

HSE Alert – Parkes Yard Finger Injury (with ICAM Actions)

HSE Alert No:	SQE-006-2021 (Follow on from SQE-005-2021)	Date of Issue:	16 Mar 2021
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Description of Event/Issue:

Rail was being lifted by a JHR Track Worker utilising a beaver tail lift bar to enable access for a subcontractor worker (injured person) to install the insulation pad (can be seen in Photo 1). Correct methodology does not require finger/s to be between the rail and sleeper and it would appear that there was limited purchase with the bar on the rail (see Photo 2) as it was being lifted. This has subsequently caused the bar to slip allowing the rail to drop down onto the injured worker's finger resulting in a crush injury.



Photo 1



Photo 2

Direct Cause(s) of Event/Issue:

Following the investigation, key findings that led to the incident were identified as follows:

1. Workers did not assign clear accountability as to who was in charge of the activity and therefore clear communication was not established
2. Beaver tail bar did not have enough purchase on the rail being lifted
3. Injured worker identified a lapse in judgement and placed his fingers in between the rail and the sleeper in a known crush zone

Required Actions (as per ICAM Report and as entered into JHET)

1. Witness mark to be placed on all beaver tail bars to ensure correct amount of purchase
2. Workers operating beaver tail bars are to be briefed at Toolbox on the requirement to be in control of the activity and to communicate with other workers involved in task
3. Workers to be briefed at Toolbox on correct process in relation to installing items between sleeper and rail and ensuring body parts are not placed in an area where a crush injury can result
4. Review of AMS and TRAB to ensure risks associated with activity are identified and controlled
5. Issue Safety Alert SQE-006-2021 to contractors
6. Leaders to ensure practices are modified in accordance with above actions and provide update to Manager

Contact Person:	Peter Scott	Approved by:	Stephen Fleck
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This HSE Alert Form is to be posted on all workplace notice boards and used by Supervisors as a subject for discussion at a "Toolbox Meeting".

Please Distribute to all Workplaces
This alert should be removed from Notice Boards by: _____

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Please analyse & communicate the above HSE alert to your workplace, complete the below form and file on site for future auditing purposes.

1. What date was this HSE Alert communicated to workplace: _____
2. Could this event occur in your area of responsibility at your project?
(Circle your Answer below)
YES - (Answer: Question 3, 4, & 5)
NO - (Answer: Question 6)
3. What control measures do you currently have in place that would eliminate the potential for an occurrence of this type (or similar) on your project?

4. Are these control measures sufficient to prevent or mitigate the risk of an Event of this type (or similar) described in the HSE Alert from occurring?
(Circle your Answer below)
YES or NO
5. If you have answered No to Question 4, please raise an Action Record listing the required actions and accountabilities and record the action number below
Action Record Number: _____
6. Please note the reasons why this event could not occur within your project?

Project Name:	<input type="text"/>	Date:	<input type="text"/>
Workplace Manager Name:	<input type="text"/>	Signature:	<input type="text"/>