



Train. Protect. Prevent.

## AMPUTATIONS

Amputation is the loss of a body part resulting from accidents or injuries. Amputations can happen at almost any worksite. Construction, industrial, manufacturing, and transportation worksites are at a higher risk. Is your facility or project at risk for Amputations?

Amputations are among the most serious injuries at a workplace. OSHA requires that amputations are reported within 24 hours. So, what typically causes an amputation? If workers aren't trained on the machine guarding, lock out and tag out, or personal protective equipment they are much more likely to be involved in an amputation. Parts that rotate, machines that move can trap a worker, workers can be pinched, cut, stabbed, or crushed by machines. Luckily, all these accidents can be prevented.

So how do you prevent an amputation?

A daily Job Safety Analysis reviewed and signed by each employee is the first step. Furthermore, every company should have training in place to make workers aware of the amputation hazards they may face. Supervisors should inspect projects and facilities weekly to identify any machine guarding hazards. Workers need to understand the purpose of the machine, how it operates, and any safety procedures required to operate or work around the machine safely. Long hair, loose clothing, jewelry, and some personal protective equipment maybe hazardous. Clear dress code requirements should be established and posted near the controls of each machine.

Amputations can be prevented! With attention to detail, training, inspections, and a dedication to a safe work environment you can help prevent amputations! Losing a limb, it is a life altering event. Remember, we all want to get off work the way we started work.

Can anyone describe a time when they witnessed an amputation? What happened? What caused the amputation? Could it have been prevented? If so, how?



### Work Site Review: Hazards/Safety Suggestions

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Company Name: \_\_\_\_\_

Work Site Location: \_\_\_\_\_

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ Finish Time: \_\_\_\_\_

Foreman/Supervisor: \_\_\_\_\_

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

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(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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