

SAFETY ALERT

April 2019
Ref 026 19

Ringway North Yorkshire – Deadweight Roller Incident

Date: 29 March 2019

Time: 19:15hrs

Location: A169 Blue Bank, Sleights, North Yorkshire, YO22 5EN

Division: Ringway North Yorkshire

This was the 3rd night of a 6-night programme of planing and resurfacing to the A169 Blue Bank undertaken in conjunction with SCP Lane Rental. The previous 2 nights had involved planing out all surface course and the installation of binder course. This 3rd shift was to lay the surface course over the previous 2 nights work.

The road closure had been installed and all surfacing plant; Vogele super 1900 tracked paver, Hamm HW90, Hamm HD90 and JCB 2CX Streetmaster; were being travelled down site in a southerly direction from the parking area at the top of the hill to the work area. The hill has a gradient between 20% and 14%.

The paver and 2CX travelled down without any incident. The two rollers were following each other down the hill travelling on the binder course laid in the previous shift.

The HD90 was in front of the HW90. The rollers were travelling at a slow pace of less than 1mph. They were travelling down the uphill lane as this was of a lesser incline when the HW90 lost traction and collided with the HD90 causing both to spin. The HD90 spun 540° but regained control and came to a halt. The HW90 continued to spin, not regaining any traction and slid down the hill for about 75m heading towards operatives who were removing ramping from a gully. The roller slid over the kerbs and came to rest with its rear drums in the arrester lane and front drum on the carriageway.

All operatives who were prepping around the gully fled out of the way with one tripping on the kerb as he got out of the arrester lane. He fell, losing his hard hat and hit his head on the carriageway sustaining bruising and a minor head injury.

Immediately following the incident, both roller drivers turned off their rollers and got out of the cabs and were clearly shaken. The HW90 driver was in particular discomfort after sustaining bruising to the midriff during the incident.

Key finding identified:

HAMM deadweight type rollers are banned on hill gradients 1:10= 10% or greater.

REASON – They have poorer braking/traction compared to alternative modern rollers. The hill in this instance had a gradient between 20% and 14% and moving forward the HW90 roller will not be used on sites with significant slopes.

The HW90 roller lost traction whilst travelling downhill at less than 1mph.

Newly laid binder course provides less friction to the roller drums.

Sites must be planned and risk assessed to ensure all plant and equipment are suitable.

Always drive rear drums pointing downhill when operating HAMM deadweight rollers.

No operatives to be below the rollers when on site, whether travelling or working



DP Campbell

David Campbell
Health, Safety and
Environment Director
Eurovia UK



SAFETY ALERT - EXTERNAL

February 2019

Ref 006 19

Balfour Beatty – Fined for Fatality after an employee was struck by a wheeled excavator

Third Don Crossing worker struck by wheeled excavator

A civil engineering contractor has been fined after an employee of Balfour Beatty Group Employment Limited was fatally injured when he was struck on the body by a wheeled excavator.

Aberdeen Sheriff Court was told that between 4 January 2016 and 13 January 2016 Balfour Beatty Civil Engineering Limited, being a principal contractor, failed to ensure that the safe system of work for refuelling of all plant and equipment was fully implemented at the construction site of the Third Don Crossing in Aberdeen. As a consequence of that failure, on 13 January 2016, the deceased, who was working at said construction site, was struck by a wheeled excavator which was slewing after being refuelled.

The HSE's investigation found that refuelling of plant and equipment was identified as a high risk activity by the principal contractor who had created a task briefing document detailing a safe system of work and had risk assessed the said activity. However, HSE point out that, although these procedures existed in documentary format, the safe system of work and its control measures had not been fully implemented at the construction site.

Balfour Beatty Civil Engineering Limited pleaded guilty to breaching Regulation 13(1) of the Construction (Design and Management) Regulations 2015 and was fined £600,000.

Speaking after the hearing HSE principal inspector, Niall Miller said: "This was a tragic and wholly avoidable incident, caused by the failure of the civil engineering company to implement safe systems of work, and to ensure that health and safety documentation was communicated and control measures followed."

