

UNITED STATES
DEPARTMENT OF LABOR
MINE SAFETY AND HEALTH ADMINISTRATION

COAL MINE SAFETY AND HEALTH

REPORT OF INVESTIGATION

Surface Area of an Underground Coal Mine

Fatal Fall of Person Accident
July 30, 2007

Hooper and Chandler Steel Erectors, Inc. (S098)
Bessemer, Jefferson County, Alabama

at

Jim Walter Resources, Inc.
No. 3 Mine
Adger, Jefferson County, Alabama
I.D. No. 01-00758

Accident Investigators

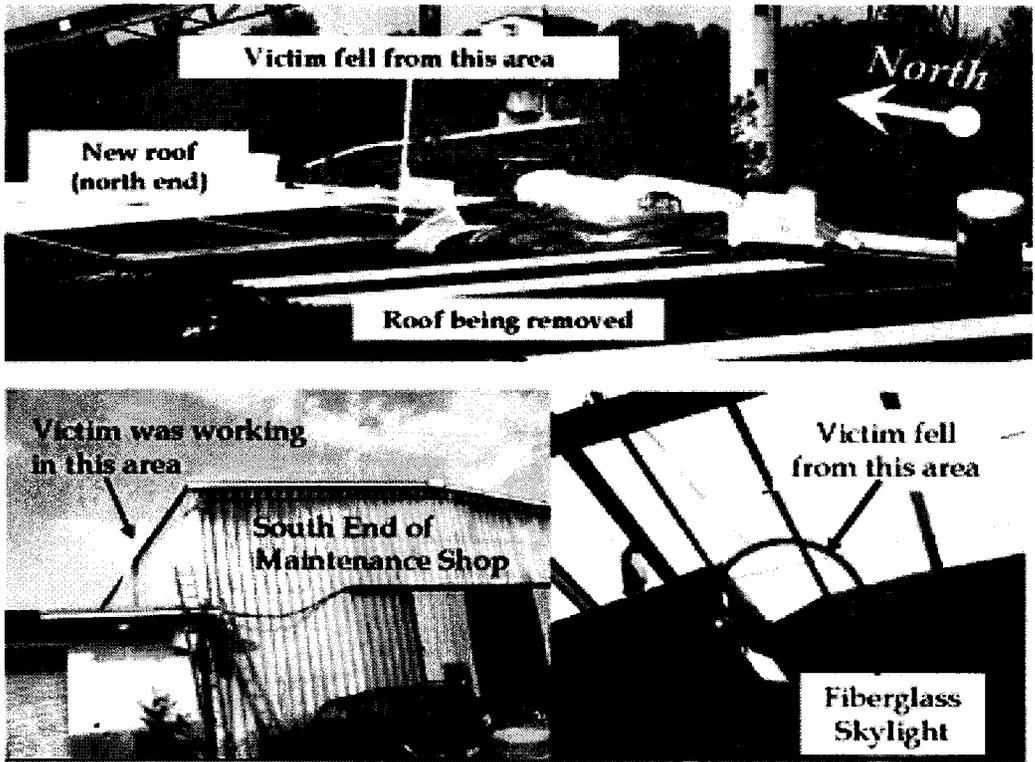
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Mine Safety and Health Specialist (Surface)

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District 11
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Gary J. Wirth, Acting District Manager

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OVERVIEW

On July 30, 2007, a 27-year old contract laborer with six years experience was fatally injured when he fell through the roof (skylight) of a shop building. Roofing panels were being removed in preparation for a new roof. While a panel was being removed, the victim apparently stepped on a fiberglass skylight panel, and fell approximately 28-feet to the shop floor.

The accident occurred because the victim, although wearing a safety harness, did not have a harness lanyard secured while working in an area where there was a danger of falling. Management officials for the contractor did not comply with the applicable regulation governing the use of fall protection.

