

ACCIDENT REPORT

REPORT EXOS-5100-6

DATE (Day, Month, Year):

24, OCT., 1966

Do not use

1. REPORTING SHIP, ACTIVITY OR UNIT

USNS OISN. JOHN POPE T-AP 110 (OCT 10)

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	
			REG.	TEMP.	RECR.	LV/LIB.	TRAV.			
PHILMORE SHAPIRO, ORDINARY SEAMAN, NS 15	47	2 MO.	X							

3. PROPERTY/EQUIPMENT DAMAGE

ESTIMATED DAMAGE COST

TYPE	OWNERSHIP	LABOR	MATERIAL	OVERHEAD	TOTAL

4. DATE AND TIME OF ACCIDENT

WEATHER

HOUR	DAY	MONTH	YEAR	GOOD	ADVERSE	NOT APPLIC.	GOOD	POOR	NOT APPLIC.
2200	13	OCTOBER	66	X		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.

EMPLOYEE STATES: WENT TO MESS HALL TO GET A PIECE OF CAKE AND WAS RETURNING TO MY ROOM VIA LADDERWELL EATING CAKE, SHIP LURCHED AND NOT HOLDING HAND RAIL FELL.

MEDICAL DIAGNOSIS: CORNEAL ABRASION, SUPERFICIAL ABRASIONS, PROBABLE ALCOHOL INTOXICATION.

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?

EMPLOYEE HAS BEEN CAUTIONED TO USE HAND RAILS WHEN WALKING ABOUT THE SHIP.

SIGNATURE OF SUPERVISOR,
CHIEF OF WORKING PARTY
OR HEAD OF WORK DETAIL:

TITLE, RANK, RATE OR GRADE

FIRST OFFICER

DATE

24 OCT., 1966

8. REVIEW AND COMMENT OF REVIEWING OFFICIAL

SIGNATURE OF
REVIEWING
OFFICIAL:

JOHN HARRINGTON

TITLE, RANK, RATE OR GRADE

MASTER

DATE

24 OCT., 1966

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
	<input type="checkbox"/> 1. MACHINES: (Agitators, grinders, sewing machines, vices, saws, lathes, welding 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: (Belts, 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, stagings, scaffolds, etc.)								
	<input type="checkbox"/> 6. BOILERS & PRESSURE VESSELS: (Fired or unfired, pressure lines, etc.)		<input checked="" type="checkbox"/> 17. AGENCIES: LADDER (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.										
	<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, mismatched 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 checked="" 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)								
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"/> 30. FALL TO DIFFERENT LEVEL:	<input type="checkbox"/> 34. CONTACT WITH ELECTRIC CURRENT.								
	<input type="checkbox"/> 27. STRUCK BY (Falling, flying, sliding, or moving objects.)	<input type="checkbox"/> 31. SLIP (not fall) OR OVER-EXERTION: (Resulting in strain, hernia, etc.)	<input type="checkbox"/> 35. ELECTRIC WELDING FLASH.								
	<input type="checkbox"/> 28. CAUGHT IN, ON, OR BETWEEN.	<input type="checkbox"/> 32. EXPOSURE TO TEMPERATURE EXTREMES: (Resulting in burning, scalding, heat exhaustion, sunstroke, freezing, etc.)	<input type="checkbox"/> 36. FOREIGN BODIES IN EYE: (Resulting from dust, chips, airborne particles, etc.)								
	<input type="checkbox"/> 29. FALL ON SAME LEVEL.	<input type="checkbox"/> 33. INHALATION, ABSORPTION, SWALLOWING: (Asphyxiation, poisoning, drowning, 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 wear)	<input type="checkbox"/> 42. UNSAFE LOADING, PLACING, MIXING, ETC.	<input type="checkbox"/> 46. FAILURE TO USE SAFE CLOTHING OR PERSONAL PROTECTIVE DEVICES: (Belt, goggles, etc.)								
	<input type="checkbox"/> 39. OPERATING OR WORKING AT UNSAFE SPEED: (Too slow, too fast, throwing materials, etc.)	<input checked="" type="checkbox"/> 43. UNSAFE POSITION, POSTURE OR ACT, ETC: (Under suspended loads, lifting with bent back, etc.)	<input type="checkbox"/> 47. NO UNSAFE ACT.								
	<input type="checkbox"/> 40. MAKING SAFETY DEVICES INOPERATIVE: (Removing, miscalculating, disconnecting, etc.)	<input type="checkbox"/> 44. WORKING ON MOVING OR DANGEROUS EQUIPMENT: (Cleaning, adjusting, oiling, etc.)	<input type="checkbox"/> 48. UNSAFE ACT NOT OTHERWISE CLASSIFIED: (Explain)								
	<input type="checkbox"/> 41. USING UNSAFE EQUIPMENT, HANDS INSTEAD OF EQUIPMENT, OR EQUIPMENT UNSAFELY.	<input type="checkbox"/> 45. DISTRACTING, TEASING, ABUSING, STARTLING, ETC: (Quarreling, horseplay, etc.)									
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 type="checkbox"/> 49. IMPROPER ATTITUDE (Disregard 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 checked="" type="checkbox"/> 53. UNSAFE PERSONAL FACTOR NOT ELSEWHERE CLASSIFIED: (Explain): FAILED TO HOLD HAND RAIL								
	<input type="checkbox"/> 50. LACK OF KNOWLEDGE OR SKILL (Unaware of safe practice, unskilled, etc.)	<input type="checkbox"/> 52. NO UNSAFE PERSONAL FACTOR:									
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"/> 56. AMPUTATIONS (Loss of bony substance)	<input type="checkbox"/> 64. FLASHES								
	<input type="checkbox"/> 55. SPRAINS	<input type="checkbox"/> 58. AVULSION (Loss of non-bony substance by shearing or tearing away)	<input type="checkbox"/> 65. FUMES AND GASES								
	<input type="checkbox"/> 56. STRAINS (Muscular)	<input type="checkbox"/> 61. BURNS AND SCALDS	<input type="checkbox"/> 66. POISONS								
	<input type="checkbox"/> 57. HERNIA	<input type="checkbox"/> 62. FOREIGN BODY IMBEDDED	<input type="checkbox"/> 67. SKIN DISEASE (Occupational)								
	<input type="checkbox"/> 58. FRACTURES	<input type="checkbox"/> 63. FOREIGN BODY, LOOSE (Dust, etc.)	<input type="checkbox"/> 68. TYPE OF INJURY NOT OTHERWISE CLASSIFIED: (Drowning, Electrocution, Heat Ex- posure, 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 checked="" type="checkbox"/> 71. EYES	<input type="checkbox"/> 73. ARMS	<input type="checkbox"/> 75. FINGERS	<input type="checkbox"/> 77. FEET	<input type="checkbox"/> 79. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.)					
	<input type="checkbox"/> 70. BACK	<input type="checkbox"/> 72. TRUNK	<input type="checkbox"/> 74. HANDS	<input type="checkbox"/> 76. LEGS	<input type="checkbox"/> 78. TOES	<input checked="" type="checkbox"/> 80. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain): CHST					

