

CRANE AND RIGGING UNPLANNED OCCURRENCE REPORT

Unplanned Occurrence Category: <input type="checkbox"/> Crane <input type="checkbox"/> Rigging				<input type="checkbox"/> *Injury/Substantial	
Reporting Activity:				Copy To: Navy Crane Center Bldg. 491 NNSY Portsmouth, VA 23709 Fax: 757-967-3808	
UIC:		Report No:			
Activity Responsible:		Event Location UIC:		Event Date:	Time:
UIC:					
Specific Location:		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 OEM:		
Crane Capacity:		Hoist Capacity:	Weight of Load on hook:		Weather:
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:	
Unplanned Occurrence Type (check all that apply):					
<input type="checkbox"/> Personal Injury*		<input type="checkbox"/> Substantial Damage*		<input type="checkbox"/> Crane Collision <input type="checkbox"/> Damaged Crane	
<input type="checkbox"/> Damaged Rigging Gear		<input type="checkbox"/> Equipment Failure		<input type="checkbox"/> Other: Specify _____	
Cause of Unplanned Occurrence (check all that apply):					
<input type="checkbox"/> Foreign Material Contamination		<input type="checkbox"/> Inadequate Visibility		<input type="checkbox"/> Improper Rigging Inspection	
<input type="checkbox"/> Hazardous Energy Control		<input type="checkbox"/> Inadequate Communication		<input type="checkbox"/> Poor Mechanic Technique	
<input type="checkbox"/> Unclear Procedure		<input type="checkbox"/> Procedure Violation		<input type="checkbox"/> Other: Specify _____	
Responsibility (check all that apply):					
<input type="checkbox"/> Mechanic		<input type="checkbox"/> Electrician		<input type="checkbox"/> Operator <input type="checkbox"/> Rigger	
<input type="checkbox"/> Engineer		<input type="checkbox"/> Inspector		<input type="checkbox"/> Management/Supervision <input type="checkbox"/> Other: Specify _____	
Is this event indicative of a recurring problem? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, list 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 Event Only):		Code:		Date:	
Contracting Officer's Representative (if Applicable)		Code:		Date:	

Figure 12-3 (1 of 2)

CRANE AND RIGGING UNPLANNED OCCURRENCE REPORT INSTRUCTIONS

1. **Unplanned Occurrence Category:** Indicate either crane or rigging. Indicate if injury or substantial damage occurred.
2. **Reporting Activity/UIC:** The activity and unit identification code responsible for reporting the event in accordance with the guidance of paragraph 12.6.2.
3. **Activity Responsible for the Event UIC:** Same as #2 above, or for NAVFACENGSSCOMs, provide the FEC level UIC.
4. **Report No.:** The activity assigned event number (e.g., Activity UIC-FY-CA-01).
5. **Event Location UIC:** The activity and unit identification code of where the event took place.
6. **Event Date:** The date the event occurred.
7. **Time:** The time (24-hour clock) the event occurred (e.g., 1300).
8. **Specific Location:** The detailed location where the event took place (e.g., building 213, drydock 5).
9. **BOS Contractor:** Check yes or no.
10. **BOS Contractor equipment:** Check yes or no.
11. **Crane No.:** The activity assigned local crane number (e.g., PC5), if applicable.
12. **Crane Type:** The type of crane involved in the event (e.g., mobile, bridge), if applicable.
13. **Category:** Identify category of crane (i.e., 1, 2, or 3), if applicable.
14. **Crane OEM:** The original equipment manufacturer of the crane (e.g., Samsung, Grove, P&H), if applicable.
15. **Crane Capacity:** The certified capacity of the crane (e.g., 120,000 pounds), if applicable.
16. **Hoist Capacity:** The capacity of the hoist involved in the event at the max radius of the operation, if applicable.
17. **Weight of Load on Hook:** The weight of the load on the hook, if applicable.
18. **Weather:** The weather conditions at time of the event (e.g., wind, rain, cold).
19. **Lost Work Days?** Check yes or no.
20. **Fatality or Permanent Disability:** Check yes or no.
21. **Material/Property Cost Estimate:** Estimate total cost of damage resulting from the event.
22. **Unplanned Occurrence Type:** Check all that apply.
23. **Cause of Unplanned Occurrence:** Check all that apply.
24. **Responsibility:** Check all that apply.
25. **Is this a recurring problem?** Check yes or no. If yes, list report numbers.
26. **Preparer:** Printed name must be provided.
27. **Concurrences:** Printed name must be provided.
28. **Certifying Official:** Printed name must be provided.

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.