GENERAL INFORMATION

The No. 3 Mine, I.D. No. 01-00758, is owned by Jim Walter Resources, Inc. (JWR). The mine is located at 4301 Sealy Ann Mountain Road, Adger, Jefferson County, Alabama. The mine employs one person who works one 9-hour shift, 5-days a week. The mine is in non-producing status and all underground mine entrances have been sealed. The site has impoundments assigned to I.D. No. 01-00758, and the employee is responsible for the impoundment inspections. The maintenance shop where the accident occurred is used for storage. The principal official of the mine at the time of the accident was:

Ken Hammonds.....Mine Superintendent

JWR entered into a contractual agreement with Hooper and Chandler Steel Erectors, Inc., contractor I.D. No. S098, to replace the roof on the maintenance shop, which was being used for storage purposes. Hooper and Chandler began work on July 30, 2007, the day of the accident. The contractor provides employment for 10 persons, working a 9-hour shift, 5-days a week. The contractor's principal officials at the time of the accident were:

Jimmy Hooper.....Foreman/Co-owner

Dwight Hooper.....Contact Official/Co-owner

A safety and health inspection was completed on April 2, 2007, and no inspection was ongoing at the time of the accident. The Non-Fatal Days Lost (NFDL) injury incidence rate for the mine for the previous quarter was 0.0 compared to the national NFDL rate of 2.22 for surface coal mines.

DESCRIPTION OF THE ACCIDENT

On the day of the accident, Wade H. Drew (victim) and four other crew members were preparing to put a new roof on the No. 3 Mine maintenance shop. Drew was on the roof removing the old panels. The crew took an afternoon break at around 2:15 p.m., and then started back to work. At approximately 2:30 p.m., a co-worker observed Drew (see Overview Sketch) attempting to remove an old panel at the open edge of the roof. He appeared to have one foot resting on a roof purlin, and the other on a fiberglass skylight. As he leaned over, the skylight gave way, and he fell to the floor below.

Paramedics were summoned and arrived within minutes along with the fire department. Resuscitation efforts were unsuccessful. The coroner arrived and pronounced the victim dead at the scene.

INVESTIGATION OF THE ACCIDENT

At approximately 2:45 pm, July 30, 2007, Tom McNider, Chief Engineer for Jim Walter Resources, Inc., notified MSHA Assistant District Manager Gary Wirth that a serious, life threatening accident had occurred at the No. 3 Mine maintenance shop. MSHA accident investigators responded, and an order, pursuant to Section 103(k) of the Federal Mine Safety & Health Act of 1977, was issued to ensure the safety of the miners until an investigation could be conducted. The accident investigators made an examination of the accident scene, interviewed employees and non-employee witnesses, and reviewed work conditions relative to the scene. MSHA conducted the investigation with the assistance of state investigators, mine management, and employees (Appendix A). Eight people were interviewed during the investigation.

DISCUSSION OF THE ACCIDENT

Site Conditions

Weather conditions on the day of the accident were sunny and hot, in the upper 90 degree range, and dry, with little wind. The work area was dry and footing was generally sound.

Work Activities

The day of the accident, July 30, 2007, was also the first day the contractor began work. Personnel arrived on site at approximately 7:00 a.m., received hazard training from a JWR representative, and began work at approximately 8:00 a.m.

The contractor was to re-roof the former maintenance shop, now being used for storage. The old metal roofing panels were to be removed and replaced. The building was constructed of steel, with a low angle roof. The roof panels were supported by steel purlins, that ran over the top and perpendicular to the steel roof trusses. The victim was part of a three man crew removing the old roof panels. Another worker was operating a forklift, delivering supplies and removing the old panels, while another was on the ground assisting with the supplies. Work proceeded in a systematic manner, the victim using an electric drill to remove the roofing screws to free the panel, while the other crew members stacked the old panels on the roof edge to be removed by the forklift operator. The crew took a short (approximately 10-minutes) break at approximately 2:15 p.m., and resumed work. At approximately 2:30 p.m., a co-worker observed the victim in the process of removing a panel. He appeared to have one foot resting on an exposed purlin, the other on a fiberglass skylight. As he bent forward to unscrew the panel, the skylight gave way, causing him to fall approximately 28-feet to the concrete floor below.

Work Practices

All of the crew members working on the roof, including the victim, were wearing a safety harness; however, none of them had the lanyard secured. Title 30 CFR 77.1710(g), requires fall protection where there is a danger of falling. As noted below, this was explained by the Jim Walter representative who gave the contractor's employees hazard training before they began work. However, the training was not followed. This resulted in the victim working without securing his lanyard.

Work History and Training

Drew had 6 years of roofing experience with the contractor. This was the first day for him and the contractor at this mine site. Hazard training was provided for the contractor personnel at the mine site, the project being scheduled for completion in less than 5-days. The training included the requirement to utilize fall protection where there was a danger of falling.

