

EXCEPTION TO STANDARD FORM 92

APPROVED BY BUREAU OF THE BUDGET, JAN. 1960

DATE (Day, Month, Year): **13 June 1966**

1. REPORTING SHIP, ACTIVITY OR UNIT USNS GEN JOHN POPE T - AF 110										FLEET OR NAV. DIST. NO. COM 78		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. LW/LIB. TRAV. OTHER					EST. DAYS LOST OR TIME CHGS.	TOTAL DISABLING INJURIES	
Third Officer COSTENAC PERKINS, PAUL HARRISON				48	29	I						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.				
0730	13	June	1966	I			I						
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 dragging down watertight door on after deck at Fire Drill,</p> <p>The right tip of index finger jammed between dog and "U" clip welded on to</p> <p>the door.</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>Take your time when dragging down watertight doors and use piece of pipe hanging</p> <p>by door to dog down tightly.</p>													
SIGNATURE OF SUPERVISOR, CHIEF OF WORKING PARTY OR HEAD OF WORK DETAIL:				TITLE, RANK, RATE OR GRADE				DATE					
L. S. LARSEN				1st Officer				13 June 1966					
8. REVIEW AND COMMENT OF REVIEWING OFFICIAL													
Concur with above.													
SIGNATURE OF REVIEWING OFFICIAL:				TITLE, RANK, RATE OR GRADE				DATE					
JOHN HARRINGTON				Master				13 June 1966					

