

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:	TEDF-11-0915-NEW Drywall Incident TED Building 2 nd Floor		
Date and Time of Occurrence:	9/15/2011 08:45am	Notable Event Number:	TEDF-11-0915
Event Location:	TED Building 2 nd Floor D-Wing	Date Notable Event Report is Due*:	10-15-11 (Reporting Officer turnover period)

*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:	9/16/2011	Time: 1100 hrs
Not subject to ORPS. It is subject to CAIRS.			
10 CFR 851 Screen:	Date:	9/16/2011	Time: 1400 hrs
No 10CFR851 implications			

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

Step 1 Initial Fact-Finding Meeting			
Date:	9/15/2011	Time:	11:00am
Location:	Incident Location		
Required Attendees:	Optional Attendees:	Present? Y or N	
Lead Investigator:	Associate Director:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Print Name): Keith Royston	(Print Name): Rusty Sprouse		
ESH&Q Representative:	TJSO Representative:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Print Name): Mary Logue	(Print Name): Steve Neilson		
Supervisor of involved persons(s):	Subject Matter Expert(s), Facility or Equipment Owner as applicable:		
(Print Name):	(Print Name): Rick Korynta	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Involved or impacted person(s):	(Print Name): Brad Folkert	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Print Name): Mark Corbitt (Not Present)	(Print Name): Ron Bjorklund	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Print Name):	(Print Name): Ken Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Notable Event & Lessons Learned Worksheet

Witness(es):	(Print Name):	<input type="checkbox"/>	<input type="checkbox"/>
(Print Name): Vandyke Walker	(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 checked="" type="checkbox"/>	<input type="checkbox"/>
3. Purpose of Initial Fact-Finding meeting.		<input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>
7. Compensatory Actions Required? If “Yes” determine responsibility and include confirmation documentation.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Records or documentation required to confirm, clarify, or complete information (i.e., work plans, work control documents, photos, etc).		<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
10. Obtain TJSO Representative feedback on conduct of critique and potential improvements.		<input type="checkbox"/>	<input type="checkbox"/>

Step 2 Investigation Team:		Date Convened:	9/15/2011
		(Within 24 hours of Fact Finding Meeting.)	
Members	Role	Department/Group	Phone
Keith Royston	Lead Investigator	FM&L	6117
Steven Neilson	<u>TJSO Observer:</u>	TJSO	7215
Rick Korynta	<u>TJSO Observer:</u>	TJSO	7145
Mary Logue	EHS&Q Representative	EHS&Q	7447
Ken Mitchell	JSA Field Supervisor	FM&L	7748
Ron Bjorklund	MAM Superintendent	MAM	763-287-5582
Brad Folkert	MAM Project Manager	MAM	763-287-5288

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.

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 worker with Providence Painting was removing an approximately 30" x 9' piece of drywall on the TED Building 2nd floor D-wing. He thought he had removed all screws from the drywall. He had passed the screwgun off to his coworker (witness). He turned back to remove the section and realized there was still one screw in the piece. He turned back to get the screwgun. This is when the section of drywall fell, striking the worker on the back and pushing him into the railing of the scissor lift adjacent to where he was. The worker was removed to Occupational Medicine and evaluated. The worker was then taken offsite for further medical treatment.

Also, see Mortenson's write up and the end of this document.

Notable Event Report

Emergency Notifications Made (Subsequent to the Event):	Date	Time
Fire, Rescue & Emergency Medical: (9-911)		
Guard Post: x4444; 269-5822		
Occupational Medicine 269-7539	9/15/2011	9:00am
ESH&Q Reporting Officer: 876-1750 (M. Logue)	9/15/2011	9:00am
Crew Chief 630-7050		
Industrial Hygiene: 269-7863:		
Other:		

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

See attached

Environmental Aspects		N/A	
Type of Material Released:		Quantity:	
Source:		Time Flow was Halted or Controlled:	
For Investigation Team (☒ 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)

See attached.

