

Notable Event Worksheet

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

Click
For Word Doc

Title of Event

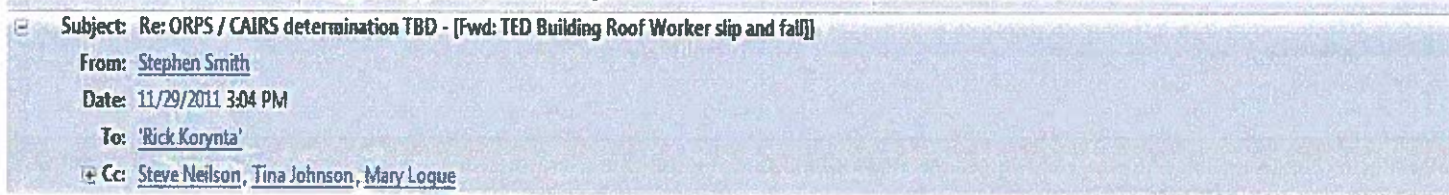
Event Title:	TEDF Roof Worker Slip		
Date and Time of Occurrence:	25 Nov 2011 - ~0750	Notable Event Number:	TEDF-11-1125
Event Location:	TEDF Construction Project TED Building Roof	Date Notable Event Report is Due*:	25 Dec 2011

*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:	11/29/2011	Time:	1504 hours
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Rick,

Based on the information we have to date, this does not meet ORPS reporting criteria. It is a CAIRS report - Mortenson is providing the necessary information (employee's home address, badge number, date of birth, etc) and I will upload it before the Dec 2nd deadline.

Classification as a TRC or DART is being worked out. He didn't miss any days but has some work restrictions. We need to ascertain whether or not the restrictions impact his normal duties - more to come.

Steve

10 CFR 851 Screen:	Date:		Time:	
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This incident has been reviewed and does not meet the criteria for reporting under 10 CFR 851.

Unless otherwise specified the following is to be completed by the [Lead Investigator](#).

Step 1 Initial Fact-Finding Meeting

Date:	11/25/2011	Time:	~ 10:00 am.	Location:	Mortenson Trailer
Required Attendees:			Optional Attendees:		Present? Y or N

Notable Event & Lessons Learned Worksheet.

Lead Investigator: (Print Name): Rusty Sprouse	Associate Director: (Print Name): Rusty Sprouse <input checked="" type="checkbox"/> <input type="checkbox"/>
ESH&Q Representative: (Print Name): Bob May	TJISO Representative: (contacted by phone) (Print Name): Steve Nielson <input type="checkbox"/> <input type="checkbox"/>
Supervisor of involved persons(s): (Print Name):	Subject Matter Expert(s), Facility or Equipment Owner as applicable: (Print Name): Keith Royston <input checked="" type="checkbox"/> <input type="checkbox"/>
Involved or impacted person(s): (Print Name): Micheal Davidson	(Print Name): Rick Dahlberg <input checked="" type="checkbox"/> <input type="checkbox"/>
(Print Name):	(Print Name): Stephen Smith <input checked="" type="checkbox"/> <input type="checkbox"/>
Witness(es): (Print Name): John Hartel Chris Holloway Landon Viles	(Print Name): <input type="checkbox"/> <input type="checkbox"/>
(Print Name):	(Print Name): <input type="checkbox"/> <input type="checkbox"/>

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

Step 2 Investigation Team:	Date Convened:		
	(Within 24 hours of Fact Finding Meeting.)		
Members	Role	Department/Group	Phone
Rusty Sprouse	Lead Investigator	FML	7589

Steve Nielson (Notified, not on site)	<u>TJSO Observer:</u>	TJSO	7215
Bob May	Acting Safety Officer	EH&S	7632
Steven Smith	Reporting Officer	EH&S	7007
Rick Dahlberg	Mortenson Safety Rep	Mortenson	-

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.

Baker Roofing reported to work on 25 November 2011 (Friday following Thanksgiving) to install coping. Baker Worker1 performed safety checks of the safety attachment line around the perimeter of the roof and completed signing off on the pre-work safety check off sheet. Baker Worker1 was proceeding across the roof at ~ 0750, slipped hitting the roof deck with the back of his head. Baker Worker2 reported the incident to the Superintendent of Mortenson Construction. The Superintendent proceeded to roof and found individual sitting in some construction material holding his head. The Superintendent confirmed the individual could move his fingers. 911 was called.

