

DATE (Day, Month, Year): 16 JUN 1969

1. REPORTING SHIP, ACTIVITY OR UNIT USNS GENERAL JOHN POPE, (T-AF 110)								FLEET OR NAV. DIST. NO. MSTSPAC		Do not use			
2. PERSONNEL INJURED (Name, Rank, Rate or Trade, and Branch of Service)			AGE	YEARS EXPER.	DUTY OR WORK ASSIGNMENT				EST. DAYS	TOTAL	LOST OR TIME CHGS	DISABLING INJURIES	
Patrick LARKIN, 26251, Able Seam Civilian Marine Personnel			50	30	REG.	TEMP.	RECR.	LV/LIB.	TRAV.	OTHER	X		
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.				
2300	Fri	13 JUN	1969										
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.													
Employee was leaving job as described in paragraph 7 and 8, in 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?

Continued reminders to practice safety.

SIGNATURE OF SUPERVISOR, CHIEF OF WORKING PARTY OR HEAD OF WORK DETAIL	TITLE, RANK, RATE OR GRADE	DATE
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B. REVIEW AND COMMENT OF REVIEWING OFFICIAL

SIGNATURE OF REVIEWING OFFICIAL	TITLE, RANK, RATE OR GRADE	DATE
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SECTION 9 AGENCY INVOLVED	<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> 1. MACHINES: <i>(Agitators, grinders, sewing machines, vices, saws, lathes, welding machines, etc.)</i></td> <td><input type="checkbox"/> 7. VEHICLES: <i>(All types; except in traffic or flight)</i></td> <td colspan="13">Do not use</td> </tr> <tr> <td><input type="checkbox"/> 2. PRIME MOVERS & PUMPS: <i>(Steam, internal combustion or air; compressors, fans, blowers, etc.)</i></td> <td><input type="checkbox"/> 8. ANIMALS: <i>(Including insects and reptiles)</i></td> <td colspan="13"></td> </tr> <tr> <td><input type="checkbox"/> 3. ELEVATORS: <i>(Passenger, freight, aircraft or dumbwaiters)</i></td> <td><input type="checkbox"/> 9. MECHANICAL POWER TRANSMISSION APPARATUS: <i>(Belts, gears, couplings, etc.)</i></td> <td colspan="13"></td> </tr> <tr> <td><input type="checkbox"/> 4. HOISTING APPARATUS: <i>(Cranes, hoists (air or electric), shovels, dredges, jacks, etc.)</i></td> <td><input type="checkbox"/> 10. ELECTRICAL APPARATUS: <i>(Motors, transformers, lamps, appliances, etc.)</i></td> <td colspan="13"></td> </tr> <tr> <td><input type="checkbox"/> 5. CONVEYORS: <i>(Belt, monorail, pneumatic, drag line, tiering or piling, etc.)</i></td> <td><input type="checkbox"/> 11. HAND TOOLS: <i>(Hand, mechanical or electrical, static power; hammers, wrenches, welding tools, sandblasters, etc.)</i></td> <td colspan="13"></td> </tr> <tr> <td><input type="checkbox"/> 6. BOILERS & PRESSURE VESSELS: <i>(Fired or unfired, pressure lines, etc.)</i></td> <td colspan="15"></td> </tr> </table>															<input type="checkbox"/> 1. MACHINES: <i>(Agitators, grinders, sewing machines, vices, saws, lathes, welding machines, etc.)</i>	<input type="checkbox"/> 7. VEHICLES: <i>(All types; except in traffic or flight)</i>	Do not use													<input type="checkbox"/> 2. PRIME MOVERS & PUMPS: <i>(Steam, internal combustion or air; compressors, fans, blowers, etc.)</i>	<input type="checkbox"/> 8. ANIMALS: <i>(Including insects and reptiles)</i>														<input type="checkbox"/> 3. ELEVATORS: <i>(Passenger, freight, aircraft or dumbwaiters)</i>	<input type="checkbox"/> 9. MECHANICAL POWER TRANSMISSION APPARATUS: <i>(Belts, gears, couplings, etc.)</i>														<input type="checkbox"/> 4. HOISTING APPARATUS: <i>(Cranes, hoists (air or electric), shovels, dredges, jacks, etc.)</i>	<input type="checkbox"/> 10. ELECTRICAL APPARATUS: <i>(Motors, transformers, lamps, appliances, etc.)</i>														<input type="checkbox"/> 5. CONVEYORS: <i>(Belt, monorail, pneumatic, drag line, tiering or piling, etc.)</i>	<input type="checkbox"/> 11. HAND TOOLS: <i>(Hand, mechanical or electrical, static power; hammers, wrenches, welding tools, sandblasters, etc.)</i>														<input type="checkbox"/> 6. BOILERS & PRESSURE VESSELS: <i>(Fired or unfired, pressure lines, etc.)</i>															
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