

EXCEPTION TO STANDARD FORM 92

APPROVED BY: BUREAU OF THE BUDGET, JAN. 1960

DATE (Day, Month, Year): **3 August 1967**

1. REPORTING SHIP, ACTIVITY OR UNIT USNS GEN. JOHN POPE (T-AP 110)										FLEET OR NAV. DIST. NO. 18TSPAC		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	
PANZO, THOMAS (MMN) AB Maint.				38	21	X				none	none	
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.			
1145	26	July	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>While covering #6 cargo hatch, employee was assisting in guiding hatch pontoons into place. When pontoon swing he failed to remove his hand and his finger was caught between the pontoon and a bulkhead, resulting in a laceration requiring two sutures.</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?												
Continuing indoctrination in safe practices and training												

SIGNATURE OF SUPERVISOR

CHIEF OF WORKING PARTY

OR HEAD OF WORK DETAIL

D. I. BERNY

TITLE, RANK, RATE OR GRADE

FIRST OFFICER

DATE

3 August 1967

8. REVIEW AND COMMENT OF REVIEWING OFFICIAL

SIGNATURE OF

REVIEWING

OFFICIAL

H. L. HEINE

TITLE, RANK, RATE OR GRADE

MASTER

DATE

3 August 1967

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, vice, 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 checked="" 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.)	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.)	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, emery, 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 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	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.) <input type="checkbox"/> 19. DEFECTIVE SUBSTANCES OR EQUIPMENT: (Broken, rough, slippery, poorly designed, etc.)	20. HAZARDOUS ARRANGEMENT: (Unsafe piling, poor layout, etc.) <input type="checkbox"/> 21. IMPROPER ILLUMINATION: (Insufficient light, glare, etc.) <input type="checkbox"/> 22. IMPROPER VENTILATION: (Dusty, gassy, impure air source, etc.)	23. UNSAFE CLOTHING: (Lack of, untested 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.			
	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.	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.)	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.			
	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.	42. UNSAFE LOADING, PLACING, MIXING, ETC. <input type="checkbox"/> 43. UNSAFE POSITION, POSTURE OR ACT. ETC. (Under suspended loads, lifting with bent back, etc.) <input checked="" 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.)	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.			
	49. IMPROPER ATTITUDE (Disregard of instructions, failure to understand instructions, nervous, excitable, etc.) <input checked="" type="checkbox"/> 50. LACK OF KNOWLEDGE OR SKILL (Unaware of safe practice, unskilled, etc.) inexperienced	51. BODILY DEFECTS (Defective eyesight, hearing; fatigue, intoxicated, existing hernia, weak heart, etc.) <input type="checkbox"/> 52. NO UNSAFE PERSONAL FACTOR:	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.			
	54. WOUNDS (Concussion, abrasion, incision, laceration) <input checked="" type="checkbox"/> 55. SPRAINS <input type="checkbox"/> 56. STRAINS (Muscular) <input type="checkbox"/> 57. HERNIA <input type="checkbox"/> 58. FRACTURES	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.)	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, Electrocutation, 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"/> 70. BACK <input type="checkbox"/> 71. EYES <input type="checkbox"/> 72. TRUNK	73. ARMS <input type="checkbox"/> 74. HANDS <input type="checkbox"/> 75. FINGERS <input checked="" type="checkbox"/> 76. LEGS <input type="checkbox"/> 77. FEET <input type="checkbox"/> 78. TOES	79. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.) <input type="checkbox"/> 80. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain)	