

ACCIDENT REPORT

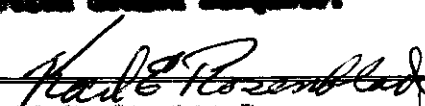
REPORT EXOS-5100-8

DATE (Day, Month, Year): **10 JUNE 1969**

1. REPORTING SHIP, ACTIVITY OR UNIT USS GENERAL JOHN P. FULTON, (LST-116)										FLEET OR NAV. DIST. NO. NAVSPAC		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. LV/LIB. TRAV. OTHER					EST. DAYS LOST OR TIME CHGS.	TOTAL DISABLING INJURIES
Don CAMERON, 27792, Able Seaman, Civ. Marine Personnel				37	19	X					0	0
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.			
1745	Mon	9 June	1969		wet		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 Don Cameron, able seaman, 27792, was making his regular rounds as Fire Watch, he stepped into door to enter ship at door 1-35-4L when he slipped on wood grating at this entry. The grating is at this location is to allow easier access over high riser and to eliminate stepping in water during wet days.												
6. FORMS SUBMITTED APPLICABLE TO INJURED CIVILIAN EMPLOYEES												
A. C.A.1 ☒ YES ☐ NO B. C.A.2 ☒ YES ☐ NO C. OTHER (INDICATE):												

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

Caution employees to be very careful while walking around ship's decks, doors' entries, ladders and other isolated areas.

SIGNATURE OF SUPERVISOR, CHIEF OF WORKING PARTY, OR HEAD OF WORK DETAIL. 		TITLE, RANK, RATE OR GRADE First Officer	DATE 10 June 1969
8. REVIEW AND COMMENT OF REVIEWING OFFICIAL Correction deemed adequate.			
SIGNATURE OF REVIEWING OFFICIAL: 		TITLE, RANK, RATE OR GRADE Master	DATE 10 June 1969

