

MANUFACTURING SAFETY ALERT

Ask Yourself
“Could it happen here?”

DESCRIPTION OF EVENT

Hoisting Incident

During routine maintenance, a sawfiler used a crane to lift a dull bandsaw to the filing room. As they lowered the cradle onto a handrail, slack developed in the crane cable, causing the hook to shift sideways and kink the cable.

Unaware of the kink, the operator opened the door and lifted the empty cradle above it to lower it into position.

The hook latch suddenly opened, and the 100lb cradle detached and fell 10 feet to the floor, missing a co-worker assisting with the task by just 7 feet.

SUGGESTED ACTIONS

- Install hooks that cannot detach from the cradle or crane cable.
- Organize a rigging course conducted by certified professionals.
- Review and revise all hoisting procedures.
- Ensure assisting workers stand on the far side of both carriage cables (approx. 12-15' away).



MOST IMPORTANT TAKE AWAY

Provide refresher training for all hoist and crane users on pre-use inspection requirements and safe equipment use. Highlight this incident during training to demonstrate potential risks.

MAG
Manufacturing Advisory Group



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