U.S. DEPARTMENT OF LABOR : EMPLOYEE'S NOTICE OF INJURY OR OCCUPATIONAL
Bureau of Employees' Compensation : 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)

SHAFIRO, PHILMORE

OCT. 14, 1966

3. Place of Employment (Name & location) 4. Date of Injury (Mo, day, yr.)

NSB - NSMS GEN. JOHN POPE T-AP 110 (06720)

OCT. 13, 1966

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

ORDINARY SEAMAN

7:00A, 13 OCT. 1966

7. Place or Location Where Injury Occurred

2-149-3 LADDER WELL

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

WENT TO MESS HALL TO GET A PIECE OF CAKE AND WAS RETURNING TO MY ROOM VIA

LADDER WELL EATING CAKE, SHIP LURCHED AND NOT HOLDING HAND RAIL FELL.

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

BRUISED AND/OR FRACTURED RIBS, RIGHT SIDE, EYE CUT FROM EYE GLASSES WHEN
BROKEN.

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.

12. Signature

PHILMORE SHAFIRO

13. Home Address of Injured Employee

1017 MON STREET
SAN FRANCISCO, CALIF.

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

16. Statement of immediate superior
INVESTIGATED AREA FOUND NO UNSAFE OR HAZZARDOROUS ITEMS, WITHIN SAME.

QUESTIONED EMPLOYEE REGARDS DRINKING INTOXICANTS. MAN STATED HE HAD NOT
CONSUMED ANY.

17. Signature of immediate superior

~~W.M. H. CUNNINGHAM~~

18. Date (Mo., day, yr.)

OCT. 14, 1966

19. Statement of Witness

NONE

20. Signature of Witness

21. Date (Mo., day, yr.)

22. Statement of Witness

NONE

23. Signature of Witness

24. Date (Mo., day, yr.)

DISPENSARY PERMIT

NAVEX 65-107 (7-52)

CASE NO.

TO DISPENSARY (Location)		DATE
HOSPITAL		10/14/66
EMPLOYEE'S NAME		BADGE NO.
SHAPIRO, PHILMORE		170-1
RATING	TIME LEFT JOB	TIME RETURNED
O/S	0800	
RETURN TO SUPERVISOR (Name)	SHOP	
WM. H. CUNNINGHAM		
REASON FOR REFERRAL		
BRUISED FACE AND RIBS		
MEDICAL OFFICER'S REPORT		TIME REPORTED
		TIME RELEASED
OCCUPATIONAL		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> QUES- TIONABLE		
OTHER		
DISPOSITION		
<input type="checkbox"/> RW <input type="checkbox"/> LD <input type="checkbox"/> LT <input type="checkbox"/> SH RETURN FOR FURTHER TREATMENT		
REMARKS		

SIGNATURE

M. C., U. S. N.