SECTION 15 PART OF BODY	SECTION 14 TYPE OF INJURY	SECTION 13 UNSAFE PERSONAL FACTOR	SECTION 12 UNSAFE ACT	SECTION 11 TYPE OF ACCIDENT	SECTION 10 UNSAFE MECHANICAL CONDITION	SECTION 9 AGENCY INVOLVED
Check (x) part of body. Part of body chiefly identified with injury MUST be checked (x). 70. BACK ☐ 71. EYES ☐ 72. TRUNK ☐ 73. ARMS ☐ 74. HANDS ☐ 75. FINGERS ☐ 76. LEGS ☒ 77. FEET ☐ 78. TOES ☐ 79. SYSTEMIC (Stomach, intestines, lungs, heart, etc.) ☐ 80. PART OF BODY NOT ELSEWHERE CLASSIFIED (Explain) ☐	Check (x) type of injury, one check (x) MUST be entered in this section. 54. WOUNDS (Concussion, abrasion, incision, laceration) ☐ 55. STRAINS (Muscular) ☐ 56. FRACTURES ☐ 57. HERNIA ☐ 58. FOREIGN BODY IMBEDDED ☐ 59. FOREIGN BODY, LOOSE (Dust, etc.) ☐ 60. AVULSION (Loss of non-bony substance by shearing or tearing away) ☐ 61. BURNS AND SCALDS ☐ 62. SKIN DISEASE (Dermatological) ☐ 63. TYPE OF INJURY NOT OTHERWISE CLASSIFIED (Explain) ☐ 64. FLAMES ☐ 65. FUMES AND GASES ☐ 66. POISONS ☐ 67. TYPE OF INJURY NOT OTHERWISE CLASSIFIED (Explain) ☐ 68. TYPE OF INJURY NOT OTHERWISE CLASSIFIED (Explain) ☐	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 (Regardless of in-attention, failure to understand instructions, etc.) ☐ 50. LACK OF KNOWLEDGE OR SKILL (In-adequate of safe practice, unskilled, etc.) ☐ 51. BOOILY DEFECTS (Defective eyesight, hearing, fatigue, intoxicated, etc.) ☐ 52. NO UNSAFE PERSONAL FACTOR: ☒	Check (x) and explain PRINCIPAL unsafe act. One check (x) MUST be entered in this section. 39. OPERATING ON WORKING AT UNSAFE SPEED. (Too slow, too fast, throwing materials, etc.) ☐ 40. MAKING SAFETY DEVICES INOPERATIVE. (Removing, misadjusting, disconnecting, etc.) ☐ 41. USING UNSAFE EQUIPMENT. HANDS INSTEAD OF EQUIPMENT, OR EQUIPMENT UNSAFELY. ☐ 42. UNSAFE LOADING, PLACING, MIXING, ETC. ☐ 43. UNSAFE POSITION, POSTURE OR ACT, ETC. (Under suspended loads, lifting with bent back, etc.) ☐ 44. WORKING ON MOVING OR DANGEROUS EQUIPMENT. (Cleaning, adjusting, oiling, etc.) ☐ 45. DISTRACTING, TEASING, ABUSING, STARTLING, ETC. (Jostling, horseplay, etc.) ☐ 46. FAILURE TO USE SAFE CLOTHING OR PERSONAL PROTECTIVE DEVICES. (Hats, goggles, etc.) ☐ 47. NO UNSAFE ACT. ☒ 48. UNSAFE ACT NOT OTHERWISE CLASSIFIED (Explain) ☐	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.) ☐ 27. STRUCK BY (Falling, flying, sliding, or moving objects.) ☐ 28. CAUGHT IN, ON, OR BETWEEN. ☐ 29. FALL ON SAME LEVEL. ☐ 30. FALL TO DIFFERENT LEVEL. ☐ 31. SLIP (not fall) OR OVER-EXERTION. (Resulting in strain, hernia, etc.) ☒ 32. EXPOSURE TO TEMPERATURE EXTREMES. (Resulting in burning, scalding, freezing, etc.) ☐ 33. INHALATION, ASPIRATION, SWALLOWING. (Asphyxiation, poisoning, drowning, etc.) ☐ 34. CONTACT WITH ELECTRIC CURRENT. ☐ 35. ELECTRIC WELDING FLASH. ☐ 36. FOREIGN BODIES IN EYE. (Resulting from dust, chips, airborne particles, etc.) ☐ 37. TYPE OF ACCIDENT NOT OTHERWISE CLASSIFIED (Explain) ☐	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. 19. DEFECTIVE SUBSTANCES OR EQUIPMENT: (Broken, rough, slippery, poorly designed, etc.) ☐ 20. UNSAFE GUARDING: (Unguarded, inadequately guarded, etc.) ☐ 21. IMPROPER ILLUMINATION: (Insufficient light, glare, etc.) ☐ 22. IMPROPER VENTILATION: (Dusty, gassy, vapour air source, etc.) ☐ 23. UNSAFE CLOTHING: (Lack of, unsuitable or defective shoes, goggles, gloves, respirators, etc.) ☐ 24. NO UNSAFE CONDITION: ☐ 25. UNSAFE CONDITION NOT OTHERWISE CLASSIFIED (Explain) ☒	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. 1. MACHINES: (Agitators, grinders, sewing machines, vices, saws, lathes, welding machines, etc.) ☐ 2. PRIME MOVERS & PUMPS: (Steam, internal combustion or air, compressors, fans, blowers, etc.) ☐ 3. ELEVATORS: (Passenger, freight, aircraft or dumbwaiters) ☐ 4. HOISTING APPARATUS: (Cranes, hoists (air or electric), shovels, dredges, jacks, etc.) ☐ 5. CONVEYORS: (Belt, monorail, pneumatic, drag line, steering or pulling, etc.) ☐ 6. BOILERS & PRESSURE VESSELS: (Fired or unfired, pressure lines, etc.) ☐ 7. VEHICLES: (All types, except in traffic or light) ☐ 8. ANIMALS: (Including insects and reptiles) ☐ 9. MECHANICAL POWER TRANSMISSION APPARATUS: (Belts, gears, couplings, etc.) ☐ 10. ELECTRICAL APPARATUS: (Motors, transformers, lamps, appliances, etc.) ☐ 11. HAND TOOLS: (Hand, mechanical or electrical cutting tools, sandblasters, etc.) ☐ 12. CHEMICALS: (Explosives, gases, vapours, acids, caustics, poisonous vegetation, etc.) ☐ 13. HIGHLY INFLAMMABLE & HOT SUBSTANCES: (Fire, alcohol, steam, pellets, etc.) ☐ 14. DUSTS: (Explosive, organic or inorganic; leather, wool, etc.) ☐ 15. RADIATIONS & RADIATING SUBSTANCES: (X-ray, radium, ultra violet rays, etc.) ☐ 16. WORKING SURFACES: (Floors, decks, roofs, roads, stairs, platforms, ladders, etc.) ☒ 17. AGENCIES: (Any object or substance not otherwise classified) ☐