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> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <p><input type="checkbox"/> 1. MACHINES: (Agitators, grinders, sewing machines, vices, saws, lathes, welding machines, etc.)</p> <p><input type="checkbox"/> 2. PRIME MOVERS & PUMPS: (Steam, internal combustion or air, compressors, fans, blowers, etc.)</p> <p><input type="checkbox"/> 3. ELEVATORS: (Passenger, freight, aircraft or dumbwaiters)</p> <p><input type="checkbox"/> 4. HOISTING APPARATUS: (Cranes, hoists (air or electric), shovels, dredges, jacks, etc.)</p> <p><input type="checkbox"/> 5. CONVEYORS: (Belt, monorail, pneumatic, drag line, tiering or piling, etc.)</p> <p><input type="checkbox"/> 6. BOILERS & PRESSURE VESSELS: (Fired or unfired, pressure lines, etc.)</p> </div> <div style="width: 33%;"> <p><input type="checkbox"/> 7. VEHICLES: (All types, except in traffic or flight)</p> <p><input type="checkbox"/> 8. ANIMALS: (Including insects and reptiles)</p> <p><input type="checkbox"/> 9. MECHANICAL POWER TRANSMISSION APPARATUS: (Belts, gears, couplings, etc.)</p> <p><input type="checkbox"/> 10. ELECTRICAL APPARATUS: (Motors, transformers, lamps, appliances, etc.)</p> <p><input type="checkbox"/> 11. HAND TOOLS: (Hand, mechanical or electrical motive power; hammers, wrenches, welding tools, sandblasters, etc.)</p> </div> <div style="width: 33%;"> <p><input type="checkbox"/> 12. CHEMICALS: (Explosives, gases, vapors, acids, caustics, poisonous vegetation, etc.)</p> <p><input type="checkbox"/> 13. HIGHLY INFLAMMABLE & HOT SUBSTANCES: (Fire, alcohol, steam, paints, etc.)</p> <p><input type="checkbox"/> 14. DUSTS: (Explosive, organic or inorganic; leather, emery, coal, etc.)</p> <p><input type="checkbox"/> 15. RADIATIONS & RADIATING SUBSTANCES: (X-Ray, radium, ultra violet rays, etc.)</p> <p><input type="checkbox"/> 16. WORKING SURFACES: (Floors, decks, roofs, roads, stairs, platforms, stagings, scaffolds, etc.)</p> <p><input type="checkbox"/> 17. AGENCIES: <u>W T Door</u> (Any object or substance not otherwise classified.)</p> </div> </div> <p>WHAT PART OF AGENCY CHECKED (X) ABOVE WAS MOST CLOSELY INVOLVED?</p>	Do not use
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> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <p><input type="checkbox"/> 18. IMPROPER GUARDING: (Unguarded, inadequately guarded, etc.)</p> <p><input type="checkbox"/> 19. DEFECTIVE SUBSTANCES OR EQUIPMENT: (Broken, rough, slippery, poorly designed, etc.)</p> </div> <div style="width: 33%;"> <p><input type="checkbox"/> 20. HAZARDOUS ARRANGEMENT: (Unsafe piling, poor layout, etc.)</p> <p><input type="checkbox"/> 21. IMPROPER ILLUMINATION: (Insufficient light, glare, etc.)</p> <p><input type="checkbox"/> 22. IMPROPER VENTILATION: (Dusty, gassy, impure air source, etc.)</p> </div> <div style="width: 33%;"> <p><input type="checkbox"/> 23. UNSAFE CLOTHING: (Lack of, untested or defective shoes, goggles, gloves, respirators, etc.)</p> <p><input checked="" type="checkbox"/> 24. NO UNSAFE CONDITION:</p> <p><input type="checkbox"/> 25. UNSAFE CONDITION NOT OTHERWISE CLASSIFIED: (Explain)</p> </div> </div>	
SECTION 11	TYPE OF ACCIDENT	<p>Check (x) type of accident. One check (x) MUST be entered in this section.</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <p><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.)</p> <p><input type="checkbox"/> 27. STRUCK BY (Falling, flying, sliding, or moving objects.)</p> <p><input checked="" type="checkbox"/> 28. CAUGHT IN, ON, OR BETWEEN.</p> <p><input type="checkbox"/> 29. FALL ON SAME LEVEL.</p> </div> <div style="width: 33%;"> <p><input type="checkbox"/> 30. FALL TO DIFFERENT LEVEL.</p> <p><input type="checkbox"/> 31. SLIP (not fall) OR OVER-EXERTION. (Resulting in strain, hernia, etc.)</p> <p><input type="checkbox"/> 32. EXPOSURE TO TEMPERATURE EXTREMES. (Resulting in burning, scalding, heat exhaustion, sunstroke, freezing, etc.)</p> <p><input type="checkbox"/> 33. INHALATION, ABSORPTION, SWALLOWING. (Asphyxiation, poisoning, drowning, etc.)</p> </div> <div style="width: 33%;"> <p><input type="checkbox"/> 34. CONTACT WITH ELECTRIC CURRENT.</p> <p><input type="checkbox"/> 35. ELECTRIC WELDING FLASH.</p> <p><input type="checkbox"/> 36. FOREIGN BODIES IN EYE. (Resulting from dust, chips, airborne particles, etc.)</p> <p><input type="checkbox"/> 37. TYPE OF ACCIDENT NOT OTHERWISE CLASSIFIED. (Explain)</p> </div> </div>	
SECTION 12	UNSAFE ACT	<p>Check (x) and explain PRINCIPAL unsafe act. One check (x) MUST be entered in this section.</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <p><input type="checkbox"/> 38. OPERATING WITHOUT AUTHORITY. (Failure to secure or warn)</p> <p><input checked="" type="checkbox"/> 39. OPERATING OR WORKING AT UNSAFE SPEED. (Too slow, too fast, throwing materials, etc.)</p> <p><input type="checkbox"/> 40. MAKING SAFETY DEVICES INOPERATIVE. (Removing, misadjusting, disconnecting, etc.)</p> <p><input type="checkbox"/> 41. USING UNSAFE EQUIPMENT, HANDS INSTEAD OF EQUIPMENT, OR EQUIPMENT UNSAFELY.</p> </div> <div style="width: 33%;"> <p><input type="checkbox"/> 42. UNSAFE LOADING, PLACING, MIXING, ETC.</p> <p><input type="checkbox"/> 43. UNSAFE POSITION, POSTURE OR ACT. ETC. (Under suspended loads, lifting with bent back, etc.)</p> <p><input type="checkbox"/> 44. WORKING ON MOVING OR DANGEROUS EQUIPMENT. (Cleaning, adjusting, oiling, etc.)</p> <p><input type="checkbox"/> 45. DISTRACTING, TEASING, ABUSING, STARTLING. ETC. (Quarreling, horseplay, etc.)</p> </div> <div style="width: 33%;"> <p><input type="checkbox"/> 46. FAILURE TO USE SAFE CLOTHING OR PERSONAL PROTECTIVE DEVICES. (Hats, goggles, etc.)</p> <p><input type="checkbox"/> 47. NO UNSAFE ACT.</p> <p><input type="checkbox"/> 48. UNSAFE ACT NOT OTHERWISE CLASSIFIED (Explain)</p> </div> </div>	
SECTION 13	UNSAFE PERSONAL FACTOR	<p>Check (x) and explain the unsafe personal factor chiefly responsible for the accident. One check (x) MUST be entered in this section.</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <p><input type="checkbox"/> 49. IMPROPER ATTITUDE (Disregard of instructions, failure to understand instructions, nervous, excitable, etc.)</p> <p><input checked="" type="checkbox"/> 50. LACK OF KNOWLEDGE OR SKILL (Unaware of safe practice, unskilled, etc.)</p> </div> <div style="width: 33%;"> <p><input type="checkbox"/> 51. PHYSICAL DEFECTS (Defective eyesight, hearing; fatigue, intoxicated, existing hernia, weak heart, etc.)</p> <p><input type="checkbox"/> 52. NO UNSAFE PERSONAL FACTOR:</p> </div> <div style="width: 33%;"> <p><input type="checkbox"/> 53. UNSAFE PERSONAL FACTOR NOT ELSEWHERE CLASSIFIED (Explain):</p> </div> </div>	
SECTION 14	TYPE OF INJURY	<p>Check (x) type of injury, one check (x) MUST be entered in this section.</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <p><input checked="" type="checkbox"/> 54. WOUNDS (Concussion, abrasion, incision, laceration)</p> <p><input type="checkbox"/> 55. SPRAINS</p> <p><input type="checkbox"/> 56. STRAINS (Muscular)</p> <p><input type="checkbox"/> 57. HERNIA</p> <p><input type="checkbox"/> 58. FRACTURES</p> </div> <div style="width: 33%;"> <p><input type="checkbox"/> 59. AMPUTATIONS (Loss of bony substance)</p> <p><input type="checkbox"/> 60. AVULSION (Loss of non-bony substance by shearing or tearing away)</p> <p><input type="checkbox"/> 61. BURNS AND SCALDS</p> <p><input type="checkbox"/> 62. FOREIGN BODY IMBEDDED</p> <p><input type="checkbox"/> 63. FOREIGN BODY, LOOSE (Dust, etc.)</p> </div> <div style="width: 33%;"> <p><input type="checkbox"/> 64. FLASHES</p> <p><input type="checkbox"/> 65. FUMES AND GASES</p> <p><input type="checkbox"/> 66. POISONS</p> <p><input type="checkbox"/> 67. SKIN DISEASE (Occupational)</p> <p><input type="checkbox"/> 68. TYPE OF INJURY NOT OTHERWISE CLASSIFIED: (Drowning, Electrocutation, Heat Exhaustion, etc.)</p> </div> </div>	
SECTION 15	PART OF BODY	<p>Check (x) part of body. Part of body chiefly identified with injury MUST be checked (x).</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <p><input type="checkbox"/> 69. HEAD</p> <p><input type="checkbox"/> 70. BACK</p> <p><input type="checkbox"/> 71. EYES</p> <p><input type="checkbox"/> 72. TRUNK</p> <p><input type="checkbox"/> 73. ARMS</p> <p><input type="checkbox"/> 74. HANDS</p> </div> <div style="width: 33%;"> <p><input checked="" type="checkbox"/> 75. FINGERS</p> <p><input type="checkbox"/> 76. LEGS</p> <p><input checked="" type="checkbox"/> 77. FEET</p> <p><input type="checkbox"/> 78. TOES</p> </div> <div style="width: 33%;"> <p><input type="checkbox"/> 79. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.)</p> <p><input type="checkbox"/> 80. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain)</p> </div> </div>	

