

[To be submitted to U. S. DEPARTMENT OF LABOR, BUREAU OF EMPLOYEES' COMPENSATION, as soon as practicable after any injury to a civil employee of the United States sustained while in the performance of duty which causes any disability for work beyond the day or shift on which the injury occurred or results in any charge against the Bureau for medical expense. This form should be accompanied by C. A. 1.]

C. A. 2
December 1961

(OVER)

STATEMENT OF WITNESSES

[The statement of witness should tell just what the witness saw personally, or, if he did not see the injury occur, just what he knows about it and when and by whom the information was given him.]

open up the starboard side port on the 1st deck, right by the Iron Pass, 2nd deck. Meyer and Niles were in the area to my knowledge but just Meyer and I were working on the door. We were going to open the forward section of the side port in order to discharge Damage Control water to the deck. We started to push the door out when I heard Meyer cry out. I was watching what I was doing or I didn't actually look at him until he cried out. I noticed immediate heavy bleeding from his hand, primarily his right hand. He stopped what we were doing and Meyer left, possibly to avoid, to seek medical aid. Apparently his finger, probably of the right hand, was caught on the edge of the two doors that make up the side port and was caught between them when we pushed outward on the forward section. I didn't notice beforehand that his finger was there, but that is what must have happened. After the accident, the door by this time just barely cracked open, I finished opening the door all the way with the rest of the 195s.

Signed this 16 day of February, 1976

Ismao C. Caparro

(Signature of witness)

Around 12:15 noon or thereabouts, Meyer, Niles and the Carpenter, Caparro, were opening up the starboard side port on the 2nd deck, about frame 125, while I was in the vicinity working, moving summertime pumps by myself. I heard Meyer yell. I ran back around. He was holding his finger. Apparently he had smashed it in the side port but I didn't actually witness the accident myself. I took Meyer to the gangway to give him first aid. There being no first aid kit available at the gangway of the 195s, I started walking with Meyer up the pier to the 205s. I had told Perkins, 195, to call ambulance from the phone on the 195s by the gangway. In the meantime, walking up the pier to the 205s, we met Mr. Wayne, First Officer, and somebody else, driving down the pier. Mr. Wayne then took Meyer with him. I had told Perkins to call the ambulance. After Mr. Wayne drove off with Meyer, I told Perkins to call back and come to it.

Signed this day of , 19

James C. Fitzcock

(Signature of witness)

STATEMENT OF GOVERNMENT MEDICAL OFFICER OR PHYSICIAN WHO FIRST EXAMINED CASE

I CERTIFY that _____ was given first-aid treatment, or examined, on _____, 19____, at _____ m., and _____ disabled for work. Probable length of disability will be _____ In my opinion disability _____ due to injury on _____, 19____. Nature of injury as found on examination _____

Hospitalized _____ Will return for further treatment _____ Discharged _____ Other disposition _____ Remarks _____

Signed this day of , 19

at _____

(Signature of medical officer)

(Title)

U.S. DEPARTMENT OF LABOR
Bureau of Employees' Compensation

EMPLOYEE'S NOTICE OF INJURY OR OCCUPATIONAL DISEASE
(Under the Federal Employees' Compensation Act)

INSTRUCTIONS

This form should be completed by the injured employee or someone on his behalf whenever an injury is sustained in the performance of duty and given to his immediate superior within 48 hours. It should be placed in the employee's official personnel file unless the injury causes disability for work beyond the day when it occurred; is likely to result in prolonged treatment or permanent disability; or in a charge for medical or related expenses when it should be forwarded to this Bureau with Form CA-2, Official Superior's Report of Injury. This form is also completed whenever an employee believes he suffers from a disease related to his employment. (See Sections 1.2, 1.3, 2.2 and 2.3 of the Bureau's Regulations.)

The immediate superior should also complete the reverse side of this form.

