

6 FEB 2013

FOR OFFICIAL USE ONLY

CRANE AND RIGGING GEAR ACCIDENT REPORT

Accident Category: <input type="checkbox"/> Crane Accident <input type="checkbox"/> Rigging Gear Accident						
From: UIC:			To: Navy Crane Center Bldg. 491 NNSY Portsmouth, VA 23709 Fax: 757-967-3808			
Activity:				Report No:		
Crane No:		Category:	Accident Date:		Time: hrs:	
Category of Service: <input type="checkbox"/> SPS <input type="checkbox"/> GPS		Crane Type:		Crane Manufacturer:		
Was Crane/Rigging Gear Being Used in SPS: <input type="checkbox"/> Yes <input type="checkbox"/> No			Was Crane/Rigging Gear Being Used in a Complex Lift/Critical Non-Crane Rigging Operation: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Location:			Weather:			
Crane Capacity:		Hook Capacity:		Weight of Load on hook:		
Fatality or Permanent Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No			Material/Property Cost Estimate:			
Reported to NAVSAFECEN? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Accident Type:						
<input type="checkbox"/> Personal Injury	<input type="checkbox"/> Overload	<input type="checkbox"/> Derail	<input type="checkbox"/> Damaged Rigging 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: Specify _____				
Cause of Accident:						
<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: Specify _____				
Chargeable to:						
<input type="checkbox"/> Crane Walker	<input type="checkbox"/> Rigger	<input type="checkbox"/> Operator				
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Management/Supervision	<input type="checkbox"/> Other: Specify _____				
Crane Function:						
<input type="checkbox"/> Travel	<input type="checkbox"/> Hoist	<input type="checkbox"/> Rotate	<input type="checkbox"/> Luffing	<input type="checkbox"/> Telescoping	<input type="checkbox"/> Other	<input type="checkbox"/> N/A
Is this accident indicative of a recurring problem? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, list Accident Report Nos.: _____						
ATTACH COMPLETE AND CONCISE SITUATION DESCRIPTION AND CORRECTIVE/PREVENTIVE ACTIONS TAKEN AS ENCLOSURE (1). Include probable cause and contributing factors. Assess damages and define responsibility. For equipment malfunction or failure, include specific description of the component and the resulting effect or problem caused by the malfunction or failure. List immediate and long term corrective/preventive actions assigned and respective codes.						
Preparer:		Phone:	E-mail:		Code:	Date:
Concurrences: (Include Code, Signature and Date)						
			Code:	Date:		
			Code:	Date:		
Certifying Official (Crane Accident Only):			Code:	Date:		

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CRANE AND RIGGING GEAR ACCIDENT REPORT (CONT)

Brief Description:

Background and Detailed Description:

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CRANE AND RIGGING GEAR NEAR MISS REPORT

Near Miss Category:				<input type="checkbox"/> Crane Near Miss	<input type="checkbox"/> Rigging Gear Near Miss
From:		To: Navy Crane Center Bldg. 491 NNSY Portsmouth, VA 23709 Fax (757) 967-3808 nfsh_ncc_accident@navy.mil			
UIC:					
Activity:				Report No.	
Crane/Equipment No.:		Category:	Near Miss Date:		Time: Hrs.
Category of Service:		Crane Equipment type:		Crane Equipment manufacturer:	
<input type="checkbox"/> SPS <input type="checkbox"/> GPS					
Location:			Weather:		
Crane/Equipment Capacity:		Hook capacity:		Weight of Load on Hook:	
Is this near miss indicative of a recurring problem? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, list report numbers: _____					
In the space below, include a brief description of the event and corrective actions taken to prevent recurrence:					
Preparer:		Phone:	Email:		Date:
Certifying Official:			Code:	Date:	