

WEIGHT HANDLING EQUIPMENT ACCIDENT REPORT

REPORT DATE:

19 March 99

From: ROICC Norfolk Naval Shipyard
 Building 491
 Portsmouth, Virginia 23709

To: Navy Crane Center, NORTHNAVFACENGCOM
 10 Industrial Hwy; MS #82
 Lester, Pa 19113-2090 FAX (610) 595-0748

Activity:			Report No.:		
Crane No:		Cat.	Accident Date:		Time:
RPS <input type="checkbox"/>	SPS <input type="checkbox"/>	GPS <input type="checkbox"/>	Crane Type: Hydraulic, Truck Crane		Crane Manufacturer:
Location:				Weather: Clear	
Crane Cap.:		Hook Cap.:		Weight of Load on Hook:	
NAVSAFECEN Reportable: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Accident Type: <input type="checkbox"/> Personnel Injury <input type="checkbox"/> Overload <input type="checkbox"/> Derail <input type="checkbox"/> Damaged Rig. Gear					
<input type="checkbox"/> Load Collision <input type="checkbox"/> Two Blocked <input type="checkbox"/> Dropped Load <input type="checkbox"/> Damaged Crane					
<input type="checkbox"/> Crane Collision <input type="checkbox"/> Damaged Load <input type="checkbox"/> Other: Failure to control load.					
Cause: <input type="checkbox"/> Improper Operation <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Inadequate Visibility					
<input type="checkbox"/> Improper Rigging <input type="checkbox"/> Switch Alignment <input type="checkbox"/> Inadequate Communication					
<input type="checkbox"/> Track Condition <input type="checkbox"/> Procedural Failure <input type="checkbox"/> Other:					
Chargeable to: <input type="checkbox"/> Track Walker <input type="checkbox"/> Rigger <input type="checkbox"/> Operator					
<input type="checkbox"/> Maintenance <input type="checkbox"/> Management/Supervision <input type="checkbox"/> Other:					
Crane Function: <input type="checkbox"/> Travel <input type="checkbox"/> Hoist <input type="checkbox"/> Rotate <input type="checkbox"/> Boom <input type="checkbox"/> Lower <input type="checkbox"/> Telescoping					
Is this accident indicative of a recurring problem? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, List Accident report Nos.:					

SITUATION DESCRIPTION

Concurrence:		Investigator:	
LantDiv Code CI52WG Safety		ROICC	ROICC Supervisory Construction Rep.

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1. DAMAGE

2. PROBLEMS & ROOT CAUSES

3. SHORT TERM CORRECTIVE ACTIONS.

4. PERMANENT CORRECTIVE ACTIONS

5. OPEN ITEMS

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