Across Eurovia UK, have these high-risk activities been identified, safe systems of work produced and communicated to those involved?



DP Campbell

David Campbell
Health, Safety and
Environment Director
Eurovia UK

SAFETY ALERT

March 2019
Ref 007 19

Eurovia Surfacing – Vigioute incident due to Distraction

Date – 12/02/2019
Time – 08:30
Division – Eurovia Surfacing National - DV5031
Location – Fourth Avenue, Harlow

A vigioute incident occurred when an employee hit the rear of a third-party vehicle. Following the incident, a full investigation was carried out.

On every occasion when a driver hits the back of another vehicle they are at fault for not taking due care and attention. A safe breaking zone must be maintained at all times, taking into account the speed of travel, weather conditions and the environment.

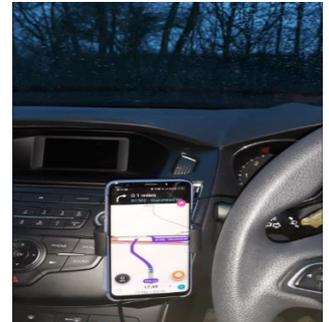
Distractions for the driver must also be managed. As we have moved to providing satellite navigation through mobile devices we must ensure that they are mounted correctly within the vehicle correctly.

The employee involved in this incident admitted that he was distracted due to looking down at 'WAZE' on his mobile phone. The phone was found not to be mounted in a suitable bracket.

If we are expecting driver to use mobile phone or access any apps which are contained on them, we MUST provide suitable cradles.

They must be mounted securely where they do not cause a distraction to the driver. Example of a vent mounted holder, thus leaving the screen clear to view the road. Where compatible via Bluetooth: the directions can be played through the vehicle's speakers.

Anyone using a mobile device which is not suitably mounted in the vehicle could face disciplinary action. All employees must ensure they drive with due care and attention at all times when driving company vehicles. This incident had the potential to cause serious or fatal injuries.



DP Campbell

SAFETY ALERT

March 2019
Ref 009 19

Ringway Jacobs – Loading Vehicle on uneven Ground

Date 04 March 2019

Location A5022 Holmes Chapel Road, Brereton, Cheshire

Division Cheshire East Highways

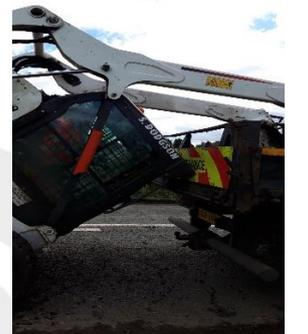
On the 4th March 2019 an incident occurred which resulted in minor damage to two site vehicles. The incident happened whilst preparing for hand lay patching. After planing out the patch, a Bobcat (Model S570) was being used with a sweeper attachment to clear the planings. The Bobcat sweeper attachment consists of rotating brushes and bucket which is used to collect planings and load the lorry.

At the time of the incident, the Bobcat attachment was used to load the planings into the rear of a 7.5 tonne vehicle, approximately one metre in front of the planed out patch. On the third occasion that the Bobcat loaded the planings onto the bed of a 7.5 tonne vehicle, the Bobcat tipped forward with the sweeper attachment coming to rest on the back of the lorry.

The Initial investigation has highlighted the following:

- *The sweeper attachment collects arisings when reversing. When the sweeper bucket was full, overflow planings formed a ramp*
- *At the time of the incident, the front wheels hit the edge of the planed out area as the rear wheels hit the ramp made from accumulated planings. This happened at the precise moment the sweeper attachment of the Bobcat had been raised into its extended position ready for tipping. This caused the Bobcat to overbalance which resulted in the Bobcat tilting forward onto the lorry bed*
- *The unusual number of vehicles within the closure resulted in a restricted working areas which influenced the movements of the Bobcat not allowing sufficient space to off load the spoil on a level surface.*

When planning works, sufficient space must be given for loading vehicles on level ground. Vehicles are not to be loaded on uneven surfaces. If this is not possible, the work must stop and be redesigned.



