Carpenter Severely Injured in 11-Foot Fall from Scaffold

SUMMARY

A 58-year-old journeyman carpenter fell headfirst 11 feet onto concrete and was severely injured when he was thrown from a Baker scaffold that tipped over.

It was the first day on the job site for the victim and his coworker, an apprentice carpenter. The incident took place inside a roadway tunnel project.

On the day of the incident, a foreman instructed them to get some plywood forms to be used to repair form work. They were unclear about where to get the forms so they walked through the tunnel until they found forms from a newly poured concrete wall section at the top of a ventilation knockout. Assuming that these were the forms they were looking for, they set up a Baker scaffold below the forms at the knockout.

Working from the 8-foot-high scaffold deck, the victim stripped a form from overhead. His coworker was standing below inside the knockout ready to grab the 8’x2’ form. As the victim leaned over the handrail to lower the form, the scaffold began to tip over. The coworker was able to move out of the way. The scaffold hit the lower wall of the knockout and he was thrown off, landing headfirst 11 feet below on the concrete. He suffered severe head, neck, and spinal injuries resulting in impaired mobility.

Investigators found that the employer did not follow procedures to ensure that new workers were prepared to work, and that they did not receive proper direction, instruction, and supervision. The Baker scaffold was not appropriate for the assigned task, and it had not been assembled correctly according to the manufacturer’s specifications, which require outriggers to be used when a 39” deck extension is added.

The employer had established that boom lifts were the most stable and safest equipment to use when workers were accessing forms that were located at elevation. The employer had boom lifts available to perform this task, though the workers were not advised of this.

REQUIREMENTS

It is the responsibility of management to establish, supervise, and enforce, in a manner which is effective in practice:

(a) A safe and healthful working environment. In this instance, the employer failed to ensure that the employees used scaffold outriggers.

(b) An accident prevention program. In this instance, the employer failed to instruct and supervise its employees to ensure that they were aware of the necessary elements of its Accident Prevention Program, specifically the employer’s Activity Hazard Analysis and a review of the risk assessments for work as assigned.

See WAC 296-155-100

RECOMMENDATIONS

FACE investigators concluded that, to help prevent similar occurrences:

- Employers should ensure that workers, especially new workers, receive proper direction, instruction, and supervision to safely perform the work they are assigned.

- Scaffolds should be properly assembled and used according to the manufacturer’s specifications. In this instance, outriggers should have been used to prevent the scaffold from tipping.

This narrative is an alert about the serious traumatic injury of a worker and is based on preliminary data ONLY and does not represent final determinations regarding the nature of the incident or the cause of the injury. Developed by WA State Fatality Assessment and Control Evaluation (FACE) Program and the Division of Occupational Safety and Health (DOSH), WA State Dept. of Labor & Industries. The FACE Program is supported in part by a grant from the National Institute for Occupational Safety and Health (NIOSH grant# 2U60OH008487). For more information visit [www.lni.wa.gov/Safety/Research/FACE](http://www.lni.wa.gov/Safety/Research/FACE).