

**Location:** P&H MinePro Services Australasia  
 SHE38 – BMA Saraji

**Incident Date:** 10/02/2011  
**Safety Alert No:** SA10044

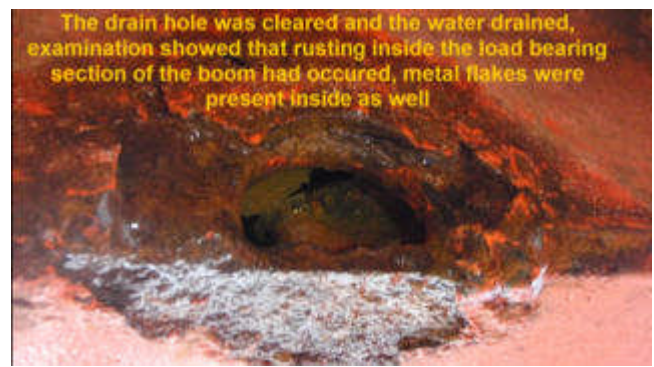
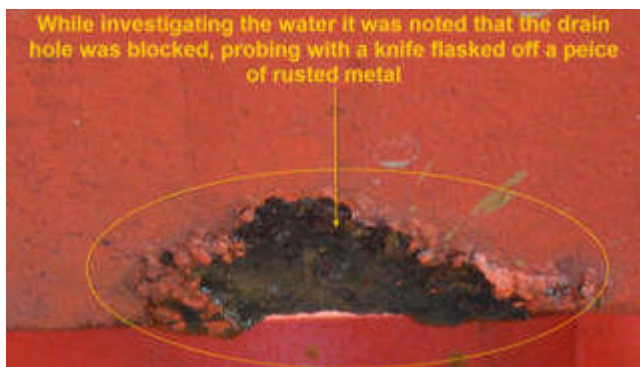
## EWP – INTERNAL RUST IN BOOM SECTION

### Brief Description:

#### Model: JLG LIFT 600AJ

During a prestart inspection it was noticed that water was leaking out of rivets on the top boom section near the basket, upon closer inspection was found that a drain hole was block and approximately 300mm of water was retained inside the boom section.

The drain hole was unblocked and the water drained, an area of rusted metal flaked off externally near the drain hole further investigation revealed that the hole itself was out of shape due to rust and flakes of rusted metal could be seen inside the boom section.



### Root Cause of incorrect use:

Checking drain holes in boom sections not documented in manufacturers daily prestart check lists.

### Corrective Actions:

- Parked up the EWP and tagged out of service.
- Contacted the hirer who sent out a service rep to inspect the unit which was changed out for another EWP.
- Gave contact details to the service rep for feed back from the hirer regarding checks on other equipment currently in use and updating the daily prestart checklist in the hand book supplied to include drain holes.
- Raised a BMA Hazard ID for entry into BMA Saraji's first priority system.
- Included into SHE38 prestart meetings to ensure that drain holes become part of the EWP prestart checks.

### Key Learning's:

Ensure that hired equipment is thoroughly checked for structural integrity when delivered, look for blistered paint on joints hiding rust, check drain holes for signs of internal rust and ask questions in relation to the history of the equipment, i.e had the equipment come from a corrosive environment etc.

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**To: All Line Managers and Supervisors**

Please analyse the attached Safety Alert and answer the following questions;

**1. Could this incident occur within your area of responsibility / worksite?**

Please circle one

**YES      NO**

If **YES** to above – what control measures do we currently have that would eliminate the potential for a reoccurrence of this type or similar incident within your worksite?

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If **NO** to above – please note the reasons.

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**2. Are these control measures sufficient to prevent or mitigate the risk of a reoccurrence of this type or similar incident?**

Please circle one

**YES      NO**

If **YES** to above – Please sign and date and return the form to your **EHS Coordinator**.

If **NO** to above – Please raise a report listing the required actions & accountabilities and forward to your **EHS Coordinator**.

**Comments:** \_\_\_\_\_

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**Manager/Supervisor Name** \_\_\_\_\_ **Worksite Name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_