DP Campbell

SAFETY ALERT

March 2019
Ref 010 19

Eurovia Surfacing Speeding lorry banned from Highways England Surfacing Site

Date: 07 March 2019
Time: 02:29hrs
Location: A27 West Bound
Division: Eurovia Surfacing

A planing lorry being operated by one of Eurovia's key supply chain partners was caught speeding twice on a resurfacing scheme.

The site speed limit is 15 MPH, with an additional maximum speed limit of 5 MPH whilst passing the workforce and any live operations on Highways England sites.

The driver has since been banned from any AOne+ sites and Eurovia Surfacing sites. He's also banned from carrying out any further works on Highways England Area 4.

Eurovia Surfacing have reminded all personnel and key supply chain partners to fully comply with the mandatory site speed limits which are put in place to protect our workforce on the network.

The innovative dual speed camera system which can spot both road workers speeding through construction sites and road users who illegally drive through cones has been hailed a potential life saver by Highways England.

This winning system, the first of its kind, is housed in one vehicle, and is currently being extensively tested across motorways and main A roads managed by Highways England. It is one of the winners at the prestigious Highways England Health, Safety, and Wellbeing awards launched in 2018.

In the first trials, in the West Midlands, a 50 per cent month-on-month reduction was recorded in road workers driving 10mph above the signed limit through sites. And in Essex the number of roadworks incursions reduced by more than 80%.

The camera system – developed by the client is now in operation across all of Highways England network.



DP Campbell

David Campbell
Health, Safety and
Environment Director
Eurovia UK



HEALTH AND SAFETY BULLETIN

TITLE OF BULLETIN	Maliciously placed needles		
TARGET AUDIENCE	Plant Operators, Account leads and Supervisors	REF NO.	AMEY-BU-39
AUTHORISED BY	Colin Hogg	DATE ISSUED	18/03/2019

REASON FOR THIS HEALTH AND SAFETY BULLETIN

One of our workers recently discovered a syringe that had been maliciously placed on the seat of a mini digger. The syringe had been placed at an angle intended to cause harm to the operatives.



ACTION TO BE

BE APPLIED

- Actions to be applied to prevent reoccurrence;
 - Secure the site - use fencing or barriers where appropriate, to prevent access to the site and equipment
 - Secure the equipment - ensure vehicle cabs, where provided are secured at the end of the shift
 - Visual Check - as part of the normal daily checks, visually inspect the cab for signs of abnormalities or tampering
 - Report it - any suspicious activity should be reported up to the site supervisor immediately and recorded on Airsweb
- If you find a needle;
 - Make the area safe
 - Report it to your supervisor or line manager
 - Arrange collection

Do not remove them unless you have the right equipment and are trained to use it properly
- If you injure yourself with a used needle;
 - Encourage the wound to bleed, ideally by holding it under running water
 - Wash the wound using running water and plenty of soap
 - Do not scrub the wound whilst washing it
 - Do not suck the wound
 - Dry the wound and cover it with a waterproof plaster
 - Seek urgent medical advice as treatment may be required to reduce the risk of infection by;
 - Contacting our Occupational Health Provider or;

- Calling your GP, NHS 111 or by going to the nearest A&E department.

CONCLUSION / FINAL NOTE

Whilst these types of incidents may be rare, you should always remain vigilant and aware of your immediate surroundings. Take an extra 5 minutes whilst conducting your daily checks to check for any abnormalities or signs of tampering and always stay alert and follow the Zero Code and "Shout Out" if you see a hazard.



Bobcat Incident

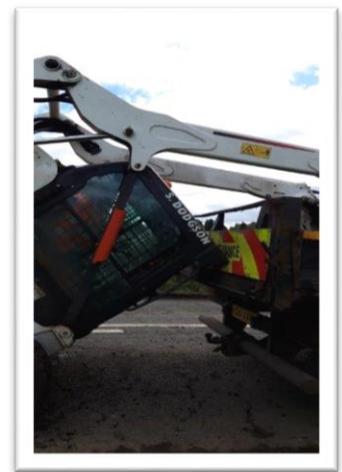
Loading vehicles on uneven ground



Date: 4th March 2019
Location: A5022 Holmes Chapel Road, Brereton, Cheshire
Contract: Cheshire East Highways
Weather: Dry with low lying sun

On the 4th March 2019 an incident occurred which resulted in minor damage to two site vehicles. The incident happened whilst preparing for hand lay patching. After planing out the patch, a Bobcat (Model S570) was being used with a sweeper attachment to clear the planings. The Bobcat sweeper attachment consists of rotating brushes and bucket which is used to collect planings and load the lorry.

