

ACCIDENT REPORT

REPORT EXOS-5100-6

DATE (Day, Month, Year):

1. REPORTING SHIP, ACTIVITY OR UNIT USNS GENERAL JOHN POPE (T-AP 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 REG. TEMP. RECR. LV/LIB. TRAV. OTHER				EST. DAYS LOST OR TIME CHGS.	TOTAL DISABLING INJURIES	
COOK, RAYMOND - AB/M				47	14	X						
3. PROPERTY/EQUIPMENT DAMAGE						ESTIMATED DAMAGE COST						
TYPE		OWNERSHIP		LABOR		MATERIAL		OVERHEAD		TOTAL		
None												
4. DATE AND TIME OF ACCIDENT				WEATHER				LIGHT				
HOUR	DAY	MONTH	YEAR	GOOD	ADVERSE	NOT APPLIC.	GOOD	POOR	NOT APPLIC.			
1425	14	August	1967	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>Employee was transferring a 5 gallon paint can from one storeroom to another; can was balanced on left shoulder while being carried. In placing can on the deck, because of unbalanced condition, weight of can suddenly shifted forward and dropped to deck causing man to lose balance and can to fall on out thrust left hand resulting in fracture and laceration of left thumb.</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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO C. OTHER (INDICATE):												

7. RECOMMENDED CORRECTIVE ACTION: What recommendations have been made which will help prevent another accident like this?

Exercise more care in handling heavy and / or unwieldy objects; secure assistance if necessary.

SIGNATURE OF SUPERVISOR, CHIEF OF WORKING PARTY OR HEAD OF WORK DETAIL: D. I. BERNIEY	TITLE, RANK, RATE OR GRADE FIRST OFFICER	DATE 15 August 1967
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8. REVIEW AND COMMENT OF REVIEWING OFFICIAL

Concur with recommendations.

