

EASE 10

Naval Facilities Engineering Command



Abstract of an Accident

94-8

ACCIDENT TYPE:	ELECTRICAL SHOCK
INJURY:	HIGH VOLTAGE BURNS TO HANDS
TYPE OF WORK:	MAINTENANCE
EQUIPMENT:	CROUSE-HINDS 60HZ/2300V/120V REGULATOR

DESCRIPTION OF THE ACCIDENT:

An experienced High Voltage Electrician removed a protective barrier from the top of the regulator apparently to trace the wires when he contacted a 2300 Volt primary feeder with his right hand while his left hand touched ground. Electricity flowed through his body from his right to his left hand for 5 - 10 seconds. The employee required CPR and defibrillation to restart heart and breathing.

DIRECT CAUSE:

The employee failed to follow established lockout/tagout/tryout procedures; did not secure primary power before removing barrier.

CONTRIBUTING CAUSES:

- Lack of supervision. Supervisor was unaware of employee's work assignments and practices.
- Lockout/tagout/tryout procedures were taught but not enforced.
- PPE provided but not worn. PPE not tested as required.
- Personnel were not adequately trained in required skill areas. Over-reliance on OJT for skill development.

LESSONS LEARNED:

- On hand CPR trained personnel saved this man's life.
- Supervisors must monitor employee performance of established/required safe work practices. Management must evaluate supervisors in the performance of this function.
- Employer should ensure employees are adequately trained on specific job requirements.
- Supervisors must provide and enforce the use of appropriate PPE.
- Management must ensure all electrical PPE is tested and inspected at appropriate intervals as required by governing standards. Processes established for this purpose must be monitored and evaluated periodically to ensure their performance is maintained.

Your SAFETY contact is...