

**Notable Event Report**

Title of Event			
<b>Event Title:</b>	Lower Lumbar Strain While Moving a Rigging Attachment		
<b>Date and Time of Occurrence:</b>	~7:15 am	<b>Notable Event Number:</b>	PHY-16-0208
<b>Event Location:</b>	Hall B	<b>Date Notable Event Report is Due*:</b>	03/08/2016

\*The Notable Event Report is due to the ESH&Q Reporting Officer with 30 days of the Initial Fact Finding Meeting unless an extension is requested.

**Summary of Event and / or Injuries, including Initial Fact Finding Meeting information:** determine the chain of events and timeline. Use attachment as necessary.

On 02/08/2016 a technician was lifting a rigging "attachment" out of storage box (jobbox) when the attachment got hung on the lip of the storage box and the technician experienced sudden lower back pain. He reported immediately to his supervisor and his supervisor advised him to go to Occupational Medicine.

He was diagnosed with lumbar muscle strain and placed on work restrictions that affect his ability to perform all his routine work assignments (no climbing of ladders and no lifting more than 20 pounds).

Notes:

- The employee had underestimated the weight of the attachment ~35 pounds.
- It was early in the morning and the employee had not physically warmed up when he lifted the attachment
- They rarely use this piece of equipment

**Causal Analysis:** (Use attachment as necessary)

<b>Root Cause:</b>	Selection of storage equipment for the attachment was LTA- The storage box had an internal lip on it and therefore lifting the attachment from storage equipment potentially put the technician at a higher risk while performing the lift
<b>Contributing Causes:</b> (List as many as apply.)	1. Employee underestimated the weight of the attachment and lifted the attachment by himself.

Extent of Condition Check	JLab CATS Number	Target Date	Action Owner
Identify equipment/tools that should be weighed and labeled during the quarterly Safety Warden /ESH&Q inspections.  Evidence of Completion: Inspection criteria and snapshot of a Safety Warden database entry	NE-2016-03-01	03/31/2017	Tina Menefee

For questions or comments regarding this form contact the Technical Point-of-Contact [Tina Johnson](#)

Extent of Condition Check		JLab CATS Number	Target Date	Action Owner
Does this event involve failed equipment?	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Is there similar equipment in other areas?	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	** If yes, assign extent of condition check to the appropriate DSO(s).

Corrective Action(s)	JLab CATS Number	Target Date	Action Owner
Add a strap to this attachment to make it easier for two people to lift the device Evidence of Completion: Picture of the device with strap	NE-2016-03-01	03/31/2016	Doug Tilles
Remove the attachment from the storage box and store in another location to avoid hitting the lip while removing the attachment. Evidence of Completion: Picture of the attachment in its new location	NE-2016-03-01	03/31/2016	Doug Tilles
Label the attachment with its weight. Evidence of Completion: Picture of attached label with weigh	NE-2016-03-01	03/31/2016	Doug Tilles
All-Staff email to the lab raising awareness about the potential for injury while lifting a piece of equipment and reiterating the safe lifting weight of 40 pounds Evidence of Completion: Copy of the email to all - staff	NE-2016-03-01	03/31/2016	Mary Logue
Create an ISM Poster that highlights safe lifting techniques and the limit in accordance to our ES&H manual Evidence of completion: ISM Poster	NE-2016-03-01	05/31/2016	Mary Jo Bailey

Lessons Learned (Confer with Lessons Learned Coordinator) (Use attachment as necessary)	Lessons Learned Number
Never assume the weight of infrequently used items, when in doubt have the items weighted and labeled so that you are aware and can be prepared for the lift.	936

**Witness Accounts:** (Use attachments as necessary. Box will expand as necessary)

**Records, Documents, Pictures, and Other References:** (Copy and paste, use attachments or document links as necessary)

This is the attachment that was lifted from the storage box



This is the storage box  
(Jobox) with the lip


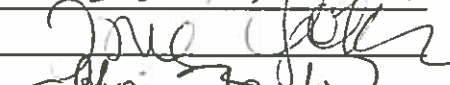



Emergency Notifications Made (Subsequent to the Event):	Date	Time
Fire, Rescue & Emergency Medical: (9-911)		
Guard Post: x5822; 269-5822		
Occupational Medicine 269-7539	02/08/2015	~11:00
ESH&Q Reporting Officer: 876-1750	02/08/2016	~1500
Crew Chief 630-7050		
Industrial Hygiene: 269-7863:		
Other: TJSO	02/09/2016	~0900

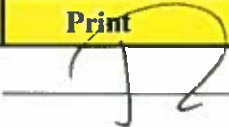
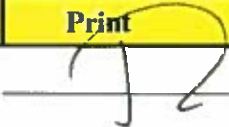
<b>Confirmation Review Distribution:</b> Investigation Team Members Affected Division Managers ESH&Q Reporting Officer	It is asked that you review and provide comments to this document to the Lead Investigator (denoted on Page 1) within ___ days. Your comments will be reviewed and incorporated as appropriate. Thank you for your consideration in this matter.
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### Investigation Team Confirmation:

The below signees, confirm to the best of their knowledge, that the information presented in this document is accurate and complete.

Role	Print	Signature	Date
Lead Investigator	Ed Folts		3/10/16
ESH&Q	Tina Johnson		3/9/16
Occ Med	Johnie Banks		3/09/16

### Acceptance/Acknowledgement of Facts

	Print	Signature	Date:
Associate Director/ Department Manger			03/15/16

Upon confirmation submit document to the ES&H Reporting Officer for completion and distribution.

### Documentation of Findings: (To be Completed by ESH&Q Reporting Officer)

<b>Notable Event Number:</b>	PHY-16-0208
<b>CATS Number:</b>	NE-2016-03-01
<b>Lessons Learned Number:</b>	936
<b>ORPS Number:</b>	N/A

<b>NTS Number:</b>	N/A
<b>CAIRS Entry:</b>	16-0208
<b>DOE Cause Code:</b>	A2 Equip / Mat. Problem, B4 Mat. Control LTA; C02 Mat. Storage LTA.
<b>ISM Code:</b>	Analyze the hazards, Develop and Implement Haz. Controls

Unless otherwise specified the following is to be completed by the Lead Investigator.

Step 1 Initial Fact-Finding Meeting (To be held as soon as reasonably possible following event (within 24 hours))			
Date:	02/10/2016	Time:	0900
Location:		CCCC L210A	
Required Attendees: (Print Name)		Optional Attendees: (Print Name) Present	
Lead Investigator:	Ed Folts	Associate Director:	Rolf Ent Notified
ESH&Q Representative:	Tina Johnson	TJSO Observer:	Steve Neilson Invited
Supervisor of involved persons(s):	Doug Tilles- Invited	<u>Subject Matter Expert(s)</u> , Facility/Equipment Owner as applicable:	
Involved or impacted person(s):	Calvin Mealer		
Witness(es):			

Agenda (Ensure the pace of the meeting allows time for accurate note taking.)	√ if Complete
1. Introduction – Provide Event Title, Date and Time of Occurrence, and Location:	√
2. Attendance - Are Required Attendees present.	√
3. Purpose of Initial Fact-Finding meeting.	√
4. Event Reconstruction – Use information to complete Section 3. <u>Summary of Event and/or Injuries</u> below.	√
a. Personnel and organizations involved in the event.	√
b. Conditions and actions preceding the event.	√
c. Chronology (timeline) of the event; and	√
d. Immediate actions taken in response to the event.	√
5. Clarify information – <u>Subject-Matter Expert</u> (SME) confirms work conditions.	√
6. <u>Stop Work</u> or the <u>Tag Out</u> Required? If “Yes” – establish the restart criteria and inform the affected Management chain.	N/A
7. Compensatory Actions Required? If “Yes” determine responsibility and include confirmation documentation.	N/A
8. Records or documentation required to confirm, clarify, or complete information (i.e., work plans, work control documents, photos, etc).	√
9. Other Questions or Concerns: Ask attendees if there are any other questions, concerns, or information that they wish to provide.	√
10. Obtain TJSO Observer feedback on conduct of fact finding meeting and potential improvements.	N/A

<b>Step 2 Investigation Team:</b>		<b>Date Convened:</b> (Within 24 hours of Fact Finding Meeting.)	02/10/2016 followed Fact Finding	
Role	Name	Department/Group	Phone	
Lead Investigator	Ed Folts	Physics	7857	
Co- Lead /ESH&Q	Tina Johnson	ESH&Q	7611	
Occ. Med	Johnie Banks	ESH&Q	7539	
<u>TJSO Observer</u>	Steve Neilson- Invited	TJSO	7215	

