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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CRANE AND RIGGING ACCIDENT REPORT** | | | | | | | | | | | | | | | | | | | | | |
| **Accident Category:  Crane Accident  Rigging Accident** | | | | | | | | | | | | | **\*Significant Accident** | | | | | | | | |
| **Name and UIC of Reporting Activity:**  **UIC:** |  | | | | | | | | | | | **Copy To: Navy Crane Center**  **Bldg. 491 NNSY**  **Portsmouth, VA 23709**  **Fax: 757-967-3808** | | | | | | | | | |
|  | | | | | | | | | | |
| |  | | --- | | **Name and UIC of Activity Responsible for the Accident:** | |  | |  | |  | | | | | | | | | | | | **Activity Name and UIC of Accident Location:** | | | | **Report No:** | | | | | | |
| **Specific Location:** | | | | **Accident Date:** | | | | | **Time:** | |
| **Contractor Operation:  Yes  No**  **If Yes, Contract No:** | | | | | | | | | | | **BOS Contractor**  **Yes  No** | | | | **BOS Contractor Equip.  Yes  No** | | | | | | |
| **Crane No:** | | **Crane Type:** | | | | | **Category:** | | | | **Crane OEM:** | | | | | | | | | | |
| **Crane Capacity:** | | | | **Hoist Capacity:** | | | | | | | **Weight of Load on hook:** | | | | | | | **Weather:** | | | |
| **Critical Lift/Critical Non-Crane Rigging Operation? Yes  No** | | | | | | | | | | **Ordnance Lift?  Yes  No** | | | | | | | | | | | |
| **Lost Work Days?  Yes  No** | | | | | **Fatality or Permanent Disability?  Yes  No** | | | | | | | | **Material/ Property Cost Estimate:** | | | | | | | | |
| **Accident Type (check all that apply):**  **Personal Injury\*  Overload\*  Two Blocked\*  Power Line Contact\***  **Dropped Load\*  Derail\*  Overturned Crane\*  Crane Collision**  **Damaged Crane  Damaged Load  Load Collision  Damaged Rigging Gear**  **Lower Threshold Crane Accident  Other: Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\* signifies significant accident** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  | | --- | --- | --- | | **Cause of Accident (check all that apply):**  **Improper Operation  Equipment Failure  Inadequate Visibility** | | | | **Improper Rigging  Switch Alignment  Inadequate Communication** | | | | **Track Condition  Procedural Failure  Other: Specify** |  |  | | | | | | | | | | | | | | | | | | | | | | |
| **Responsibility (check all that apply):**  **Crane Walker  Rigger  Rigger-in-Charge  Operator  Signal Person** | | | | | | | | | | | | | | | | | | | | | |
| **Maintenance  Management/Supervision  Other: Specify** | | | | | | | | | | | | | |  | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Crane Function:**  **Travel  Hoist  Rotate  Luffing  Telescoping  Other  N/A** | | | | | | | | | | | | | | | | | | | | | |
| **Is this accident indicative of a recurring problem?  Yes  No** | | | | | | | | | | | | | | | | | | | | | |
| **If yes, list Accident Report Nos.:** | | |  | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | |
| **ATTACH COMPLETE AND CONCISE SITUATION DESCRIPTION AND CORRECTIVE/PREVENTIVE ACTIONS TAKEN AS ENCLOSURE (1). Include root 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.** | | | | | | | | | | | | | | | | | | | | | |
| **INCLUDE: Printed Name, Code and Date.** | | | | | | | | | | | | | | | | | | | | | |
| **Preparer:** | | | | | | **Phone:** | | **E-mail:** | | | | | | | | **Code:** | | | **Date:** | | |
| **Concurrence** | | | | | | | | | **Code:** | | | | | | | | **Date:** | | | | |
| **WHE Program Manager or Contracting Officer/designee (if Applicable)** | | | | | | | | | **Code:** | | | | | | | | **Date:** | | | | |
| **Certifying Official (Crane Accident Only):** | | | | | | | | |  | | | | | | | |  | | | | |
| **Contracting Officer’s Representative (if Applicable)** | | | | | | | | |  | | | | | | | |  | | | | |

Figure 12-1 (1 of 2)

**CRANE AND RIGGING ACCIDENT REPORT INSTRUCTIONS**

1. Accident Category: Indicate either crane accident or rigging accident. Indicate if significant (see paragraph 12.3).

2. Reporting Activity/UIC: The activity and unit identification code responsible for reporting the accident in accordance with paragraph 12.6.2.

3. Activity Responsible for the Accident/UIC: Same as #2 above, or for NAVFACENGSYSCOM, provide FEC level UIC.

4. Report No.: The activity assigned accident number (e.g., Activity UIC-FY-CA-01).

5. Accident Location UIC: The activity and unit identification code of where the event took place.

6. Specific Location: The detailed location where the event took place (e.g., building 213, drydock 5).

7. Accident Date: The date the accident occurred.

8. Time: The time (24-hour clock) the accident occurred (e.g., 1300).

9. Contractor Operation: Check yes or no. If yes, enter contract number.

10. BOS Contractor: Check yes or no.

11. BOS Contractor equipment: Check yes or no.

12. Crane No.: The activity assigned local crane number (e.g., PC5), if applicable.

13. Crane Type: The type of crane involved in the accident (e.g., mobile, bridge), if applicable.

14. Category: Identify category of crane (i.e., 1, 2, or 3), if applicable.

15. Crane OEM: The original equipment manufacturer of the crane (e.g., Samsung, Grove, P&H), if applicable.

16. Crane Capacity: The certified capacity of the crane (e.g., 120,000 pounds), if applicable.

17. Hoist Capacity: The capacity of the hoist involved in the accident at the max radius of the operation, if applicable.

18. Weight of Load on Hook: The weight of the load on the hook, if applicable.

19. Weather: The weather conditions at time of accident (e.g., wind, rain, cold).

20. Critical lift: Was the crane or rigging gear being used in a critical lift? Check yes or no.

21. Ordnance Lift: Was the crane or rigging gear being used in a lift governed by NAVSEA OP-5? Check yes or no.

22. Lost Workdays? Check yes or no.

23. Fatality or Permanent Disability: Check yes or no.

24. Material/PropertyCost Estimate: Estimate total cost of damage resulting from the accident. (See OPNAV M-5102.1).

25. Accident Type: Check all that apply.

26. Cause of Accident: Check all that apply.

27. Responsibility: Check all that apply.

28. Crane Function: Check all functions in operation at time of accident. Check N/A if a rigging gear accident.

29. Is this a recurring problem? Check yes or no. If yes, list Accident Report numbers.

30. Preparer: Printed name must be provided.

31. Concurrences: Printed name must be provided.

32. Certifying Official (Crane Accidents Only): Printed name must be provided.

33. WHE Program Manager/Contracting Officer: Printed name must be provided when.

34. Contracting Officers representative: Printed name must be provided for contractor crane or rigging accidents.

Enclosure (1)

Brief Description: No more than one paragraph summarizing the resultant incident.

Root Cause and Detailed Description: Provide the relevant background in a descriptive timeline of preconditions leading up to the event, as well as a detailed description of the event.

Corrective Actions: List all short-term and long-term corrective actions that are taken to prevent recurrence of the incident. Short-term corrective actions are those actions taken that will allow return to work in short time frame. Long-term actions are more ‘programmatic’ in nature and typically include process revision, changes in training, ‘mistake proofing’, etc.

Note: Forms should be marked in accordance with the activity’s security and marking policies.

Figure 12-1 (2 of 2)