1. NAME OF INJURED EMPLOYEE (Last, first, middle) MEYER, Joseph # 27587		2. DATE OF THIS NOTICE (Mo., day, yr.) February 6, 1978
3. PLACE OF EMPLOYMENT (Name and location of office or establishment) U.S. POPE T AP 119 - MILP C, Dept of the Navy		4. DATE OF INJURY (Mo., day, yr.) February 5, 1978
5. OCCUPATION Able Seaman (Maintenance) 157-3		6. HOUR OF INJURY (a.m. or p.m.) 12:00 noon
7. PLACE OR LOCATION WHERE INJURY OCCURRED U.S. POPE T AP 119 - Located at San Francisco Naval Shipyard, Hunter's Point, Pier 2		
8. CAUSE OF INJURY (Describe how and where injury occurred) While working on the pier, I was at the (A) pierhead, troop pass of the pierhead, at the pierhead. I was going to try to open the door with Jerry, Nice, the carpenter, and I think. We were going to try to open up the side out to see if shoring could be taken out to the deck instead of carrying it topside and using boom. The carpenter was on my left. Jerry on my right. I was in the middle. The door seemed hard to open; the dogs were hooked, so we freed the dogs. Due to the poor lighting, I didn't judge the opening between the two doors, otherwise I would not have had my finger that close. As the doors swung out, the inner door hit my finger, mashing it between the two doors. I went to the gangway, thru up the pier towards the OPA, and met Mr. Payne and Mr. Finnegan who drove me to the Base Dispensary, Hunter's Point and then to Marine Hospital. As I said, I misjudged the conditions due to inadequate lighting, and placed my hand at the wrong spot.		
9. NATURE OF INJURY (Name part of body affected—fractured left leg, bruised right thumb, etc.) Right ring finger injury		
10. NAMES OF WITNESSES TO INJURY Irene G. Caparzo James G. Pitcock		
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. Employee unavailable within 48-hour period for statement due to injury.		
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 13. HOME ADDRESS OF INJURED EMPLOYEE 2549 Scott Way Union City, California 94587

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

At approximately 12:30, Thursday, February 5, Joe Meyer and I were attempting to open up the starboard sideport on the WIGG right by the Troop Mess, 2nd Deck. Garde and Hyle were in the area to my knowledge but just Meyer and I were working on the door. We were going to go on the forward section of the side-port in order to discharge Damage Control Number to the dock.

We started to push the door out when I heard Meyer cry out. I was watching what I was doing so I didn't actually look at him until he cried out. I noticed immediate heavy bleeding from his hand, probably his right hand. We stopped what we were doing and Meyer left, possibly by himself, to seek medical aid.

A parently his finger, probably of the right hand, was inbetween the edge of the two doors that make up the side-port and was caught between them when we pushed outward on the forward section. I didn't notice beforehand that his finger was there, but that it was must have happened.

After the accident, the door by this time just barely cracked open, SM finished opening up the door all the way, with the rest of the door.

17. SIGNATURE OF IMMEDIATE SUPERIOR

Irene G. Caparro

DATE (Mo., day, yr.)

6 February 1976

19. STATEMENT OF WITNESS

12:00 noon

Around 12:05 or thereabouts, Joe Meyer and the Carpenter, Caparro, were opening up the starboard sideport on the 2nd Deck, about Frame 125, while I was in the vicinity working, moving submersible pumps by myself.

I heard Meyer nodder. I looked around. He was holding his finger. The nail was missing and the tip of the finger seemed to be missing. He had apparently smashed it in the side-port but I didn't actually witness the accident itself.

I took Meyer to gangway to give him first aid. There being no first aid kit available at the gangway of the WIGG, I started walking with Meyer up the pier to the POP. I had told Perkins, SM, to call ambulance from the phone on the WIGG by the gangway. In the meantime, walking up the pier to the POP, we met Mr. Wayne, First Officer, and somebody else, driving down the pier. Mr. Wayne then took Meyer with him.

I had told PERKINS Perkins to call the ambulance. After Mr. Wayne drove off with Meyer, I told him to call back and cancel it.

20. SIGNATURE OF WITNESS

James W. Fitcock

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

6 February 1976

22. STATEMENT OF WITNESS

23. SIGNATURE OF WITNESS

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

1. REPORTING SHIP, ACTIVITY OR UNIT										REPORTING OFFICER'S NAME, GRADE, AND BRANCH OF SERVICE		REPORTING OFFICER'S SIGNATURE							
USS <i>Albatross</i> (AG-42) (AS)										J. H. <i>Miller</i>		<i>[Signature]</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			
Joseph Meyer Civilian Marine Employee										36	17	I			Indef.	61			
3. PROPERTY/EQUIPMENT DAMAGE										ESTIMATED DAMAGE COST									
TYPE										OWNERSHIP	LABOR	MATERIAL	OVERHEAD	TOTAL					
No property damage																			
4. DATE AND TIME OF ACCIDENT										WEATHER									
HOUR	DAY	MONTH	YEAR	GOOD	ADVERSE	NOT APPLIC.	GOOD	ADVERSE	NOT APPLIC.										
12:15	5th	February	1976																
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.										CONFIRMATION OF LIGHT									
<p>At around noon, Thursday, 5th of February, 1976, Meyer and Caparro, the ship's Carpenter, were attempting to open the (3) sideport, 2nd Deck, Troop Mess, in order to see if Sprague Control shoring could be off-loaded through the side-port to the dock instead of carrying it top-side and using the crane. Neither party confirmed this operation with the Boatwain or the Mate. The crane # 119 was being readied for a de-activated lay-up status, and as a result, many of the ship's AMM stores items were continually being off-loaded for transfer to other ships and ashore. The shoring was one of many items being transferred during that period.... other AB(X)'s were in the area, incl. Rice, Pitcock, and Garde, but only Meyer and Caparro had been definitely identified as being at the side-port itself. One witness, Pitcock, has stated that he was in immediate vicinity. Meyer states that lighting was poor in area of side-port. No other witness mentions it. However, the sequence of events seems to be Meyer in the middle, near middle of side port, where the two sections of the door met. Caparro on his left. Possible Garde on his right. The door, hooked, were freed. Attempting to push outward on forward section, they found it hard to open. Meyer's right hand was near opening between the two sections, the fingers probably gripping the corner between sections. Better lighting might have caused him to grip or push door elsewhere. As it was, when the two sections finally free, swung slightly out, the inner door caught Meyer's right finger, as being it between the two door sections as they swung slightly outboard. Accident occurred, work stopped, doors manually cracked open, and Meyer sent for first aid. Caparro and AB's resumed work.</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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO					C. OTHER (INDICATE):									
7. RECOMMENDED CORRECTIVE ACTION: What recommendations have been made to prevent similar situations encountered by crewmen that have not been specifically ordered by Boatwain or Mate have prior approval before beginning, particularly in light of unrecognized safety hazards attendant to new work situations not previously dealt with on board. In situations, work situations demand continual caution and alertness by crewmembers involved.																			
SIGNATURE OF SUPERVISOR, CHIEF OF WORKING PARTY OR HEAD OF WORK DETAIL:										TITLE, RANK, RATE OR GRADE					DATE				
<i>[Signature]</i>										First Officer, USNS POPC					16 Feb 1976				
8. REVIEW AND COMMENT OF REVIEWING OFFICIAL																			
Excellent and comprehensive description of accident indicates a continuing need for constant supervision during new work situations. Fully concur with supervisor's evaluation.																			
SIGNATURE OF REVIEWING OFFICIAL:										TITLE, RANK, RATE OR GRADE					DATE				
<i>[Signature]</i>										Master, USNS POPC					16 Feb 1976				

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> <table style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <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 dumbwaiters) <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.) </td> <td style="width: 33%; vertical-align: top;"> <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.) </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 12. CHEMICALS: (Explosives, gases, vapors, acids, caustics, poisonous vegetations, 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 type="checkbox"/> 16. WORKING SURFACES: (Floors, decks, roofs, roads, stairs, platforms, stagings, scaffolds, etc.) <input checked="" type="checkbox"/> 17. AGENCIES: <u>Side-port doors</u> (Any object or substance not otherwise classified.) </td> </tr> </table> <p>WHAT PART OF AGENCY CHECKED (X) ABOVE WAS MOST CLOSELY INVOLVED:</p>	<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 dumbwaiters) <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 vegetations, 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 type="checkbox"/> 16. WORKING SURFACES: (Floors, decks, roofs, roads, stairs, platforms, stagings, scaffolds, etc.) <input checked="" type="checkbox"/> 17. AGENCIES: <u>Side-port doors</u> (Any object or substance not otherwise classified.)	Do not use
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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> <table style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 18. IMPROPER GUARDING: (Unguarded, inadequately guarded, etc.) <input type="checkbox"/> 19. DEFECTIVE SUBSTANCES OR EQUIPMENT: (Broken, rough, slippery, poorly designed, etc.) </td> <td style="width: 33%; vertical-align: top;"> <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, gasey, impure air source, etc.) </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 23. UNSAFE CLOTHING: (Lack of, untested or defective shoes, goggles, gloves, respirators, etc.) <input checked="" type="checkbox"/> 24. NO UNSAFE CONDITION: <input type="checkbox"/> 25. UNSAFE CONDITION NOT OTHERWISE CLASSIFIED: (Explain) </td> </tr> </table>	<input type="checkbox"/> 18. IMPROPER GUARDING: (Unguarded, inadequately guarded, etc.) <input type="checkbox"/> 19. DEFECTIVE SUBSTANCES OR EQUIPMENT: (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, gasey, impure air source, etc.)	<input type="checkbox"/> 23. UNSAFE CLOTHING: (Lack of, untested or defective shoes, goggles, gloves, respirators, etc.) <input checked="" type="checkbox"/> 24. NO UNSAFE CONDITION: <input type="checkbox"/> 25. UNSAFE CONDITION NOT OTHERWISE CLASSIFIED: (Explain)	
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SECTION 11 TYPE OF ACCIDENT	<p>Check (x) type of accident. One check (x) MUST be entered in this section.</p> <table style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <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 type="checkbox"/> 27. STRUCK BY (Falling, flying, sliding, or moving objects.) <input checked="" type="checkbox"/> 28. CAUGHT IN, ON, OR BETWEEN. <input type="checkbox"/> 29. FALL ON SAME LEVEL. </td> <td style="width: 33%; vertical-align: top;"> <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.) </td> <td style="width: 33%; vertical-align: top;"> <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) </td> </tr> </table>	<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 type="checkbox"/> 27. STRUCK BY (Falling, flying, sliding, or moving objects.) <input checked="" 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)	
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SECTION 12 UNSAFE ACT	<p>Check (x) and explain PRINCIPAL unsafe act. One check (x) MUST be entered in this section.</p> <table style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <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. </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 42. UNSAFE LOADING, PLACING, MIXING, ETC. <input checked="" 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. (Quarrelling, horseplay, etc.) </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 46. FAILURE TO USE SAFE CLOTHING OR PERSONAL PROTECTIVE DEVICES. (Hats, goggles, etc.) <input type="checkbox"/> 47. NO UNSAFE ACT. <input type="checkbox"/> 48. UNSAFE ACT NOT OTHERWISE CLASSIFIED (Explain) </td> </tr> </table>	<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 checked="" 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. (Quarrelling, horseplay, etc.)	<input type="checkbox"/> 46. FAILURE TO USE SAFE CLOTHING OR PERSONAL PROTECTIVE DEVICES. (Hats, goggles, etc.) <input type="checkbox"/> 47. NO UNSAFE ACT. <input type="checkbox"/> 48. UNSAFE ACT NOT OTHERWISE CLASSIFIED (Explain)	
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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> <table style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <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.) </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 51. BODILY DEFECTS (Defective eyesight, hearing; fatigue, intoxicated, existing hernia, weak heart, etc.) <input type="checkbox"/> 52. NO UNSAFE PERSONAL FACTOR: </td> <td style="width: 33%; vertical-align: top;"> <input checked="" type="checkbox"/> 53. UNSAFE PERSONAL FACTOR NOT ELSEWHERE CLASSIFIED (Explain): <u>Inadequate caution & care</u> </td> </tr> </table>	<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. BODILY DEFECTS (Defective eyesight, hearing; fatigue, intoxicated, existing hernia, weak heart, etc.) <input type="checkbox"/> 52. NO UNSAFE PERSONAL FACTOR:	<input checked="" type="checkbox"/> 53. UNSAFE PERSONAL FACTOR NOT ELSEWHERE CLASSIFIED (Explain): <u>Inadequate caution & care</u>	
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SECTION 14 TYPE OF INJURY	<p>Check (x) type of injury, one check (x) MUST be entered in this section.</p> <table style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <input checked="" type="checkbox"/> 54. WOUNDS (Contusion, abrasion, incision, laceration) <input type="checkbox"/> 55. SPRAINS <input type="checkbox"/> 56. STRAINS (Muscular) <input type="checkbox"/> 57. HERNIA <input type="checkbox"/> 58. FRACTURES </td> <td style="width: 33%; vertical-align: top;"> <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.) </td> <td style="width: 33%; vertical-align: top;"> <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, Electrocution, Heat Exhaustion, etc.) </td> </tr> </table>	<input checked="" type="checkbox"/> 54. WOUNDS (Contusion, 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, Electrocution, Heat Exhaustion, etc.)	
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SECTION 15 PART OF BODY	<p>Check (x) part of body. Part of body chiefly identified with injury MUST be checked (x).</p> <table style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 69. HEAD <input type="checkbox"/> 70. BACK </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 71. EYES <input type="checkbox"/> 72. TRUNK </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 73. ARMS <input type="checkbox"/> 74. HANDS <input checked="" 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) </td> </tr> </table>	<input type="checkbox"/> 69. HEAD <input type="checkbox"/> 70. BACK	<input type="checkbox"/> 71. EYES <input type="checkbox"/> 72. TRUNK	<input type="checkbox"/> 73. ARMS <input type="checkbox"/> 74. HANDS <input checked="" 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)	
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ACCIDENT REPORT

REPORT EXOS-5100-8

16 Feb 70

DATE (Day, Month, Year):

1. REPORTING SHIP, ACTIVITY OR UNIT USS POPE										FLEET OR NAV. DIST. NO. 16 Feb 70		Do not use
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	
Joseph Meyer Civilian Marine Employee				50	17	X					1	
3. PROPERTY/EQUIPMENT DAMAGE						ESTIMATED DAMAGE COST						
TYPE		OWNERSHIP		LABOR		MATERIAL		OVERHEAD		TOTAL		
X no property damage												
4. DATE AND TIME OF ACCIDENT				WEATHER								
HOUR	DAY	MONTH	YEAR	GOOD	ADVERSE	NOT APPLIC.	GOOD	ADVERSE	NOT APPLIC.			
12:15	5th	February	1970									
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>At around noon, Thursday, 5th of February, 1970, Meyer and Caparro, the Ship's Carpenter, were attempting to open the (S) sideport, End Deck, Troop Mess, in order to see if Damage Control shoring could be off-loaded through the side-port to the deck instead of carrying it top-side and using boom. Neither party confirmed this operation with the Boatwin or the Mate. The SIDE PORT 119 was being readied for a de-activated lay-up status and as a result, many of the ship's EXIST stores items were continually being off-loaded for transfer to other ships and ashore. The shoring was one of many items being transferred during that period.... Other AB(R)'s were in the area, incl. Mice, Pitcock, and Garde, but only Meyer and Caparro had been definitely identified as being at the side-port itself. One witness, Pitcock, has stated that he was in immediate vicinity. Meyer states that lighting was poor in area of side-port. No other witness mentions it. However, the sequence of events seems to be: Meyer in the middle, near middle of side port, where the two sections of the door met. Caparro on his left. Possible Garde on his right. The dogs, hooked, were freed. Attempting to push outward on forward section, they found it hard to open. Meyer's right hand was near opening between the two sections, the fingers probably gripping the corner 'tween sections. Better lighting might have caused him to grip or push door elsewhere. As it was, when the two sections, finally free, swung slightly out, the inside door caught Meyer's right finger, as being it between the two door sections as they swung slightly outboard. Accident occurred, work stopped, doors just barely cracked open, and Meyer sent for first aid. Caparro and AB's resumed work.</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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO				C. OTHER (INDICATE):				
7. RECOMMENDED CORRECTIVE ACTION: What recommendations have been made which will help prevent such accidents from being repeated?												
<p>Ensure that any and all work situations encountered by crewmen that have not been specifically ordered by Boatwin or Mate have prior approval before beginning, particularly in light of unrecognized safety hazards attendant to new work situations not previously dealt with on board. In addition, all work situations demand continual caution and alertness by crewmembers involved.</p>												
SIGNATURE OF SUPERVISOR, CHIEF OF WORKING PARTY OR HEAD OF WORK DETAIL:				TITLE, RANK, RATE OR GRADE First Officer, USS POPE				DATE 16 Feb 1970				
8. REVIEW AND COMMENT OF REVIEWING OFFICIAL												
<p>Excellent and comprehensive description of accident indicates a continuing need for constant supervision during new work situations. Fully concur with supervisor's evaluation.</p>												
SIGNATURE OF REVIEWING OFFICIAL:				TITLE, RANK, RATE OR GRADE Master, USS POPE				DATE 16 Feb 1970				

