**Case 440. 26-year-old carpenter died when he fell approximately 22 feet to the concrete floor of a residential home under construction.**

A 26-year-old male carpenter died when he fell approximately 22 feet to the concrete floor of a residential home under construction. The decedent was one of a five-person crew setting trusses. One worker was using a CAT TL1055 telehandler to raise the trusses. Three trusses remained to be positioned. Four individuals were involved in positioning the truss: the telehandler operator, an individual on the ground using the tag line to assist in truss positioning, and two workers placed opposite of each other on the top plate of the 2nd story walls. Because of telehandler reach issues, the truss was rigged differently, which made it more difficult for the truss to reach one of the two workers on the top plate. The decedent went to the second floor and was working near a 7½- by 14-foot oddly shaped stairway hole partially covered by plywood. The plywood was supported by three 2x6s. He used a 2x4 to push on the bottom cord of the truss to help move it toward one of the workers on the top plate. This worker told the decedent to get a longer stick. While pushing the truss, the decedent stepped off of the edge of the plywood or lost his balance. He fell through the stairway hole to the concrete basement floor and died eight weeks later from complications of the injuries sustained in the fall.

MIOSHA Construction Safety and Health Division issued Serious and Other-than-Serious citations to the employer at the conclusion of its investigation.

**SERIOUS:** FALL PROTECTION, CS PART 45, REF 408.44502

- RULE 1926.501(b)(13): Each employee engaged in residential construction activities 6 feet (1.8 m) or more above lower levels shall be protected by guardrail systems, safety net system, or personal fall arrest system unless another provision in paragraph (b) of this section provides for an alternative fall protection measure. **Exception**: When the employer can demonstrate that it is infeasible or creates a greater hazard to use these systems, the employer shall develop and implement a fall protection plan which meets the requirements of paragraph (k) of 1926.502.

  Instance 1): Carpenter exposed to a fall of 22 feet through the 2nd floor stairway opening.

  Instance 2): Carpenters exposed to potential falls of up to 32 feet from the top plate of the 2nd floor walls.

  Instance 3 and 4): Carpenters exposed to potential falls through (2) 2nd floor wall (window) openings.

  Instance 5 and 6): Carpenters exposed to potential 22 feet falls through (2) 2nd floor doorwall openings.

  Instance 7): Carpenters exposed to potential 22 feet falls through the 2nd floor elevator shaft opening.

  Instance 8): Carpenters exposed to potential 11 feet- 6 inch falls over the 31 feet long unprotected edge on the 2nd floor.

Instance 9): Carpenters exposed to potential 22 feet falls over the 4 feet long unprotected edge on the 2nd floor.

Instance 10-15): Carpenters exposed to potential 10 feet- 6 inch falls through (6) doorwall openings on the 1st floor.

Instance 16): Carpenters exposed to potential 10 feet- 6 inch falls through a 1st floor wall (window) opening.

Instance 17): Carpenters exposed to potential 10 feet- 6 inch falls through a 1st floor stairway opening.

Instance 18): Carpenters exposed to potential 10 feet- 6 inch falls through a 1st floor elevator shaft opening.

Instance 19): Carpenters exposed to potential 7½ feet falls into the unprotected front porch foundation.

- Rule 1926.503(a)(1): The employer shall provide a training program for each employee who might be exposed to fall hazards. The program shall enable each employee to recognize the hazards of falling and shall train each employee in the procedures to be followed in order to minimize these hazards.

  No training program provided to carpenters to enable them to recognize fall hazards on the job site and how to protect against them.

**SERIOUS:** GENERAL RULES, CS PART 1, RULE 408.40114(1):

An employer shall develop, maintain, and coordinate with employees an accident prevention program, a copy of which shall be available at the worksite.

Employer did not have an accident prevention program developed.

**OTHER-THAN-SERIOUS:** RECORDING AND REPORTING OF OCCUPATIONAL INJURIES AND ILLNESSES, ADM Part 11, RULE 408.22139(2):

Within 24 hours after the inpatient hospitalization of 1 or more employees or an employee's amputation or an employee's loss of an eye, as a result of a work-related incident, you must report the inpatient hospitalization, amputation or loss of an eye to MIOSHA.

The employer did not report the *date* hospitalization of *decedent*. *(MIFACE removed the date of the hospitalization and the name of the individual involved in the incident.*