

<b>CRANE AND RIGGING ACCIDENT REPORT</b>					
<b>Accident Category:</b> <input type="checkbox"/> Crane Accident <input type="checkbox"/> Rigging Accident				<input type="checkbox"/> *Significant Accident	
Name and UIC of Reporting Activity:				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: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Contract No: _____			BOS Contractor <input type="checkbox"/> Yes <input type="checkbox"/> No		BOS Contractor Equip. <input type="checkbox"/> Yes <input type="checkbox"/> No
Crane No: _____		Crane Type: _____		Category: _____	
Crane Capacity: _____		Hoist Capacity: _____		Weight of Load on hook: _____	
Weather: _____		Critical Lift/Critical Non-Crane Rigging Operation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Ordinance Lift? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Lost Work Days? <input type="checkbox"/> Yes <input type="checkbox"/> No		Fatality or Permanent Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		Material/ Property Cost Estimate: _____	
<b>Accident Type (check all that apply):</b>					
<input type="checkbox"/> Personal Injury* <input type="checkbox"/> Overload* <input type="checkbox"/> Two Blocked* <input type="checkbox"/> Power Line Contact* <input type="checkbox"/> Dropped Load* <input type="checkbox"/> Derail* <input type="checkbox"/> Overturned Crane* <input type="checkbox"/> Crane Collision <input type="checkbox"/> Damaged Crane <input type="checkbox"/> Damaged Load <input type="checkbox"/> Load Collision <input type="checkbox"/> Damaged Rigging Gear <input type="checkbox"/> Lower Threshold Crane Accident <input type="checkbox"/> Other: Specify _____      * signifies significant accident					
<b>Cause of Accident (check all that apply):</b>					
<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 _____					
<b>Responsibility (check all that apply):</b>					
<input type="checkbox"/> Crane Walker <input type="checkbox"/> Rigger <input type="checkbox"/> Rigger-in-Charge <input type="checkbox"/> Operator <input type="checkbox"/> Signal Person <input type="checkbox"/> Maintenance <input type="checkbox"/> Management/Supervision <input type="checkbox"/> Other: Specify _____					
<b>Crane Function:</b>					
<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.: _____					
<b>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.</b>					
<b>INCLUDE: Printed Name, Code and Date.</b>					
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):		Code:		Date:	
Contracting Officer's Representative (if Applicable)		Code:		Date:	

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/Property Cost 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.