

Significant Safety & Health Incident Alert



Fitter Exposed to a fall from height

Division Infrastructure

Date	23 / 01 / 2013		
Site	ILC Enfield	Business Unit	Eastern Infrastructure
Energy type	Gravitational	(Potential) Damage	PC1
Contact details	Name Jeffrey Bowers Phone 0433 692 811 Email Jeffrey.Bowers@leicon.com.au		

Incident Details

During a site inspection by LCPL management, a Steffanutti Fitter was seen to be performing work on a 30T ADT at a height of (1.750 m), whilst unprotected. The fitter was crouched behind the air filter on the step in front of the cab carrying out maintenance on the engine of the machine. A second fitter was laying horizontally on the footwell of the cab (behind the handrail) assisting the fitter.

Approximate locations of both people can be seen on the sketch below.

Insert Photos



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Alert follow up



Reminder

This incident is currently being investigated. Project Managers are reminded of the importance of the following controls:

- Ensuring that plant maintenance tasks comply with all Safety Essentials.
- Ensuring that all hazard controls are in place prior to commencing any task on site.
- Ensuring that equipment such as platform ladders are available for use.
- Supervision must be diligent in ensuring workforce members conduct work safely and comply with the requirements of their SWMS and Prestart.

Relevant Construction Safety Essentials:

- CSE 2 - Working at Height

This incident alert is to be placed on all safety notice boards and discussed at safety communication forums.

Current at 4/2/2013

Significant Safety & Health Incident Alert



Incident no	INC - 55797	Date of incident	23/1/2013
Incident description	Fitter exposed to a fall from height		

To: All Project Managers

Please analyse the attached report and answer the following questions:

1. Could this incident occur within your area of responsibility at your project?

Yes No

If yes, what control measures do we currently have that would eliminate the potential for an occurrence of this type (or similar) on your project?

If no, please note the reasons, sign, date and return the form to your Business Unit Safety Manager.

2. Are these control measures sufficient to prevent or *mitigate the risk* of an incident of this type (or similar) described in the Significant Incident Report (attached)

Yes No

If yes, please sign, date and return to your Business Unit Safety Manager.

Project Manager name

**Project name
Business Unit**

Signature

Date

If no to above, please raise an incident report listing the required actions and accountabilities; note the incident report number below and return these forms to your Business Unit Safety Manager.

Incident report no

Date

Signature

Date

Current at 4/2/2013