

NARRATIVE SUMMARY

Establishment Name: Commercial Wood Products	Inspection No.: 301280459
Management Contacted:	Title:

Information on Injured Covered by Worker's Compensation Yes No

Name, Address and Phone Number Ascension Ortega, 12387 Barker Rd., Phelan, Ca.; (760) 947-7189	Occupation Mach. Op./General

Witnesses Name(s) and Title

*Check box preceding name if confidentiality is given.

*	Names and Titles	Address	Phone No.	Signed Statement?		
				Yes	No	

Summary

On October 20, 2004 at approximately 10:00 am EE #1 sustained an injury while working at Commercial Wood Products, 10019 Yucca Road, Adelanto, Ca. 92301. Miriam Llanes, Worker's Comp. Adm., Commercial Wood Products, reported the accident to the San Bernardino District Office on October 21, 2004, more than 8 hours after the accident but within 24 hours. The accident was transferred to the Anaheim High Hazard Unit on October 22, 2004 and was opened on November 3, 2004. This is a woodworking facility.

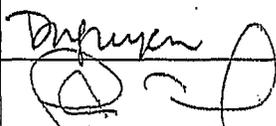
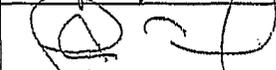
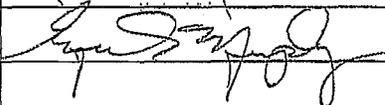
EE #1 was working at the Whirlwind chop saw with his back to the OGAM PO-280 gang rip when he felt pain in his left leg. He thought somebody had thrown something. Then he felt his leg shaking. He looked at his leg and saw blood. He touched his leg on the medial side and felt a piece of wood. A piece of wood was kicked back from the gang rip and flew approximately twenty-two feet and pierced his left leg from the outer aspect. EE #1 was wearing "Dickies" pants. EE #3 and EE #4 took him to the Shop Office and called 911. The paramedics took EE #1 to Victor Valley Hospital where he was hospitalized from Wednesday morning to Friday (10/22/04) morning. Surgery was performed on Thursday to remove the piece of wood. According to EE #1 pieces of wood have kicked back near him weekly. One time a piece landed at his feet.

He's told EE #2 and he thinks EE #2 told EE #3 but he's not sure. EE #1 has operated the gang rip involved but no pieces had ever kicked back. He's not sure about the cause of the accident but somehow a piece of wood kicked back. In his opinion if somebody put something to prevent pieces from "going through" then the accident could have been prevented.

EE #2 was operating the gang rip at the time of the accident. He was feeding an 8" wide piece of wood from the left side. He didn't see it kick back but heard a loud noise and kept working. EE #1 asked him if he threw a piece of wood at him and he said no. He looked at the back of EE #1's pants and saw blood.

EE #3 was standing nearby at the time of the accident. He saw EE #1 standing by the chop saw. He thought he saw ketchup on EE #1's leg and called EE #4 over. EE #1 said he couldn't walk so EE #3 and EE #4 carried him into the office. They propped his leg up and called 911.

The employer was cited for ten violations. Three violations were classified as General. One violation was classified as Repeat General. Five violations were classified as Serious. Section 3273(i) was classified as Accident Related Serious.

		Signature	Date
Prepared by:	CSE, IH		3/17/05
Reviewed by	DM/SR. IH		4/18/05
	Regional Manager		7/26/05
	Deputy Chief		

NARRATIVE SUMMARY

Establishment Name: Do+Able Products	Inspection No.: 125941641
Management Contacted: Frank Reed	Title: Safety Manager

Information on Injured Covered by Worker's Compensation Yes X No

Name, Address and Phone Number: Daniel Martinez	Occupation General Laborer
883 Buena Vista, Pomona, CA 91766	
(714) 564-9967	

Witnesses Name(s) and Title

*Check box preceding name if confidentiality is given.

