

Apple Orchard Worker Dies When Tractor Rolls Over

INCIDENT FACTS

REPORT #: 71-245-2023s

REPORT DATE: September 18, 2023

INCIDENT DATE: September 28, 2022

WORKER: 22 years old

INDUSTRY: All Other Miscellaneous
Crop Farming

OCCUPATION: Orchard Worker

SCENE: Apple orchard

EVENT TYPE: Crush - Caught in or
between / Machine



A 22-year-old tractor operator at an apple orchard died when his tractor rolled over. He was employed at the orchard for just over a year. His duties included tractor operation, spraying pesticides, mowing grass, and various other farming tasks.

On the incident day, the worker was operating a low-profile utility tractor to pick and move wooden bins full of apples harvested at the orchard. The tractor had a set of forks attached to the rear 3-point hitch. The tractor had a rollover protective structure (ROPS) and a seat belt installed, but the operator was not using them.

The operator drove the tractor down a steep, rocky, uneven dirt road, which had an 18-21 degree grade. When he tried to make a right turn at the bottom of the hill, the tractor rolled to the left, and threw him to the ground towards the rear of the tractor. When the tractor rolled onto its side, the lower portion of the forks landed on the operator's skull. Although no one saw the incident, another operator saw the tractor on its side and yelled to a manager who was nearby.

When they found the worker face down, gasping for air, the manager called 911. First responders arrived minutes later and pronounced the worker dead at the scene.

Investigators found:

- The tractor's ROPS was not in the upright position even though no substantial overhead obstructions were present. The employer did not ensure tractor ROPS was used as required.
- The tractor's seat belt had a faulty retractor and webbing covered with caked dirt, indicating it had not been used recently. The employer did not ensure tractor seat belts were used as required.

- The employer did not provide tractor operator safety training and skill and knowledge evaluations.
- Excessive speed could have been a contributing factor as a manager warned the operator to slow down about 15 minutes before the rollover occurred.

FATALITY NARRATIVE



Photo 1. Tractor with ROPS folded down at rollover scene.



Photo 2. Rear view of tractor with attached forks at rollover scene.

