

DATE (Day, Month, Year): 2 FEB 67

Do Not Use

1. REPORTING SHIP, ACTIVITY OR UNIT USNS GEN JOHN POPE (T-AP 110) MEDICAL DEPT									FLEET OR NAV. DIST. NO. 12th ND		
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	
THINGBO, JOHAN A/B					REG.	TEMP.	RECR.	LV/LIB.	TRAV.	OTHER	
									X	0	0
3. PROPERTY/EQUIPMENT DAMAGE									ESTIMATED DAMAGE COST		
TYPE			OWNERSHIP		LABOR		MATERIAL	OVERHEAD	TOTAL		
NONE											
NONE											
4. DATE AND TIME OF ACCIDENT									WEATHER		
HOUR	DAY	MONTH	YEAR	GOOD	ADVERSE	NOT APPLIC.	GOOD	POOR	NOT APPLIC.		
0045	26	JANUARY	67			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.											
A BOAT BLOCK SWUNG OUT AND HIT HIM ACROSS THE RIGHT EAR											

6. FORMS SUBMITTED APPLICABLE TO INJURED CIVILIAN EMPLOYEES

A. C.A.1 YES NOB. C.A.2 YES NOC. OTHER
(INDICATE): **MILITARY**

7. RECOMMENDED CORRECTIVE ACTION: What recommendations have been made which will help prevent another accident like this?

OBSERVE SAFETY PRECAUTIONS

SIGNATURE OF SUPERVISOR, CHIEF OF WORKING PARTY OR HEAD OF WORK DETAIL: <i>W.B. COBB</i>	TITLE, RANK, RATE OR GRADE LCDR USN	DATE 2 FEB 67
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8. REVIEW AND COMMENT OF REVIEWING OFFICIAL

SAME AS SEVEN

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

ACCIDENT REPORT

DATE (Day, Month, Year): 2 FEB 67

1. REPORTING SHIP, ACTIVITY OR UNIT USNS GEN JOHN POPE (T-AP 110) MEDICAL DEPT									FLEET OR NAV. DIST. NO. 12th ND		<i>Do not use</i>	
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			
THINGBO, JONAH A/B				REG.	TEMP.	RECR.	LV/LIB.	TRAV.	OTHER	0 0		
3. PROPERTY/EQUIPMENT DAMAGE									ESTIMATED DAMAGE COST			
TYPE			OWNERSHIP		LABOR		MATERIAL	OVERHEAD	TOTAL			
None												
None												
4. DATE AND TIME OF ACCIDENT									WEATHER		LIGHT	
HOUR	DAY	MONTH	YEAR		GOOD	ADVERSE	NOT APPLIC.	GOOD	POOR	NOT APPLIC.		
0045	26	JANUARY	67				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.												
A BOAT BLOCK SWUNG OUT AND HIT HIM ACROSS THE RIGHT EAR												

6. FORMS SUBMITTED APPLICABLE TO INJURED CIVILIAN EMPLOYEES

A. C.A.1 YES NOB. C.A.2 YES NOC. OTHER
(INDICATE): **MILITARY**

7. RECOMMENDED CORRECTIVE ACTION: What recommendations have been made which will help prevent another accident like this?

OBSERVE SAFETY PRECAUTIONSSIGNATURE OF SUPERVISOR.
CHIEF OF WORKING PARTY
OR HEAD OF WORK DETAIL:**W.B. COBB**TITLE, RANK, RATE OR GRADE
1ST LT USN

DATE

2 FEB 67

8. REVIEW AND COMMENT OF REVIEWING OFFICIAL

SAME AS SEVENSIGNATURE OF
REVIEWING
OFFICIAL:**G.W. HERLIN**TITLE, RANK, RATE OR GRADE
MASTER

DATE

2 FEB 67

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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> <p>49. IMPROPER ATTITUDE (Disregard of instructions, failure to understand instructions, nervous, excitable, etc.) <input type="checkbox"/></p> <p>50. LACK OF KNOWLEDGE OR SKILL (Unaware of safe practice, unskilled, etc.) <input type="checkbox"/></p> <p>51. BODILY DEFECTS (Defective eyesight, hearing, fatigue, intoxicated, existing hernia, weak heart, etc.) <input type="checkbox"/></p> <p>52. NO UNSAFE PERSONAL FACTOR: <input checked="" type="checkbox"/></p> <p>53. UNSAFE PERSONAL FACTOR NOT ELSEWHERE CLASSIFIED (Explain)</p>										
SECTION 14 TYPE OF INJURY	<p>Check (x) type of injury, one check (x) MUST be entered in this section.</p> <p>54. WOUNDS (Concussion, abrasion, incision, laceration) <input type="checkbox"/></p> <p>55. SPRAINS <input type="checkbox"/></p> <p>56. STRAINS (Muscular) <input type="checkbox"/></p> <p>57. HERNIA <input type="checkbox"/></p> <p>58. FRACTURES <input type="checkbox"/></p> <p>59. AMPUTATIONS (Loss of bony substances) <input type="checkbox"/></p> <p>60. AVULSION (Loss of non-bony substance by shearing or tearing away) <input type="checkbox"/></p> <p>61. BURNS AND SCALDS <input type="checkbox"/></p> <p>62. FOREIGN BODY IMBEDDED <input type="checkbox"/></p> <p>63. FOREIGN BODY, LOOSE (Dust, etc.) <input type="checkbox"/></p> <p>64. FLASHES <input type="checkbox"/></p> <p>65. FUMES AND GASES <input type="checkbox"/></p> <p>66. POISONS <input type="checkbox"/></p> <p>67. SKIN DISEASE (Occupational) <input type="checkbox"/></p> <p>68. TYPE OF INJURY NOT OTHERWISE CLASSIFIED: (Drowning, Electrocution, Heat Exhaustion, etc.) <input type="checkbox"/></p>										
SECTION 15 PART OF BODY	<p>Check (x) part of body. Part of body chiefly identified with injury MUST be checked (x).</p> <p>69. HEAD FACE <input type="checkbox"/></p> <p>70. BACK <input type="checkbox"/></p> <p>71. EYES <input type="checkbox"/></p> <p>72. TRUNK <input type="checkbox"/></p> <p>73. ARMS <input type="checkbox"/></p> <p>74. HANDS <input type="checkbox"/></p> <p>75. FINGERS <input type="checkbox"/></p> <p>76. LEGS <input type="checkbox"/></p> <p>77. FEET <input type="checkbox"/></p> <p>78. TOES <input type="checkbox"/></p> <p>79. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.) <input type="checkbox"/></p> <p>80. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain)</p>										