*	Names and Titles	Address	Phone No.	Signed Statement?			
				Yes	X	No	
1.	Daniel Martinez, G. Labor	833 Buena Vista, Pomona, 91766			X		
2.	Pablo Ibarra, Machine Opr	1265 W. Fernleaf, #A, Pomona, 91766	909)622-4514				X
3.	Marco Aispuro, Lead Man	1328 N. Parkside Ave., #B, Ontario			X		
4.	Eduardo Polino-Lira, Leadman#2	1530 Olive St., Ontario, 91764	909) 969-1693		X		
5.	Raul Baytian, Shift Superintend.	3967 Merced River Road, Ontario			X		
6.	Benjamin Q. Hernandez, Leadman	1008 Palm Ave., Ontario, 91762	909)261-7163	Yes	X	No	

Summary:

On December 20, 2005 at approximately 11:05 p.m., an employee was injured at Do+Able Products (secondary employer) at a site located at 5150 Edison Ave., Chino, 91710. The injury was reported to the Division of Occupational Safety and Health San Bernardino Office on December 21, 2005 at 4:54 a.m. It was also reported by Stratus Services (primary employer) located at 12554 Central Ave., Chino, 91710. The accident was reported within the required time frames.

A Programmed Planned Inspection had been opened prior to the accident by High Hazard Unit, South on December 19, 2005. The accident investigation was transferred to the High Hazard Unit.

EE #1 was working as a General Laborer at the secondary employer's facility. This facility manufactures Wood Office and Store Fixtures. EE #1 was assigned to cut 2X4 lumber on the foot-operated "Whirlwind" Jump Saw. (Model #212R, S/N: 5858329R). The job was set up for R. handed operation. EE #1 is L.-handed. As EE #1 Pulled the material through, he pushed the foot pedal, which initiated the blade. As a result, the injured amputated his L. Thumb, L. Middle Finger, and severe lacerations on his L. Ring Finger. There were no witnesses until after the accident when EE #1 called out to EE #2, that he needed help. The immediate supervisor was the Shift Superintendent, Raul Baytlan.

Ineffective guarding of the "Whirlwind" Jump Saw was causal to the accident.

EE #1 was taken to Chino Valley Hospital and released. The accident was reportable because of the amputation. As of February 22, 2006, the employee was on restricted duty, working in the office at the agency.

The inspection, as it pertains to the accident, resulted in a Serious Accident-Related Violation of T8 CCR §4306(a).

A "Notice of Accident-Related Violation After Investigation". (Form 170C) was also issued.

	Signature	Date
Prepared by: CSE, IH	<i>Leticia Lopez</i>	7-7-06
Reviewed by DM/SR, IH	<i>[Signature]</i>	12/4/06
Regional Manager		
Deputy Chief		

STATE OF CALIFORNIA
 DEPARTMENT OF INDUSTRIAL RELATIONS
 DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

Fatality: Yes __ No X

Cal/OSHA 170A

Establishment Name: Fontana Wood Products, Inc.	Inspection Number: 310598925
Management Contacted: Jack O'Bannon --- M1 Paul Irvin Sarbeck --- M2	Accident Number: 102495405 Title President Supervisor/ Yard manager

Covered by Workers' Compensation: Yes X No __
 W.C. Carrier: **ICW**

Information on Injured:

Name, Address and Phone Number	Occupation
Alfredo Estreya --- V1 (951) 361-9415 9685 Webb Street, Riverside, CA. 92509	Saw Operator & lumber handler

Witness Name(s) and Title

* Check box proceeding name if confidentiality is given.

* Names and Title(s)	Address	Phone No.	Signed Statement		
Jasiel Munoz Helper/ saw operator	128 Bell Street, San Bernardino, CA 924	(909) 327-8413	Y	X	N

Cal/OSHA Representatives

Andrew K. Morita ---- (CA1)	District Manager
Mahmood A. Chaudhry ---- (CA2)	CAL/OSHA Engineer

NARRATIVE SUMMARY

SUMMARY:

On April 27, 2007, at or about 11:15 'AM, a serious injury accident occurred to an employee (V1) while operating a cut-off saw.

The employer notified the serious injury accident to the Division on May 03, 2007, at 02:20 PM, late after more than 147 hours instead of within 8 hours as required by T8CCR 342(a). CA1 assigned the serious injury accident investigation to CA2 on May 16, 2007.

I commenced the investigation on May 30, 2007. Upon arrival, I contacted M1 and presented my ID & credentials. I conducted opening conference with M1. During the opening conference I explained the purpose and scope of the investigation, Cal/ OSHA program, the rights and the responsibilities of the employer & the employees and inspection procedures in detail.

M1 gave permission for the inspection. M1 escorted me to the site of the accident. M1 explained the events leading to the accident. I took photographs. M2, W1 and V1 were interviewed at a later date.

