

Copy

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

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) 4. Date of Injury (mo, day, yr)
USNS GEN. JOHN POPE (T-AP110), MSTSPAC 29 APRIL 1967

5. Occupation 6. Hour of Injury (a.m. or p.m.)
FIREMAN/WATERTENDER 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 of death of myself, or another, nor by my intoxication. I hereby make claim for compensation and medical treatment 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

EMPLOYEE ACCIDENTLY OPENED STEAM REGULATING VALVE TO BURNER

WHILE THERE WAS NO BURNER INSTALLED. STEAM SHOT OUT

TOWARD HIM, CAUSING A SLIGHT BURN ON NECK AND SHOULDER.

17. Signature of immediate superior

18. Date (mo, day, yr.)

David L. Warner

19. Statement of Witness

OPENED STEAM TO REGISTER WITHOUT A BURNER IN IT.

20. Signature of witness

21. Date (mo. day, yr.)

D. L. Warner

22. Statement of Witness

OPENED STEAM TO REGISTER WITHOUT A BURNER IN IT.

23. Signature of Witness

24. Date (mo. day, yr.)