



AMPUTATIONS

The sources of amputations in the workplace involve numerous activities and equipment. Amputations are some of the most serious and debilitating workplace injuries. Amputations occur most often when workers operate unguarded or inadequately safeguarded machinery. The following activities also expose the worker to possible injuries: setting up, threading, preparing, adjusting, cleaning, lubricating, and maintaining machines.

What types of machine components are dangerous? The area of a machine where it performs work on material also known as the Point of Operation. Any power transmission apparatuses such as flywheels, belts, chains, couplings, spindles, or gears. Any other moving part is also considered dangerous.



Employers should be able to recognize, identify, manage, and control amputation hazards most commonly found in the workplace. Employee training, work practices, and administrative controls can all be used to help prevent and control amputation hazards.

Amputation Fact: Authorities say a man is hospitalized after his arm had to be amputated following an accident at a Phoenix sand, rock and gravel business. Phoenix Fire Department officials say the man's arm became caught in a conveyor system about 9:30 a.m. Monday at Sun Land Materials LLC near Southern and 69th avenues. Officials say the man is a construction worker at business. His name hasn't been released yet. Paramedics were able to stabilize the man and two extrication units were called to the scene to remove large piece of equipment that the man was entangled in. Authorities say it was determined that a field amputation of the man's arm was necessary. Fire officials say he was conscious for the whole procedure.

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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