



# Safety Alert

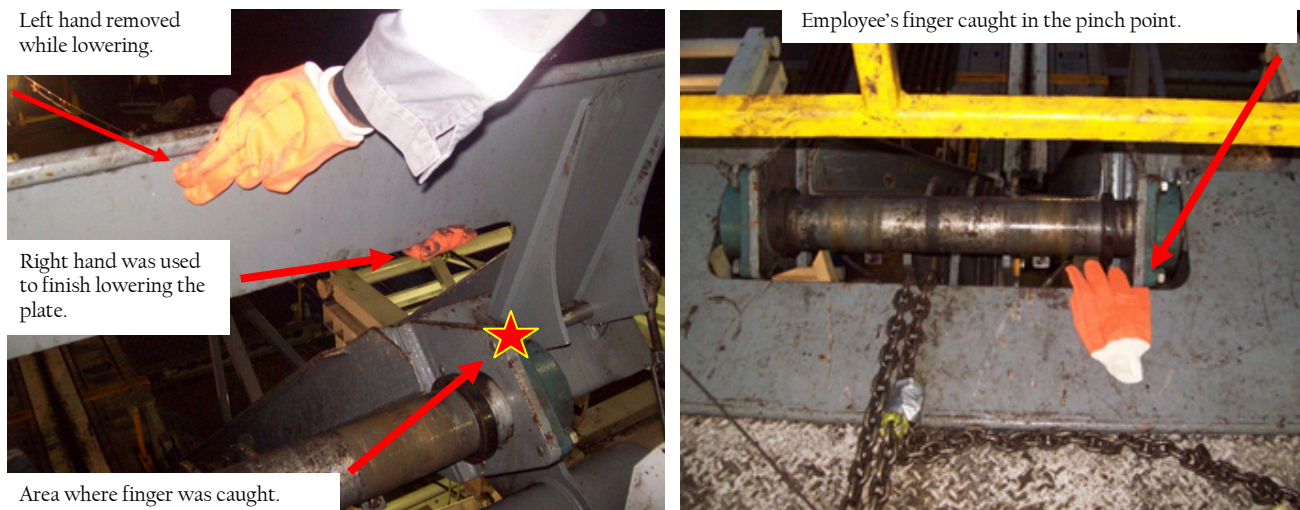
From the International Association of Drilling Contractors

ALERT 13 – 07

## IMPROPER HAND PLACEMENT RESULTS IN MINOR INJURY

### WHAT HAPPENED:

While drilling ahead, two employees were assigned to rig up the wire line machine. The attachment point for the wire line sheave is located under the transition plate between the hydraulic catwalk and rig floor (the plate hinges away from the floor). The two employees, together, lifted the transition plate so that one employee could show the other where to hook up the wire line sheave. After showing his co-worker where to install the sheave, they began to lower the transition plate back down. One employee decided to let go of the plate as it was getting close to the floor. The other employee had his right hand on the catwalk side of the plate and his left hand on the floor side. To keep from mashing his fingers between the plate and floor, he removed his left hand and continued to lower the plate. As he did, he felt a "pinch" to his right pinky finger, so he jerked his hand out and told the other employee that he thought he had injured his finger. It was found that his finger got caught between the transition plate and the metal plate supporting a bearing housing.



### WHAT CAUSED IT:

- A general walk around and review of the floor plate, v door, and catwalk did not reveal the hazard between the transition plate and the bearing plate.
- Both employees did not initiate the JSA / Hazard ID process prior to lifting the plate by hand.
- The employees raised the transition plate (i.e., pulled it from its horizontal position to a vertical position) to discuss installation of a wire line sheave.
- The employees did not use a hoist to raise the plate from its resting position to vertical.
- The manufacturer did not install a lifting eye, slot, or D-ring to attach to the transition plate to raise and lower it into position.
- The injured employee finished lowering the transition plate, by hand, after the other employee let go.
- Both employees did not communicate their intentions; one let go of the plate while the other held on.
- The injured employee did not utilize any tool to control the plate's descent and he failed to keep his finger from contacting any other area (bearing plate or floor plate).
- The employee did not "let go" of the plate when it started getting too heavy to handle or when the other employee released the plate.

**The Corrective Actions stated in this alert are one company's attempts to address the incident, and do not necessarily reflect the position of IADC or the IADC HSE Committee.**

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**CORRECTIVE ACTIONS: To address this incident, this company did the following:**

- Employees were counseled regarding company expectations for Job Safety Analysis (JSA), reminding them that Hazard ID is expected prior to performing any task.
  - Critical Tasks require documented JSA with all affected persons.
  - Non-critical tasks require Hazard ID, prior to performing the task.
- All affected personnel were reminded that fall protection (harness and lanyard) is required when performing maintenance or similar tasks with the v-door gate open.
- The transition plate is under review to determine if an engineered method can be installed to provide employees with a means to safely lift the plate and to help prevent recurrence of this type of incident.
- A cable was attached to the pad eye so the plate does not have to be lifted to attach the sheave in the future; the plate will still need to be handled during Rig Up and Rig Down situations.

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