

OFFICIAL SUPERIOR'S REPORT OF INJURY

[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.]

| | | |
|---|--|---|
| Place of employment | 1. Department <u>Army</u> (Army, Navy, etc.) | 2. Bureau or office <u>Engineer</u> (Engineer, Navigation, etc.) |
| | 3. Place of employment <u>Arsenal, navy yard, etc.</u> | <u>City</u> <u>WATER'S POINT</u> (City) (State) |
| | 4. Reporting office <u>AS 112, PORT PINE, 112, WATER'S POINT</u> (Location of reporting office or division headquarters) | |
| | 5. Name of superintendent or foreman in charge when injury occurred | |
| | | |
| The injured employee | 6. Name of injured employee <u>JOSEPH AYER</u> (Give first name in full) | 7. Age <u>35</u> 8. Sex <u>M</u> 9. Citizenship <u>USA</u> (State) |
| | 10. Home address <u>2529 ADOBE ST., WATER'S POINT, CALIFORNIA 94627</u> (Street and number) | <u>City</u> <u>WATER'S POINT</u> (City or town) (State) |
| | 11. Occupation and division <u>ARMED FORCES, ARSENAL WORKERS (112)</u> (Give both, as laborer, hull division; helper, machine shop, etc.) | 12. Was employee doing his regular work? <u>Yes</u> If not, what work? <u>164 years</u> |
| | 13. Total length of service with the Government as a civilian? <u>41 years</u> | |
| | 14. How long at present work in this establishment? <u>41 years</u> | |
| | 15. Dates of other injuries | <u>1.17</u> <u>1968</u> |
| | 16. Rate of pay on date of injury, \$ <u>6.74</u> per <u>hour</u> and subsistence valued at \$ <u>3.35</u> per <u>day</u> <u>17.75 hours</u> and quarters valued at \$ <u>1.00</u> per <u>day</u> | |
| | 17. Employee begins work at <u>7:00 A.M. (8 or 9 A.M.)</u> m. 18. Regular day's work ends <u>4:00 P.M. (7 or 8 P.M.)</u> m. | |
| | 19. Hours worked per day | 20. Days paid per week |
| | 21. Place where injury occurred <u>ARMED FORCES, ARSENAL WORKERS (112), 2, PORT PINE, WATER'S POINT</u> (Give exact location, as name or number of building and division, etc.) | |
| 22. Date of injury <u>February 5</u> , 19 <u>70</u> ; day of week <u>TUESDAY</u> ; hour of day <u>12:00 A.M.</u> | | |
| 23. Date employee stopped work <u>February 5</u> , 19 <u>70</u> ; day of week <u>TUESDAY</u> ; hour of day <u>12:00 P.M.</u> | | |
| 24. Date employee's pay stopped <u>February 5</u> , 19 <u>70</u> ; day of week <u>TUESDAY</u> ; hour of day <u>12:00 P.M.</u> | | |
| 25. Has employee returned to work? <u>Yes</u> (Give date and hour) | | |
| 26. Will employee receive pay for any portion of above absence on account of: (a) Annual leave <u>Yes: few & thru 6 days (Payroll hours) - Pay to 2nd category</u> (b) Sick leave <u>Yes: few & thru 6 days (Payroll hours)</u> (c) Any other reason <u>Yes: few & thru 6 days (Payroll hours)</u> | | |
| 27. Describe in full how injury occurred <u>about noon of 5 February, Thursday, Moyer and the employee opened to open the (3) sideport, 2nd deck prop. case, in order to attempt to off-load shoring to the deck instead of carrying it topside and using it. While working on other lower door of sideport, Moyer caught finger between the two doors as the doors swung out and free, mashing finger.</u> | | |
| 28. State part of body injured and nature and extent of injury <u>right ring finger</u> | | |
| The injury | 29. Did injury cause loss of any member or part of member? <u>Yes</u> If so, describe exactly <u>details of loss to right ring finger unavailable at this time; medical statement will indicate exact specific injury.</u> | |
| | 30. Was employee injured while in performance of duty? <u>Yes</u> If not, or in doubt, give detailed statement <u>(Employee opened sideport of his own volition, without prior discussion with supervisor)</u> | |
| | 31. Was injury caused by: (a) Willful misconduct of the employee? <u>Yes</u> (b) Intention of employee to bring about injury or death of himself or another? <u>Yes</u> (c) Employee's intoxication? <u>No</u> (If any answers to these questions are made in the affirmative, the reporting officer should attach an additional statement giving the reason for his conclusion) | |
| | 32. Was written notice of injury given within 48 hours? <u>Yes</u> If not, did immediate superior have actual knowledge of injury? <u>Yes</u> (Answer to question 5, Form C. A. 1, must be complete if notice not given within 48 hours) | |
| | 33. Names and addresses of witnesses to injury <u>James A. Alcock, 2529 Adobe St., 112, PORT PINE, WATER'S POINT</u> | |
| (If disability will continue for more than one day, have statements of witnesses made on reverse side of this form) | | |
| 34. Was injury caused by a third party other than a Government employee or agency? <u>Yes</u> If so, has employee been instructed in procedure under the Bureau's regulations? <u>Yes</u> (A detailed statement should be forwarded with this report) | | |
| 35. Name and address of physician who first attended case | | |
| Medical attendance | 36. How soon after injury? <u>Within the hour of injury</u> | |
| | 37. To what hospital sent? <u>112 Hospital, San Francisco, California</u> Location <u>San Francisco 24-1110</u> | |
| | 38. Name and address of physician now attending case | |

Signed this 16th day of February, 1970

(Signature of reporting officer)

at
C. A. 2
December 1961

(OVER)

(Title)

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 2nd deck, right by the fireman's bunks. I was with Rice and Rice was 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. Meyer is the cook. He 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 the right hand. We stopped what we were doing and Meyer left, possibly by a ladder, 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, which is what must have happened. After the accident, the door by this time just barely cracked open, I finished opening the door the rest of the way with the rest of the ABCs.

Signed this 16 February 76
day of , 19

James C. Caparso

(Signature of witness)

From 12:45 noon or thereabouts, Meyer, Rice and the Carpenter, Caparso, were opening up the starboard side-port on the 2nd deck, about frame 129, while I was in the vicinity working, moving immovable pumps by myself. I heard Meyer shout. I ran around. He was holding his finger, apparently he had caught 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 or the side, I started walking with Meyer up the pier to the POB. I had told Perkins, ABC, to call ambulance from the phone on the pier. By the gangway. In the meantime, walking up the pier to the POB, 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 cancel it.

Signed this day of , 19

James G. Atcock

(Signature of witness)

STATEMENT OF GOVERNMENT MEDICAL OFFICER OR PHYSICIAN WHO FIRST EXAMINED CASE

I CERTIFY that _____ was given first-aid treatment, or examined, (Name of employee) on _____, 19, at _____ m., and _____ disabled for work. Probable length of (Was or was not) disability will be _____ In my opinion disability _____ due to injury (Was or was not) 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

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 is 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 2, 3, 4, 5, 6, 7, 8 and 2-2 of the Bureau's Regulations.)

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

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 side-port on the MIGEL right by the Troop Hatch, 2nd Deck. Carde and Bryce 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 the gear control lumber 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 partially 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, EMI finished

17. SIGNATURE OF IMMEDIATE SUPERIOR

DATE (Mo., day, yr.)
6 February 1976

Irene G. Caparso

18. STATEMENT OF WITNESS

12:45 noon

Around 12:45 or thereabouts, Mr. Wayne, the Carpenter, Caparso, were opening up the starboard side-port on the 2nd deck, about Frame 125, while I was in the vicinity working, moving submersible pumps by myself.

I heard Meyer holler. 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 mashed 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 on the gangway of the MIGEL, I started walking with Meyer up the pier to the POP. I had told Perkins, MM, to call ambulance from the phone on the MIGEL 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 ~~EMERGENCY~~ Perkins to call the ambulance. After Mr. Wayne drove off, I told him to call back and cancel it.

20. SIGNATURE OF WITNESS

DATE (Mo., day, yr.)

James C. Pitcock

6 February 1976

22. STATEMENT OF WITNESS

23. SIGNATURE OF WITNESS

DATE (Mo., day, yr.)

ACCIDENT REPORT

16 Feb 70

DATE (Day, Month, Year):