SIGNATURE OF REVIEWING OFFICIAL: H. L. NEENE	TITLE, RANK, RATE OR GRADE MASTER	DATE 16 August 1967
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		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	<input type="checkbox"/> 1. MACHINES: (Agitators, grinders, sewing machines, vices, saws, lathes, welding machines, etc.) <input type="checkbox"/> 2. PRIME MOVERS & PUMPS: (Steam, internal combustion or air; compressors, fans, blowers, etc.) <input type="checkbox"/> 3. ELEVATORS: (Passenger, freight, aircraft or dumbwaiters) <input type="checkbox"/> 4. HOISTING APPARATUS: (Cranes, hoists (air or electric), shovels, dredges, jacks, etc.) <input type="checkbox"/> 5. CONVEYORS: (Belt, monorail, pneumatic, drag line, tiering or piling, etc.) <input type="checkbox"/> 6. BOILERS & PRESSURE VESSELS: (Fired or unfired, pressure lines, etc.)	<input type="checkbox"/> 7. VEHICLES: (All types; except in traffic or flight) <input type="checkbox"/> 8. ANIMALS: (Including insects and reptiles) <input type="checkbox"/> 9. MECHANICAL POWER TRANSMISSION APPARATUS: (Belts, gears, couplings, etc.) <input type="checkbox"/> 10. ELECTRICAL APPARATUS: (Motors, transformers, lamps, appliances, etc.) <input type="checkbox"/> 11. HAND TOOLS: (Hand, mechanical or electrical motive power; hammers, wrenches, welding tools, sandblasters, etc.)	<input type="checkbox"/> 12. CHEMICALS: (Explosives, gases, vapors, acids, caustics, poisonous vegetation, etc.) <input type="checkbox"/> 13. HIGHLY INFLAMMABLE & HOT SUBSTANCES: (Fire, alcohol, steam, paints, etc.) <input type="checkbox"/> 14. DUSTS: (Explosive, organic or inorganic; leather, smoky, coal, etc.) <input type="checkbox"/> 15. RADIATIONS & RADIATING SUBSTANCES: (X-Ray, radium, ultra violet rays, etc.) <input type="checkbox"/> 16. WORKING SURFACES: (Floors, decks, roofs, roads, stairs, platforms, stagings, scaffolds, etc.) <input checked="" type="checkbox"/> 17. AGENCIES: paint can (Any object 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"/> 19. DEFECTIVE SUBSTANCES OR EQUIPMENT: (Broken, rough, slippery, poorly designed, etc.)	<input type="checkbox"/> 20. HAZARDOUS ARRANGEMENT: (Unsafe piling, poor layout, etc.) <input type="checkbox"/> 21. IMPROPER ILLUMINATION: (Inefficient light, glare, etc.) <input type="checkbox"/> 22. IMPROPER VENTILATION: (Dusty, gassy, impure air source, etc.)	<input type="checkbox"/> 23. UNSAFE CLOTHING: (Lack of, unseated or defective shoes, goggles, gloves, respirators, etc.) <input checked="" type="checkbox"/> 24. NO UNSAFE CONDITION: <input type="checkbox"/> 25. UNSAFE CONDITION NOT OTHERWISE CLASSIFIED: (Explain)	
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, kneeling on, or slipping on objects.) <input checked="" type="checkbox"/> 27. STRUCK BY (Falling, flying, sliding, or moving objects.) <input type="checkbox"/> 28. CAUGHT IN, ON, OR BETWEEN. <input type="checkbox"/> 29. FALL ON SAME LEVEL.	<input type="checkbox"/> 30. FALL TO DIFFERENT LEVEL. <input type="checkbox"/> 31. SLIP (not fall) OR OVER-EXERTION. (Resulting in strain, hernia, etc.) <input type="checkbox"/> 32. EXPOSURE TO TEMPERATURE EXTREMES. (Resulting in burning, scalding, heat exhaustion, sunstroke, freezing, etc.) <input type="checkbox"/> 33. INHALATION, ABSORPTION, SWALLOWING. (Asphyxiation, poisoning, drowning, etc.)	<input type="checkbox"/> 34. CONTACT WITH ELECTRIC CURRENT. <input type="checkbox"/> 35. ELECTRIC WELDING FLASH. <input type="checkbox"/> 36. FOREIGN BODIES IN EYE. (Resulting from dust, chips, airborne particles, 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"/> 39. OPERATING OR WORKING AT UNSAFE SPEED. (Too slow, too fast, throwing materials, etc.) <input type="checkbox"/> 40. MAKING SAFETY DEVICES INOPERATIVE. (Removing, misadjusting, disconnecting, etc.) <input type="checkbox"/> 41. USING UNSAFE EQUIPMENT, HANDS INSTEAD OF EQUIPMENT, OR EQUIPMENT UNSAFELY.	<input type="checkbox"/> 42. UNSAFE LOADING, PLACING, MIXING, ETC. <input checked="" type="checkbox"/> 43. UNSAFE POSITION, POSTURE OR ACT, ETC. (Under suspended loads, lifting with bent back, etc.) Unsafe position of load <input type="checkbox"/> 44. WORKING ON MOVING OR DANGEROUS EQUIPMENT. (Cleaning, adjusting, oiling, etc.) <input type="checkbox"/> 45. DISTRACTING, TEASING, ABUSING, STARTLING, ETC. (Quarreling, horseplay, etc.)	<input type="checkbox"/> 46. FAILURE TO USE SAFE CLOTHING OR PERSONAL PROTECTIVE DEVICES. (Hats, goggles, etc.) <input type="checkbox"/> 47. NO UNSAFE ACT. <input type="checkbox"/> 48. UNSAFE ACT NOT OTHERWISE CLASSIFIED: (Explain)	
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 checked="" type="checkbox"/> 49. IMPROPER ATTITUDE (Disregard of instructions, failure to understand instructions, nervous, excitable, etc.) disregard of precautions <input type="checkbox"/> 50. LACK OF KNOWLEDGE OR SKILL (Unaware of safe practice, unskilled, etc.)	<input type="checkbox"/> 51. BODILY DEFECTS (Defective eyesight, hearing; fatigue, intoxicated, existing hernia, weak heart, etc.) <input type="checkbox"/> 52. NO UNSAFE PERSONAL FACTOR:	<input type="checkbox"/> 53. UNSAFE PERSONAL FACTOR NOT ELSEWHERE CLASSIFIED: (Explain):	
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 (Concussion, abrasion, incision, laceration) <input type="checkbox"/> 55. SPRAINS <input type="checkbox"/> 56. STRAINS (Muscular) <input type="checkbox"/> 57. HERNIA <input checked="" type="checkbox"/> 58. FRACTURES	<input type="checkbox"/> 59. AMPUTATIONS (Loss of bony substances) <input type="checkbox"/> 60. AVULSION (Loss of non-bony substance by shearing or tearing away) <input type="checkbox"/> 61. BURNS AND SCALDS <input type="checkbox"/> 62. FOREIGN BODY IMBEDDED <input type="checkbox"/> 63. FOREIGN BODY, LOOSE (Dust, etc.)	<input type="checkbox"/> 64. FLASHES <input type="checkbox"/> 65. FUMES AND GASES <input type="checkbox"/> 66. POISONS <input type="checkbox"/> 67. SKIN DISEASE (Occupational) <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).			
	<input type="checkbox"/> 69. HEAD FACE <input type="checkbox"/> 70. BACK	<input type="checkbox"/> 71. EYES <input type="checkbox"/> 72. TRUNK <input checked="" type="checkbox"/> 73. HANDS	<input type="checkbox"/> 74. ARMS <input type="checkbox"/> 75. FINGERS <input type="checkbox"/> 76. LEGS <input type="checkbox"/> 77. FEET <input type="checkbox"/> 78. TOES <input type="checkbox"/> 79. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.) <input type="checkbox"/> 80. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain)	

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 August 1967

15. CA-1 Received by whom

FIRST OFFICER

16. Statement of immediate superior:

Employee was transferring a 5 gallon paint can from one storeroom to another; can was balanced on left shoulder while being carried. In placing can on deck, because of unbalanced conditions, ~~which~~ weight of can suddenly shifted forward and dropped to deck causing man to lose balance and to fall on out thrust, left hand resulting in fracture and laceration of left thumb.

17. Signature of immediate superior

D. I. BERNET

18. Date (mo, day, yr.)

15 August 1967

19. Statement of Witness

None.

20. Signature of witness

None.

21. Date (mo. day, yr.)

22. Statement of Witness

23. Signature of Witness

24. Date (mo. day, yr.)

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)

COOK, RAYMOND

14 August 1967

3. Place of Employment (Name & Location)

4. Date of Injury (mo, day, yr)

USNS GEN. JOHN POPE (T-AP 110)

14 August 1967

5. Occupation

6. Hour of Injury (a.m. or p.m.)

AB/M

2:25 P.M.

7. Place or Location Where Injury Occurred

Paint Locker (1-205-1

8. Cause of Injury (Describe how and why injury occurred)

Lost balance dropped a 5 gal. can of paint on left thumb.

9. Nature of Injury (Name of body affected-fractured left leg, bruised thumb, etc.)

Smashed left thumb.

10. Names of Witnesses to Injury

None

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.

NA

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

Raymond Cook

13. Home Address of Injured Employee

9514 N. Burr Street
Portland, Oregon