A document request sheet Cal/OSHA-1AY was issued to the employer for Injury & Illness Prevention Program, Log 300 forms, Form 5020, Form 5021, training records for injured employee and a copy of employer's own accident investigation report.

V1 had been working for more than 4 years as a saw operator and lumber handler. This was V1's regularly assigned job. M2 was his supervisor and assigned the job.

The employer had 3 out of 23 employees working at and near the saw. The employer is not unionized.

The facility is a lumber yard and employer is primarily engaged in milling lumber to be used in construction of Mobil/ Trailer homes and for other commercial usage.

EQUIPMENT:

WHIRLWIND, model #212R" cut-off saw.

ACCIDENT SCENE AND INVESTIGATION:

On April 27, 2007, at or about 11:15 AM, a serious injury accident occurred to V1 while operating a cut-off saw, located in the Middle West part of the lumber yard.

According to V1, he was cutting 10' L x 2" x 3" lumber piece into smaller pieces on a "WHIRLWIND" cut-off saw. He was manually feeding a set of three lumber pieces with his left gloved hand from left to right side of the saw. As V1 was pushing the tail-end of the lumber set, he activated the saw's foot pedal and hood guard (inverted U-type) came down at which time his left hand came in contact with the moving saw blade causing the serious injury. V1 sustained amputation of his left thumb and permanent disfigurement of left index finger. Initially V1 was driven to Tri-Industrial Medical Center, Inc., Mira Loma, CA. Then V1 was sent to Magnolia Plastic Surgery Center, Riverside, CA for treatment. Surgery was performed the same day and V1 was discharged within two hours. In response to a question, V1 stated that he was guiding 4 to 5" long tail-end of the set with his gloved left hand when his glove got caught in a splinter. At that time he pressed the saw's foot pedal and guard came down at which time his left thumb & index finger contacted the moving saw blade causing the injuries. After this, V1 refused to talk about the saw's guard or any other details of the accident at all.

During interviewing, W1 stated that he and another employee were assisting V1. V1 was operating the saw while they were stacking the cut pieces on a pallet. He did not witness the accident when the accident occurred. After the accident V1 raised the left hand which was bleeding. In response to a question regarding saw's guard W1 pointed to the welded part of the left side of the guard and said, "There was horizontal opening along guard which exposed the moving saw blade when guard was in closed position prior and at the time of the accident. W1 could not explain, "How long this opening was in the guard."

During interviewing M2 stated that he is always present in the yard and supervises all the employees working in the yard. About the opening in the guard, M2 stated that he did not see the opening before V1's accident.

CONCLUSION AND PROPOSED ACTION:

Based on my interviews and discussions with the employees and management official respectively and review of reports and photographs, the following was concluded and action proposed:

1. The employer notified the serious injury accident to the Division late on May 03, 2007, at 02:20 PM, after more than 147 hours after the knowledge of the employer of the occurrence of the serious injury instead of within 8 hours. A regulatory citation of T8CCR 342(a) was issued against the employer.

2. An employee sustained amputation of his left thumb and permanent disfigurement of left index finger while cutting 10' L x 2" x 3" lumber piece into smaller pieces on a "WHIRLWIND, model #212R" cut-off saw. The employee was manually feeding a set of three lumber pieces with his left gloved hand from left to right side of the saw. As he was pushing the tail-end of the lumber set, activated the saw's foot pedal and hood guard (inverted U-type) came down at which time his left hand came in contact with the moving saw blade causing the serious injury. The saw blade was not effectively guarded in that the left side of the guard had a horizontal opening which did not completely enclose the saw blade above the table. An accident-related serious citation of T8CCR 4306(a) was issued against the employer.

3. An employee cutting 10' long lumber piece into smaller pieces on a "WHIRLWIND" cut-off saw by manually feeding a set of three lumber pieces with his left hand from left to right side of the saw. As he was pushing the tail-end of the lumber set, activated the saw's foot pedal and U-shaped inverted guard came down at which time his left hand came in contact with the moving saw blade causing the serious injury. He sustained amputation of his left thumb and permanent disfigurement of left index finger. The employer had been conducting monthly safety inspections of the facility but did not identify a horizontal opening along the left side of the guard (due to wear and tear) to prevent inadvertent contact with the moving saw blade during its operation with its guard is in closed position. A high general citation of T8CCR 3203(a)(4) was issued against the employer.

