

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. FE-TSPAC		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	
Thomas V. Bella, 14329, Oiler Civilian Marine Personnel		52	20	REG.	TEMP.	RECR.	LV/LIB.	TRAV.	OTHER		
3. PROPERTY/EQUIPMENT DAMAGE								ESTIMATED DAMAGE COST			
TYPE		OWNERSHIP		LABOR		MATERIAL		OVERHEAD		TOTAL	
h/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?*

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.

SIGNATURE OF SUPERVISOR. CHIEF OF WORKING PARTY OR HEAD OF WORK DETAIL: <i>J. C. Chaitinoff</i>	TITLE, RANK, RATE OR GRADE Chief Engineer	DATE 22 NOV 1968
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8. REVIEW AND COMMENT OF REVIEWING OFFICIAL

Corrective measures as stated in paragraph 7 is adequate.

SIGNATURE OF REVIEWING OFFICIAL: <i>J. C. Petruski</i>	TITLE, RANK, RATE OR GRADE Master	DATE 25 NOV 1968
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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.)	7. VEHICLES: (All types; except in traffic or flight)	12. CHEMICALS: (Explosives, gases, vapors, acids, caustics, poisonous vegetations, etc.)								
2. PRIME MOVERS & PUMPS: (Steam, internal combustion, compressed air, compressors, fans, blowers, etc.)	8. ANIMALS: (Including insects and reptiles)	13. HIGHLY INFLAMMABLE & HOT SUBSTANCES: (Fire, alcohol, steam, paint, etc.)									
3. ELEVATORS: (Passenger, freight, aircraft or dumbwaiters)	9. MECHANICAL POWER TRANSMISSION APPARATUS: (Belts, gears, couplings, etc.)	14. DUSTS: (Explosive, organic or inorganic; asbestos, emery, coal, etc.)									
4. HOISTING APPARATUS: (Cranes, hoists (air or electric), shovels, dredges, jacks, etc.)	10. ELECTRICAL APPARATUS: (Motors, transformers, lamps, appliances, etc.)	15. RADIATIONS & RADIATING SUBSTANCES: (X-Ray, radium, ultra violet rays, etc.)									
5. CONVEYORS: (Belt, monorail, pneumatic, drag line, tiering or piling, etc.)	11. HAND TOOLS: (Hand, mechanical or electrical motive power; hammers, wrenches, welding tools, sandblasters, etc.)	16. WORKING SURFACES: (Floors, decks, roofs, roads, stairs, platforms, stagings, scaffolds, etc.)									
6. BOILERS & PRESSURE VESSELS: (Fired or unfired, pressure lines, etc.)	WHAT PART OF AGENCY CHECKED (X) ABOVE WAS MOST CLOSELY INVOLVED?	17. AGENCIES: (Any object or substance not otherwise classified.)									
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.)	20. HAZARDOUS ARRANGEMENT: (Unsafe piling, poor layout, etc.)	23. UNSAFE CLOTHING: (Lack of, unadapted or defective shoes, goggles, gloves, respirators, etc.)									
19. DEFECTIVE SUBSTANCES OR EQUIPMENT: (Broken, rough, slippery, poorly designed, etc.)	21. IMPROPER ILLUMINATION: (Insufficient light, glare, etc.)	24. NO UNSAFE CONDITION:									
	22. IMPROPER VENTILATION: (Dusty, gassy, impure air source, etc.)	25. UNSAFE CONDITION NOT OTHERWISE CLASSIFIED (Explain) <i>Failure to remove connector.</i>									
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.)	30. FALL TO DIFFERENT LEVEL.	34. CONTACT WITH ELECTRIC CURRENT.									
27. STRUCK BY (Falling, flying, sliding, or moving objects.)	31. SLIP (not fall) OR OVER-EXERTION. (Resulting in strain, hernia, etc.)	35. ELECTRIC WELDING FLASH.									
28. CAUGHT IN, ON, OR BETWEEN.	32. EXPOSURE TO TEMPERATURE EXTREMES. (Resulting in burning, scalding, heat exhaustion, sunstroke, freezing, etc.)	36. FOREIGN BODIES IN EYE. (Resulting from dust, chips, airborne particles, etc.)									
29. FALL ON SAME LEVEL.	33. INHALATION, ABSORPTION, SWALLOWING. (Asphyxiation, poisoning, drowning, 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)	42. UNSAFE LOADING, PLACING, MIXING, ETC.	46. FAILURE TO USE SAFE CLOTHING OR PERSONAL PROTECTIVE DEVICES. (Gloves, goggles, etc.)									
39. OPERATING OR WORKING AT UNSAFE SPEED. (Too slow, too fast, throwing materials, etc.)	43. UNSAFE POSITION, POSTURE OR ACT, ETC. (Under suspended loads, lifting with bent back, etc.)	47. NO UNSAFE ACT.									
40. MAKING SAFETY DEVICES INOPERATIVE. (Removing, misadjusting, disconnecting, etc.)	44. WORKING ON MOVING OR DANGEROUS EQUIPMENT. (Cleaning, adjusting, oiling, etc.)	48. UNSAFE ACT NOT OTHERWISE CLASSIFIED (Explain)									
41. USING UNSAFE EQUIPMENT, HANDS INSTEAD OF EQUIPMENT, OR EQUIPMENT UNSAFELY.	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.)	51. BODILY DEFECTS (Defective eyesight, hearing, fatigue, intoxicated, existing hernia, weak heart, etc.)	53. UNSAFE PERSONAL FACTOR NOT ELSEWHERE CLASSIFIED (Explain) <i>Failure to remove connector.</i>									
50. LACK OF KNOWLEDGE OR SKILL (Unaware of safe practice, unskilled, etc.)	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)	59. AMPUTATIONS (Loss of bony substances)	64. FLASHES									
55. SPRAINS	60. AVULSION (Loss of non-bony substance by shearing or tearing away)	65. FUMES AND GASES									
56. STRAINS (Muscular)	61. BURNS AND SCALDS	66. POISONS									
57. HERNIA	62. FOREIGN BODY IMBEDDED	67. SKIN DISEASE (Occupational)									
58. FRACTURES	63. FOREIGN BODY, LOOSE (Dust, etc.)	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	71. EYES	73. ARMS	75. FINGERS	77. FEET	79. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.)						
70. BACK	72. TRUNK	74. HANDS	76. LEGS	78. TOES	80. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain)						