ROOT CAUSE ANALYSIS

An analysis was conducted to identify the most basic causes of the accident that were correctable through reasonable management controls. During the analysis, two root causes were identified that, if eliminated, would have either prevented the accident or mitigated its consequences.

Root Cause: The safety harness lanyard of the victim was not secured where there was a danger of falling.

Corrective Action: The contractor developed and implemented a fall protection plan that included the placement of anchorage points that were used by all workers when roofing activities were allowed to continue.

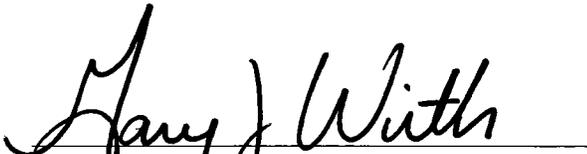
Root Cause: The management officials for the contractor did not comply with the applicable regulation governing the use of fall protection.

Corrective Action: JWR personnel provided training to all contractor personnel on MSHA requirements for fall protection.

CONCLUSION

On July 30, 2007, a 27-year old contract roofing laborer with six years experience was fatally injured when he fell through the roof (skylight) of the building on which he was working. He was in the process of removing the old roofing panels in preparation for a new roof. The accident occurred because the lanyard of the safety harness worn by the victim was not secured and management officials for the contractor did not comply with the applicable regulation governing fall protection.

Approved by:



Gary J. Wirth
Acting District Manager



Date

ENFORCEMENT ACTIONS

§103(k) Order No. 7693334:

At approximately 2:35pm, a fatal accident occurred at the shop facility of the Jim Walter Resources No. 3 Mine Site. An employee of Hooper and Chandler, a contractor replacing the roof on the maintenance shop, fell through the roof from a height of approximately 28 feet. This resulted in fatal injuries to the contractor employee. This order is issued to assure the safety of all persons at this operation and prohibits any activity at the maintenance shop until such time that the operator and/or contractor develops a plan to prevent such accidents from occurring and the plan has the approval of an authorized representative of the Secretary of Labor.

§104(d)(1) Citation No. 7693356 Issued to Hooper & Chandler Steel Erectors, Inc. Contractor ID S098, for a violation of 77.1710(g):

A safety line (lanyard) was not being utilized by a contract employee where there was a danger of falling while installing and dismantling roofing panels on the top of the Jim Walter Resources, Inc., No. 3 maintenance shop. At approximately 2:30 pm, on July 30, 2007, a contract roofing employee was fatally injured when he fell for a distance of approximately 28 feet while dismantling the roof panels. The employee was wearing a safety harness but did not have the safety line (lanyard) secured. The supervisor in charge of the contract employee was present at the maintenance shop and was aware that there was a danger of falling. The supervisor failed to ensure that the employees were tied off at all times. The contractor had been informed by the operator of the need for adequate fall protection.

§104(a) Citation No. 7693357 Issued to Jim Walter Resources, Inc. No.3, MSHA No. 01-00758, for a violation of 77.1710(g):

A contract employee was not utilizing a safety line (lanyard) where there was a danger of falling while installing and dismantling roofing panels on the top of the Jim Walter Resources, Inc., No. 3 maintenance shop. At approximately 2:30 pm, on July 30, 2007, a contract roofing employee was fatally injured when he fell for a distance of approximately 28 feet while dismantling the roof panels. The employee was wearing a safety harness but did not have the safety line (lanyard) secured. There was a Jim Walter Supervisor present in the vicinity of the shop at the time of the accident. The operator gave the required hazard training; however, the agent of the operator did not ensure that the contractor was in compliance with the applicable regulation.

APPENDIX A

Persons Participating in the Investigation

HOOPER AND CHANDLER STEEL ERECTORS, INC.

Jimmy Hooper, Foreman/Co-owner
Dwight Hooper, Contact Official/Co-owner

JIM WALTER RESOURCES, INC.

