

A **27 year old male employee** was **struck** on the back of his left and right legs by the winching rope attached to a wood chipper as he and his supervisor were preparing to remove brush from a jobsite. Two days after the injury, he suffered from a blood clot which originated at the point of injury and traveled to his heart, resulting in death.

On the day of the incident, the victim and a foreman were preparing to remove brush from a job site with the use of a Vermeer brand wood chipper. They had completed a pre-work meeting, looked at the work area and discussed how they were going to proceed. The foreman instructed the victim to go up on the bank and to start piling brush at the edge of the embankment. The foreman had pulled the winching cable out to wrap some brush that was located around a pole approximately 40-50 feet from the winch. He thought the victim was located up-hill of the winch piling brush on the bank. The foreman was bending down to pick up the winching cable when he heard a noise from the chipper. When he turned, he saw that the winching cable had wrapped around the victim moving him from his upright position and lifting him 3-4 feet off the ground, striking the lower feed table of the chipper. He stated that the lower feed stop bar and feed table of the chipper raised when the victim's body struck it. The foreman stated that when the victim hit the ground the chipper stopped and the victim was able to crawl away from the chipper. The stopping of the machine was most likely due to the working safety device of the feed stop bar that his body had struck.

The winch comes equipped with 150 ft, 7/16 line. The foreman had approximately 40-50 feet of line pulled prior to the accident (this was estimated by the 75-foot span of the two utility poles and where the truck and chipper were described to be located). There was 21.5 feet of line remaining outside of the chipper drum after the accident. The line had been pulled into the chipper at 2100 RPM and was wrapped around the chipping drum. All safety features on the chipper were visually inspected and found to be in good condition.

It was determined that on the morning of the accident that the victim was not performing his job duties as trained to do so. He was loading brush into the chipper from the front of the machine and was loading it while the winch line was pulled out.

Work rules had been established as part of the company's training program. These rules were effectively communicated to the employees and employees at the jobsite were able to explain these rules to the CSHO. The employer has an extensive program in place to aid in discovering violations of its safety rules and all employees are trained on the company's "ALL STOP" program where any employee can stop work if they observe unsafe work practices. The company has a disciplinary program in place that includes discharge of employees who do not follow these rules.

**Citation(s) as Originally Issued**

A complete inspection was conducted at the accident scene. Some of the items cited may not directly relate to the fatality.

No citations are recommended related to the fatality.



**Photograph shows:** red arrow where foreman was working and blue Arrow shows where victim should have been working.



**Photograph shows:** rectangle boxes are where the chipper was located & arrow indicates where victim should have been working.