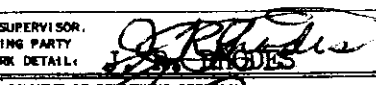
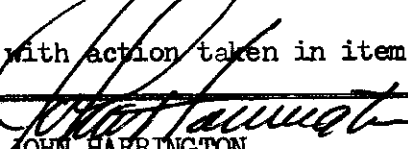


ACCIDENT REPORT

REPORT EXOS-5100-8

DATE (Day, Month, Year): 20 August 1966

1. REPORTING SHIP, ACTIVITY OR UNIT										FLEET OR NAV. DIST. NO.		Do not use																	
USNS GEN. JOHN POPE (T-AP 110)										MSTS																			
2. PERSONNEL INJURED										EST. DAYS LOST OR TIME CHGS.		TOTAL DISABLING INJURIES																	
(Name, Rank, Rate or Trade, and Branch of Service)																													
Charles L. HACK #29638																													
Room Steward																													
MSTSPAC										56 1		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.											
0930		18		August		1966		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 slipped on piece of soap while cleaning shower stall, falling on right elbow.																													
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?																													
Employee reminded to exercise caution when working on slippery decks.																													

SIGNATURE OF SUPERVISOR, CHIEF OF WORKING PARTY OR HEAD OF WORK DETAIL:		TITLE, RANK, RATE OR GRADE		DATE	
		Chief Steward		20 August 1966	
8. REVIEW AND COMMENT OF REVIEWING OFFICIAL					
Concur with action taken in item 7 above.					
SIGNATURE OF REVIEWING OFFICIAL:		TITLE, RANK, RATE OR GRADE		DATE	
		Master		22 August 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"/> 2. PRIME MOVERS & PUMPS: (Steam, internal combustion or air, compressors, fans, blowers, etc.) <input type="checkbox"/> 3. ELEVATORS: (Passenger, freight, aircraft or dumbwaiter) <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, emery, coal, etc.) <input type="checkbox"/> 15. RADIATIONS & RADIATING SUBSTANCES: (X-Ray, radium, ultra violet rays, etc.) <input checked="" 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? Deck				
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 checked="" type="checkbox"/> 19. DEFECTIVE SUBSTANCES OR EQUIPMENT: Slippery Deck (Broken, rough, slippery, poorly designed, etc.)	<input type="checkbox"/> 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, gaseous, impure air source, etc.)	<input type="checkbox"/> 23. UNSAFE CLOTHING: (Lack of, untested or defective shoes, goggles, gloves, respirators, etc.) <input 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 checked="" 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 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 type="checkbox"/> 43. UNSAFE POSITION, POSTURE OR ACT. ETC. (Under suspended loads, lifting with bent back, etc.) <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 checked="" 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 type="checkbox"/> 49. IMPROPER ATTITUDE (Disregard of instructions, failure to understand instructions, nervous, excitable, etc.) <input type="checkbox"/> 50. LACK OF KNOWLEDGE OR SKILL (Unaware of safe practice, unskilled, etc.)	<input type="checkbox"/> 51. PHYSICAL DEFECTS (Defective eyesight, hearing; fatigue, intoxicated, existing hernia, weak heart, etc.) <input checked="" 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 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, 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).			
	<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. ARMS <input type="checkbox"/> 74. HANDS <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)

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)

HACK, Charles L.

20 August 1966

3. Place of Employment (Name & location)

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

USNS GENERAL JOHN POPE (T-AP 110)

18 August 1966

5. Occupation

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

Room Steward

0930

7. Place or Location Where Injury Occurred

Living Quarters (1-74-2-L)

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

Cleaning shower room, slipped on piece of soap and landed on my right elbow.

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

Right elbow, hit on contact with shower tile.

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.

Reported directly to Ship's Hospital.

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

Charles L. Hack

13. Home Address of Injured Employee

704 South River Road
Cottage Grove, Oregon

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

Employee slipped on piece of soap while cleaning shower stall, falling on right elbow.

17. Signature of immediate superior

J. R. Rhodes

J. R. RHODES, Chief Steward

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

20 August 1966

19. Statement of Witness

20. Signature of Witness

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

22. Statement of Witness

23. Signature of Witness

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