At the time of the incident, the Bobcat attachment was used to load the planings into the rear of a 7.5 tonne vehicle, approximately one metre in front of the planed out patch. On the third occasion that the Bobcat loaded the planings onto the bed of a 7.5 tonne vehicle, the Bobcat tipped forward with the sweeper attachment coming to rest on the back of the lorry.



The Initial investigation has highlighted the following:

- The sweeper attachment collects arisings when reversing. When the sweeper bucket was full, overflow planings formed a ramp
- At the time of the incident, the front wheels hit the edge of the planed out area as the rear wheels hit the ramp made from accumulated planings. This happened at the precise moment the sweeper attachment of the Bobcat had been raised into its extended position ready for tipping. This caused the Bobcat to overbalance which resulted in the Bobcat tilting forward onto the lorry bed
- The unusual number of vehicles within the closure resulted in a restricted working areas which influenced the movements of the Bobcat not allowing sufficient space to off load the spoil on a level surface

When planning works, sufficient space must be given for loading vehicles on level ground. Vehicles are not to be loaded on uneven surfaces. If this is not possible, the work must stop and be redesigned.

Safety



Multi-Hog overturned



Date: 2nd February 2019

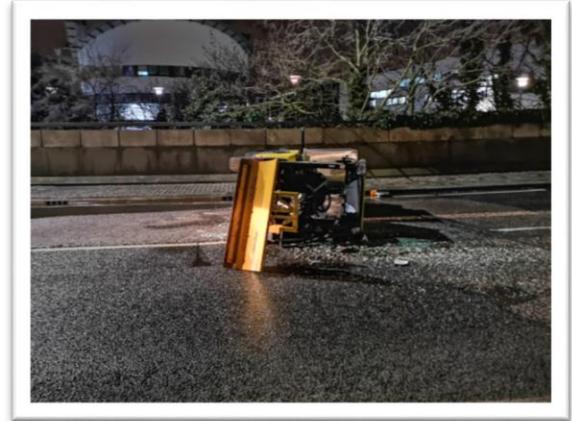
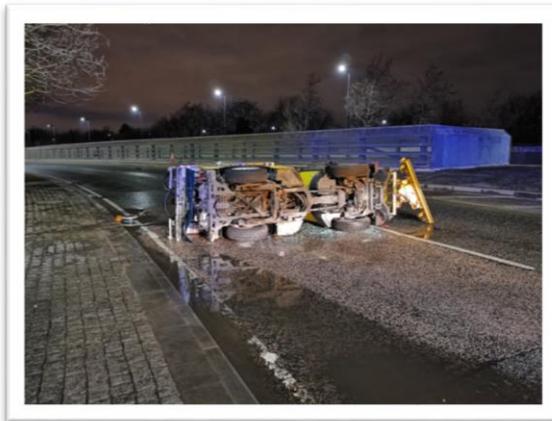
Location: A1020 Royal Albert Way, E16

Contract: LoHAC

A serious incident occurred when a Multi-Hog CX75 overturned whilst travelling to the TfL Cycle Super Highway to begin a winter treatment.. The Multi-Hog is used specifically to treat segregated cycle way's, with a liquid salt solution, using approved attachments for deployment.

Fortunately, the operative was wearing his seatbelt, although shocked he escaped serious injury, only receiving minor cuts and grazes. Police and ambulance emergency services attended the scene after being alerted by the operative following behind.

The Multi-Hog had driven approx 1mile from Armada way depot onto the A1020. The A1020 follows a roundabout route through London's Docklands where the road is relatively straight, upon exiting the roundabout the operative lost control. During attempted correction manoeuvres it is believed the back left tyre came into contact with the kerb causing further inbalance and the Multi-Hog overturned.



