

**Safety Alert** From the International Association of Drilling Contractors

### ALERT 11 – 11

# FINGER PINCHED IN CLOSING TONG GATE RESULTS IN A RESTRICTED WORK CASE

#### WHAT HAPPENED:

While closing the power tong gate on the rig floor the injured person's (IP's) right ring finger tip was pinched between the inner and outer power tong gates. The job was stopped immediately by the Tour pusher in charge and sent IP to see the rig medic for further treatment. IP was examined and sent to town for further medical examination and treatment.





## WHAT CAUSED IT:

- The power tong provider and tong type were changed and no formal risk assessment was carried out on the replacement power tong set.
- The JSA used for the job was related to other equipment and not specific to the new tongs.
- A demonstration of closing the gate was carried out while the tong was in the setback area with no swing force to close the tong gate around casing.
- No formal procedure was provided by the new tong provider on how to close the tong gates, whether one or two persons were required for safe operation.
- Handles are positioned too close to the gate edge and also too close to the outer gate path.
- There is no barrier to stop the person from extending his fingers into the outer gate path.
- No task monitoring by supervisors to detect differences between the task and JSA.

#### CORRECTIVE ACTIONS: To address this incident, this company did the following:

- Contacted the tong provider to modify the gate with barrier to prevent hands from entering the pinch point and to adjust the location of the handles away from pinch points.
- Conducted refresher training for "Risk Assessment / JSA" which covers review process for supervisors.
- Revised existing "Casing JSA's" after reviewing the tong and included possible points from the tong into the new JSA.
- Established clear understanding of what is best practice for operating the tong gates and communicated these to affected parties.
- Provided refresher training for "Hand and Finger Safety" for all crew members.

The Corrective Actions stated in this alert are one company's attempts to address the incident, and do not necessarily reflect the position of IADC or the IADC HSE Committee.