| | | | | | | | | | | | |
|---|------------|------------------------------|-----------------------------|---|--------------------------------|--------------------------------|----------------------------------|--------------------------------|------------------------------------|---|------------|
| 1. REPORTING SHIP, ACTIVITY OR UNIT <i>U.S. NAVY</i> | | | | | | | | | | RELEASER NAV/NDIST. NO. <i>123456789</i> | 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 | |
| <i>Joseph Moyer Civilian Marine Employee</i> | | <i>56</i> | <i>17</i> | <input checked="" type="checkbox"/> REG. | <input type="checkbox"/> TEMP. | <input type="checkbox"/> RECR. | <input type="checkbox"/> LV/LIB. | <input type="checkbox"/> TRAV. | <input type="checkbox"/> OTHER | <i>1</i> | <i>1</i> |
| 3. PROPERTY/EQUIPMENT DAMAGE | | | | | | | | | | ESTIMATED DAMAGE COST | |
| TYPE | | OWNERSHIP | | LABOR | | MATERIAL | | OVERHEAD | | TOTAL | |
| <i>No property damage</i> | | | | | | | | | | | |
| 4. DATE AND TIME OF ACCIDENT | | | | WEATHER | | | CONDITION & LIGHT | | | | |
| HOUR | DAY | MONTH | YEAR | GOOD | ADVERSE | NOT APPLIC. | GOOD | POOR | NOT APPLIC. | | |
| <i>1200</i> | <i>5th</i> | <i>February</i> | <i>70</i> | | | | | | | | |
| 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, Moyer and Caparro, the ship's Carpenter, were attempting to open the (3) side-port, 2nd Deck, Troop Hatch, in order to see if Sprage Control shoring could be off-loaded through the side-port to the dock instead of carrying it top-side and using through the hatch. Neither party confirmed this operation with the Gunner-in or the Mate. Both parties were off-loaded for a de-activated lay-up status, and the ship, ABM 119 was being readied for a de-activated lay-up status. As a result, many of the ship's MMK 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 ABM's were in the area, incl. Hise, Pitcock, and Garde, but only Moyer and Caparro had been definitely identified as being at the side-port 1800 f. One witness, Pitcock, has stated that he was in immediate vicinity. Moyer states that lighting was poor in area of side-port. No other witness mentions it. However, the sequence of events seems to be: Moyer in the middle, near middle of side port, where are two sections of the door meet. 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. Moyer's right hand was near forward section, the fingers probably gripping the corner opening between the two sections, the fingers probably gripping the corner opening between the two sections. Better lighting might have caused him to grip or push door 'tween sections. As it was, when the two sections finally free, swinging slightly out, the inner door caught Moyer's right fingers, swinging it between the two door sections as they swung slightly outward. Accident occurred, work stopped, doors just barely cracked open, and Moyer sent for first aid. Caparro and ABM's resumed work. </p> | | | | | | | | | | | |
| 6. FORMS SUBMITTED APPLICABLE TO INJURED CIVILIAN EMPLOYEES | | | | | | | | | | | |
| A. C.A.1 | | <input type="checkbox"/> YES | <input type="checkbox"/> NO | B. C.A.2 | | <input type="checkbox"/> YES | <input type="checkbox"/> NO | C. OTHER (INDICATE): | | | |
| 7. RECOMMENDED CORRECTIVE ACTION: <i>Ensure that any and all work situations unstructured by crewmen that have not been specifically ordered by a Master-at-Arms 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 such cases, work situations demand continual caution and alertness by crewmembers involved.</i> | | | | | | | | | | | |
| SIGNATURE OF SUPERVISOR, CHIEF OF WORKING PARTY OR HEAD OF WORK DETAIL | | | | TITLE, RANK, RATE OR GRADE <i>First Officer, U.S. NAVY</i> | | | | | DATE 16 Feb 1970 | | |
| 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. | | | | | DATE 16 Feb 1970 | | |
| SIGNATURE OF REVIEWING OFFICIAL <i>John C. Johnson</i> | | | | TITLE, RANK, RATE OR GRADE <i>First Officer, U.S. NAVY</i> | | | | | DATE 16 Feb 1970 | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|---|---|---|---|--|--|--|--|---|--|---|--|--|---|---|--|---|---|--|---|--|---|--|--|--|--|--|--|---|---|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 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 border="0"> <tr> <td><input type="checkbox"/> 1. MACHINES: (Agitators, grinders, sewing machines, vices, saws, lathes, welding machines, etc.)</td> <td><input type="checkbox"/> 7. VEHICLES: (All types, except in traffic or flight)</td> <td colspan="8">Do not use</td> </tr> <tr> <td><input type="checkbox"/> 2. PRIME MOVERS & PUMPS: (Steam, internal combustion or air; compressors, fans, blowers, etc.)</td> <td><input type="checkbox"/> 8. ANIMALS: (Including insects and reptiles)</td> <td colspan="8"></td> </tr> <tr> <td><input type="checkbox"/> 3. ELEVATORS: (Passenger, freight, aircraft or dumbwaiters)</td> <td><input type="checkbox"/> 9. MECHANICAL POWER TRANSMISSION APPARATUS: (Belts, gears, couplings, etc.)</td> <td colspan="8"></td> </tr> <tr> <td><input type="checkbox"/> 4. HOISTING APPARATUS: (Cranes, hoists (air or electric), shovels, dredges, jacks, etc.)</td> <td><input type="checkbox"/> 10. ELECTRICAL APPARATUS: (Motors, transformers, lamps, appliances, etc.)</td> <td colspan="8"></td> </tr> <tr> <td><input type="checkbox"/> 5. CONVEYORS: (Belt, monorail, pneumatic, drag line, tiering or piling, etc.)</td> <td><input type="checkbox"/> 11. HAND TOOLS: (Hand, mechanical or electrical motive power; hammers, wrenches, welding tools, sandblasters, etc.)</td> <td colspan="8"></td> </tr> <tr> <td><input type="checkbox"/> 6. BOILERS & PRESSURE VESSELS: (Fired or unfired, pressure lines, etc.)</td> <td></td> <td colspan="8"></td> </tr> </table> | | | | | | | | | | <input type="checkbox"/> 1. MACHINES: (Agitators, grinders, sewing machines, vices, saws, lathes, welding machines, etc.) | <input type="checkbox"/> 7. VEHICLES: (All types, except in traffic or flight) | Do not use | | | | | | | | <input type="checkbox"/> 2. PRIME MOVERS & PUMPS: (Steam, internal combustion or air; compressors, fans, blowers, etc.) | <input type="checkbox"/> 8. ANIMALS: (Including insects and reptiles) | | | | | | | | | <input type="checkbox"/> 3. ELEVATORS: (Passenger, freight, aircraft or dumbwaiters) | <input type="checkbox"/> 9. MECHANICAL POWER TRANSMISSION APPARATUS: (Belts, gears, couplings, etc.) | | | | | | | | | <input type="checkbox"/> 4. HOISTING APPARATUS: (Cranes, hoists (air or electric), shovels, dredges, jacks, etc.) | <input type="checkbox"/> 10. ELECTRICAL APPARATUS: (Motors, transformers, lamps, appliances, etc.) | | | | | | | | | <input type="checkbox"/> 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"/> 6. BOILERS & PRESSURE VESSELS: (Fired or unfired, pressure lines, etc.) | | | | | | | | | |
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| <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> <table border="0"> <tr> <td><input type="checkbox"/> 18. IMPROPER GUARDING: (Unguarded, inadequately guarded, etc.)</td> <td><input type="checkbox"/> 20. HAZARDOUS ARRANGEMENT: (Unsafe piling, poor layout, etc.)</td> <td><input type="checkbox"/> 23. UNSAFE CLOTHING: (Lack of, unsuited or defective shoes, goggles, gloves, respirators, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 19. DEFECTIVE SUBSTANCES OR EQUIPMENT: (Broken, rough, slippery, poorly designed, etc.)</td> <td><input type="checkbox"/> 21. IMPROPER ILLUMINATION: (Insufficient light, glare, etc.)</td> <td><input checked="" type="checkbox"/> 24. NO UNSAFE CONDITION:</td> </tr> <tr> <td></td> <td><input type="checkbox"/> 22. IMPROPER VENTILATION: (Dusty, gassy, impure air source, etc.)</td> <td><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"/> 20. HAZARDOUS ARRANGEMENT: (Unsafe 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 checked="" type="checkbox"/> 24. NO UNSAFE CONDITION: | | <input type="checkbox"/> 22. IMPROPER VENTILATION: (Dusty, gassy, impure air source, etc.) | <input type="checkbox"/> 25. UNSAFE CONDITION NOT OTHERWISE CLASSIFIED: (Explain) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | <input type="checkbox"/> 22. IMPROPER VENTILATION: (Dusty, gassy, impure air source, etc.) | <input type="checkbox"/> 25. UNSAFE CONDITION NOT OTHERWISE CLASSIFIED: (Explain) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Check (x) type of accident. One check (x) MUST be entered in this section.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION 11 TYPE OF ACCIDENT | <table border="0"> <tr> <td><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.)</td> <td><input type="checkbox"/> 30. FALL TO DIFFERENT LEVEL.</td> <td><input type="checkbox"/> 34. CONTACT WITH ELECTRIC CURRENT.</td> </tr> <tr> <td><input type="checkbox"/> 27. STRUCK BY (Falling, flying, sliding, or moving objects.)</td> <td><input type="checkbox"/> 31. SLIP (not fall) OR OVER-EXERTION. (Resulting in strain, hernia, etc.)</td> <td><input type="checkbox"/> 35. ELECTRIC WELDING FLASH.</td> </tr> <tr> <td><input checked="" type="checkbox"/> 28. CAUGHT IN, ON, OR BETWEEN.</td> <td><input type="checkbox"/> 32. EXPOSURE TO TEMPERATURE EXTREMES. (Resulting in burning, scalding, heat exhaustion, sunstroke, freezing, etc.)</td> <td><input type="checkbox"/> 36. FOREIGN BODIES IN EYE. (Resulting from dust, chips, airborne particles, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 29. FALL ON SAME LEVEL.</td> <td><input type="checkbox"/> 33. INHALATION, ABSORPTION, SWALLOWING. (Asphyxiation, poisoning, drowning, etc.)</td> <td><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"/> 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 checked="" 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>Check (x) and explain PRINCIPAL unsafe act. One check (x) MUST be entered in this section.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION 12 UNSAFE ACT | <table border="0"> <tr> <td><input type="checkbox"/> 38. OPERATING WITHOUT AUTHORITY. (Failure to secure or warn)</td> <td><input type="checkbox"/> 42. UNSAFE LOADING, PLACING, MIXING, ETC.</td> <td><input type="checkbox"/> 46. FAILURE TO USE SAFE CLOTHING OR PERSONAL PROTECTIVE DEVICES. (Hats, goggles, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 39. OPERATING OR WORKING AT UNSAFE SPEED. (Too slow, too fast, throwing materials, etc.)</td> <td><input checked="" type="checkbox"/> 43. UNSAFE POSITION, POSTURE OR ACT, ETC. (Under suspended loads, lifting with bent back, etc.)</td> <td><input type="checkbox"/> 47. NO UNSAFE ACT.</td> </tr> <tr> <td><input type="checkbox"/> 40. MAKING SAFETY DEVICES INOPERATIVE. (Removing, readjusting, disconnecting, etc.)</td> <td><input type="checkbox"/> 44. WORKING ON MOVING OR DANGEROUS EQUIPMENT. (Cleaning, adjusting, oiling, etc.)</td> <td><input type="checkbox"/> 48. UNSAFE ACT NOT OTHERWISE CLASSIFIED (Explain)</td> </tr> <tr> <td><input type="checkbox"/> 41. USING UNSAFE EQUIPMENT, HANDS INSTEAD OF EQUIPMENT, OR EQUIPMENT UNSAFELY.</td> <td><input type="checkbox"/> 45. DISTRACTING, TEASING, ABUSING, STARTLING, ETC. (Marqueling, horseplay, etc.)</td> <td></td> </tr> </table> | | | | | | | | | | <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 checked="" type="checkbox"/> 43. UNSAFE POSITION, POSTURE OR ACT, ETC. (Under suspended loads, lifting with bent back, etc.) | <input type="checkbox"/> 47. NO UNSAFE ACT. | <input type="checkbox"/> 40. MAKING SAFETY DEVICES INOPERATIVE. (Removing, readjusting, 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. (Marqueling, horseplay, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>Check (x) and explain the unsafe personal factor chiefly responsible for the accident. One check (x) MUST be entered in this section.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION 13 UNSAFE PERSONAL FACTOR | <table border="0"> <tr> <td><input type="checkbox"/> 49. IMPROPER ATTITUDE (Disregard of instructions, failure to understand instructions, nervous, excitable, etc.)</td> <td><input type="checkbox"/> 51. BODILY DEFECTS (Defective eyesight, hearing, fatigue, intoxicated, existing hernia, weak heart, etc.)</td> <td><input checked="" type="checkbox"/> 53. UNSAFE PERSONAL FACTOR NOT ELSEWHERE CLASSIFIED. (Explain): <u>Inadequate caution & care</u></td> </tr> <tr> <td><input type="checkbox"/> 50. LACK OF KNOWLEDGE OR SKILL (Un-aware of safe practice, unskilled, etc.)</td> <td><input type="checkbox"/> 52. NO UNSAFE PERSONAL FACTOR:</td> <td></td> </tr> </table> | | | | | | | | | | <input type="checkbox"/> 49. IMPROPER ATTITUDE (Disregard of instructions, failure to understand instructions, nervous, excitable, etc.) | <input type="checkbox"/> 51. BODILY DEFECTS (Defective eyesight, hearing, fatigue, intoxicated, existing hernia, weak heart, etc.) | <input checked="" type="checkbox"/> 53. UNSAFE PERSONAL FACTOR NOT ELSEWHERE CLASSIFIED. (Explain): <u>Inadequate caution & care</u> | <input type="checkbox"/> 50. LACK OF KNOWLEDGE OR SKILL (Un-aware of safe practice, unskilled, etc.) | <input type="checkbox"/> 52. NO UNSAFE PERSONAL FACTOR: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>Check (x) type of injury, one check (x) MUST be entered in this section.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION 14 TYPE OF INJURY | <table border="0"> <tr> <td><input checked="" type="checkbox"/> 54. WOUNDS (Contusion, abrasion, incision, laceration)</td> <td><input type="checkbox"/> 58. AMPUTATIONS (Loss of bony substance)</td> <td><input type="checkbox"/> 64. FLASHES</td> </tr> <tr> <td><input type="checkbox"/> 55. SPRAINS</td> <td><input type="checkbox"/> 60. AVULSION (Loss of non-bony substance by shearing or tearing away)</td> <td><input type="checkbox"/> 65. FUMES AND GASES</td> </tr> <tr> <td><input type="checkbox"/> 56. STRAINS (Muscular)</td> <td><input type="checkbox"/> 61. BURNS AND SCALDS</td> <td><input type="checkbox"/> 66. POISONS</td> </tr> <tr> <td><input type="checkbox"/> 57. HERNIA</td> <td><input type="checkbox"/> 62. FOREIGN BODY IMBEDDED</td> <td><input type="checkbox"/> 67. SKIN DISEASE (Occupational)</td> </tr> <tr> <td><input type="checkbox"/> 58. FRACTURES</td> <td><input type="checkbox"/> 63. FOREIGN BODY, LOOSE (Dust, etc.)</td> <td><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"/> 58. AMPUTATIONS (Loss of bony substance) | <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.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>Check (x) part of body. Part of body chiefly identified with injury MUST be checked (x).</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION 15 PART OF BODY | <table border="0"> <tr> <td><input type="checkbox"/> 69. HEAD, FACE</td> <td><input type="checkbox"/> 71. EYES</td> <td><input type="checkbox"/> 73. ARMS</td> <td><input checked="" type="checkbox"/> 75. FINGERS</td> <td><input type="checkbox"/> 77. FEET</td> <td><input type="checkbox"/> 79. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 70. BACK</td> <td><input type="checkbox"/> 72. TRUNK</td> <td><input type="checkbox"/> 74. HANDS</td> <td><input type="checkbox"/> 76. LEGS</td> <td><input type="checkbox"/> 78. TOES</td> <td><input type="checkbox"/> 80. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain)</td> </tr> </table> | | | | | | | | | | <input type="checkbox"/> 69. HEAD, FACE | <input type="checkbox"/> 71. EYES | <input type="checkbox"/> 73. ARMS | <input checked="" 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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ACCIDENT REPORT

16 Feb 78

DATE (Day, Month, Year):

| | | | | | | | | | | | | |
|---|----------|----------------|-----------------|-------------------------|----------------|--------------------|-------------|--|--------------------------------|-------|---------------|-----------|
| 1. REPORTING SHIP, ACTIVITY OR UNIT U.S. NAVY - JAPAN | | | | | | | | PIRE/TOUR NAV. BIST. NO. 100-100-100 | 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 | I | REG. | TEMP. | RECR. | LV/LIB. | TRAV. | OTHER | 1 week | 61 |
| 3. PROPERTY/EQUIPMENT DAMAGE | | | | | | | | ESTIMATED DAMAGE COST | | | | |
| TYPE | | OWNERSHIP | | LABOR | | MATERIAL | | OVERHEAD | TOTAL | | | |
| No property damage | | | | | | | | | | | | |
| 4. DATE AND TIME OF ACCIDENT HOUR DAY MONTH YEAR | | | | WEATHER | | | | COMPTON X LIGHT GOOD INJURIES ADVERSE INJURIES NOT APPLIC. INJURIES GOOD INJURIES NOT APPLIC. | | | | |
| 12 | 5 | Februry | 78 | GOOD | ADVERSE | NOT APPLIC. | GOOD | INJURIES | NOT APPLIC. | | | |
| 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, 1978, Meyer and Caparro, the ship's Carpenter, were attempting to open the (S) sideport, 2nd Deck, Troop Nose, in order to see if Sprage Control shoring could be off-loaded through the side-port to the dock instead of carrying it top-side and using boom. Neither party confirmed this operation with the Boatswain or the Rate. The HULL FAB 119 was being readied for a de-activated lay-up status and as a result, many of the ship's MM 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's were in the area, incl. Hise, Pitcock, and Gards, 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 meet. Caparro on his left. Possible Gards 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 forward section, the fingers probably gripping the corner opening between the two sections, the fingers probably gripping the corner opening between the two sections. Better lighting might have caused him to grip or push door 'tween sections. As it was, when the two sections finally free, swung slightly out, the inner door caught Meyer's right finger, swinging it between the two door sections as they swung slightly outward. Accident occurred, work stopped, and a just barely cracked open, and Meyer went for first aid. Caparro and AB's resumed work. </p> | | | | | | | | | | | | |

6. FORMS SUBMITTED APPLICABLE TO INJURED CIVILIAN EMPLOYEES

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

| | |
|--|--|
| 7. RECOMMENDED CORRECTIVE ACTION: <i>Not recommended</i> <i>Work situations unanticipated by crew-men that have not been specifically ordered by Boatswain or Rate 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 crew-members involved.</i> | |
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| SIGNATURE OF SUPERVISOR CHIEF OF WORKING PARTY OR HEAD OF WORK DETAIL | TITLE, RANK, RATE OR GRADE First Officer, U.S. NAVY | DATE 16 Feb 1978 |
|---|---|------------------|

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|---|--|
| 8. REVIEW AND COMMENT OF REVIEWING OFFICIAL <i>Excellent and comprehensive description of accident indicates a continuing need for constant supervision during new work situations. Fully concur with supervisor's evaluation.</i> | |
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| SIGNATURE OF REVIEWING OFFICIAL: <i>Paul J. Sander</i> | TITLE, RANK, RATE OR GRADE Master, U.S. NAVY | DATE 16 Feb 1978 |
|--|--|------------------|

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|---|---|---|--|--|--|--|--|--|---|--|--|---|---|---|--|---|--|---|--|--|--|--|--|---|--|--|------------|
| 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 border="0"> <tr> <td><input type="checkbox"/> 1. MACHINES: (Agitators, grinders, sewing machines, etc.)</td> <td><input type="checkbox"/> 7. VEHICLES: (All types; except in traffic or flight)</td> <td><input type="checkbox"/> 12. CHEMICALS: (Explosives, gases, vapors, acids, caustics, poisonous vegetations, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 2. PRIME MOVERS & PUMPS: (Steam, internal combustion or air, compressors, fans, blowers, etc.)</td> <td><input type="checkbox"/> 8. ANIMALS: (Including insects and reptiles)</td> <td><input type="checkbox"/> 13. HIGHLY INFLAMMABLE & HOT SUBSTANCES:</td> </tr> <tr> <td><input type="checkbox"/> 3. ELEVATORS: (Passenger, freight, aircraft or dumbwaiters)</td> <td><input type="checkbox"/> 9. MECHANICAL POWER TRANSMISSION APPARATUS: (Belts, gears, couplings, etc.)</td> <td><input type="checkbox"/> 14. DUSTS: (Explosive, organic or inorganic; leather, smoky, coal, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 4. HOISTING APPARATUS: (Cranes, hoists (air or electric), shovels, dredges, jacks, etc.)</td> <td><input type="checkbox"/> 10. ELECTRICAL APPARATUS: (Motors, transformers, lamps, appliances, etc.)</td> <td><input type="checkbox"/> 15. RADIATIONS & RADIATING SUBSTANCES: (X-Ray, radium, ultra violet rays, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 5. CONVEYORS: (Belt, monorail, pneumatic, drag line, trolley or piling, etc.)</td> <td><input type="checkbox"/> 11. HAND TOOLS: (Hand, mechanical or electrical motive power; hammers, wrenches, welding tools, sandblasters, etc.)</td> <td><input type="checkbox"/> 16. WORKING SURFACES: (Floors, decks, roofs, roads, stairs, platforms, stagings, scaffolds, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 6. BOILERS & PRESSURE VESSELS: (Fired or unfired, pressure lines, etc.)</td> <td></td> <td><input type="checkbox"/> 17. AGENCIES: (Any object or substance not otherwise classified.)</td> </tr> </table> | | | | | | | | | | | | <input type="checkbox"/> 1. MACHINES: (Agitators, grinders, sewing machines, etc.) | <input type="checkbox"/> 7. VEHICLES: (All types; except in traffic or flight) | <input type="checkbox"/> 12. CHEMICALS: (Explosives, gases, vapors, acids, caustics, poisonous vegetations, etc.) | <input type="checkbox"/> 2. PRIME MOVERS & PUMPS: (Steam, internal combustion or air, compressors, fans, blowers, etc.) | <input type="checkbox"/> 8. ANIMALS: (Including insects and reptiles) | <input type="checkbox"/> 13. HIGHLY INFLAMMABLE & HOT SUBSTANCES: | <input type="checkbox"/> 3. ELEVATORS: (Passenger, freight, aircraft or dumbwaiters) | <input type="checkbox"/> 9. MECHANICAL POWER TRANSMISSION APPARATUS: (Belts, gears, couplings, etc.) | <input type="checkbox"/> 14. DUSTS: (Explosive, organic or inorganic; leather, smoky, coal, etc.) | <input type="checkbox"/> 4. HOISTING APPARATUS: (Cranes, hoists (air or electric), shovels, dredges, jacks, etc.) | <input type="checkbox"/> 10. ELECTRICAL APPARATUS: (Motors, transformers, lamps, appliances, etc.) | <input type="checkbox"/> 15. RADIATIONS & RADIATING SUBSTANCES: (X-Ray, radium, ultra violet rays, etc.) | <input type="checkbox"/> 5. CONVEYORS: (Belt, monorail, pneumatic, drag line, trolley or piling, etc.) | <input type="checkbox"/> 11. HAND TOOLS: (Hand, mechanical or electrical motive power; hammers, wrenches, welding tools, sandblasters, etc.) | <input type="checkbox"/> 16. WORKING SURFACES: (Floors, decks, roofs, roads, stairs, platforms, stagings, scaffolds, etc.) | <input type="checkbox"/> 6. BOILERS & PRESSURE VESSELS: (Fired or unfired, pressure lines, etc.) | | <input type="checkbox"/> 17. AGENCIES: (Any object or substance not otherwise classified.) | Do not use |
| | <input type="checkbox"/> 1. MACHINES: (Agitators, grinders, sewing machines, etc.) | <input type="checkbox"/> 7. VEHICLES: (All types; except in traffic or flight) | <input type="checkbox"/> 12. CHEMICALS: (Explosives, gases, vapors, acids, caustics, poisonous vegetations, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 2. PRIME MOVERS & PUMPS: (Steam, internal combustion or air, compressors, fans, blowers, etc.) | <input type="checkbox"/> 8. ANIMALS: (Including insects and reptiles) | <input type="checkbox"/> 13. HIGHLY INFLAMMABLE & HOT SUBSTANCES: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 3. ELEVATORS: (Passenger, freight, aircraft or dumbwaiters) | <input type="checkbox"/> 9. MECHANICAL POWER TRANSMISSION APPARATUS: (Belts, gears, couplings, etc.) | <input type="checkbox"/> 14. DUSTS: (Explosive, organic or inorganic; leather, smoky, coal, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 4. HOISTING APPARATUS: (Cranes, hoists (air or electric), shovels, dredges, jacks, etc.) | <input type="checkbox"/> 10. ELECTRICAL APPARATUS: (Motors, transformers, lamps, appliances, etc.) | <input type="checkbox"/> 15. RADIATIONS & RADIATING SUBSTANCES: (X-Ray, radium, ultra violet rays, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 5. CONVEYORS: (Belt, monorail, pneumatic, drag line, trolley or piling, etc.) | <input type="checkbox"/> 11. HAND TOOLS: (Hand, mechanical or electrical motive power; hammers, wrenches, welding tools, sandblasters, etc.) | <input type="checkbox"/> 16. WORKING SURFACES: (Floors, decks, roofs, roads, stairs, platforms, stagings, scaffolds, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 6. BOILERS & PRESSURE VESSELS: (Fired or unfired, pressure lines, etc.) | | <input type="checkbox"/> 17. AGENCIES: (Any object or substance not otherwise classified.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | WHAT PART OF AGENCY CHECKED (X) ABOVE WAS MOST CLOSELY INVOLVED? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 border="0"> <tr> <td><input type="checkbox"/> 18. IMPROPER GUARDING: (Unguarded, inadequately guarded, etc.)</td> <td><input type="checkbox"/> 20. HAZARDOUS ARRANGEMENT: (Unequate pilings, poor layout, etc.)</td> <td><input type="checkbox"/> 23. UNSAFE CLOTHING: (Lack of, unadjusted or defective shoes, goggles, gloves, respirators, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 19. DEFECTIVE SUBSTANCES OR EQUIPMENT: (Broken, rough, slippery, poorly designed, etc.)</td> <td><input type="checkbox"/> 21. IMPROPER ILLUMINATION: (Insufficient light, glare, etc.)</td> <td><input type="checkbox"/> 24. NO UNSAFE CONDITION:</td> </tr> <tr> <td></td> <td><input type="checkbox"/> 22. IMPROPER VENTILATION: (Dusty, gassy, impure air source, etc.)</td> <td><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"/> 20. HAZARDOUS ARRANGEMENT: (Unequate pilings, poor layout, etc.) | <input type="checkbox"/> 23. UNSAFE CLOTHING: (Lack of, unadjusted 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) | | | | | | | | | | |
| | <input type="checkbox"/> 18. IMPROPER GUARDING: (Unguarded, inadequately guarded, etc.) | <input type="checkbox"/> 20. HAZARDOUS ARRANGEMENT: (Unequate pilings, poor layout, etc.) | <input type="checkbox"/> 23. UNSAFE CLOTHING: (Lack of, unadjusted 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Check (x) type of accident. One check (x) MUST be entered in this section. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION 11 TYPE OF ACCIDENT | <table border="0"> <tr> <td><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.)</td> <td><input type="checkbox"/> 30. FALL TO DIFFERENT LEVEL.</td> <td><input type="checkbox"/> 34. CONTACT WITH ELECTRIC CURRENT.</td> </tr> <tr> <td><input type="checkbox"/> 27. STRUCK BY (Falling, flying, sliding, or moving objects.)</td> <td><input type="checkbox"/> 31. SLIP (not fall) OR OVER-EXERTION. (Resulting in strain, hernia, etc.)</td> <td><input type="checkbox"/> 35. ELECTRIC WELDING FLASH.</td> </tr> <tr> <td><input type="checkbox"/> 28. CAUGHT IN, ON, OR BETWEEN.</td> <td><input type="checkbox"/> 32. EXPOSURE TO TEMPERATURE EXTREMES. (Resulting in burning, scalding, heat exhaustion, sunstroke, freezing, etc.)</td> <td><input type="checkbox"/> 36. FOREIGN BODIES IN EYE. (Resulting from dust, chips, airborne particles, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 29. FALL ON SAME LEVEL.</td> <td><input type="checkbox"/> 33. INHALATION, ABSORPTION, SWALLOWING. (Asphyxiation, poisoning, drowning, etc.)</td> <td><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"/> 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) | | | | | | | |
| | <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"/> 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Check (x) and explain PRINCIPAL unsafe act. One check (x) MUST be entered in this section. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION 12 UNSAFE ACT | <table border="0"> <tr> <td><input type="checkbox"/> 38. OPERATING WITHOUT AUTHORITY. (Failure to secure or warn)</td> <td><input type="checkbox"/> 42. UNSAFE LOADING, PLACING, MIXING, ETC.</td> <td><input type="checkbox"/> 46. FAILURE TO USE SAFE CLOTHING OR PERSONAL PROTECTIVE DEVICES. (Hats, goggles, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 39. OPERATING OR WORKING AT UNSAFE SPEED. (Too slow, too fast, throwing materials, etc.)</td> <td><input checked="" type="checkbox"/> 43. UNSAFE POSITION, POSTURE OR ACT. ETC. (Under suspended loads, lifting with bent back, etc.)</td> <td><input type="checkbox"/> 47. NO UNSAFE ACT.</td> </tr> <tr> <td><input type="checkbox"/> 40. MAKING SAFETY DEVICES INOPERATIVE. (Removing, misingadjusting, disconnecting, etc.)</td> <td><input type="checkbox"/> 44. WORKING ON MOVING OR DANGEROUS EQUIPMENT. (Cleaning, adjusting, oiling, etc.)</td> <td><input type="checkbox"/> 48. UNSAFE ACT NOT OTHERWISE CLASSIFIED (Explain)</td> </tr> <tr> <td><input type="checkbox"/> 41. USING UNSAFE EQUIPMENT, HANDS INSTEAD OF EQUIPMENT, OR EQUIPMENT UNSAFELY.</td> <td><input type="checkbox"/> 45. DISTRACTING, TEASING, ABUSING, STARTLING, ETC. (Quarreling, horseplay, etc.)</td> <td></td> </tr> </table> | | | | | | | | | | | | <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 checked="" type="checkbox"/> 43. UNSAFE POSITION, POSTURE OR ACT. ETC. (Under suspended loads, lifting with bent back, etc.) | <input type="checkbox"/> 47. NO UNSAFE ACT. | <input type="checkbox"/> 40. MAKING SAFETY DEVICES INOPERATIVE. (Removing, misingadjusting, 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"/> 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 checked="" type="checkbox"/> 43. UNSAFE POSITION, POSTURE OR ACT. ETC. (Under suspended loads, lifting with bent back, etc.) | <input type="checkbox"/> 47. NO UNSAFE ACT. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 40. MAKING SAFETY DEVICES INOPERATIVE. (Removing, misingadjusting, 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.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Check (x) and explain the unsafe personal factor chiefly responsible for the accident. One check (x) MUST be entered in this section. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION 13 UNSAFE PERSONAL FACTOR | <table border="0"> <tr> <td><input type="checkbox"/> 49. IMPROPER ATTITUDE (Disregard of instructions, failure to understand instructions, nervous, excitable, etc.)</td> <td><input type="checkbox"/> 51. BODILY DEFECTS (Defective eyesight, hearing, fatigue, intoxicated, existing hernia, weak heart, etc.)</td> <td><input type="checkbox"/> 53. UNSAFE PERSONAL FACTOR NOT ELSEWHERE CLASSIFIED (Explain): <i>Inadequate caution & care</i></td> </tr> <tr> <td><input type="checkbox"/> 50. LACK OF KNOWLEDGE OR SKILL (Unaware of safe practice, unskilled, etc.)</td> <td><input type="checkbox"/> 52. NO UNSAFE PERSONAL FACTOR:</td> <td></td> </tr> </table> | | | | | | | | | | | | <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): <i>Inadequate caution & care</i> | <input 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"/> 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): <i>Inadequate caution & care</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 50. LACK OF KNOWLEDGE OR SKILL (Unaware of safe practice, unskilled, etc.) | <input type="checkbox"/> 52. NO UNSAFE PERSONAL FACTOR: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Check (x) type of injury, one check (x) MUST be entered in this section. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION 14 TYPE OF INJURY | <table border="0"> <tr> <td><input checked="" type="checkbox"/> 54. WOUNDS (Concussion, abrasion, incision, laceration)</td> <td><input type="checkbox"/> 55. AMPUTATIONS (Loss of body substance)</td> <td><input type="checkbox"/> 64. FLASHES</td> </tr> <tr> <td><input type="checkbox"/> 55. SPRAINS</td> <td><input type="checkbox"/> 60. AVULSION (Loss of non-body substance by shearing or tearing away)</td> <td><input type="checkbox"/> 65. FUMES AND GASES</td> </tr> <tr> <td><input type="checkbox"/> 56. STRAINS (Muscular)</td> <td><input type="checkbox"/> 61. BURNS AND SCALDS</td> <td><input type="checkbox"/> 66. POISONS</td> </tr> <tr> <td><input type="checkbox"/> 57. HERNIA</td> <td><input type="checkbox"/> 62. FOREIGN BODY IMBEDDED</td> <td><input type="checkbox"/> 67. SKIN DISEASE (Occupational)</td> </tr> <tr> <td><input type="checkbox"/> 58. FRACTURES</td> <td><input type="checkbox"/> 69. FOREIGN BODY, LOOSE (Dust, etc.)</td> <td><input type="checkbox"/> 68. TYPE OF INJURY NOT OTHERWISE CLASSIFIED: (Drowning, Electrocution, Heat Exhaustion, etc.)</td> </tr> </table> | | | | | | | | | | | | <input checked="" type="checkbox"/> 54. WOUNDS (Concussion, abrasion, incision, laceration) | <input type="checkbox"/> 55. AMPUTATIONS (Loss of body substance) | <input type="checkbox"/> 64. FLASHES | <input type="checkbox"/> 55. SPRAINS | <input type="checkbox"/> 60. AVULSION (Loss of non-body 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"/> 69. FOREIGN BODY, LOOSE (Dust, etc.) | <input type="checkbox"/> 68. TYPE OF INJURY NOT OTHERWISE CLASSIFIED: (Drowning, Electrocution, Heat Exhaustion, etc.) | | | | |
| | <input checked="" type="checkbox"/> 54. WOUNDS (Concussion, abrasion, incision, laceration) | <input type="checkbox"/> 55. AMPUTATIONS (Loss of body substance) | <input type="checkbox"/> 64. FLASHES | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 55. SPRAINS | <input type="checkbox"/> 60. AVULSION (Loss of non-body 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"/> 69. FOREIGN BODY, LOOSE (Dust, etc.) | <input type="checkbox"/> 68. TYPE OF INJURY NOT OTHERWISE CLASSIFIED: (Drowning, Electrocution, Heat Exhaustion, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Check (x) part of body. Part of body chiefly identified with injury MUST be checked (x). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION 15 PART OF BODY | <table border="0"> <tr> <td><input type="checkbox"/> 69. HEAD, FACE</td> <td><input type="checkbox"/> 71. EYES</td> <td><input type="checkbox"/> 73. ARMS</td> <td><input checked="" type="checkbox"/> 75. FINGERS</td> <td><input type="checkbox"/> 77. FEET</td> <td><input type="checkbox"/> 79. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 70. BACK</td> <td><input type="checkbox"/> 72. TRUNK</td> <td><input type="checkbox"/> 74. HANDS</td> <td><input type="checkbox"/> 76. LEGS</td> <td><input type="checkbox"/> 78. TOES</td> <td><input type="checkbox"/> 80. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain)</td> </tr> </table> | | | | | | | | | | | | <input type="checkbox"/> 69. HEAD, FACE | <input type="checkbox"/> 71. EYES | <input type="checkbox"/> 73. ARMS | <input checked="" 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) | | | | | | | |
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