

ACCIDENT REPORT

REPORT EXOS-5100-6

DATE (Day, Month, Year): **22 NOVEMBER 1968**

1. REPORTING SHIP, ACTIVITY OR UNIT USS GENERAL JOHN POPE, (T-AP 116)										FLEET OR NAV. DIST. NO. ACTSPAC		Do not use
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	
Thomas V. Bella, 12329, Oiler Civilian Marine Personnel				52	20	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.			
1350	Fri	22 NOVEMBER	1968			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>While removing motor from vacuum cleaner to empty the dust bag, one lead was apparently pulled loose causing a contact to ground creating a flash burn on oiler Bella's left palm.</p>												
6. FORMS SUBMITTED APPLICABLE TO INJURED CIVILIAN EMPLOYEES												
A. C.A.1 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				B. C.A.2 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				C. OTHER (INDICATE):				
7. RECOMMENDED CORRECTIVE ACTION: What recommendations have been made which will help prevent another accident like this?												
<p>The electrical cord connection to the motor is quite substantial, however, an additional safety precaution will be made by forming a loop in the cord taping it to the frame of the vacuum cleaner. All hands were again instructed to remove the connector plug before working on any portable electric equipment.</p>												
SIGNATURE OF SUPERVISOR CHIEF OF WORKING PARTY OR HEAD OF WORK DETAIL: S. Chalmers				TITLE, RANK, RATE OR GRADE Chief Engineer				DATE 22 NOV 1968				
8. REVIEW AND COMMENT OF REVIEWING OFFICIAL												
Corrective measures as stated in paragraph 7 is adequate.												
SIGNATURE OF REVIEWING OFFICIAL: J. C. Petroski				TITLE, RANK, RATE OR GRADE Master				DATE 25 NOV 1968				

		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
SECTION 9 AGENCY INVOLVED	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, caustics, poisonous vegetation, etc.)
	2. PRIME MOVERS & PUMPS: (Steam, internal combustion engines, compressors, fans, blowers, etc.)	<input checked="" type="checkbox"/>	8. ANIMALS: (Including insects and reptiles)	<input type="checkbox"/>	13. HIGHLY INFLAMMABLE & HOT SUBSTANCES: (Fire, alcohol, steam, paints, etc.)
	3. ELEVATORS: (Passenger, freight, aircraft or dumbwaiters)	<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.)
	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.)
	5. CONVEYORS: (Belt, monorail, pneumatic, drag line, tiering or piling, etc.)	<input type="checkbox"/>	11. HAND TOOLS: (Hand, mechanical or electrical motive power, hammers, wrenches, welding tools, sandblasters, etc.)	<input type="checkbox"/>	16. WORKING SURFACES: (Floors, decks, roofs, roads, stairs, platforms, stagings, scaffolds, etc.)
	6. BOILERS & PRESSURE VESSELS: (Fired or unfired, pressure lines, etc.)	<input type="checkbox"/>		<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	18. IMPROPER GUARDING: (Unguarded, inadequately guarded, etc.)	<input type="checkbox"/>	20. HAZARDOUS ARRANGEMENT: (Unsafe piling, poor layout, etc.)	<input type="checkbox"/>	23. UNSAFE CLOTHING: (Lack of, untested or defective shoes, goggles, gloves, respirators, etc.)
	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) Failure to remove connector.
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.)	<input type="checkbox"/>	30. FALL TO DIFFERENT LEVEL.	<input type="checkbox"/>	34. CONTACT WITH ELECTRIC CURRENT.
	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"/>	35. ELECTRIC WELDING FLASH.
	28. CAUGHT IN, ON, OR BETWEEN.	<input checked="" 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.)
	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.				
	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.)
	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"/>	47. NO UNSAFE ACT.
	40. MAKING SAFETY DEVICES INOPERATIVE. (Removing, misadjusting, 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)
	41. USING UNSAFE EQUIPMENT, HANDS INSTEAD OF EQUIPMENT, OR EQUIPMENT UNSAFELY.	<input checked="" 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.				
	49. IMPROPER ATTITUDE (Disregard of instructions, failure to understand instructions, nervous, excitable, etc.)	<input type="checkbox"/>	51. PHYSICAL DEFECTS (Defective eyesight, hearing; fatigue, intoxicated, existing hernia, weak heart, etc.)	<input checked="" type="checkbox"/>	53. UNSAFE PERSONAL FACTOR NOT ELSEWHERE CLASSIFIED (Explain): Failure to remove connector.
	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.				
	54. WOUNDS (Concussion, abrasion, incision, laceration)	<input type="checkbox"/>	59. AMPUTATIONS (Loss of bony substances)	<input type="checkbox"/>	64. FLASHES
	55. SPRAINS	<input type="checkbox"/>	60. AVULSION (Loss of non-bony substance by shearing or tearing away)	<input type="checkbox"/>	65. FUMES AND GASES
	56. STRAINS (Muscular)	<input checked="" type="checkbox"/>	61. BURNS AND SCALDS	<input type="checkbox"/>	66. POISONS
	57. HERNIA	<input type="checkbox"/>	62. FOREIGN BODY IMBEDDED	<input type="checkbox"/>	67. SKIN DISEASE (Occupational)
	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.)
SECTION 15 PART OF BODY	Check (x) part of body. Part of body chiefly identified with injury MUST be checked (x).				
	69. HEAD	<input type="checkbox"/>	71. EYES	<input type="checkbox"/>	73. ARMS
	70. BACK	<input type="checkbox"/>	72. TRUNK	<input checked="" type="checkbox"/>	74. HANDS
				75. FINGERS	77. FEET
				76. LEGS	78. TOES
					79. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.)
					80. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain)