

Notable Event Worksheet

(See [ES&H Manual Chapter 5200 Appendix T1 Event Investigation and Causal Analysis](#) for Instructions)

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For Word Doc

Title of Event			
Event Title:	Fall from the Hydromobile Ladder		
Date and Time of Occurrence:	2/17/2012 08:30am	Notable Event Number:	TEDF-12-0217
Event Location:	West Architectural Feature TED Building	Date Notable Event Report is Due*:	03/17/2012

*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.

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

ORPS Determination:	Date:	02/17/2012	Time:	~1631
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TEDF-12-0217- Hydromobile Fall Even... UPDATE- Re: CAIRS/ORPS deter... x

from You

subject UPDATE- Re: CAIRS/ORPS determination for TEDF-12-0217- Hydromobile Fall Event 2/20/2012 12:00 PM

to You, Patty Hunt, Rick Korynta

cc Richard Jacobsen, Ned Walker, Jennifer Williams, John Kelly, kujawa, Bert Manzlak, Dick Owen, Tina Menefee, Paul Collins, Mar other actions -

UPDATE:

Rick/ Patty,

Good Morning! I received a call from Occupational Medicine updating me on the status of the contractor that fell on Friday 02/17/2012. Over the weekend, the contractor requested and filled a prescription for pain medicine which was given to him by the Physician that evaluated him after his fall. The following event is now OSHA recordable.

See OSHA regulations below:

Which work-related injuries and illnesses should you record?

Record those work-related injuries and illnesses that result in:

- ▼ death,
- ▼ loss of consciousness,
- ▼ days away from work,
- ▼ restricted work activity or job transfer, or
- ▼ medical treatment beyond first aid.

We will follow the Notable Event Process and we will complete the CAIRS entry within the 7 day time limit. Please call me with any questions or concerns.

Regards,

Tina Johnson

Categorization and Reporting

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

ORPS Determination: **Date:** 02/17/2012 **Time:** ~1631

On 2/17/2012 4:31 PM, Tina Johnson wrote:

Rick/Patty,

Good Afternoon! This morning a contractor on the TEDF Construction Site was descending one of two supports for the Hydromobile Scaffold and fell on to a metal outrigger that levels the base of the support/ladder.

The contractor was transported off-site to Riverside Emergency Department and where he was diagnosed with a lumbar contusion and back strain. The contractor was not given an IV or prescription medications and has returned to regular duty work with no restrictions. This has been reviewed by the JLab Occupational Medicine Physician who concurs in the return to regular duty.

The following event **is not** OSHA recordable.

*See OSHA regulations below:

Which work-related injuries and illnesses should you record?

Record those work-related injuries and illnesses that result in:

- ▼ death,
- ▼ loss of consciousness,
- ▼ days away from work,
- ▼ restricted activity or job transfer, or
- ▼ medical treatment beyond first aid.

Based on information obtained so far, we do not believe the event meets ORPS reportable criteria, however, the Notable Event Investigation process is on-going, and this may be re-evaluated under the ORPS Group 10.

Please call me with any questions or concerns.

Tina

Tina Johnson
Reporting Officer/

10 CFR 851 Screen: Negative **Date:** 02/17/2012 **Time:** 1641

This incident does not meet the voluntary reporting criteria either as a discreet event or as a programmatic weakness.

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

Step 1 Initial Fact-Finding Meeting			
Date:	2/17/2012	Time:	09:30am
Location:		MAM Trailer	
Required Attendees:		Optional Attendees:	√ if Present
Lead Investigator:		Associate Director:	
(Print Name): Keith Royston		(Print Name):	
ESH&Q Representative:		TJSO Observer:	√
(Print Name): Tina Johnson		(Print Name): Rick Korynta	
Supervisor of involved persons(s):		Subject Matter Expert(s), Facility/Equipment Owner as applicable:	
(Print Name):		(Print Name): Bob May	√
Involved or impacted person(s):		(Print Name): Corey Waclawski	√
(Print Name): (Contractor)		(Print Name): Ken Mitchel	√
(Print Name):		(Print Name): Ron Bjorklund	√
Witness(es):y		(Print Name): Brad Folkert	√

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

(Print Name): Tom Liddy

(Print Name):

Agenda <i>(Ensure the pace of the meeting allows time for accurate note taking.)</i>	√ 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. Summary of Event and/or Injuries 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 – Subject Matter Expert (SME) confirms work conditions.	√
6. Stop Work or the Tag Out Required? If “Yes” – establish the restart criteria and inform the affected Management chain.	√
7. Compensatory Actions Required? If “Yes” determine responsibility and include confirmation documentation.	-
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.	√

Step 2 Investigation Team:		Date Convened:	
		2/20/2011	
<i>(Within 24 hours of Fact Finding Meeting.)</i>			
Role	Name	Department/Group	Phone
Lead Investigator	Keith Royston	FM&L	6117
Reporting Officer	Tina Johnson	EHS&Q	7611
SME	Paul Collins	12GeV	5981
TJSO Observer	Rick Korynta	TJSO	7145

Step 3 Summary of Event and / or Injuries, including Initial Fact Finding Meeting information: determine the chain of events and timeline. Use attachment as necessary.

A contractor with Coastal Masonry slipped off the mast of the Hydro Mobile scaffolding system and fell, striking his back, on the stabilizer leg of the system. The contractor was in the process of climbing the mast of the Hydro Mobile system, approximately 4-5 rungs up the mast according to the eyewitness, when he was stopped and was asked a question. This caused the contractor to attempt to return to the ground.

The contractor slipped and fell off the mast, approximately 2nd or 3rd rung up the mast (see pictures). The contractor fell off backwards striking his back on the stabilizer leg. He then rolled off the leg, to the ground. According to the eyewitness he then attempted to get back up. The witness instructed him to remain on the ground and not move while he called for help. The witness went to the Mortenson Construction trailer where a call was placed to 911. The contractor was removed, on a backboard with neck brace, to hospital.

Step 3 Summary of Event and / or Injuries, including Initial Fact Finding Meeting information: determine the chain of events and timeline. Use attachment as necessary.

** Status changed to ORPS recordable after contractor contacted MD to request pain medication.

Notable Event Report

Emergency Notifications Made (Subsequent to the Event):	Date	Time
Fire, Rescue & Emergency Medical: (9-911)	2/17/2012	08:33
Guard Post: x4444; 269-5822	2/17/2012	08:39
Occupational Medicine 269-7539	2/17/2012	09:53
ESH&Q Reporting Officer: 876-1750	2/17/2012	08:39
Crew Chief 630-7050		
Industrial Hygiene: 269-7863:		
Other: Rusty Sprouse	2/17/2012	08:40

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

See Attached

Environmental Aspects

Type of Material Released:	Quantity:
N/A	
Source:	Time Flow was Halted or Controlled:

For Investigation Team (✓ All That Apply):

- Reportable Quantity
 Impact Ground/Soil
 Storm Water Channel/Drain
 Sanitary Sewer

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

See Attached

Causal Analysis: (Use attachment as necessary)

Root Cause:	Awareness of requirements(training) is less than adequate (LTA)
Contributing Causes: (List as many as apply.)	<ol style="list-style-type: none"> 1. Boots were muddy because the conditions around the base of the climbing station had changes and contained debris and were excessively muddy. 2. Contractor was distraction while climbing the ladder 3. Previous lessons learned were not applied 4. Contractor was wearing inadequate footwear

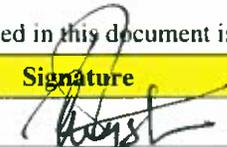
Extent of Condition Check	Responsible Person(s)	JLab CATS Number	Target Date

Corrective Action(s)	JLab CATS Number	Target Date
Adjust the AHA to reflect the need for a brush on the ladder to clean the bottom of the contractor's boots	NE-2012-05-01-01	02/17/2012
Retrain the contractors on the changes that were made to the AHA	NE-2012-05-01-02	02/17/2012
Ensure that a device to remove debris is provided at all ladders	NE-2012-05-01-03	02/17/2012

Lessons Learned (Confer with Division/Department Lessons-Learned Coordinator) (Use attachment as necessary)	JLab COE Number
Be mindful of environmental changes that affect your work area. Be sure to stop your work, reassess your work environment before you restart your work.	N/A

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	Keith Royston		3/16/2012
EHS&Q	Tina Johnson		3-16-12
12GeV / ESH&Q	Paul Collins		3-16-12

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)

Notable Event Number:	TEDF-12-0217
CATS Number:	NE-2012-05-01
JLab COE Number:	N/A
ORPS Number:	N/A
NTS Number:	N/A
CAIRS Entry:	12-0217
DOE Cause Code:	A6 Training Deficiency, B3 Training Material LTA, C03 Training on new work methods LTA
ISM Code:	Analyze the Hazards, Develop and Implement Hazard Controls

Acceptance/Acknowledgement of Facts

	Print	Signature	Date:
Associate Director/ Department Manger			16 MAR 12

Distribution:

- ES&H Reporting Officer (Original)
- Associate Director/Department Manager
- Division Safety Officer
- Investigation Team Members

Form Revision Summary

- Revision 1.3 – 01/31/12** – Updated ESH&Q Reporting Officer assignment from SSmith to CJohnson per MLogue Edited to clarify process steps.
- Revision 1.2 – 10/20/11** – Updated ESH&Q Reporting Officer assignment from JKelly to SSmith per MLogue.
- Revision 1.1 – 05/24/11** - Edited to clarify process steps.
- Revision 1 – 11/23/10** – Updated to reflect current laboratory operations.

ISSUING AUTHORITY	FORM TECHNICAL POINT-OF-CONTACT	APPROVAL DATE	EXPIRATION DATE	REV.
ESH&Q Division	Tina Johnson	10/19/09	10/09/12	1.3

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Safety and Quality Event Management

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Closed Report

Initial Investigation Closed

Project Details at Time of Incident

Event Type	Incident	Event Number	EV2012088953
Event Subtype	Injury	Brief Description	a workers foot slipped while ascending a climbing tower ladder, causing him to fall backwards onto the leveling jack, worker was approx. 2 feet up on ladder
Project Number	09110016	Project Manager	Folkert, Bradley Warren (Brad)
Project Name	DOE-Jefferson Lab TEDF	Project Superintendent	Ejorklund, Ronald
Address Line 1	12500 Lawrence Road	Area/Assistant Superintendent	
Address Line 2		Address City, State Postal Code	Newport News, VA 23606
General Foreman/Foreman			
Date Occurred (MM/DD/YYYY)	02/17/2012	Time Occurred (HH:MM)	08:30 AM
Event Reported By	Subcontractor	Name	
Is a Prime Subcontractor? (Project has a contract with this sub)	Yes	Company Info	
		Company Name	COASTAL MASONRY INC
		Phone	
		Title	
Work Being Performed By	Subcontractor	Name	
Is a Prime Subcontractor? (Project has a contract with this sub)	Yes	Company Info	
		Company Name	COASTAL MASONRY INC
		Phone	
		Title	
Location of Incident	West side of TED at architectural feature		
Environmental Conditions at the time of the incident	Temperature 33 - 85 deg. F., Clear Sky, Calm/Little or No Wind		

Injured Persons

Injured Person Detail for

Employed By	Subcontractor	Name	
Is a Prime Subcontractor? (Project has a contract with this sub)	Yes	Company Info	
		Company Name	COASTAL MASONRY INC
		Phone	
		Title	supt.
injury Severity	Medical Only		
Description of unsafe conditions			
Unsafe Conditions Include			
Treatment Status	Transported by ambulance		
Facility Type	Hospital	Facility Name	Riverside
Person Was Wearing	Hardhat, Hi-Vis Vest, Boots, Safety Glasses, Gloves		
Person Was Wearing Other Description			
Description of Task	Masons were working on a hydro-mobile scaffold, worker was climbing access ladder when event occurred	Division of Work	Subdivision of Work
Injuries			
Injury Type	Bruise/Concusion	General Body Part	Back/Trunk
Treatment Date	2/17/2012 12:00:00 AM	Specific Body Part	Upper Back (Thoracic Area)
Activity	Climbing	Cause	Miscellaneous Causes - Other than Physical Cause
Description Of Restrictions		Other Injury (Not Listed)	
Injury/Illness	Injury	Drug Testing Completed	Yes

Unsafe Conditions, Hazards, or Exposures

Description of unsafe conditions

Unsafe Conditions Include Housekeeping, Rain

Attachments

Attachment

[100_3435.JPG](#)
[100_3449.JPG](#)
[100_3458.JPG](#)

Immediate Corrective Actions Taken

Immediate Corrective Action Taken All workers were brought in and AHA was revised to include keeping boots clean before climbing the tower, including keeping a brush located at the bottom of tower to clean boots

Taken By Mortenson **Name** Bjorklund, Ronald

Date Completed 02/17/2012

Immediate Corrective Action Taken Work has been completed and scaffold has been taken down, We are investigating alternative methods of access for this scaffold for future reference on projects.

