

Non-CMC Event

Multiple Fatalities & Lost Time Injury – Falls

For inquiries regarding this safety alert, contact the HSEQ department at 985-868-1950

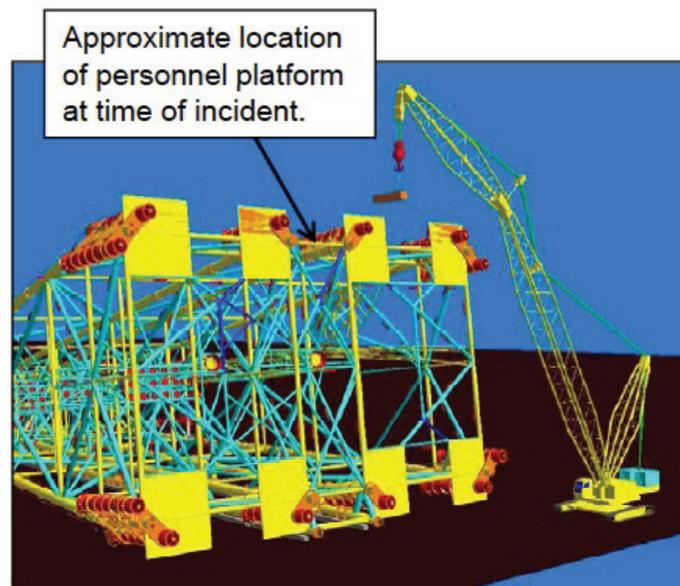
While this event did not occur at a Chet Morrison Contractors' facility, we thank Flour for sharing this safety bulletin throughout our industry.

WHAT HAPPENED?

A crew of seven scaffold builders and one rigger was working from a suspended personnel platform (workbasket) scaffolding, removing from a large offshore jacket of personnel platform structure. A subcontractor owned and operated the crane – a 1977 friction-controlled Manitowoc Model 6000 that was not equipped with controlled (power) load lowering capability or positive isolation against load free fall.

The crew was positioned near the top of the structure at a height of approximately 50m (164ft). The crane's engine was turned off for 40 minutes while the crew completed their work, causing a gradual loss of pneumatic pressure in the braking and clutch systems. When the crew requested via radio to be lowered to the ground, the operator restarted the crane's engine, and approximately three minutes later, released the brake systems to lower the crew. At this point, the pneumatic pressure was sufficient to allow the release of the brakes, but not sufficient to re-engage the foot brake or clutch converter

The personnel platform, still attached to the hook and load line, dropped to the ground. Seven members of the crew died as a result of the fall. The eighth suffered multiple serious injuries, but is expected to recover.



LESSONS LEARNED:

- Follow safe work practices and procedures in all activities.
- Follow written procedure for high risk or unusual activities.
- Operate equipment within design limits.
- Assess risk for routine and repetitive operations.



ALERT 11.14