



PRE PLANNING FOR CRANES

Fatal Fact: Two workers outside Timken’s Faircrest steel mill in Perry Township were killed instantly early Saturday afternoon when a massive piece of a crane fell on them. The two men were among a crew working at the new casting site being built as part of a \$260 million upgrade at Faircrest. The crane was operated by another contractor, not Timken or Beaver Excavating, Campbell said. He did not identify the crane owner or operator. The two men were on the ground preparing a load to be lifted when “something happened” and the large, heavy boom of the crane free-fell on them, Campbell said.

Do you think this accident could have been prevented by proper pre-shift planning? Neglecting to properly facilitate pre shift inspections of crane and its equipment can cause damage to the machinery, injury to workers, or possibly death. Follow these steps to make sure you perform pre planning and inspections correctly:



- Pre shift inspections should include a review of structures, hydraulic systems, wire rope, and electrical systems.
- Frequent inspections should include pre shift inspections and monthly inspections of the crane, rope, and hook.
- An annual inspection must be done by a qualified person or competent person.
- Proper site preparation is required when pre planning a lift. You should ground prep, identify the work zone, and locate aboveground utilities.
- Know your surroundings. Apply safe clearance measures to power lines. Verify there are no unauthorized workers in the work zone. Determine the crane is capable of making the specific lift.
- Operator knowledge. Verify the operator has knowledge of site prep, power line safety, proper hand signals, and basic rigging.

Work Site Review: Hazards/Safety Suggestions

Company Name: _____ Work Site Location: _____

Date: _____ Start Time: _____ Finish Time: _____ Foreman/Supervisor: _____

Employee Signatures: (continue on back of sheet if necessary)

(My signature attests and verifies my understanding of and agreement to comply with, all company safety policies and regulations, and that I have not suffered, experienced, or sustained any recent job-related injury or illness)

Manager/Supervisor’s Signature: _____

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