

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	
<input type="checkbox"/> Load Collision		<input type="checkbox"/> Two Blocked		<input type="checkbox"/> Dropped Load <input type="checkbox"/> Damaged	
<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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**REPORT
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