DATE (Day, Month, Year): **2 FEB 67**

1. REPORTING SHIP, ACTIVITY OR UNIT

FLEET OR NAV. DIST. NO.

Do not use

U.S. NAVY JOHN POPS (T-AP 110) MEDICAL DIV**1210 1D**

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.	OTHER			
THOMAS, JOHN A/B								X		0	0

3. PROPERTY/EQUIPMENT DAMAGE			ESTIMATED DAMAGE COST				
TYPE	OWNERSHIP	LABOR	MATERIAL	OVERHEAD	TOTAL		
None							
None							

4. DATE AND TIME OF ACCIDENT				WEATHER			LIGHT		
HOUR	DAY	MONTH	YEAR	GOOD	ADVERSE	NOT APPLIC.	GOOD	POOR	NOT APPLIC.
0015	26	JANUARY	67			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.

A BOAT BLOWN SOUND OUT AND HIT HIM ACROSS THE RIGHT EAR

6. FORMS SUBMITTED APPLICABLE TO INJURED CIVILIAN EMPLOYEES									
A. C.A.1		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	B. C.A.2		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	C. OTHER (INDICATE):	
									MILITARY

7. RECOMMENDED CORRECTIVE ACTION: What recommendations have been made which will help prevent another accident like this?

OBSTACLES SAFETY PRECAUTIONS

SIGNATURE OF SUPERVISOR, CHIEF OF WORKING PARTY OR HEAD OF WORK DETAIL: W.B. OGB	TITLE, RANK, RATE OR GRADE LCDR USN	DATE 2 FEB 67
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8. REVIEW AND COMMENT OF REVIEWING OFFICIAL

SAME AS SUPERVISOR

SIGNATURE OF REVIEWING OFFICIAL: G.W. BURGESS	TITLE, RANK, RATE OR GRADE MASTER	DATE 2 FEB 67
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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, etc., 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.)								
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<input type="checkbox"/> 5. CONVEYORS: (Belt, monorail, pneumatic, drag line, tiering or piling, etc.)	<input type="checkbox"/> 11. HAND TOOLS: (Bend, 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 type="checkbox"/> 17. AGENCIES: BOAT BLOCK (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: (Uneasy piling, poor layout, etc.)	<input type="checkbox"/> 23. UNSAFE CLOTHING: (Lack of, unsuited 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)									
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"/> 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 warn)	<input type="checkbox"/> 42. UNSAFE LOADING, PLACING, MIXING, ETC.	<input type="checkbox"/> 46. FAILURE TO USE SAFE CLOTHING OR PERSONAL PROTECTIVE DEVICES. (Hats, goggles, etc.)								
<input type="checkbox"/> 39. OPERATING OR WORKING AT UNSAFE SPEED. (Too slow, too fast, throwing materials, etc.)	<input type="checkbox"/> 43. UNSAFE POSITION, POSTURE OR ACT, ETC. (Under suspended loads, lifting with bent back, etc.)	<input checked="" type="checkbox"/> 47. NO UNSAFE ACT.									
<input type="checkbox"/> 40. MAKING SAFETY DEVICES INOPERATIVE. (Removing, misadjusting, 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 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 checked="" 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"/> 59. AMPUTATIONS (Loss of bony substances)	<input type="checkbox"/> 64. FLASHES								
<input type="checkbox"/> 55. SPRAINS	<input type="checkbox"/> 60. 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 Exhaustion, etc.)									
SECTION 15 PART OF BODY	Check (x) part of body. Part of body chiefly identified with injury MUST be checked (x).										
	<input checked="" type="checkbox"/> 69. HEAD FACE	<input 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 type="checkbox"/> 80. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain)						

USNS GENERAL JOHN POPE (T-AP 110)
c/o FLEET POST OFFICE
SAN FRANCISCO, CALIFORNIA 96601

5100
SRE/mjw

From: Medical Officer
To: Master
Via: Commanding Officer

Subj. Report of Injury

Name THOMAS, SCOTT (200) Rate 4/8 Unit DECK DEPT

Place of Injury #1 LIFEMAT Date/Time 26 JAN 67 0015

Circumstances BOAT BLOCK SWUNG OUT AND HIT THE PT. ACROSS THE RIGHT BAR

Witnesses _____

Date/Time Reported to Sickbay 0000 26 JAN 67

Diagnosis INJURIES OF THE KNEE & BAR

Treatment Given CLAMMED AND BANDAGED 0.600 THREADS TO GLO

ONE 5-0 SUTURE

Disposition DO DUTY Date 26 JAN 67 Time 0045

SARAH E. REMARKS LF MC 1968

Medical Officer

Distribution:

Master
Bridge
CoMilDept
Department(eng. stwd. deck)
Safety Officer
Troop Offi
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