		Signature	Date
Prepared by:	CSE, IH Mahmood Chaudhry	<i>Mahmood Chaudhry</i>	10-31-07
Reviewed by:	DM/SR, IH Andy Morita	<i>Andy Morita</i>	10/31/07
	Regional Manager		
	Deputy Chief		

Cal/OSHA 170A (08/01/94)

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

* Fatality Yes ___ No X

Cal/OSHA 170A

Establishment Name C. T. COACH WORKS (ER1) EMPLOYMENT SOLUTIONS (ER2)	Inspection No 310599071 Accident 102496262
VERONICA ARROYO (M1) (ER1) FABIAN LOMELI (M2) (ER1) JILL LAKE(M3) (ER2)	OFFICE MANAGER SUPERVISOR BRANCH MANAGER

Workers' Compensation Insurance? Yes X No ___

Information on Injured	W.C. Carrier <u>SELF INSURED</u>
Name, Address and ...	Phone Number
Occupation	
JUAN FRANCISCO RAMON (V1) 951-352-9148 5069 CHALLEN AVE, RIVERSIDE, CA 92503	ASSEMBLER

Witness Name(s) and Title	* Check box proceeding name if confidentiality is given.		
Names and Title(s)	Address	Phone No.	Signed Statement?
			Y
----- NO -----	----- WITNESS -----		Y

INVESTIGATION NARRATIVE

1. Summary

On May 18, 2007, at about 0630 hours, a serious injury (amputation of fingers) occurred at C. T. Coachworks (6001 20th street, Rubidoux, CA 92509) in their walls department. V1 was leased to ER1 by ER2. The injury was reported to the Division on May 18, 2007 at 1130 hours by ER1 and at 1005 by ER2. ER1 & ER2 both reported the injury to the Division within eight hours. The accident investigation was assigned to me on June 14, 2007 by the District Manager and the investigation was initiated on 18, 2007 at 0900 hours.

Upon arrival at the establishment (ER1), an opening conference was held with M1 and M2.. Purpose of visit, Cal/OSHA program, employee rights, employer's rights, employer's responsibilities and inspection procedures were explained. The accident site and **the Jump Saw were inspected**. The inspection was accompanied by M1 and M2. The employer had 48 employees and was non-unionized.

A document request sheet was issued to the employer to request Log 300 form, periodic inspections, training records, and accident investigation report.

An opening conference was also held with (ER2) on June 18, 2007. A document request sheet was issued to ER2 to request Form 5020, Form 5021, training records for V1 and accident investigation report.

2. Accident Scene and Investigation:

On the day of accident, at about 0630 hours, V1 was working on a Jump Saw (Whirlwind, Model 212) to cut aluminum strips (36"X5"X1/166"). Just before the accident, V1 was in process of picking up a cut piece from the right side of the saw blade. As he reached under the blade guard, he accidentally depressed the foot pedal and the running blade hit his right thumb, index and middle finger. The accident caused amputation his right thumb, index and middle finger. Right after the accident, V1 was taken to Riverside Community Hospital by ambulance where he was hospitalized for five days. There was no witness to the accident. V1 stated that he had used the Jump Saw 4 or 5 times a week and his supervisor saw him use the saw. M2, V1's immediate supervisor stated that he asked V1 to cut the aluminum strips but he did not know where he went. M2 also stated that V1's uncle told him about the accident. M2 found out after the accident that V1 was using the Jump Saw. M2 further stated that V1 was not supposed to use the Jump Saw for cutting the aluminum strips and V1 was not trained to use the Jump Saw. V1 was a temporary employee of ER1 and was hired through ER2.

3. Equipment:

Jump Saw (Whirlwind, Model 212)

4. Conclusions and Proposed Action:

Based on the information provided by the employer and my interviews with V1, and M2, the following was concluded and action was proposed.

The accident occurred when V1 was cutting aluminum strips by using a Jump Saw. After cutting a piece, he was in process of picking up a cut piece and he accidentally depressed the foot pedal. The running blade hit his right hand caused amputation of his right thumb, index and middle finger.

1. ER1 was cited for a serious accident related violation of T8CCR 3203(a)(7(C)) (failure to provide a training and instruction to the employee for the safe operation of the Jump Saw.
2. ER2 was not cited for any violation.

