

## ACCIDENT REPORT

DATE (Day, Month, Year): 30 August 1968

1. REPORTING SHIP, ACTIVITY OR UNIT <b>USNS GEN JOHN POPE, T AP 110</b>										FLEET OR NAV. DIST. NO. <i>NS 38-2</i>	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		
David Lawrence Wenner, 30902 Third Assistant Engineer			28	2	X					0	0		
3. PROPERTY/EQUIPMENT DAMAGE										ESTIMATED DAMAGE COST			
TYPE			OWNERSHIP		LABOR		MATERIAL		OVERHEAD		TOTAL		
N/A													
4. DATE AND TIME OF ACCIDENT										WEATHER		LIGHT	
HOUR	DAY	MONTH	YEAR	GOOD	ADVERSE	NOT APPLIC.	GOOD	POOR	NOT APPLIC.				
1000	28	August	1968	X		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.													
Mr. Wenner was assigned to remove the return steam manifold from the Make-up evaporator. In the process of loosening the union type connections, he placed his foot on top of the floor plate boundary bar as a brace, as per his statement noted in item #8, form CA-1.													

## 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?

Closer direct supervision.

SIGNATURE OF SUPERVISOR- *J. S. Chamberlain*  
CHIEF OF WORKING PARTY  
OR HEAD OF WORK DETAIL: *J. S. Chamberlain*

TITLE, RANK, RATE OR GRADE

*Master Engineer, Chief Engineer*

DATE

30 Aug 1968

## 8. REVIEW AND COMMENT OF REVIEWING OFFICIAL

SIGNATURE OF  
REVIEWING  
OFFICIAL:

TITLE, RANK, RATE OR GRADE

DATE

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
	<input type="checkbox"/> 1. MACHINES: (Agitators, grinders, sewing 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, cosmetics, 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 type="checkbox"/> 13. HIGHLY INFLAMMABLE & HOT SUBSTANCES: (Fire, alcohol, steam, paints, etc.)									
<input type="checkbox"/> 3. ELEVATORS: (Passenger, freight, aircraft or aircraft)	<input type="checkbox"/> 9. MECHANICAL POWER TRANSMISSION APPARATUS: (Belts, gears, couplings, etc.)	<input type="checkbox"/> 14. DUSTS: (Explosive, organic or inorganic; leather, emery, 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, active power; hammers, wrenches, welding tools, sandblasters, etc.)	<input checked="" 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.)									
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.										
	<input type="checkbox"/> 18. IMPROPER GUARDING: (Unguarded, inadequately guarded, etc.)	<input type="checkbox"/> 20. HAZARDOUS ARRANGEMENT: (Unsafe pitting, poor layout, etc.)	<input type="checkbox"/> 23. UNSAFE CLOTHING: (Lack of, untrained 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 type="checkbox"/> 24. NO UNSAFE CONDITION:									
	<input type="checkbox"/> 22. IMPROPER VENTILATION: (Dusty, gassy, impure air source, etc.)	<input checked="" type="checkbox"/> 25. UNSAFE CONDITION NOT OTHERWISE CLASSIFIED: (Explain) <i>Potential energy, etc.</i>									
SECTION 11 TYPE OF ACCIDENT	Check (x) type of accident. One check (x) MUST be entered in this section.										
	<input type="checkbox"/> 26. STRIKING AGAINST (Contact with rough or sharp objects, resulting in cuts, etc., due to striking against, shooting on, or slipping on objects.)	<input type="checkbox"/> 30. FALL TO DIFFERENT LEVEL.	<input type="checkbox"/> 34. CONTACT WITH ELECTRIC CURRENT.								
<input type="checkbox"/> 27. STRUCK BY (Falling, flying, sliding, or moving objects.)	<input checked="" type="checkbox"/> 31. SLIP (not fall) OR OVER-EXERTION. (Resulting in strain, hernia, etc.)	<input type="checkbox"/> 35. ELECTRIC WELDING FLASH.									
<input type="checkbox"/> 28. CAUGHT IN, ON, OR BETWEEN.	<input type="checkbox"/> 32. EXPOSURE TO TEMPERATURE EXTREMES. (Resulting in burning, scalding, heat exhaustion, sunstroke, freezing, etc.)	<input type="checkbox"/> 36. FOREIGN BODIES IN EYE. (Resulting from dust, chips, airborne particles, etc.)									
<input type="checkbox"/> 29. FALL ON SAME LEVEL.	<input type="checkbox"/> 33. INHALATION, ABSORPTION, SWALLOWING. (Asphyxiation, poisoning, drowning, etc.)	<input type="checkbox"/> 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.										
	<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 checked="" 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, disadjusting, disconnecting, etc.)	<input type="checkbox"/> 44. WORKING ON MOVING OR DANGEROUS EQUIPMENT. (Cleaning, adjusting, oiling, etc.)	<input 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.)										
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.										
	<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:										
SECTION 14 TYPE OF INJURY	Check (x) type of injury, one check (x) MUST be entered in this section.										
	<input checked="" type="checkbox"/> 54. WOUNDS (Contusion, 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 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 Exposition, etc.)									
SECTION 15 PART OF BODY	Check (x) part of body. Part of body chiefly identified with injury MUST be checked (x).										
	<input 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 checked="" 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)						