Taken By Mortenson **Name** Dalberg, Richard

Date Completed 02/20/2012

Links

There are currently no Links for this event.

Witnesses

First Name	Last Name	Employed By	Company Name	Title	Phone
Richard	Dalberg	Mortenson		Salaried Superintendent.I	

Preventive Actions Taken

Preventive Action Taken Coastal Masonry had properly trained people for erection and daily inspections, and was also following manufactures recommendations for the use of scaffolding, AHA was revised, and we are also investigating different methods of access to the scaffold for future reference on projects

Taken By Mortenson **Name** Dalberg, Richard

Date Due 02/20/2012 **Date Completed** 02/20/2012

Impacts

Mortenson Total Labor (Hours) No Labor Impact
Mortenson Material Cost (Dollars) No Cost Impact
Mortenson impact to a Task/Activity No Impact to Schedule
Subcontractor Labor (Hours) Less than 4 hours
Subcontractor Material Cost (Dollars) No Cost Impact
Subcontractor Task/Activity (Days) No Impact to Schedule
Customer Cost (Dollars) No Cost Impact
Customer Project Schedule (Days) No Impact to Schedule
Customer Relations impact Minor impact (Customer has concerns, but no consequences are expected.)
Other impacts

Key Contributing Factors

Event was related to unplanned work or rework: No
Worker(s) has appropriate qualification/certification: Yes
Appropriate permits in place at the time of the event: Yes
Hours Completed day of incident: 2 **Hours Completed week of incident:**
Process Contributing Factors:
Design Engineering Deficiency Factors:
Material Deficiency Factors:
Other External Factors: Housekeeping
Additional information:

Equipment/Tools in Use

There are currently no Equipment/Tools for this event.

Materials in Use

There are currently no Materials for this event.

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Investigation closed by Dalberg, Richard L (Rick) on 2/20/2012 10:56:06 AM

Mortenson Proprietary

TIMELINE:

8:33 - TOM LIDDY NOTIFIED MORTENSON

8:36 - Contractor CONSCIOUS LAYING ON GROUND UNDER HYDRAMOBILE
- HAS TINGLING/NUMBNESS IN THE MIDDLE ~~OF~~ OF HIS BACK.
(SPINAL AREA)
- APPENDAGES ALL MOVING - TURNING HEAD

8:41 ~~THE~~ AMBULANCE TOOK INCORRECT ROUTE DOWN ~~THE~~ HOGAN RD.

8:44 AMBULANCE ARRIVES VIA ONNES ROAD

8:52 Contractor PLACED ON TO FLAT BOARD BY MEDICS

8:57 Contractor PUT INTO AMBULANCE

8:59 AMBULANCE LEAVES SITE VIA ONNES RD.

- BEING TAKEN TO RIVERSIDE

WITNESS ACCOUNT: TOM LIDDY - STATEMENT:

CONTRACTOR WAS CLIMBING THE HYDRO MOBILE (ABOUT 4 STEPS UP), CONTRACTOR & TOM DECIDED THEY NEEDED ~~AN~~ A LEVEL, CONTRACTOR STARTED COMING DOWN THE HYDRO MOBILE, ONE FOOT ON THE 3RD STEP, ONE FOOT ON THE 2ND STEP. THE FOOT ON THE 2ND STEP SLIPPED, CAUSING NORMAN TO FALL BACKWARDS DIRECTLY ON TOP OF THE RED POST, HIT THE MIDDLE OF HIS BACK CAUSING HIM TO BEND AROUND THE POST IN A "U" SHAPE. HE ROLLED OFF, TOM TOLD HIM NOT TO MOVE, RAN TO THE MORTENSON TRAILER, AND NOTIFIED MORTENSON WHAT HAPPENED AND TO CALL 911.

ACTIVITY HAZARDS ANALYSIS

Date: 01 September 2010 Project: TEDE Jefferson Lab

Overall Risk Assessment Code (RAC)
(Use highest code) M

Activity: Masonry Installation

Activity Location: Jefferson Lab Newport News VA

Prepared By: Mitch Zawaski

Risk Assessment Code Matrix

	Probability				
	Frequent	Likely	Occasional	Seldom	Unlikely
E = Extremely High Risk					
H = High Risk					
M = Moderate Risk					
L = Low Risk					
5 Catastrophic	E	E	H	H	M
4 Critical	E	H	H	M	L
3 Marginal	H	M	M	L	L
2 Negligible	M	L	L	L	L
1					
0					

Add Identified Hazards

JOB STEPS	HAZARDS	ACTIONS TO ELIMINATE OR MINIMIZE HAZARDS	RAC
Scaffold erection, maintenance, & dismantling	Collapse of Scaffold, Electrical shock, Falls, Struck by Falling Objects	Insure all employees erecting or supervising the erection of scaffolds are competent and designated in writing. Daily inspections by competent person to insure scaffold foundations are sound and capable of supporting scaffold load. Insure adequate clearance is maintained from power sources during erection. Inspect daily and during use to insure that no electrical lines or power sources have been run within 10 feet of the scaffold. Erectors shall follow the erection/dismantling plan while erecting or dismantling scaffolds. Scaffolds shall be inspected daily or whenever reconfigured to insure fall protection is in place, and platforms are completely decked. All employees shall utilize installed access ladders to access or exit the scaffold. Establish controlled access zone around scaffold. Insure toe boards are maintained in place and material is properly stowed on scaffold. Insure all employees are wearing hard hats. Mixer operator shall wear eye protection at all times while operating mixer. Always operate mixer with safety guards in place. Insure mixer is shut off and cooled prior to fueling. Insure proper lifting techniques are followed	M
Mortar / Concrete Mixing	Eye Injury, Hand Injuries, Burns, Back Injuries		M

AMENDED - 2/17/12 POST INCIDENT INVESTIGATION

* EXPECT PLATFORM AT THE BRSE ACCESS / PROVIDE FOOT CLEARING

REVISED SCAFFOLD PROCEDURES - BRUSH ON MUDDY DAYS. ELIMINATE DISTRACTIONS WHILE CLIMBING.
(MUDDY CONDITIONS)

ACTIVITY HAZARDS ANALYSIS

JOB STEPS	HAZARDS	ACTIONS TO ELIMINATE OR MINIMIZE HAZARDS	RAC
Industrial Forklift Operation	Caught Between, Tip Over / Ejection, Electrocution	All operators must have a current and valid certification. Operator will conduct daily pre operation machine inspection and shall insure that backup alarm is operational and all rearview mirrors are intact. operator shall not at any time operate machine in a blind area without a designated observer/flagger. Operator shall wear seat belt at all times while operating lift. Operator shall familiarize themselves with the job site and the condition of the terrain. Operator shall verify the weights of items to be lifted and utilize the load charts to insure that safe operating parameters are not exceeded. Operator shall verify the locations of all overhead power lines, power panels, and any other sources of energized circuits and maintain a minimum distance of 10 feet.	M
CMU Installation	Back Strains/Injuries, Eye injuries, Hand Injuries	Employ proper lifting procedures. Safety glasses to be worn at all times. Gloves to be worn to prevent skin damage from CMU materials and Portland cement	L
Masonry Saw Operation	Dust Inhalation, Lacerations, Eye Injuries, Burns	Insure all guards in place. All cutting to be accomplished wet. Inspect saw prior to use. Insure correct blade is on saw, Insure saw is operated with both hands. Insure saw is shut off and cooled sufficiently prior to fueling	M
Concrete Pump Operation	Eye Injuries, Strains, Chemical Burns.	Eye protection to be worn at all times, Insure adequate number of personnel are on hand to handle pump hoses, Gloves to be worn to protect from chemical burn.	L

Add Items

EQUIPMENT	TRAINING	INSPECTION
Harnessess, Lanyards, Retractable lanyards, Level, Hammers	Scaffold User Training	Daily inspections prior to work shift. Inspections after any scaffold has been damaged, altered, or moved. Inspections to be accomplished by designated competent person.
Power Mixers	Employees trained in mixing operations	Inspect mixer daily prior to use.
Industrial off Road Forklift	Rough Terrain Forklift Operator Training	Operators Daily Pre operation Inspection
Hand Tools	Tool Box Topics, Back Injury Prevention, Hexavalent Chromium Hazards	Supervisor to insure gloves are worn tools in good condition
Masonry Cut off Saw	Supervisor conducted on site training	Inspect prior to use.
Concrete Pumps	Trained Pump Operator	Pump Inspected prior to use.

Involved Personnel:

Project foreman, Bricklayers, Mason Tenders, Concrete Pump Operator.