



"Sharing incident learnings amongst ASI member companies"

"A vision of a safer steel industry"

Number: SA0041

Subject: Coil Loading Incident – Partial foot amputation

Date: February 2014

Incident:

On December 7th, 2009 a labour hire operator was loading steel coils onto a vehicle when the suspended coil caught on another coil already loaded on the vehicle. The coil lifting device became disengaged from the steel coil which then fell from the side of the vehicle.

The operator was standing next to the vehicle when the coil fell. He was unable to retreat and the falling coil struck the operator's foot resulting in a significant injury requiring medical amputation of part of his foot.



Key Lessons and Recommendations:

- Ensure all employees are trained in loading/unloading exclusions zone requirements
- Ensure risk assessments are conducted for all work processes
- Ensure that all procedures are developed with consideration to findings from risk assessments and are documented
- Develop competency assessments for all high risk tasks
- Develop robust training and assessment processes and ensure that all new employees and labour hire are trained on all relevant procedures and assessed as being competent prior to being allowed to work unsupervised
- Review operation/pedestrian separation areas
- Where possible, use visual exclusion zones in loading/unloading areas
- Develop competency assessments for all Standard Operating Procedures

For further information please contact **Phil Casey** – National Safety Group Co-ordinator: Tel: (02) 9931 6666; Mob 0424 225 701; email – philc@steel.org.au

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