Individual was taken to Riverside hospital and later released. Individual instructed by Riverside to check with personal physician Monday for a work release. Baker Roofing superintendent was asked to have individual report to JLab Occ. Med. Monday AM. Individual is thought to have suffered a mild concussion and slight whiplash

Roofing work was halted until roof was dry. Roof was subsequently inspected and found to be dry and confirmed by Mortenson Worker1 before allow work to proceed.

Notable Event Report

Emergency Notifications Made (Subsequent to the Event):	Date	Time
Fire, Rescue & Emergency Medical: (9-911)	25 Nov 2011	0802
Guard Post: x4444; 269-5822		
Occupational Medicine 269-7539		
ESH&Q Reporting Officer: 876-1750	25 Nov 11	0832
Crew Chief 630-7050		
Industrial Hygiene: 269-7863:		
Other:		
Site wide page sent (911 call made from TEDF)	25 Nov 11	0831
Keith Royston	25 Nov 11	0843
Rusty Sprouse	25 Nov 11	0834

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

Report from CH, Baker Roofing
 JH and MD were walking in the middle of the roof and M slipped and fell.
 LV reported that M slipped backwards and fell hitting the brim of the hardhat. The hardhat bounced off, M head bounded up and down, hitting the roof a second time. M was unconscious for about 30 seconds.
 RD (Mortenson) reported when he arrived on the roof he found M sitting on some screening material holding his head/neck. He checked and M was able to move his fingers. 911 was called. RD notified KR.
 RS - When MD and CW from Mortenson escorted me to the roof to view the area of the incident I observed the roof in some locations (previously shaded) covered with water. It had not rained for the last couple of days. I concluded the water was the remains of earlier frost on the roof.

Notable Event & Lessons Learned Worksheet.

Environmental Aspects

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

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

Timeline and other related documents are attached

Causal Analysis: (Use attachment as necessary)

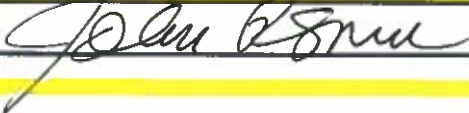
Root Cause:	The roof was inspected that morning prior to assigning employees to work on the roof. The inspection, however only covered the fall protection lifeline around the perimeter.
Contributing Causes: (List as many as apply.)	<p>The entire roof, including shaded areas, was not completely inspected.</p> <p>The injured employee elected not to notify supervision of the hazard of frost on the roof where he was required to be.</p>

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

Corrective Action(s)	JLab CATS Number	Target Date
Policy was changed so that the entire roof surface areas are checked prior to sending anyone up to work.	NE-2011-27-01-01	01/19/2012
Roof work was shut down that day and a stand down meeting was held with all employees to advise them to notify supervision if they found any unsafe conditions in their work areas.	NE-2011-27-01-02	11/25/2011

Lessons Learned (Confer with Division/Department Lessons-Learned Coordinator) (Use attachment as necessary)	JLab COE Number
We must be more vigilant in checking work areas before assigning people to work.	N/A
Just because there is no frost on the ground, we cannot assume that no frost is on the roofing surfaces. Those areas may be exposed to higher winds and shaded areas.	N/A

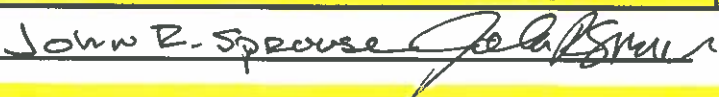
Lead Investigator Confirmation: As Lead Investigator, I confirm to the best of my knowledge, that the information presented in this document is accurate and complete.

	Print	Signature	Date:
Lead Investigator	Rusty Sprouse		1/19/12

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)		
<input type="checkbox"/>	Notable Event Number:	TEDF-11-1125
<input type="checkbox"/>	CATS Number:	NE-2011-27
<input type="checkbox"/>	JLab COE Number:	N/A
<input type="checkbox"/>	ORPS Number:	N/A
<input type="checkbox"/>	NTS Number:	N/A
<input type="checkbox"/>	CAIRS Entry:	20111125
<input type="checkbox"/>	DOE Cause Code:	A2 Equipment/Material Problem, B3 Inspection/Testing LTA, C02 Inspection/testing LTA
<input type="checkbox"/>	ISM Code:	Analyze the Hazards, Develop and Implement Hazard Controls

Acceptance/Acknowledgement of Facts

	Print	Signature	Date:
Associate Director/Department Manger			1/19/12

Distribution:

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

Revision Summary

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	EFFECTIVE DATE	EXPIRATION DATE	REV.
ESH&Q Division	John Kelly	10/19/09	10/19/09	10/09/12	1.1

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