FATAL FACTS

ELEVATOR INDUSTRY WORK PRESERVATION FUND 7154 Columbia Gateway Drive, Columbia, MD 21046

Fatal Facts

1) In this packet you will find a brief description of an accident involving an Elevator Constructor.
2) The scenario is recreated in part from an OSHA report.
3) The photo is not a part of the OSHA report but is intended to give a visual representation of the location of the accident.
4) Separate the class into groups of 4-8 people. It's recommended that one company representative sits and participates with each group.
5) Write in YOUR Individual Recommendation and Prevention, then you will have a class discussion about the individual recommendations. After the class discussion, you will Research your Company Safety Policy and fill in the Company Recommendations and Preventions followed by a discussion about the company policy and procedure.

6) DO NOT WRITE YOUR NAME ANYWHERE IN THIS BOOKLET

Disclaimer; "These Fatal Facts are to be presented in group settings. The facts presented are based on accounts in OSHA reports of actual incidents. They are for safety awareness purposes only and should not be read to suggest or imply any legal causation, responsibility or liability on the part of any person or entity. They may not be used for discipline of any employee."

Fatal Fact #26

Brief Description of Accident: (Per the OSHA report)

A mechanic and a coworker were tasked to remove the wooden raised panels from inside of the elevator cars in a bank of three elevators next to each other. While removing the wooden panels from elevator car Number 1, it was noted that something was holding the panel in place from outside of the elevator car. While the coworker continued to work inside the car, the mechanic was going to enter the elevator hoistway to see what was holding the panels in place. To gain entrance to the hoist way pit, the mechanic had to enter the hoistway for car Number 2. The mechanic sent elevator car Number 2 up to a holding position. The mechanic than opened the hoistway doors and hit what he thought was the pit switch for elevator Number 2. The mechanic then stepped onto a fixed ladder inside of the elevator pit. While the mechanic was standing on the ladder, the hoistway doors closed and power was restored to elevator Number 2. When the power was restored, the elevator car descended and pinned the mechanic between the ladder and elevator car. Investigation revealed that the pit switch that had been turned to the "off" position was for elevator car 1 and not for elevator car 2. The pit switch for car 2 was located on the right side of the hoistway. The employees did not lockout the elevators prior to entering the hoistway. The company also had not identified the elevator hoistways pits as confined spaces. Employee #1 was killed.

Not Actual Photo



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Your Recommendations and Preventions:

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Research Company Safety Polices related to this incident.

Company Recommendations and Preventions:

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SAFETY COMMITTEE