The investigation identified the following: -

- The incident occurred at 22:00 and ice formation was not expected until 01:00-09:00
- The road surface was wet
- The Multi-Hog was fully loaded with 700litres of liquid solution.
- The operative had been trained in the safe use of the equipment for this activity

Immediate Corrective Actions: -

- To undertake a full investigation
- Multi-Hog is not to be used for winter service until final investigation is completed
- TBT delivered to all operatives with instruction to ensure tank is empty to / from route
- Multi-Hog to be assessed for future suitability with a view to changing specification
- RAMS to be reviewed for use of vehicle for Winter Treatments

Safety



Safety Alert

Trailer Rolling off Low-loader

The following pages of this safety alert were issued by Highways England's supply chain partner:

Taylor Woodrow

Trailer Rolling off Low-loader

Photo below shows the resting position of the Trailer after impact with the parked site van.



Photo below shows the Low-loader which the Trailer rolled off once disconnected from the tractor



Photo below shows the full length of the Trailer and the Tractor that it was disconnected from whilst on the Low-loader.



Immediate Actions

- The incident was reported to site management who made the scene safe and initiated the investigation process.
- Any activities involving the delivery or collection of plant were ceased until the site process for managing this type of activity was reviewed and re-briefed to all concerned.

Introduction

On the 07/02/19, a Low-loader company was contracted by administrators to recover plant, in this case a Tractor and Trailer. The Principal Contactor had received collection notification on the 06/02/19 but only for collection of the Trailer.

The Tractor Operator manoeuvred the Tractor and Trailer onto the Low-loader under the guidance of the Low-loader Driver. It became apparent that the trailer was over-hanging, so to create more space the trailer was disconnected from the hydraulic tractor brakes and the tractor hook by the low loader driver.

At this point, due to the back of the trailer being situated on the lower part of the low-loader ramp the weight transferred lifting the trailer draw bar ring off the hook resulting in the trailer rolling off the ramp onto the access road and into a parked van approx. 30ft. behind, causing damage to the bumper, bonnet and light of the van.

Alert Details

- There was an assumption made by the Tractor Operator that when the hydraulic brake hose was disconnected from the Tractor, it would engage the Trailer brakes.
- The manual brake handle wasn't identified during the Operators pre-use checks on the Trailer during the pre-use visual inspection.
- Lack of clear process for undertaking reasonable checks before Low-loader operations commenced.
- The Low-loader was not long enough to hold the Tractor and the Trailer whilst connected.
- The Operator did not hold a Load and Secure competency card.



Telehandler Overturning Incident

No 228

March 2019



Incident Description North West Bridges - Dunbeath

An incident occurred when Taziker Industrial, using a 20m rough terrain JCB telehandler, overturned while lifting a 20kg bag of scaffold fittings.

The CPCS qualified Driver hooked the fitting bag onto the left-hand fork of the machine (from the perspective of the cab), entered his cab seat, set his outriggers/stabilisers down and attempted to boom out. The machine prevented this motion due to the gradient, so the driver readjusted his stabilisers to level the telehandler.

The first section of the boom was then able to extend, and immediately the machine started to tilt to the left. Fortunately, no injuries were sustained by the driver or any other persons. A full investigation is ongoing.



Actions to be taken

If a telehandler is being used either onsite or within depots, the following control measures must be in place:

1. Suitable lifting areas identified and highlighted within the lifting plan. These areas should be located on firm level ground
2. A suitable method statement and risk assessment must be in place for the task briefed to operatives
3. A common schedule of lifts detailing the items to be lifted, including weights to be available and briefed to the operator
4. Ensure operator competency cards are in date – NPORS /CPCS
5. LOLER certificates available on site and in date
 - a. 12 months for telehandler
 - b. 6 months for lifting accessories
6. Telehandler defect sheet to be completed, daily and weekly register completed
7. When defined by the risk assessment, a competent banksman should be available and means of communication identified
8. If the telehandler is required to cross or drive on a public road, the operator must hold a valid driving licence

Safety

experience that delivers



SAFETY ALERT

April 2019
Ref 021 19

Eurovia Contracting South – Utility Strike Learnings

Date: 07 February 2019

Location: Colchester

Division: Eurovia Contracting South

Following a water service strike at Colchester and subsequent investigation, Eurovia Contracting South are looking to implement a more robust handover process between the CATman/UST and site operational staff.

