

DATE (Day, Month, Year):

1. REPORTING SHIP, ACTIVITY OR UNIT USNS GENERAL JOHN POPE (T-AP 116)										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 LOST OR TIME CHGS.	TOTAL DISABLING INJURIES
COOK, RAYMOND - AB/M			47	14	REG.	TEMP.	RECR.	LV/LIB.	TRAV.	OTHER	
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?											
<p>Exercise more care in handling heavy and / or unwieldy objects; secure assistance if necessary.</p>											

SIGNATURE OF SUPERVISOR,
CHIEF OF WORKING PARTY
OR HEAD OF WORK DETAIL:**D. I. BERNEY**TITLE, RANK, RATE OR GRADE
FIRST OFFICER

DATE

15 August 1967

8. REVIEW AND COMMENT OF REVIEWING OFFICIAL

Concur with recommendations.

SIGNATURE OF
REVIEWING
OFFICIAL:
H. L. REINHOLDTITLE, RANK, RATE OR GRADE
MASTER

DATE

16 August 1967

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: (Agitators, grinders, sewing machines, etc.)</td> <td><input type="checkbox"/> 7. VEHICLES: (All types, except in traffic or flight)</td> <td><input type="checkbox"/> 12. CHEMICALS: (Explosives, gases, vapors, acids, caustics, poisonous vegetations, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 2. PRIME MOVERS & PUMPS: (Steam, internal combustion or air; compressors, fans, blowers, etc.)</td> <td><input type="checkbox"/> 8. ANIMALS: (Including insects and reptiles)</td> <td><input type="checkbox"/> 13. HIGHLY INFLAMMABLE & HOT SUBSTANCES: (Fire, alcohol, steam, paint, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 3. ELEVATORS: (Passenger, freight, aircraft or dumbwaiters)</td> <td><input type="checkbox"/> 9. MECHANICAL POWER TRANSMISSION APPARATUS: (Belts, gears, couplings, etc.)</td> <td><input type="checkbox"/> 14. DUSTS: (Explosive, organic or inorganic; leather, smoky, coal, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 4. HOISTING APPARATUS: (Cranes, hoists (air or electric), shovels, dredges, jacks, etc.)</td> <td><input type="checkbox"/> 10. ELECTRICAL APPARATUS: (Motors, transformers, lamps, appliances, etc.)</td> <td><input type="checkbox"/> 15. RADIATIONS & RADIATING SUBSTANCES: (X-Ray, radium, ultra violet rays, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 5. CONVEYORS: (Belt, monorail, pneumatic, drag line, tiering or piling, etc.)</td> <td><input type="checkbox"/> 11. HAND TOOLS: (Hand, mechanical or electrical motive power; hammers, wrenches, welding tools, sandblasters, etc.)</td> <td><input type="checkbox"/> 16. WORKING SURFACES: (Floors, decks, roofs, roads, stairs, platforms, stages, scaffolds, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 6. BOILERS & PRESSURE VESSELS: (Fired or unfired, pressure lines, etc.)</td> <td></td> <td><input type="checkbox"/> 17. AGENCIES: (Any object or substance not otherwise classified.)</td> </tr> </table>										<input type="checkbox"/> 1. MACHINES: (Agitators, grinders, sewing 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 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, paint, etc.)	<input type="checkbox"/> 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, smoky, 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 motive power; hammers, wrenches, welding tools, sandblasters, etc.)	<input type="checkbox"/> 16. WORKING SURFACES: (Floors, decks, roofs, roads, stairs, platforms, stages, 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.)	Do not use
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	WHAT PART OF AGENCY CHECKED (X) ABOVE WAS MOST CLOSELY INVOLVED?																												
SECTION 10 UNSAFE MECHANICAL CONDITION	<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> 18. IMPROPER GUARDING: (Unguarded, inadequately guarded, etc.)</td> <td><input type="checkbox"/> 20. HAZARDOUS ARRANGEMENT: (Unsafe piling, poor layout, etc.)</td> <td><input type="checkbox"/> 23. UNSAFE CLOTHING: (Lack of, unsewed or defective shoes, goggles, gloves, respirators, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 19. DEFECTIVE SUBSTANCES OR EQUIPMENT: (Broken, rough, slippery, poorly designed, etc.)</td> <td><input type="checkbox"/> 21. IMPROPER ILLUMINATION: (Insufficient light, glare, etc.)</td> <td><input type="checkbox"/> 24. NO UNSAFE CONDITION:</td> </tr> <tr> <td></td> <td><input type="checkbox"/> 22. IMPROPER VENTILATION: (Dusty, gassy, impure air source, etc.)</td> <td><input type="checkbox"/> 25. UNSAFE CONDITION NOT OTHERWISE CLASSIFIED : (Explain)</td> </tr> </table>										<input type="checkbox"/> 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, unsewed 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 type="checkbox"/> 25. UNSAFE CONDITION NOT OTHERWISE CLASSIFIED : (Explain)										
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SECTION 13 UNSAFE PERSONAL FACTOR	<table border="0"> <tr> <td><input type="checkbox"/> 49. IMPROPER ATTITUDE (Dissregard of instructions, failure to understand instructions, nervous, excitable, etc.)</td> <td><input type="checkbox"/> 51. BODILY DEFECTS (Defective eyesight, hearing, fatigue, intoxicated, existing hernia, weak heart, etc.)</td> <td><input type="checkbox"/> 53. UNSAFE PERSONAL FACTOR NOT ELSEWHERE CLASSIFIED (Explain):</td> </tr> <tr> <td><input type="checkbox"/> 50. LACK OF KNOWLEDGE OR SKILL (Unaware of safe practice, unskilled, etc.)</td> <td><input type="checkbox"/> 52. NO UNSAFE PERSONAL FACTOR:</td> <td></td> </tr> </table>										<input type="checkbox"/> 49. IMPROPER ATTITUDE (Dissregard 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 type="checkbox"/> 50. LACK OF KNOWLEDGE OR SKILL (Unaware of safe practice, unskilled, etc.)	<input type="checkbox"/> 52. NO UNSAFE PERSONAL FACTOR:														
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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. CA-1 Received by whom
15 August 1967 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, 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. HERNEY 18. Date (mo, day, yr.)
J. D. B. G. 15 August 1967

19. Statement of Witness
None

20. Signature of witness None 21. Date (mo. day, yr.)
None

22. Statement of Witness
None

23. Signature of Witness None 24. Date (mo. day, yr.)
None

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

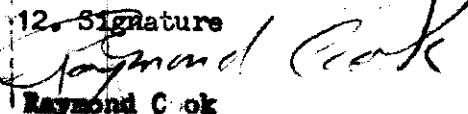
None

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 or 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