HSE Incident Lateral Learning No: 2003-34

Crane Incident – Crushed Chest

The Incident:

A crew of 5 (a supervisor, a crane operator, and 3 helpers) were shifting GRE pipe lengths for end trimming at the pipe lay down area. The supervisor had given the signal to start shifting the pipe, unaware that one of the helpers had approached the crane from the back for a water jug. The helper did not notice the rotating crane's counterweight turning, which began to squeeze his chest against the toolbox adjacent to the water jug. He then shouted out. Upon hearing the shout, the crane operator reacted swiftly by stopping & reversing the crane, thus avoiding a possible far worse outcome.

The Failures:

- Precautions during crane lifting operations were not followed – personnel were allowed within working radius of the crane moving parts
- No dedicated banksman for the lifting operation – supervisor was acting both as banksman and supervisor
- Water jug was placed at unsafe position on the crane

The Lateral Learning:

- Ensure precautions during lifting operations are strictly adhered to (**COMPLIANCE**); with single point communication between crane operator and banksman
- Include in daily tool box discussion the hazards identified during the HEMP (Hazards and Effect Management Process) for the activity
- Workers (in this case the supervisor) are empowered to STOP work they consider it unsafe to continue with available resources and equipment, and request a re-evaluation of the work.
- Do not place tools, water cooler, food stuffs, etc., on or near crane moving parts.
- *Ensure Crane Operators and Riggers/Banksmen are trained and assessed in accordance with PDO specification SP1251. Successful operators/riggers/banksmen will be issued appropriate PERMIT*.