In February this year, a lead water service pipe was damaged by an excavator bucket during excavation works for a gas main trench. The photos below show before and after, (photos are from different directions) with the completed plastic repair to the right (circled green) and water valve box in the footway to the left (circled in red). The excavation area is highlighted yellow in the left-hand photo.



The importance of the water valve is that this was not picked up and highlighted at a number of stages throughout the planning of the works and this was a key significant finding leading to the damage.

The root cause from the investigation showed that they did not have a formal process for handover of information between the CATman/UST and their site team responsible for the works area.

Therefore, they have implemented a formal handover of information where the CATman/UST walks through the traced works area and explains what they have located to ensure full understanding from the operational team. The information from this is recorded on the 'Safe Dig – Avoidance of Services Checklist' form and signed by both.

The key aim here is to ensure everything on site has been located, marked and this information passed over and understood by the site team. How does this hand over of information take place in your division?



DP Campbell
David Campbell
Group Health, Safety & Environment Director
Eurovia UK


SAFETY ALERT

April 2019
Ref 022 19

Ringway North Yorkshire – Ankle Injury

Date: 28 March 2019

Time: 11:30hrs

Location: Queen Street, Jct with Castle Road, Scarborough

Division: Ringway North Yorkshire

An Operative sustained bruising and a sprain to the ankle after tripping up a shallow kerb shortly after arriving on a site to undertake patching operations.

Upon arrival at site, the works vehicle parked up leaving a gap of approximately 500mm between the trailer it was towing and the kerb. The IP exited the vehicle on the passenger side and waited while the ganger working opposite to him, undid and removed ratchet straps which had been used to secure a rideable roller on a trailer. Once removed, the Ganger passed the IP the ratchet straps for him to unhook on his side. Once done, the IP placed the straps on the trailer and stepped backwards, tripping up the shallow kerb located behind his feet. This caused him to fall to the ground. He sustained bruising and a sprain to the ankle.

The Division have commenced a full toolkit investigation to establish root causes and to identify corrective actions.

The initial investigation has identified the following:

The incident could have been avoided had the works vehicle and trailer been parked aligned closely with the kerb. This would have removed the kerb as a potential trip hazard when removing the roller from the trailer.

Planning of the work could have been improved to identify site specific risks and implement safe working practices.

A site-specific risk assessment/5 minutes on safety must be undertaken upon arrival at every site. This should identify the potential hazards and controls required to undertake the operation safely prior to work commencing.



DP Campbell

David Campbell

Health, Safety and Environment Director
Eurovia UK





Threat of Violence



Date Saturday 30 March 2019
Time 01.00hrs
Location Conduit Lane, Enfield, London
Contract LoHAC Boroughs

On 30 March 2019, Ringway Jacobs' supply chain were undertaking night time carriageway repairs on Conduit Lane in Enfield, London, under a full road closure. Works had commenced approx. 21.30 and were due to run all night. There were 12 operatives working within the closure, undertaking various maintenance activities, such as patching, gully works and road marking.

At 01.00hrs a team of three operatives, working within the works area adjacent to the closure point, were approached by three men in a large car who shouted at them to let them through the works. They declined, stating the road was closed for patching. The three men then exited their car and shouted that they would stab them if they didn't let them through and are understood to have shown their weapons.

The three operatives backed off without taking any action, then moved further into the closure, leaving the individuals shouting threats of returning, before getting back into their car and driving off. The closure was left in place and the operatives left the site. Supervisors and management were immediately notified, as were the Police, who attended the scene within 20 minutes to take vehicle/individual descriptions. The operatives involved should be commended for their restraint in dealing with this incident and for removing themselves immediately from the conflict, therefore reducing the risk of injury.