		Signature	Date
Prepared	COE / IH	Bahadur Dhillon <i>Bahadur Dhillon</i>	November 09, 2007
Reviewed	DM / SR.IH	Andrew Morita <i>Andrew Morita</i>	11/13/07
	Regional Mana		
	Deputy Chief		

Cal/OSHA 170A (10/01/99)

NARRATIVE SUMMARY

Establishment Name	Jonathan Louis International	Inspection Number	126197854
Management Contacted	Juan Valle	Title	Manager

Information on Injured

Covered by Workers' Compensation Yes ___ No ___

Name, Address and Phone Number	Occupation
Francisco Pacheco	
629 E 109th street	
LA CA 90059	
3238046453	

Use additional forms(s) as needed.

Witness Name(s) and Title

*Check box preceding name if confidentiality is given.

*	Names and Title(s)	Address	Phone No.	Signed Statement?	
				Yes	No
	Francisco Callegos	708 E 115 Street LA CA 90059	3237796193	Yes	No
				Yes	No

Summary

Accident occurred at 9:00 am, 5-22-07 at 544 W. 130th Street Gardena.

Division was notified by employer about the accident on the same day.

DOSH arrived on the accident site on 5-30-07.

Employee was treated at Bayside Medical Center. Employee's three fingers were amputated because of the accident.

A Whirlwind Model 212 Semi-automatic Pneumatic cut-off saw manufactured by Sehng Feng Machine Co in Taiwan was involved in the accident. It is a pneumatic underhung cut-off saw. When worker steps on pedal, clamp comes down and blade comes up to cut wood.

Immediate supervisor is Francisco Callegos.

Employee was cutting wood and his left index finger was stuck with the wood. He stepped on the foot pedal, the clamp came down and the blade came up and cut his fingers.

Witnesses interviewed:

Francisco Callegos
 708 E 115 Street

LA CA 90059

Two violations were found during the inspection.

Accident-related serious violation:

4306(b) (b) A hood-type guard shall cover the blade and extend at least 2 inches in front of the saw teeth when the blade is in the back position and the guard shall be securely fastened to the table.

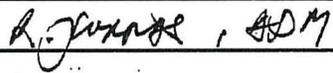
A semi-automatic cut-off saw was not guarded. Employee was seriously injured.

Serious violation:

3384(b) Hand protection, such as gloves, shall not be worn where there is a danger of the hand protection becoming entangled in moving machinery or materials.

Employee was wearing gloves while cutting woods. Gloves were stuck with the wood and his fingers were amputated.

Use additional sheet(s) as needed.

		Signature	Date
Prepared by:	CSE, IH		11-1-07
Reviewed by:	DM/SR. IH	 ADM	11/01/07
	Regional Manager		
	Deputy Chief		

Cal/OSHA 170A (08/01/94)

NARRATIVE SUMMARY

Establishment Name USA STAFFING, INC.	Inspection Number 312433543
Management Contacted Eric Palacios	Titles Sr. Health & Safety Associate

Information on Injured

Covered by Workers' Compensation Yes No

Name, Address, and Phone Number Hector Rojas, 1117 Adler Court, Santa Maria, CA 93458, 805-925-9804	Occupation Yard Worker/Sawyer

Witness Name(s) and Title

*Check box preceding name if confidentially given.

*	Name and Title(s)	Address	Phone No.	Signed Statement?
<input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>

Use additional form(s) as needed

At approximately 5:30pm on August 7, 2009, Employee #1, a Sawyer/Lumber yard worker, placed a piece of lumber on the Whirlwind underhung swing cut-off saw, and stepped down onto the foot pedal to trigger the saw blade. The saw was activated and as it cut through the lumber it also amputated the tip of distal phalanx of employee's right thumb. The Division was notified of the accident on 8/7/09, and initiated an inspection on 8/13/09. The injured employee was transported to treatment to Marian Medical Center and later transferred to Goleta Valley Hospital.

The facilities involved in the accident are Homer T. Hayward Lumber Company, Inc. (Secondary Employer) and USA Staffing, Inc. (Primary Employer). The injured employee had been working there since 2007 performing duties of a sawyer/lumber yard worker.