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
	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 vegetation, etc.) <input type="checkbox"/>	
SECTION 10 MECHANICAL CONDITION	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, paints, 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, emery, coal, etc.) <input type="checkbox"/>	
SECTION 11 TYPE OF ACCIDENT	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: (Belt, 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, staging, scaffolds, etc.) <input type="checkbox"/>	
SECTION 12 UNSAFE ACT	6. BOILERS & PRESSURE VESSELS: (Fired or unfired, pressure lines, etc.) <input type="checkbox"/>	WHAT PART OF AGENCY CHECKED (X) ABOVE WAS MOST CLOSELY INVOLVED?		
	17. AGENCIES: <u>DO NOT USE</u> (Any object or substance not otherwise classified.)			
SECTION 13 UNSAFE PERSONAL FACTOR	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, unaltered 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 checked="" type="checkbox"/>	
SECTION 14 TYPE OF INJURY	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"/>	
SECTION 15 PART OF BODY	28. CAUGHT IN, ON, OR BETWEEN. <input checked="" 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) <input type="checkbox"/>	
SECTION 16 TYPE OF INJURY	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"/>	
SECTION 17 TYPE OF INJURY	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.) <input type="checkbox"/>		
SECTION 18 TYPE OF INJURY	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): <u>Inadequate education & care</u> <input checked="" type="checkbox"/>	
	50. LACK OF KNOWLEDGE OR SKILL (Unaware of safe practice, unskilled, etc.) <input type="checkbox"/>	52. NO UNSAFE PERSONAL FACTOR: <input type="checkbox"/>		
SECTION 19 TYPE OF INJURY	54. WOUNDS (Concussion, abrasion, incision, laceration) <input checked="" 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"/>	
SECTION 20 TYPE OF INJURY	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"/>	
SECTION 21 TYPE OF INJURY	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.) <input type="checkbox"/>	
	59. HEAD FACE <input type="checkbox"/>	71. EYES <input type="checkbox"/>	75. FINGERS <input checked="" type="checkbox"/>	
SECTION 22 TYPE OF INJURY	60. BACK <input type="checkbox"/>	72. TRUNK <input type="checkbox"/>	76. LEGS <input type="checkbox"/>	
	61. ARMS <input type="checkbox"/>	73. HANDS <input type="checkbox"/>	77. FEET <input type="checkbox"/>	
SECTION 23 TYPE OF INJURY	62. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.) <input type="checkbox"/>	63. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain) <input type="checkbox"/>		
	64. HEAD FACE <input type="checkbox"/>	71. EYES <input type="checkbox"/>	75. FINGERS <input checked="" type="checkbox"/>	
SECTION 24 TYPE OF INJURY	65. BACK <input type="checkbox"/>	72. TRUNK <input type="checkbox"/>	76. LEGS <input type="checkbox"/>	
	66. ARMS <input type="checkbox"/>	73. HANDS <input type="checkbox"/>	77. FEET <input type="checkbox"/>	
SECTION 25 TYPE OF INJURY	67. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.) <input type="checkbox"/>	68. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain) <input type="checkbox"/>		
	69. HEAD FACE <input type="checkbox"/>	71. EYES <input type="checkbox"/>	75. FINGERS <input checked="" type="checkbox"/>	
SECTION 26 TYPE OF INJURY	70. BACK <input type="checkbox"/>	72. TRUNK <input type="checkbox"/>	76. LEGS <input type="checkbox"/>	
	71. ARMS <input type="checkbox"/>	73. HANDS <input type="checkbox"/>	77. FEET <input type="checkbox"/>	
SECTION 27 TYPE OF INJURY	72. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.) <input type="checkbox"/>	69. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain) <input type="checkbox"/>		
	73. HEAD FACE <input type="checkbox"/>	71. EYES <input type="checkbox"/>	75. FINGERS <input checked="" type="checkbox"/>	
SECTION 28 TYPE OF INJURY	74. BACK <input type="checkbox"/>	72. TRUNK <input type="checkbox"/>	76. LEGS <input type="checkbox"/>	
	75. ARMS <input type="checkbox"/>	73. HANDS <input type="checkbox"/>	77. FEET <input type="checkbox"/>	
SECTION 29 TYPE OF INJURY	76. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.) <input type="checkbox"/>	70. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain) <input type="checkbox"/>		
	77. HEAD FACE <input type="checkbox"/>	71. EYES <input type="checkbox"/>	75. FINGERS <input checked="" type="checkbox"/>	
SECTION 30 TYPE OF INJURY	78. BACK <input type="checkbox"/>	72. TRUNK <input type="checkbox"/>	76. LEGS <input type="checkbox"/>	
	79. ARMS <input type="checkbox"/>	73. HANDS <input type="checkbox"/>	77. FEET <input type="checkbox"/>	
SECTION 31 TYPE OF INJURY	78. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.) <input type="checkbox"/>	71. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain) <input type="checkbox"/>		
	79. HEAD FACE <input type="checkbox"/>	71. EYES <input type="checkbox"/>	75. FINGERS <input checked="" type="checkbox"/>	
SECTION 32 TYPE OF INJURY	80. BACK <input type="checkbox"/>	72. TRUNK <input type="checkbox"/>	76. LEGS <input type="checkbox"/>	
	81. ARMS <input type="checkbox"/>	73. HANDS <input type="checkbox"/>	77. FEET <input type="checkbox"/>	
