

# Center to Grand Forks Project



## ▶ CGF Project Incident Report

Case No. PU-09-670

**Michael Hennes** ▶ Minnkota Power Cooperative, Inc. ▶ 8/9/2013

Week 67

### Extraordinary Events

Safety: Accident resulting in Serious Injury

Attachments: Accident report dated 8/7/13

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Minnkota Power 345 kV trans. line - Center to Grand  
Forks - Project Incident Report

Minnkota Power Cooperative, Inc.

# CGF Project Incident Report

Case No. PU-09-670

## Safety/Injuries

On August 7, 2013 an employee of Tri-State Drilling, Hamel, MN was injured while preparing to off-load steel casing used in the drilling of poured foundations for the Center to Grand Forks 345 kV transmission Line Project.

Cody Splittgaber received chin lacerations and broke his jaw when a spring loaded chain binder used to secure the load was being removed.

The accident happened at 9:00 AM near Fessenden, ND in Wells County at a foundation drilling site for structure 542.

Medical attention was obtained at the medical facility in Harvey, ND and then the employee was transferred to a Bismarck hospital for additional treatment.

Please refer to the attached Incident report for additional details.



# ACCIDENT/INCIDENT REPORT

Page 1 – Employee to Complete  
Page 2 – Supv./Mgr. to Complete

IDENTIFICATION

Accident / Incident Location City and State:

Fessenden, ND

County: Wells

Specific Location: Structure 4-2

Occurrence Date:

8-07-13

Time of Occurrence:

9:00 AM

Date Reported to Employer:

8-07-13

Last Name, First Name:

Splittgaber, Cody

Position/Job Title:

Groundman

Reported to Whom?

Dominic Marrone

**- Personal Injury Information -**

Home Address: 532 County Rd. E

Employee No.:

28890

Who Witnessed the Incident?

Greg's Crew

Statements? N/A

City State Zip Code

Ripon WI 54971

Home Phone Number: 920-369-6743

Hire Date:

05/28/12

Time in Position:

1.5 yr

**Outcome:** (check all that apply)

Injury, Illness, No Damage

Injury and Damage

Damage, No Injury

Fire

Near Miss

Birth Date:

12-13-91

Age:

21

Gender:

M  F

# Dependents

Employment Type (check one)

Regular  Temporary

Directly Supervised Contract Worker

Employment Status (check one)

Full Time  Part Time

Seasonal  Volunteer

Nature of Injury/Illness, Treatment Received and/or Description of Damages: (Body Part, Equipment Name or Number) Please Explain:

Struck by spring loaded chain binder to the right side of chin causing a laceration and brake to right side of jaw.

INCIDENT

**Employee's Report of Events Leading to the Accident / Incident:** Description of what happened (who, what, where, and how?): What job task was being performed? How was it being done? What equipment was being used? Location of personnel involved? What was the unexpected event? What was the result or potential result? Explain:

While unloading casing from a trailer a spring loaded chain binder with an extension rod swung violently striking Cody's chin causing a laceration and broken jaw to the right side of his face.

What caused the Accident/Incident?

Poor body placement and improper tool use. The extension rod was placed too far onto the binder. Cody was focused on the pinch point hazard and overlooked the struck by threat.

What could be done in the future to prevent this type of accident / incident?

Use ratchet chain binders instead of the spring loaded type.

Not standing in front of the binder when operating the binder.

Use the extension rod properly.

Medical attention from a doctor or health care professional? (check one)  Yes  No

Describe Treatment Received: X-rays, CT scan, 7 sutures  
Employee also received medication/Antibiotics

Treating Physician Name: Kim Thorson

Address: St. Aloisius Medical Center

City, State: Harvey, ND

Phone Number: 701-324-4651

Time Work Began:

0600

Employee's Signature:

*Cody Splittgaber*

Date:

08-07-13

<b>INCIDENT</b>	<b>Supervisor's Report:</b> Description of what happened (who, what, where, and how?): What job task was being performed? How was it being done? What equipment was being used? Location of personnel involved? What was the unexpected event? What was the result or potential result? Explain:  Cody was removing chain binders off of a trailer loaded with casing. While using an extension rod to remove a binder that was under spring tension the binder snapped open and struck Cody in the right side of his chin causing a laceration and broken jaw.	
	Type of Treatment (check all that apply) <input type="checkbox"/> No Treatment <input type="checkbox"/> On-Site First Aid Treatment Only <input type="checkbox"/> Clinic <input checked="" type="checkbox"/> Emergency Room <input type="checkbox"/> Hospitalization <b>Describe Treatment:</b> X-rays, CT scan, 7 sutures, Scheduled surgery, Employee also received medication/Antibiotics	Doctor, Clinic or Hospital Name: St. Aloisius Medical Center Mailing Address: Harvey, ND Phone #: 701-324-4651  Has the employee returned to work? (check one) <input type="checkbox"/> Yes -Date Returned? <input checked="" type="checkbox"/> No -Estimated Date of Return? Unkown
<b>ANALYSIS</b>	Procedure(s) and/or Pre-Job Briefing (THA) Adequate? Procedure(s) and/or Briefing Followed? Yes	
	Employee(s) Trained in Procedure(s)? Date of Training? Yes	
	Lockout/Tagout, Tagging, Switching, Clearance, Permits Appropriate? N/A	
	Tools and/or Equipment Maintained in Good Condition? Properly Used? Properly Installed? The extension rod was placed too far onto the binder.	
	Personal Protective Equipment (PPE) Required? PPE Worn? PPE Used Properly? PPE Condition? All required PPE was being worn.	
<b>PREVENTIVE ACTION</b>	Immediate Temporary Control(s):  Employee was taken to the emergency room by supervisor.	
	Permanent Control(s):  Create an Incident flash and training to share with all TSD crews to cover the hazards and proper operation of spring loaded chain binders to ensure employee awareness to prevent reoccurrence.	
Additional Comments: <i>Chris Berthraime</i> <span style="float: right;">8/7/13</span>		
Supervisor's Signature:		Date: (MM,DD,YY)
Responsible Manager/Director Comments:		
Signature:		Date: (MM,DD,YY)

Forward signed originals to the Safety Department and retain a copy for your location.