Causal Analysis: (Use attachment as necessary)

Root Cause:	Worker did not take into account the special hazard and potential for the drywall to separate from the wall and screw
Contributing Causes: (List as many as apply.)	Removal and rework of the drywall

Extent of Condition Check	Responsible Person(s)	<u>JLab CATS Number</u>	Target Date
NA			

Corrective Action(s)	<u>JLab CATS Number</u>	Target Date
Mortenson will speak to all at stretch and bend on 9/16/2011. Specifically to let everyone know what happened and to remind everyone of the potential energy of items will working on-site.	NE-2011-16-01	11-4-11
Review the need for additional tools on site.	NE-2011-16-01	11-4-11

Lessons Learned (Confer with Division/Department Lessons-Learned Coordinator) (Use attachment as necessary)	<u>JLab COE Number</u>
Make sure all workers have necessary tools to perform the task safely	NA
Planning for re-work should follow the same level of rigor as planning the actual work.	NA

Lessons Learned (Confer with Division/Department Lessons-Learned Coordinator)
(Use attachment as necessary)

JLab COE Number

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	Keith Royston <small>Digitally signed by Keith Royston DN: cn=Keith Royston, o.ou,email=royston@lab.org, c=US</small>	

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-2011-0915
<input type="checkbox"/>	CATS Number:	NE-2011-16
<input type="checkbox"/>	JLab COE Number:	NA
<input type="checkbox"/>	ORPS Number:	N/A
<input type="checkbox"/>	NTS Number:	N/A
<input type="checkbox"/>	CAIRS Entry:	20110915
<input type="checkbox"/>	DOE Cause Code:	A3B01C04 – Human Performance LTA / Skill Based Error / Incorrect Performance Based on Mental Lapse
<input type="checkbox"/>	ISM Code:	Failure to Perform Work Within Controls

Acceptance/Acknowledgement of Facts

Print	Signature	Date:
Associate Director/Department Manager	Rusty Sprase	16 Nov 11

Distribution:

ES&H Reporting Officer (Original)
Associate Director/Department Manager

Division Safety Officer
Investigation Team Members

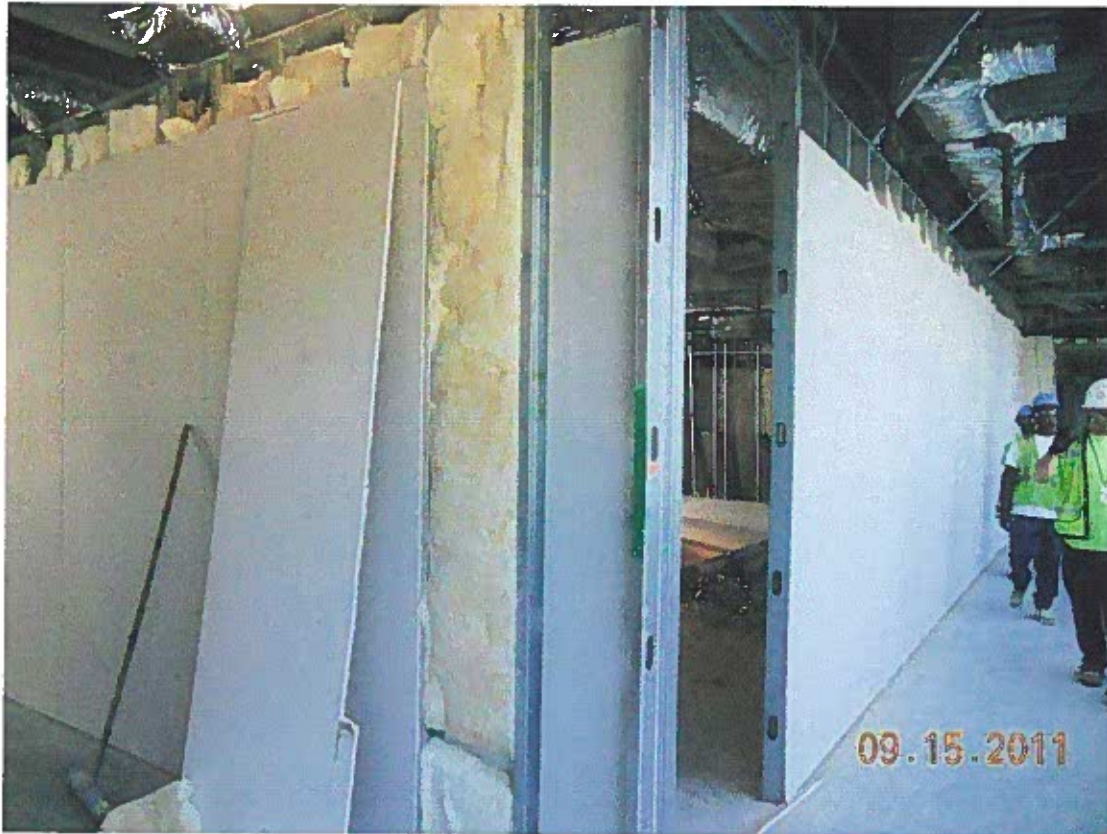
Revision Summary

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

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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	EV2011081019
Event Subtype	Injury	Brief Description	worker was installing sheetrock on wall, when he turned around to get screwgun, sheet fell forward striking worker from behind forcing him forward into scissor lift where he chipped his teeth on mid rail of scissor lift
Project Number	09110016	Project Manager	Folker, Bradley Warren (Brad)
Project Name	OQE Jefferson Lab TEOF	Project Superintendent	Borklund, 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)	09/15/2011	Time Occurred (HH:MM)	08:45 AM
Event Reported By	Subcontractor	Name	
Is a Prime Subcontractor? (Project has a contract with this sub)	Yes	Company Info	
		Company Name	PROVIDENCE PAINTING 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	PROVIDENCE PAINTING INC
		Phone	
		Title	
Location of Incident	TEO arena 2nd floor		
Environmental Conditions at the time of the Incident	Temperature 33 - 85 deg. F., Calm/little or No Wind		

Injured Persons

Injured Person Detail for					
Employed By	Subcontractor	Name	Hidden for Security Purposes		
Is a Prime Subcontractor? (Project has a contract with this sub)	Yes	Company Info			
		Company Name	PROVIDENCE PAINTING INC		
		Phone			
		Title			
Injury Severity	Medical Only				
Description of unsafe conditions					
Unsafe Conditions Include					
Treatment Status	Taken for treatment				
Facility Type	Occupational Medicine Clinic	Facility Name	Sentara		
Person Was Wearing	Hardhat, Hi-V's Vest, Boots, Safety Glasses, Gloves				
Person Was Wearing Other Description					
Description of Task	worker was installing wood blocking that was missed	Division of Work	Subdivision of Work		
Injuries					
Injury Type	Fracture	General Body Part	Head	Specific Body Part	Tenth
Treatment Date	9/15/2011 12:00:00 AM				
Activity	Struck by or against	Cause	Struck or Injured By - Falling or Flying Object Other Injury (Not Listed)		
Description Of Restrictions					
Injury/Illness	Injury	Drug Testing Completed	Yes		

Unsafe Conditions, Hazards, or Exposures

Description of unsafe conditions	
Unsafe Conditions Include	Struck By/Against

Attachments

Attachment	Providence recordable Incident (1).JPG
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[Providence recordable incident \(2\).JPG](#)

[Providence recordable incident \(3\).JPG](#)

[Providence recordable incident \(4\).JPG](#)

[Providence Vandye Walker witness statement.pdf](#)

[Providence Mark Corbett Statement 9/15/11.pdf](#)

Immediate Corrective Actions Taken

Immediate Corrective Action Taken worker was taken to on site first aid and then to ac-mod clinic where he was referred to a dentist

Taken By Mortenson **Name** Dalberg, Richard

Date Completed 09/15/2011

Immediate Corrective Action Taken an investigation team was assembled, we took statements at the site of the incident and reviewed the actions that led up to the incident

Taken By Mortenson **Name** Bjorklund, Ronald

Date Completed 09/15/2011

Links

There are currently no Links for this event

Witnesses

First Name	Last Name	Employed By	Company Name	Title	Phone
		Subcontractor	PROVIDENCE PAINTING INC		

Preventive Actions Taken

Preventive Action Taken be in control of your work at all times, went over this issue with Providence employees in going forward with their work also brought up at POD meeting and lead and stretch with all workers

Taken By Mortenson **Name** Bjorklund, Ronald

Date Due 09/16/2011 **Date Completed** 09/16/2011

Impacts

Mortenson Total Labor (Hours) 4 to 8 hours
Mortenson Material Cost (Dollars) No Cost Impact
Mortenson Impact to a Task/Activity No Impact to Schedule
Subcontractor Labor (Hours)
Subcontractor Material Cost (Dollars)
Subcontractor Task/Activity (Days)
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: Yes
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:** 32
Process Contributing Factors: Other
Other Process Contributing Factors Description: poor work practice
Design Engineering Deficiency Factors:
Material Deficiency Factors:
Other External Factors:
Additional Information:

Equipment/Tools In Use

Equipment/Tool Type	Type/Make/Model/Description	Equipment/Tool
Powered Hand Tools		Drill

Materials In Use

Material
Carpentry Material

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Investigation closed by Dalberg, Richard L. (Rick) on 9/16/2011 12:32:41 PM

Mortenson Proprietary