SECTION 33 TYPE OF INJURY	82. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.) <input type="checkbox"/>	72. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain) <input type="checkbox"/>		
	83. HEAD FACE <input type="checkbox"/>	71. EYES <input type="checkbox"/>	75. FINGERS <input checked="" type="checkbox"/>	
SECTION 34 TYPE OF INJURY	84. BACK <input type="checkbox"/>	72. TRUNK <input type="checkbox"/>	76. LEGS <input type="checkbox"/>	
	85. ARMS <input type="checkbox"/>	73. HANDS <input type="checkbox"/>	77. FEET <input type="checkbox"/>	
SECTION 35 TYPE OF INJURY	86. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.) <input type="checkbox"/>	73. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain) <input type="checkbox"/>		
	87. HEAD FACE <input type="checkbox"/>	71. EYES <input type="checkbox"/>	75. FINGERS <input checked="" type="checkbox"/>	
SECTION 36 TYPE OF INJURY	88. BACK <input type="checkbox"/>	72. TRUNK <input type="checkbox"/>	76. LEGS <input type="checkbox"/>	
	89. ARMS <input type="checkbox"/>	73. HANDS <input type="checkbox"/>	77. FEET <input type="checkbox"/>	
SECTION 37 TYPE OF INJURY	88. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.) <input type="checkbox"/>	74. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain) <input type="checkbox"/>		
	89. HEAD FACE <input type="checkbox"/>	71. EYES <input type="checkbox"/>	75. FINGERS <input checked="" type="checkbox"/>	
SECTION 38 TYPE OF INJURY	90. BACK <input type="checkbox"/>	72. TRUNK <input type="checkbox"/>	76. LEGS <input type="checkbox"/>	
	91. ARMS <input type="checkbox"/>	73. HANDS <input type="checkbox"/>	77. FEET <input type="checkbox"/>	
SECTION 39 TYPE OF INJURY	90. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.) <input type="checkbox"/>	75. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain) <input type="checkbox"/>		
	91. HEAD FACE <input type="checkbox"/>	71. EYES <input type="checkbox"/>	75. FINGERS <input checked="" type="checkbox"/>	
SECTION 40 TYPE OF INJURY	92. BACK <input type="checkbox"/>	72. TRUNK <input type="checkbox"/>	76. LEGS <input type="checkbox"/>	
	93. ARMS <input type="checkbox"/>	73. HANDS <input type="checkbox"/>	77. FEET <input type="checkbox"/>	
SECTION 41 TYPE OF INJURY	94. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.) <input type="checkbox"/>	76. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain) <input type="checkbox"/>		
	95. HEAD FACE <input type="checkbox"/>	71. EYES <input type="checkbox"/>	75. FINGERS <input checked="" type="checkbox"/>	
SECTION 42 TYPE OF INJURY	96. BACK <input type="checkbox"/>	72. TRUNK <input type="checkbox"/>	76. LEGS <input type="checkbox"/>	
	97. ARMS <input type="checkbox"/>	73. HANDS <input type="checkbox"/>	77. FEET <input type="checkbox"/>	
SECTION 43 TYPE OF INJURY	96. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.) <input type="checkbox"/>	77. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain) <input type="checkbox"/>		
	97. HEAD FACE <input type="checkbox"/>	71. EYES <input type="checkbox"/>	75. FINGERS <input checked="" type="checkbox"/>	
SECTION 44 TYPE OF INJURY	98. BACK <input type="checkbox"/>	72. TRUNK <input type="checkbox"/>	76. LEGS <input type="checkbox"/>	
	99. ARMS <input type="checkbox"/>	73. HANDS <input type="checkbox"/>	77. FEET <input type="checkbox"/>	
SECTION 45 TYPE OF INJURY	98. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.) <input type="checkbox"/>	78. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain) <input type="checkbox"/>		
	99. HEAD FACE <input type="checkbox"/>	71. EYES <input type="checkbox"/>	75. FINGERS <input checked="" type="checkbox"/>	
SECTION 46 TYPE OF INJURY	100. BACK <input type="checkbox"/>	72. TRUNK <input type="checkbox"/>	76. LEGS <input type="checkbox"/>	
	101. ARMS <input type="checkbox"/>	73. HANDS <input type="checkbox"/>	77. FEET <input type="checkbox"/>	
SECTION 47 TYPE OF INJURY	100. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.) <input type="checkbox"/>	79. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain) <input type="checkbox"/>		
	101. HEAD FACE <input type="checkbox"/>	71. EYES <input type="checkbox"/>	75. FINGERS <input checked="" type="checkbox"/>	
SECTION 48 TYPE OF INJURY	102. BACK <input type="checkbox"/>	72. TRUNK <input type="checkbox"/>	76. LEGS <input type="checkbox"/>	
	103. ARMS <input type="checkbox"/>	73. HANDS <input type="checkbox"/>	77. FEET <input type="checkbox"/>	
SECTION 49 TYPE OF INJURY	102. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.) <input type="checkbox"/>	80. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain) <input type="checkbox"/>		
	103. HEAD FACE <input type="checkbox"/>	71. EYES <input type="checkbox"/>	75. FINGERS <input checked="" type="checkbox"/>	
SECTION 50 TYPE OF INJURY	104. BACK <input type="checkbox"/>	72. TRUNK <input type="checkbox"/>	76. LEGS <input type="checkbox"/>	
	105. ARMS <input type="checkbox"/>	73. HANDS <input type="checkbox"/>	77. FEET <input type="checkbox"/>	
SECTION 51 TYPE OF INJURY	104. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.) <input type="checkbox"/>	81. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain) <input type="checkbox"/>		
