IMCA Safety Flash 02/02

February 2002

These flashes summarise key safety matters and incidents, allowing wider dissemination of lessons learned from them. The information below has been provided in good faith by members and should be reviewed individually by recipients, who will determine its relevance to their own operations.

The effectiveness of the IMCA safety flash system depends on receiving reports from members in order to pass on information and avoid repeat incidents. Please consider adding the IMCA secretariat (imca@imca-int.com) to your internal distribution list for safety alerts and/or manually submitting information on specific incidents you consider may be relevant. All information will be anonymised or sanitised, as appropriate.

A number of other organisations issue safety flashes and similar documents which may be of interest to IMCA members. Where these are particularly relevant, these may be summarised or highlighted here. Links to known relevant websites are provided at www.imca-int.com/links Additional links should be submitted to webmaster@imca-int.com

1 Helideck Operations

The attention of members who carry out or are involved in helideck operations is drawn to the attached letter and enclosure received from CHC Scotia Ltd. IMCA awaits the AAIB report on the accident referred to therein and will comment further thereafter.

2 Incorrectly Supplied Diving Equipment

IMCA has received a report of equipment being provided which proved to be not the equipment indicated on the package documentation.

If such equipment had not gone through safety checks, it might have resulted in serious injury.

Members are reminded to check all equipment delivered, especially uncertificated units, before use.

3 Near-Miss Incident involving Insecure Load

A member has reported the following incident which occurred on one of its vessels. A deck crew had picked up a pallet of rollers from the aft deck and was moving them to the designated storage area, above the welding fabrication shop. Whilst slewing the crane into the storage area, one of the pallet chains struck the crane boom rest, resulting in the rollers falling from the pallet. The rollers fell to 'D' deck level and one roller fell to the main deck level, just outside the fabrication shop area.

The pallet contained six rollers, each weighing approximately 80kg. The weather conditions at the time were a wind speed of 28-30 knots, with 2-2.5 metre sea swell.

Nobody was injured and no equipment was damaged.

The pictures overleaf show the result of the incident.

The member involved has proposed the following corrective action:

> *When using cranes to move loads on pallets, the load must be checked to ensure that it is banded or strapped. If not, the load must be made secure by other means, or the loads should be split and lifted separately, using webbing or steel slings.*
>
> *The area where the loads are to be lifted to is to be barriered off, with a crew member present to prevent unauthorised entry to the lifting area. Signs are to be posted in the relevant area, warning of overhead crane operations.*