Interviews were conducted of Freeman Greene/Yard Foreman(805) 310-9175, Ricardo Gutierrez/Lumber Yard Worker-Sawyer/645 E. Newlove St, Apt. A, Santa Maria, CA 95438

The investigation concluded that it was a serious accident. As a result, the Division issued 1 AX notice of no violation to USA Staffing, Inc and one serious and one general violations under CCR, T8 Sections 3203(a)(7) and 3328(g) respectively to the Homer T. Hayward Lumber Co. (secondary employer).

Prepared By:	Signature	Date
CSE, IH		
Reviewed By:		
DM/Sr. IH		
Regional Manager		
Deputy Chief		

STATE OF CALIFORNIA
 DEPARTMENT OF INDUSTRIAL RELATIONS
 DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

* Fatality
 *W.C. Carrier

NARRATIVE SUMMARY

Establishment Name VALLEY BOX COMPANY	Inspection Number CASE # 312681455
Management Contacted (M-1) ROBERT ESHWEGE (M-2) CONNIE LARES (M-3) LAURA ROSKE (M-4) MARIO GUIZAR	Title OWNER (VALLEY BOX COMPANY) GENERAL MANAGER H/R ACCT MANAGER SAFETY MANAGER

Information on Injured	Covered by Worker's Compensation	Yes	No
Name, Address and Phone Number	Occupation		
JOSE LUIS LOPEZ 890 BALLANTINE ST. APT F EL CAJON CA 92021 619-334-3266	SAW OPERATOR		

Witness Names(s) and Title * Check box preceding name if confidentiality is given.

*	Names and Title(s)	Address	Phone No.	Signed Statement? Y/N
1	JOSE LUIS CEDANO	7555 HIGH ST, APT 43 LA MESA CA	619-337-2669	N
2	JOSE SEVERIANO	2464 LA COSTA AVE CHULA VISTA CA 91915	619-482-2467 664-681-0479	N
3	PEDRO COMMACHO	683 W MANOR DR CHULA VISTA CA 91910	664-186-7869 619-723-0562	N
4	JOSE PADILLA	512 E SAN YSIDRO BL SAN YSIDRO CA 92173	664-974-4081	N

Summary:

On Sept 11, 2009 at approximately 08:30 AM, an employee of Valley Box Company amputated two fingers on his right hand while operating a "Whirlwind" model 212 Cut-Off Saw. The victim was cutting 2" X 6" pieces of lumber that would be used as base supports in the construction of shipping crates. After making his 1st cut, the victim was attempting to slide the lumber along the back of the fence and he crossed the plane of the blade with his right hand and he accidentally activated the cutting stroke/cycle because his foot was resting on the actuating floor pedal. The victim severed his middle and ring finger and was transported to UCSD where he was treated for his injuries.

Valley Box Company manufactures shipping containers to client specifications and has been in business since 1965. Approximately 40 workers are employed at their facility. The victim was a regular full-time employee with approximately 2 years experience in the saw department.

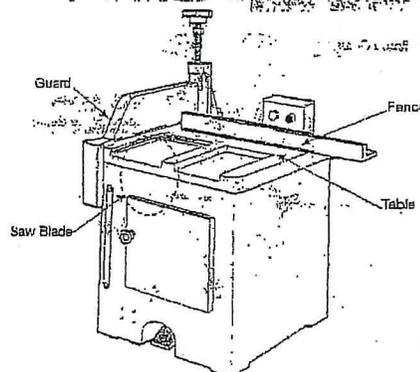
ACCIDENT DESCRIPTION

The employer owns and operates three model 212 Inverted Swing Cut-Off saws manufactured by "Whirlwind" and these saws are located in the saw department where wood is cut for the fabrication of shipping crates. The Inverted Swing Cut Off-Saws are not typical of other saws because the saw blade rests below the horizontal plane of the table top that houses the blade and the motor. Wood, typically long pieces of "2 X 6", 4" X 4" and 2" x 8" are cut into shorter lengths and used as framing and base supports for the wooden shipping crates. The Cut-Off saws are typically best suited for repetitive cuts where large amounts of stock lumber need to be cut and lopped off into shorter pieces. For example, a 16' long 2" X 6" could be cut down into eight 2' lengths by simply laying the piece of lumber against the fence and pre-determined jig set at 2'. The operator actuates the cutting stroke and the blade rises from below the table and makes the cut. The blade retracts back into the resting position below the surface of the table, the operator removes the 2' cut off from the end, and the stock is slid across the fence and butted up against the jig and the process repeats itself until the entire length of stock is cut into 2' sections.