Dale Byram, Safety Director
Ken Hammonds, Mine Superintendent

ALABAMA DEPARTMENT OF INDUSTRIAL RELATIONS
MINE SAFETY AND INSPECTION

Jim Rivers, Mine Inspector
Sam Mullinex, Mine Inspector

MINE SAFETY AND HEALTH ADMINISTRATION

Jarvis Westery, Accident Investigation Team Leader (Surface Specialist), District 11
John Church, Mine Safety and Health Specialist (Electrical), District 11
David Allen, Mining Engineer, District 11

APPENDIX B

Victim Information

Accident Investigation Data - Victim Information

Event Number: **4 2 9 9 3 5 9**

U.S. Department of Labor
Mine Safety and Health Administration



Victim Information: 1												
1. Name of Injured/Ill Employee: <i>Wade H. Drew</i>			2. Sex: <i>M</i>	3. Victim's Age: <i>27</i>		4. Last Four Digits of SSN: <i>1842</i>			5. Degree of Injury: <i>01 Fatal</i>			
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death: <i>a. Date: 07/30/2007 b. Time: 14:30</i>						7. Date and Time Started: <i>a. Date: 07/30/2007 b. Time: 7:00</i>						
8. Regular Job Title: <i>116 Laborer/utility man/bull gang</i>				9. Work Activity when Injured: <i>098 removing roofing panels</i>				10. Was this work activity part of regular job? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
11. Experience a. This			b. Regular			c. This			d. Total			
Years	Weeks	Days	Years	Weeks	Days	Years	Weeks	Days	Years	Weeks	Days	
<i>6</i>	<i>0</i>	<i>0</i>	<i>6</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>1</i>	<i>0</i>	<i>0</i>	<i>1</i>	
12. What Directly Inflicted Injury or Illness? <i>117 Fall from height</i>						13. Nature of Injury or Illness: <i>370 Blunt force trauma</i>						
14. Training Deficiencies: Hazard: <i>New/Newly-Employed Experienced Miner</i> Annual: _____ Task: _____												
15. Company of Employment: (if different from production operator) <i>Hooper and Chandler Steel Erectors, Inc.</i> Independent Contractor ID: (if applicable) <i>S098</i>												
16. On-site Emergency Medical Treatment: Not Applicable: <input type="checkbox"/> First-Aid: <input checked="" type="checkbox"/> CPR: <input type="checkbox"/> EMT: <input checked="" type="checkbox"/> Medical Professional: <input type="checkbox"/> None: <input type="checkbox"/>												
17. Part 50 Document Control Number: (form 7000-1)						18. Union Affiliation of Victim: <i>9999 None (No Union Affiliation)</i>						

Victim Information:												
1. Name of Injured/Ill Employee:			2. Sex:	3. Victim's Age:		4. Last Four Digits of SSN:			5. Degree of Injury:			
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death:						7. Date and Time Started:						
8. Regular Job Title:				9. Work Activity when Injured:				10. Was this work activity part of regular job? Yes <input type="checkbox"/> No <input type="checkbox"/>				
11. Experience a. This			b. Regular			c. This			d. Total			
Years	Weeks	Days	Years	Weeks	Days	Years	Weeks	Days	Years	Weeks	Days	
12. What Directly Inflicted Injury or Illness?						13. Nature of Injury or Illness:						
14. Training Deficiencies: Hazard: <i>New/Newly-Employed Experienced Miner</i> Annual: _____ Task: _____												
15. Company of Employment: (if different from production operator) Independent Contractor ID: (if applicable)												
16. On-site Emergency Medical Treatment: Not Applicable: <input type="checkbox"/> First-Aid: <input type="checkbox"/> CPR: <input type="checkbox"/> EMT: <input type="checkbox"/> Medical Professional: <input type="checkbox"/> None: <input type="checkbox"/>												
17. Part 50 Document Control Number: (form 7000-1)						18. Union Affiliation of Victim:						

Victim Information:												
1. Name of Injured/Ill Employee:			2. Sex:	3. Victim's Age:		4. Last Four Digits of SSN:			5. Degree of Injury:			
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death:						7. Date and Time Started:						
8. Regular Job Title:				9. Work Activity when Injured:				10. Was this work activity part of regular job? Yes <input type="checkbox"/> No <input type="checkbox"/>				
11. Experience a. This			b. Regular			c. This			d. Total			
Years	Weeks	Days	Years	Weeks	Days	Years	Weeks	Days	Years	Weeks	Days	
12. What Directly Inflicted Injury or Illness?						13. Nature of Injury or Illness:						
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