USNS GEN. JOHN POPE (T-AP 110)
C/O FLEET POST OFFICE
SAN FRANCISCO, CALIFORNIA

3 JUNE 66


From: Medical Officer
To: Master

Subj: Perkins, Paul, 3rd Mate, 2484160; report of injury to:

1. The subject named was injured 0830, 3 June 66.
2. Diagnosis: Contusion, Right Index Finger.
3. Was carrying out duties during boat drill when the accident occurred.
4. Treatment: A small aperture was introduced thru the nail to evacuate the underlying hematoma.
5. Disposition: Fit for duty.

J.L. KITZMILLER
LT MC USN

COPY TO:

COMILDEPT
SAFETY OFFICER 
~~FORWARD~~
MEDICAL RECORDS OFFICE
MASTER ~~FOR~~
BRIDGE

"Think Safety—Talk Safety—and Sell Safety"

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)

PERKINS, PAUL H.

6 - 4 - 66

3. Place of Employment (Name & location)

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

USNS GEN. JOHN POPE T - AP 110

6 - 3 - 66

5. Occupation

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

THIRD OFFICER

0900

7. Place or Location Where Injury Occurred

WATERTIGHT DOOR AFTER DECK (STERN)

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

INJURY OCCURRED WHILE DOGGING DOWN A WATERTIGHT DOOR AT FIRE DRILL. INDEX

FINGER OF RIGHTHAND BECAME JAMMED BETWEEN DOG AND "U" CLIP ON DOOR.

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

RIGHT INDEX FINGER. (TIP OF).

10. Names of Witnesses to Injury

NONE

11. If this Notice was not given within 48 hours after the injury, explain reason for delay. If earlier notice was given, verbal or written, state when and to whom.

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

PAUL H. PERKINS

13. Home Address of Injured Employee

4356 POMONA AVE
LA MESA, CALIFORNIA

Mr. Perkins was advised to be more careful and take his time when digging down watertight doors and also to use small length of pipe which should be used for this purpose.

Lloyd L. Hansen

4 June 1966