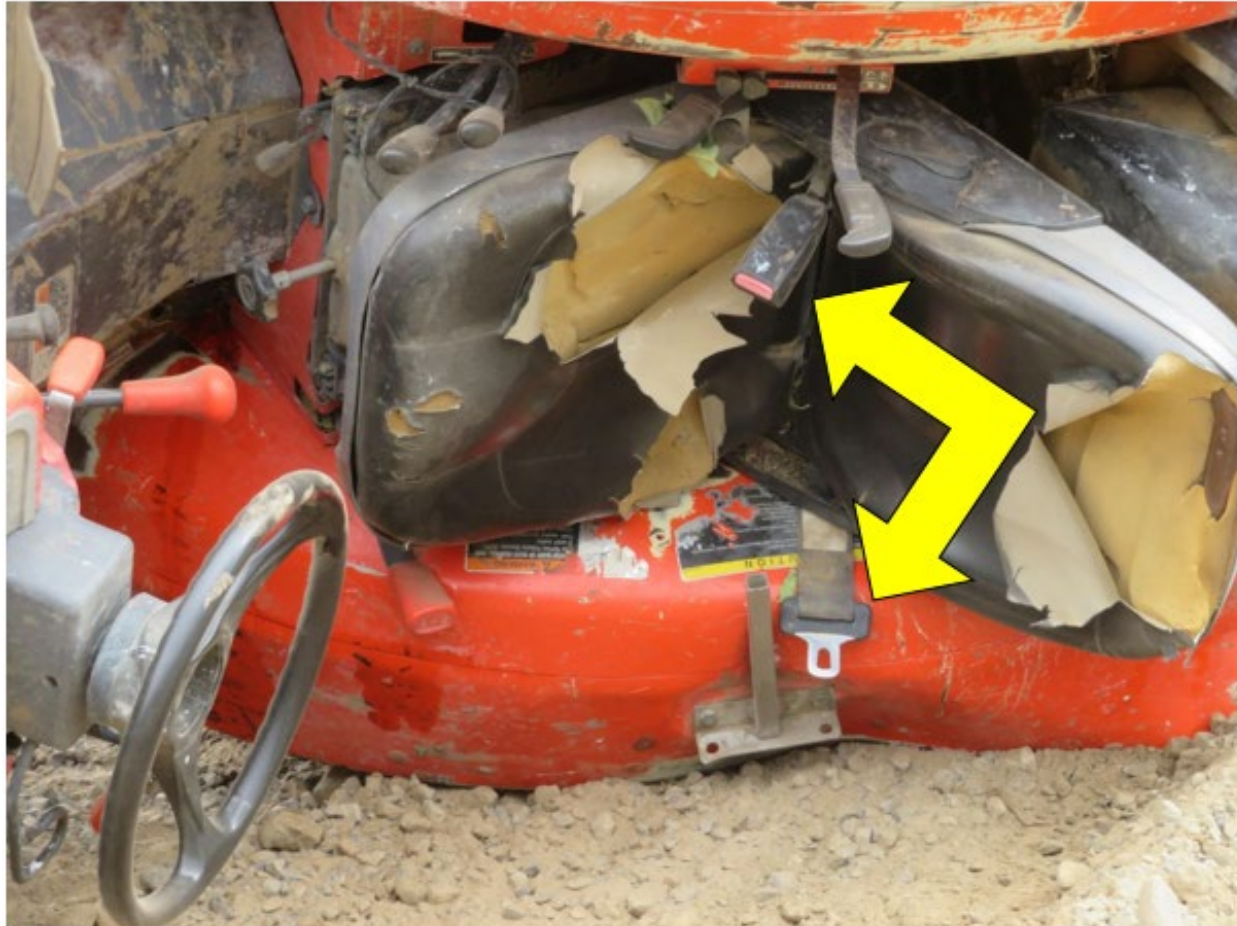


Photo 3. Unbuckled operator's seat belt on tractor that rolled over. Note worn out warning labels on left fender wall.



Photos 4 and 5. Photo on left shows uphill view of road from rollover location. Photo on right shows pitch and slope locator measuring degrees of slope at rollover location.

Requirements

Employers must:

- Protect a ROPS for each employee-operated tractor that is covered by [WAC 296-307-080](#). ROPS used on wheel-type tractors must meet the test and performance requirements of [OSHA 1928.51 C.F.R.](#) Protective frames for wheel type agricultural tractors. See [WAC 296-307-08009](#)
- Where ROPS is required by [WAC 296-307-080](#), employers must provide safe seat belts and make sure workers use them according to the requirements of [WAC 296-307-08012](#).
- Provide employee training that apply to ROPS used on agricultural tractors according to the requirements of [WAC 296-307-08018](#).

Recommendations

FACE investigators concluded that to help prevent similar occurrences, employers should:

- Develop policy requirements for ROPS and seat belt use and tractor operator safety training in your written accident prevention program (APP). Review requirements with operators frequently.
- Provide ample supervision of tractor operators and always enforce tractor safety policy requirements.

Recommendations

- Provide documented, hands-on tractor operator training, including refresher training, on a regular, ongoing basis. Ensure the training emphasizes showing operators how to prevent tractor rollovers by avoiding excessive speed, navigating rough and steep terrain, and maintaining a safe turning radius.

Resources

[Family Dairy Farm Worker Dies When Tractor
Rolls Down Embankment](#)

WA FACE Fatality Investigation Report

This narrative was developed to alert employers and workers of a tragic incident in Washington State and is based on preliminary data ONLY and does not represent final determinations regarding the nature of the incident or conclusions regarding the cause of the fatality.

Developed by Washington State Fatality Assessment and Control Evaluation (WA FACE) and the Division of Occupational Safety and Health (DOSH), Washington State Dept. of Labor & Industries. WA FACE is supported in part by a grant from the National Institute for Occupational Safety and Health (NIOSH grant# 5U60OH008487). For more information visit www.lni.wa.gov/safety-health/safety-research/ongoing-projects/work-related-fatalities-face.