Forklift Operator Dies When Crushed between Forklift Overhead Guard and Mast

SUMMARY

In May of 2012, a 61-year-old longshore worker operating a forklift died when he was crushed between a forklift's mast and the operator cab overhead guard. The incident occurred when he left the forklift operator's seat and climbed over the operator's console and stood on the dash between the mast and the overhead guard so that he could presumably look into a bin elevated on the forklift's forks. He did not turn off the forklift engine. As he was standing on the dash, his right foot moved backward and contacted the mast tilt control lever on the console. This caused the mast to tilt back, crushing his torso between the mast cross member and the overhead guard. Workers arrived and helped him down from the forklift and administered first aid. Fire department paramedics arrived in less than seven minutes. He was taken to a hospital where he died in the emergency room.



Washington Fatality Assessment

Control Evaluation

Forklift mast in the full tilted back position. The red circle indicates the area where the victim's torso was crushed between the cross member of the overhead guard and the mast.

RECOMMENDATIONS

To prevent similar occurrences in the future, Washington State Fatality Assessment and Control Evaluation (FACE) investigators concluded that to protect employees from the hazard of being crushed between a forklift's mast and operator's cab overhead guard employers should follow these guidelines:

• Ensure that forklift operators never position themselves between the forklift operator's cab overhead guard and mast while the forklift is running.



Forklift control levers used to adjust the forks and mast. The middle lever is the mast tilt lever.

- Ensure that standard operating procedures (SOP) are followed during forklift operation and review these procedures to ensure that they are effective in practice and revise if necessary.
- Ensure that operators do not use alcohol prior to or while operating equipment.
- Consider purchasing or equipping forklifts with an operator safety interlock device such as an Operator Presence Sensing System (OPSS) that prevents movement of the forklift, and its mast and forks when the operator is not seated properly at the controls.

SHARP Publication # 52-42-2018_summary. The full version of this investigation report, along with the detailed recommendations and discussions section, can be found at: http://www.lni.wa.gov/Safety/Research/Face/Files/ForkliftOperatorCrushed.pdf





The Washington State Fatality Assessment and Control (WA FACE) program is one of many workplace health and safety programs administered by the Washington State Department of Labor & Industries' Safety & Health & Research for Prevention (SHARP) program. It is a research program designed to identify and study fatal occupational injuries. Under a cooperative agreement with the National Institute for Occupational Safety and Health (NIOSH grant # 2U600H008487-11), WA FACE collects information on occupational fatalities in WA State and targets specific types of fatalities for evaluation. More information about WA FACE can be found at www.Ini.wa.gov/Safety/Research/FACE.