Inverted Swing Cut-Off saws work in conjunction with a hood that shields the cutting blade above the stock and protects the operator from flying debris and wood chips coming off the saw. The hoods also offer some point of operation guarding for the portion of the blade that is cutting above the stocks as the blade moves through it upward cutting stroke. Hoods, however do not minimize the risk of injury from the operators hand coming into contact the blade because they only shield the blade at a point designated by the thickness of the stock being cut; therefore, an additional safety device needs to be used to protect the operator from coming into contact with the blade as it moves through it's cutting stroke.

Illustrations are generic representations of typical machine construction. ANSI D1.1-2004

ILLUS. 2B Inverted Swing Cut-Off Saw (2.2.1.3)



The manufacturer, "Whirlwind" provides a means of safeguarding the point of operation with a fixture that has been engineered to prevent the operator from reaching the blade during the cutting stroke, and this fixture acts as a shield barrier that allows the stock to be inserted, but prevents the operator from getting his hand into the cutting plane of the blade. Additionally, Whirlwind has a two-hand control that does not allow the operator to actuate the machine unless both hands are used; thereby, making it impossible to expose himself to injury.

At the time of the inspection, the employer was found to have not equipped the three saws with any of the safety devices just described. All three saws were equipped with foot pedals that allow the operator to actuate the cutting stroke by pushing down on the foot pedal. After speaking with witnesses and management, it was discovered that employees working in the saw department had been instructed on how to operate the saws, but they were not trained according to the safety information provided by the employer in the operator's safety manual published by "Whirlwind".

M-2 said that after the amputation incident, Valley Box Company obtained the safety manual for the model 212 Saws and this manual was available to the CSHO during the investigation. Management explained that the victim was making his cuts on the morning of the accident and was stacking his stock by cutting two boards at the same time. Stacking allows the operator to cut twice as many cuts; however, the exposed portion of the blade increased due to the thickness of the stock. The victim had made his 1st cut and was attempting to slide the two boards across the fence and butt them against the jig in preparation for the next cut when he reached across the cutting plane with his right hand. While attempting to slide the boards against the jig, and because of their double thickness and added weight, he inadvertently stepped down on the actuating pedal while struggling with the boards. When he stepped on the pedal the hood dropped and the blade raised trapping his hand as the saw went through it's cutting stroke.

On 02/09/2010 when the inspection was conducted, the saws were found to be in the same condition as on the day of the injury. The saws had not been retrofitted or altered in any way. The saws were still being actuated by the floor pedal and no additional shielding or devices had been installed to minimize the risk of injury. The manufacturer's safety manual specifically forbids the stacking of boards and the employer said that they were training employees based on the recommendations from the manufacturer.

W-1 was identified as the person who was in charge of the saw department and responsible for training the victim and the other four individuals who are assigned to work in the saw department. W-1 said that he had never seen the safety manual and was not aware that they were not supposed to stack the stock. While conducting the on site investigation, the CSHO observed W-1 attempting to make a cut with the stock stacked two boards on top of each other.

The employer voluntarily agreed to have all three saws retrofitted with safety shields engineered by the manufacturer and all three saws were fitted with two hand controls as an added safety precaution. All abatements were verified at time of inspection.

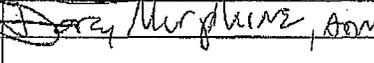
REGULATORY ACTION – ACCIDENT RELATED VIOLATIONS

Citation 2, Item 1: Serious Accident Related. Proposed Fine Amount \$21605.00

§4306. Underhung Swing Cut-Off Saws, Inverted Swing Cut-Off Saws, Jump Saws, Underslung Saws.

(a) All saws shall be effectively guarded above and below the table or roll case.

The OSHA Investigation determined that the employer was exposing employees to three unguarded "Whirlwind" model 212 Underhung Swing Cut-Off Saws in their saw department. The saws were later retrofitted with 2-hand controls and additional "point of operation" shielding to prevent operators from coming into contact with the cutting blade.

		Signature	Date
	CSE, IH		2/23/10
Reviewed by:	DM/SR., IH		2/23/10
	Prepared by:		