

INCIDENT TITLE:

Near Miss - Dropped object from met mast

INCIDENT DETAIL :

A contractor was performing planned maintenance on an 80-meter guyed met mast on a wind farm. During this work a file that was being carried and attached externally on the harness dropped 78 meters. The moulded handle was secured to the harness via a corded loop. The steel part of the file separated from the handle, fell and was blown clear of the tower approximately 25 meters.

One member of the team was within the exclusion zone, being lower down on the mast approximately 30-40 m below carrying out an inspection.

Another member of the team was on the ground gathering data from the mast upwind and outside of the drop zone.

No one was hurt during the incident.

INITIAL RESPONSE AND INVESTIGATION OUTCOMES :

- Once it was discovered that the tool had dropped, personnel and vehicles were checked for safety. There were no issues resulting from the dropped object so the work continued.
- Upon completion of work the issue was discussed on site then reported as a Near Miss.
- The file was found downwind imbedded into the ground approximately 25 meters away.
- An initial investigation was completed and witness statements taken.
- The steel part of the file weighed approximately 200 grams.
- A corrective action has been to review all similar tools and make sure they are epoxy glued together to prevent reoccurrence.

TIME AND DATE OF INCIDENT:

4 July 2018 at 14:30

LEARNINGS AND RECOMMENDATIONS FROM THIS INCIDENT:

This incident highlights the importance of properly securing tools. The tool had a tight press fit but was not secured with any adhesive. It was assumed that this would have been sufficient during the pre-use check.

It is inconclusive how the file had become loose from the handle however it has been assumed that during use it may have worked its way loose.

Carrying the tool externally was necessary due to the abrasive nature of the file and the damage it can cause when stored with other tools in a bag. Options to remedy this could have been a second bag or a different tethering method.

The distance fallen would imply that exclusions zones (particularly in windy conditions) need to be greater than $1/5^{th}$ of the potential height. In this case the item had a low weight / low profile and may have gone much further with a wider profile. The wind was brisk but not excessive.

Importantly, it should be recognised that most items dropped from this height will have serious injury consequences if contact is made. The importance of secondary control measures such as catch bags, parking up wind, maintaining personnel free exclusion zones/drop zones are critical aspects of working at height.

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The Corporate Safety and Health Team are currently working on systems to support the above learnings. If interested in viewing the full investigation report for this incident, it can be found in:



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