

U.S. DEPARTMENT OF LABOR
Bureau of Employees' Compensation

Copy
EMPLOYEE'S NOTICE OF INJURY OR OCCUPATIONAL
DISEASE
(Under the Federal Employee's Compensation
Act)

The immediate superior should complete the reverse side of this form.

1. Name of Injured Employee (Last, first, middle) 2. Date of this Notice (mo, day, yr)

JACK WATKINS

29 APRIL 1967

3. Place of Employment (Name & Location)

USNS GEN. JOHN POPE (T-AP110), MSTSPAC

4. Date of Injury (mo, day, yr)

29 APRIL 1967

5. Occupation

FIREMAN/WATERTENDER

6. Hour of Injury (a.m. or p.m.)

0840

7. Place or Location Where Injury Occurred

AFTER FIRE ROOM

8. Cause of Injury (Describe how and why injury occurred)

CRACKED STEAM ATOMIZER WITHOUT A BURNER IN IT.

9. Nature of Injury (Name of body affected-fractured left leg, bruised thumb, etc.)

BURN ON LEFT SIDE OF NECK

10. Names of Witnesses to Injury

DAVE WENNER AND D. L. PUCKETT

11. If this Notice was not given within 48 hours after injury, explain reason
for delay. If earlier notice was given, verbal or written, state when and to
whom.

I certify that the injury described above was
sustained in the performance of my duties as an
employee of the U.S. Government and that it was
not caused by my willful misconduct, intention
to bring about the injury or death of myself,
or another, nor by my intoxication. I hereby
make claim for compensation and medical treat-
ment to which I may be entitled by reason of
this injury.

12. Signature

Jack Watkins

13. Home Address of Injured
Employee

STATEMENTS OF THE IMMEDIATE SUPERIOR AND WITNESSES TO THE INJURY

The immediate superior should submit a statement and secure statements of witnesses where possible. The statements should tell just what each personally knows about the injury, and how and when such knowledge was obtained.

14. Date CA-1 Received by Agency (mo, day, yr.) 15. CA-1 Received by whom

16. Statement of immediate superior

REFLECTOR ACCIDENTALLY DROPPED STEAM REGULATING VALVE TO BURNER

MURKIN WHILE TURNING TO NO BURNER UNPANNED. STEAM SHOT OUT

TOWARD HIM, CAUSED A SLIGHT BURN ON ARM AND SHOULDERS.

17. Signature of immediate superior

18. Date (mo, day, yr.)

David L. Wren

19. Statement of Witness

REFLECTOR STEAM TO BURNER WITHOUT A BURNER IN IT.

20. Signature of witness

D.L. Cross Reff

21. Date (mo. day, yr.)

22. Statement of Witness

REFLECTOR STEAM TO BURNER WITHOUT A BURNER IN IT.

23. Signature of Witness

24. Date (mo. day, yr.)