

Fatality Narrative

Construction Laborer Struck by Headache Ball*

Industry: Crane rental with operator
Occupation: Laborer
Task: Removing sling chain from crane hook
Type of Incident: Struck by

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On February 16, 2004, a laborer was struck in the chest and killed by a headache, or overhaul ball, when the anti-two-blocking device failed. The 20-year-old laborer was attempting to remove a sling chain from the main hook of a mobile crane that was in operation at an industrial yard work site. The operating engineer of the mobile hydraulic crane was assisting the victim in loading the 100-pound chain into the back of pickup truck. In order to reach the back of the pickup the operator began to extend, or telescope out, the boom while the victim was holding the lifting chain suspended from the crane's main hook. While extending the boom, the auxiliary hook, or whipline, became two-blocked (a condition in which the lower hook assembly comes in contact with the boom point sheave assembly) causing the load line to break and the 225-pound headache ball to fall 15 feet, striking the victim on the chest. The victim was taken to a hospital where he died. An investigation by the Department determined that the crane's radio anti-two-block device was inoperative, and that the operator was not trained in how to use and test the system.

Requirements/Recommendations

(! Indicates items required by law)

- ! Inspect all crane safety devices for defects or malfunction.
- Ensure all telescoping boom cranes are equipped with an anti-two-block device or a two-block damage control feature for all points of two-blocking.
- Test the crane's anti-two-block system and alarm at the start of every work period by following the manufacturer's specifications.
- ! Maintain mobile cranes in safe operating condition.
- ! Correct any unsafe conditions detected during inspection. Adjustments and repairs shall be performed by designated personnel.
- ! Ensure all crane operators and employees who work around cranes are trained in proper safe working procedures.

State Wide Statistics: This was the 12th out of 91 work-related fatalities in Washington State during the year 2004 to date, and was the 3rd out of 17 construction-related fatalities during the year to date.

This bulletin was developed at the Washington State Department of Labor and Industries to alert employers and employees in a timely manner of a tragic loss of life of a worker in Washington State. We encourage you to consider the above information as you make safety decisions for or recommendations to your company or constituency. The information in this notice 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 the Washington State Fatality Assessment and Control Evaluation (FACE) and Washington Industrial Safety and Health Act (WISHA) Programs at the WA State Dept. of Labor & Industries. For more information, contact the Safety and Health Assessment and Research for Prevention (SHARP) Program, 1-888-667-4277, <http://www.lni.wa.gov/Safety/Research/FACE>.