR WORKING AT UNSAFE SPEED. *(Too slow, too fast, throwing materials, etc.)*
- [ ] 40. MAKING SAFETY DEVICES INOPERATIVE. *(Removing, misadjusting, disconnecting, etc.)*
- [ ] 41. USING UNSAFE EQUIPMENT, HANDS INSTEAD OF EQUIPMENT, OR EQUIPMENT UNSAFELY.
- [x] 42. UNSAFE LOADING, PLACING, MIXING, ETC. INSTALLING BURNERS
- [ ] 43. UNSAFE POSITION, POSTURE OR ACT, ETC. *(Under suspended loads, lifting with bent back, etc.)*
- [ ] 44. WORKING ON MOVING OR DANGEROUS EQUIPMENT. *(Cleaning, adjusting, oiling, etc.)*
- [ ] 45. DISTRACTING, TEASING, ABUSING, STARTLING, ETC. *(Quarreling, horseplay, etc.)*
- [ ] 46. FAILURE TO USE SAFE CLOTHING OR PERSONAL PROTECTIVE DEVICES. *(Hats, goggles, etc.)*
- [ ] 47. NO UNSAFE ACT.
- [ ] 48. UNSAFE ACT NOT OTHERWISE CLASSIFIED *(Explain)*

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.)*
- [ ] 50. LACK OF KNOWLEDGE OR SKILL *(Unaware of safe practice, unskilled, etc.)*
- [ ] 51. BODILY DEFECTS *(Defective eyesight, hearing, fatigue, intoxicated, existing hernia, weak heart, etc.)*
- [x] 52. NO UNSAFE PERSONAL FACTOR: EMPLOYEE WASN'T AWARE OF MISSING BURNER
- [ ] 53. UNSAFE PERSONAL FACTOR NOT ELSEWHERE CLASSIFIED *(Explain)*:

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)*
- [ ] 55. SPRAINS
- [ ] 56. STRAINS *(Muscular)*
- [ ] 57. HERNIA
- [ ] 58. FRACTURES
- [ ] 59. AMPUTATIONS *(Loss of bony substances)*
- [ ] 60. AVULSION *(Loss of non-bony substance by shearing or tearing away)*
- [x] 61. BURNS AND SCALDS
- [ ] 62. FOREIGN BODY IMBEDDED
- [ ] 63. FOREIGN BODY, LOOSE *(Dust, etc.)*
- [ ] 64. FLASHES
- [ ] 65. FUMES AND GASES
- [ ] 66. POISONS
- [ ] 67. SKIN DISEASE *(Occupational)*
- [ ] 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
- [ ] 70. BACK
- [ ] 71. EYES
- [ ] 72. TRUNK
- [ ] 73. ARMS
- [ ] 74. HANDS
- [ ] 75. FINGERS
- [ ] 76. LEGS
- [ ] 77. FEET
- [ ] 78. TOES
- [x] 79. SYSTEMIC *(Stomach, intestines, lungs, heart, nerves, etc.)*
- [ ] 80. PART OF BODY NOT ELSEWHERE CLASSIFIED *(Explain)* NECK & SHOULDER