Environmental Aspects			
<b>Type of Material Released:</b>		<b>Quantity:</b>	
<b>Source:</b>		<b>Time Flow was Halted or Controlled:</b>	
For Investigation Team (✓ All That Apply):			
<input type="checkbox"/> Reportable Quantity	<input type="checkbox"/> Impact Ground/Soil	<input type="checkbox"/> Storm Water Channel/Drain	<input type="checkbox"/> Sanitary Sewer

Categorization and Reporting			
(To be completed by ESH&Q Reporting Officer within two hours – unless essential information is still pending)			
<b>ORPS Determination:</b>	<b>Date:</b>	02/09/2016	<b>Time:</b> 1636



## Categorization and Reporting

(To be completed by ESH&Q Reporting Officer within two hours – unless essential information is still pending)

<b>ORPS Determination:</b>	<b>Date:</b> 02/09/2016	<b>Time:</b> 1636
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**CAIRS/ORPS/NTS Determination: PHY-16-0208 Lower Lumbar Strain While Lifting Equipment from a Box**

From : Tina Johnson <cjohnson@jlab.org>

Tue, Feb 09, 2016 04:36 PM

Subject : CAIRS/ORPS/NTS Determination: PHY-16-0208 Lower Lumbar Strain While Lifting Equipment from a Box

3 attachments

To : Steve Neilson <sneilson@jlab.org>

Cc : Mary Logue <logue@jlab.org>, Ed Folts <folts@jlab.org>

Steve:

As mentioned earlier, an employee hurt their back yesterday morning. The employee stated that while lifting a piece of equipment out of a box they experienced the sudden onset of lower back pain. The employee immediately notified their supervisor and reported to Occupational Medicine for evaluation. Following their evaluation by Dr. Chandler, the employee was diagnosed with lower lumbar strain and returned to work with the following work restrictions:

1. Must avoid bending greater than 45 degrees at the waist from a standing position.
2. No lifting greater than 20 pounds. Must avoid exerting push-pull forces greater than 20 pounds. This can be self-determined by the employee.
3. No use of ladders.
4. Will follow-up with Occupational Medicine on 2/09/16. \*\* Results of the follow-up did not change the original restrictions that were issued.

OSHA Recordkeeping Evaluation: Based on the information below, this case is recordable (DART).

See OSHA regulations below:

Jefferson Lab will follow their notable event investigation process and complete the CAIRS entry within the 7 day time frame.

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Tina Johnson  
Reporting Officer/ Staff Administrator I

<b>10 CFR 851 Screen:</b>	<b>Date:</b> 02/09/2016	<b>Time:</b> 1636
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Negative: This event does not meet the voluntary criteria as a discreet or as a programmatic weakness.

**Final Distribution:**

- [ESH&H Reporting Officer](#) (Original)  
 Associate Director/Department Manager
- [Division Safety Officer](#)  
 Investigation Team Members
- [ESH&Q Liaisons](#)

**Form Revision Summary**

- Revision 1.6 – 02/22/16** – Updated form to reflect extent of condition ensuring it covers failed equipment per MOA
- Revision 1.5 – 10/04/13** – Changed COE to Lessons Learned; updated links.
- Revision 1.4 – 09/06/12** – Qualifying Periodic Review. Clarification of content only.
- Revision 1.3 – 01/31/12** – Updated ESH&Q Reporting Officer assignment from S.Smith to C.Johnson per M.Logue  
 Edited to clarify process steps.
- Revision 1.2 – 10/20/11** – Updated ESH&Q Reporting Officer assignment from J.Kelly to S.Smith per M.Logue.
- Revision 1.1 – 05/24/11** – Edited to clarify process steps.
- Revision 1.0 – 11/23/10** – Updated to reflect current laboratory operations.

ISSUING AUTHORITY	FORM TECHNICAL POINT-OF-CONTACT	APPROVAL DATE	REVIEW DATE	REV.
ESH&Q Division	<a href="#">Tina Johnson</a>	02/22/16	02/22/19	1.6

*This document is controlled as an on line file. It may be printed but the print copy is not a controlled document. It is the user's responsibility to ensure that the document is the same revision as the current on line file. This copy was printed on 3/9/2016.*