FOR OFFICIAL USE ONLY

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| CRANE AND/OR RIGGING ACCIDENT/INCIDENT NOTIFICATION |
| **Accident Category:** **[ ]  Crane Accident** **[ ]  Rigging Accident** |
| **From****District** |  | **To: Crane Working Group** **Attn: Ellen Stewart** **441 G Street NW** **Washington, DC 20314** **ellen.b.stewart@usace.army.mil** |
|  |  |  |
| **Activity:**      | **Report No (CESO):**      |
| **Crane Serial No:**      | **Class (I or II):**      | **Accident Date:**      | **Time: (24 hr format)**      |
| **Category of Service:** **[ ]  General Duty** **[ ]  Floating Plant** | **Crane Type: (see instructions)**      | **Crane Manufacturer:**      |
| **Was Crane/Hoist used as part of a Critical Lift:** **[ ]  Yes [ ]  No** | **Was Critical Lift Plan Prepared? [ ]  Yes [ ]  No****If yes, please attach documentation.** |
| **Location:**      | **Weather:**      |
| **Crane Capacity:**      | **Hook Capacity:**      | **Weight of Load on hook:**      |
| **Fatality or Permanent Disability?** **[ ]  Yes** **[ ]  No** | **Material/Property Cost Estimate:** |
| **Reported in ENGLink?** **[ ]  Yes** **[ ]  No** |       |
|  |  |
| **Accident Type:****[ ]  Personal Injury, Lost time [ ]  Load Collision [ ]  Overload [ ]  Damaged Rigging Gear** |
| **[ ]  Personal injury, Non-LT [ ]  Two Blocked [ ]  Dropped Load [ ]  Damaged Crane** |
| **[ ]  Crane Collision [ ]  Damaged Load [ ]  Other: Specify** |       |  |
|  |
| **Direct Cause of Accident:****[ ]****Improper Operation** **[ ]****Equipment Failure** **[ ]****Inadequate Visibility** |
| **[ ]****Improper Rigging** **[ ]  Switch Alignment** **[ ]****Inadequate Communication** |
| **[ ]****Track Condition** **[ ]  Procedural Failure** **[ ]****Other: Specify** |       |  |
|  |
| **Chargeable to:****[ ]****Signal Person** **[ ]****Rigger [ ]  Operator** |
| **[ ]  Maintenance [ ]  Management/Supervision [ ]  Other: Specify** |       |  |
|  |
| **Crane Function:****[ ]****Travel** **[ ]****Hoist** **[ ]****Rotate** **[ ]****Luffing** **[ ]****Telescoping** **[ ]****Other** **[ ]****N/A** |
| **Is this accident indicative of a recurring problem?** **[ ]  Yes** **[ ]  No** |
| **If yes, list ENGLink Report Nos.:** |       |  |
|  |
| **ATTACH COMPLETE AND CONCISE SITUATION DESCRIPTION, CORRECTIVE/PREVENTIVE ACTIONS TAKEN AND PHOTOS AS ENCLOSURE (1). Include probable cause and contributing factors. Assess damages and define responsibility. For equipment malfunction or failure, include specific description of the component and the resulting effect or problem caused by the malfunction or failure. List immediate and long term corrective/preventive actions assigned and respective codes.** |
| **Preparer:**  | **Phone:**  | **E-mail:**  | **Code:**  | **Date:**  |
| **Concurrences: (Include Code, Signature and Date)** |
|  | **Code:**  | **Date:**  |
|  | **Code:**  | **Date:**  |
| **Certifying Official (Crane Accident Only):** | **Code:**  | **Date:**  |

**Initial Details / Facts:**

**Site diagram/sketch (attach)**

**Photographs (attach)**

**CRANE AND RIGGING ACCIDENT/INCIDENT REPORT INSTRUCTIONS**

This form is designed for fax transmission without a cover page or by e-mail and, with enclosures and signatures shall be the official document. Electronic submission will be accepted without signatures but the names of the preparer, concurring personnel, and certifying official (for crane accidents only) shall be filled in. The e-mail address is: ellen.b.stewart@usace.army.mil

1. Accident Category: Indicate either crane accident or rigging gear accident.

2. From: The District/POC that is responsible for reporting the accident.

3. Activity: The activity/location where the accident took place.

4. Report No.: The activity assigned accident number (CESO will assign a tracking number).

5. Crane Serial No.: The serial number(s) of the equipment involved.

6. Class: Identify the Class of Crane (Class I or II).

7. Accident Date: The date the accident occurred.

8. Time: The time (24 hour clock) the accident occurred (e.g., 1300).

9. Category of Service: General site activities or Floating Plant operations

10. Crane Type: The type of crane involved in the accident (select from this list)

* TLL - Telescopic Boom Crane (Swing Cab)
* TSS - Telescopic Boom Crane (Fixed Cab)
* LB - Lattice Boom Crane
* TWR - Tower Crane
* OVR - Overhead Crane
* ABC - Articulating Boom Crane
* ABL - Articulating Boom Loader
* OTHER - Describe

11. Crane Manufacturer: The manufacturer of the crane (e.g., Dravo, Grove, P&H), if applicable.

12. Was the crane or rigging gear being used in a Critical Lift (per 16.H)?

13. Was a Critical Lift Plan prepared? If so, attach this documentation.

14. Location: The detailed location where the accident took place (e.g., building 213, dry dock 5).

15. Weather: The weather conditions at time of accident (e.g., wind, rain, cold).

16. Crane Capacity: The certified capacity of the crane (e.g., 120,000 pounds), if applicable.

17. Hook Capacity: The capacity of the hook involved in the accident at the max radius of the operation, if applicable.

18. Weight of Load on Hook: If applicable, the weight of the load on the hook.

19. Fatality or Permanent Disability?: Check yes or no.

20. Material/PropertyCost Estimate: Estimate total cost of damage resulting from the accident.

21. Reported in ENGLink? Self-explanatory.

 22. Accident Type: Check all that apply.

23. Direct Cause of Accident: Check all that apply.

24. Chargeable to: Check all that apply.

25. Crane Function: Check all functions in operation at time of accident. Check N/A if a rigging gear accident.

26. Is this a recurring problem?: Check yes or no. Identify any other similar accidents.

27. Situation Description/Corrective Actions: Self-explanatory.

28. Preparer: Self-explanatory.

29. Concurrences: Self-explanatory.

30. Certifying Official (Crane Accidents Only): Self-explanatory.

31. Brief Description: No more than one paragraph summarizing the resultant incident.

32. Background and Detailed Description: Provide the relevant background in a descriptive timeline of preconditions leading up to the event, as well as a detailed description of the event.

33. Corrective Actions: List all short term and long term corrective actions that are taken to prevent recurrence of the incident. Short Term Corrective Actions are those actions taken that will allow return to work in short time frame. Long Term actions are more ‘programmatic’ in nature and typically include: process revision, changes in training, ‘mistake proofing’, etc.