	105. HEAD FACE <input type="checkbox"/>	71. EYES <input type="checkbox"/>	75. FINGERS <input checked="" type="checkbox"/>	
SECTION 52 TYPE OF INJURY	106. BACK <input type="checkbox"/>	72. TRUNK <input type="checkbox"/>	76. LEGS <input type="checkbox"/>	
	107. ARMS <input type="checkbox"/>	73. HANDS <input type="checkbox"/>	77. FEET <input type="checkbox"/>	
SECTION 53 TYPE OF INJURY	106. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.) <input type="checkbox"/>	82. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain) <input type="checkbox"/>		
	107. HEAD FACE <input type="checkbox"/>	71. EYES <input type="checkbox"/>	75. FINGERS <input checked="" type="checkbox"/>	
SECTION 54 TYPE OF INJURY	108. BACK <input type="checkbox"/>	72. TRUNK <input type="checkbox"/>	76. LEGS <input type="checkbox"/>	
	109. ARMS <input type="checkbox"/>	73. HANDS <input type="checkbox"/>	77. FEET <input type="checkbox"/>	
SECTION 55 TYPE OF INJURY	108. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.) <input type="checkbox"/>	83. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain) <input type="checkbox"/>		
	109. HEAD FACE <input type="checkbox"/>	71. EYES <input type="checkbox"/>	75. FINGERS <input checked="" type="checkbox"/>	
SECTION 56 TYPE OF INJURY	110. BACK <input type="checkbox"/>	72. TRUNK <input type="checkbox"/>	76. LEGS <input type="checkbox"/>	
	111. ARMS <input type="checkbox"/>	73. HANDS <input type="checkbox"/>	77. FEET <input type="checkbox"/>	
SECTION 57 TYPE OF INJURY	110. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.) <input type="checkbox"/>	84. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain) <input type="checkbox"/>		
	111. HEAD FACE <input type="checkbox"/>	71. EYES <input type="checkbox"/>	75. FINGERS <input checked="" type="checkbox"/>	
SECTION 58 TYPE OF INJURY	112. BACK <input type="checkbox"/>	72. TRUNK <input type="checkbox"/>	76. LEGS <input type="checkbox"/>	
	113. ARMS <input type="checkbox"/>	73. HANDS <input type="checkbox"/>	77. FEET <input type="checkbox"/>	
SECTION 59 TYPE OF INJURY	112. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.) <input type="checkbox"/>	85. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain) <input type="checkbox"/>		
	113. HEAD FACE <input type="checkbox"/>	71. EYES <input type="checkbox"/>	75. FINGERS <input checked="" type="checkbox"/>	
SECTION 60 TYPE OF INJURY	114. BACK <input type="checkbox"/>	72. TRUNK <input type="checkbox"/>	76. LEGS <input type="checkbox"/>	
	115. ARMS <input type="checkbox"/>	73. HANDS <input type="checkbox"/>	77. FEET <input type="checkbox"/>	
SECTION 61 TYPE OF INJURY	114. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.) <input type="checkbox"/>	86. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain) <input type="checkbox"/>		
	115. HEAD FACE <input type="checkbox"/>	71. EYES <input type="checkbox"/>	75. FINGERS <input checked="" type="checkbox"/>	
SECTION 62 TYPE OF INJURY	116. BACK <input type="checkbox"/>	72. TRUNK <input type="checkbox"/>	76. LEGS <input type="checkbox"/>	
	117. ARMS <input type="checkbox"/>	73. HANDS <input type="checkbox"/>	77. FEET <input type="checkbox"/>	
SECTION 63 TYPE OF INJURY	116. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.) <input type="checkbox"/>	87. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain) <input type="checkbox"/>		
	117. HEAD FACE <input type="checkbox"/>	71. EYES <input type="checkbox"/>	75. FINGERS <input checked="" type="checkbox"/>	
SECTION 64 TYPE OF INJURY	118. BACK <input type="checkbox"/>	72. TRUNK <input type="checkbox"/>	76. LEGS <input type="checkbox"/>	
	119. ARMS <input type="checkbox"/>	73. HANDS <input type="checkbox"/>	77. FEET <input type="checkbox"/>	
SECTION 65 TYPE OF INJURY	118. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.) <input type="checkbox"/>	88. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain) <input type="checkbox"/>		
	119. HEAD FACE <input type="checkbox"/>	71. EYES <input type="checkbox"/>	75. FINGERS <input checked="" type="checkbox"/>	
SECTION 66 TYPE OF INJURY	120. BACK <input type="checkbox"/>	72. TRUNK <input type="checkbox"/>	76. LEGS <input type="checkbox"/>	
	121. ARMS <input type="checkbox"/>	73. HANDS <input type="checkbox"/>	77. FEET <input type="checkbox"/>	
SECTION 67 TYPE OF INJURY	120. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.) <input type="checkbox"/>	89. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain) <input type="checkbox"/>		
	121. HEAD FACE <input type="checkbox"/>	71. EYES <input type="checkbox"/>	75. FINGERS <input checked="" type="checkbox"/>	
SECTION 68 TYPE OF INJURY	122. BACK <input type="checkbox"/>	72. TRUNK <input type="checkbox"/>	76. LEGS <input type="checkbox"/>	
	123. ARMS <input type="checkbox"/>	73. HANDS <input type="checkbox"/>	77. FEET <input type="checkbox"/>	
SECTION 69 TYPE OF INJURY	122. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.) <input type="checkbox"/>	90. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain) <input type="checkbox"/>		
	123. HEAD FACE <input type="checkbox"/>	71. EYES <input type="checkbox"/>	75. FINGERS <input checked="" type="checkbox"/>	
SECTION 70 TYPE OF INJURY	124			