As has been reported in the press, there were several other knife incidents in the Enfield area (two in the same road) over the same weekend, with most of them culminating in serious, life changing injuries.

**Always remember - your safety is the most important thing.
Remove yourself and your fellow co-workers from violent situations and call the Police if you feel threatened.**



In line with our Think Safe Home Safe them for April focusing on "Road worker Safety" it is important we stay vigilant at all times and in order to manage these events properly, please refer to the Police Notification Card which were issued to all Ringway Jacobs contracts and report all such events using the REPORT IT system. Please ensure you capture and record as much information as possible, in order to support the police investigations.



safety



HV Cable Strike



Date: Thursday 21 February 2019
Location: London Road / Pyebush Lane, Beaconsfield
Contract: Transport for Buckinghamshire
Weather: Sunny

Design and pre-construction activities had confirmed a need to upgrade the existing safety fence through a prioritisation based upon potential risk presented by failure of the existing fence. On the day of the incident a supply chain partner (SCP) was driving safety barrier posts into the verge at depth determined through testing. A trial hole had been dug to confirm the position of the cable identified in the UST survey and had exposed a black cable, understood to be the HV cable in question. The SCP's own survey did not pick up any other cables in the area. On completion of the post installation adjacent to the trial hole it was identified that power had gone down in the local area which identified that the high voltage cable had been hit. Nobody was injured as a result of the situation although there was high potential for severe consequences to have occurred.



Key Outcomes

- The design did not consider in full the additional risks presented by the presence of the HV cable shown on stats plans, and the range of potential construction options to remove any risk of impact entirely.
- Designers must consider the full range of design options available appropriate to the risk, and must stop, test and adjust designs to fully mitigate potential risk presented at construction stage.
- For such activities, perpendicular trial trenches (rather than trial holes) from boundary to carriageway should be dug during the design phase at regular spacing's to ensure that all services are identified, and that none are missed.
- A LV cable was uncovered in the trial hole but was mistaken for the HV cable shown on the drawings. There is a requirement to ensure site personnel can clearly identify different types of electricity cable.
- Detection equipment must be fully utilised (power, radio and active mode including use of genny) to maximise ability to trace such cables.

Investigate fully to ensure design is optimised to mitigate risk. Remember to stop, test and adjust at design stage.

When undertaking any excavation work in the vicinity of HV cables the cables should be positively located and observed through either trial trenches or other appropriate methods (also refer to PAS128).

If there is any doubt that an HV service has been located, work should cease and advice is to be obtained from the service owner.

Safety



Serious Altercation

Working in pedestrianised areas



Date: 25th March 2019
Location: The Square, Dunstable High Street South
Contract: Central Bedfordshire
Weather: Dry and Sunny

A serious altercation occurred between a member of the public and a Supply Chain Partner operative during the installation of planters as part of a public realm project. During the day, a group of individuals congregated on amenity seating metres away from the works area. It is believed that these individuals had consumed or were under the influence of alcohol. Following an exchange of comments, an individual approached one of the operatives and verbally abused him.

The operative retaliated and struck the member of public a number of times. Other members of the group were beginning to get involved when the Supervisor on site diffused the situation by removing the workforce from the location and reported the incident to the police.

Ringway Jacobs have issued a Red card to the operative, prohibiting him from working on any RJ sites in the future.

The investigation has highlighted:

- A minor incident had previously occurred at the location, with a member of the public attempting to strike an operative with a stick. This has not been reported
- Whilst threatening and violent behaviour from members of the public had been identified as a risk, none of the mitigating actions had been implemented
- Site-specific method statements had not been produced and the works area was not segregated from members of the public.

Remember to:

- Report all instances of verbal and physical abuse using REPORT IT and RESPECT App (if more than once), to ensure problem areas are identified and risk reduction controls can be implemented
- Review the Hot Spot Maps when planning works
- Request, review and approve RAMS prior to the start of the works and ensure mitigating measures are implemented
- Ensure that Conflict Resolution training has taken place
- Ensure works areas are segregated from members of the public at all times

Safety