

A **60 year old male** employee was **struck by a concrete mixer** truck as he was crossing the yard of the plant on foot. The plant operations include delivering raw material, such as sand and gravel, into the mixing truck. The trucks then begin mixing the product, concrete, as they travel to the location where it will be delivered.

During the investigation it was determined that mixer truck operators enter and exit the plant through a single point in the Southwest corner. Trucks entering the plant continue to the left and complete a loop to the right to exit the plant. Approximately  $\frac{3}{4}$  of the way through the right-handed loop are silos that employees pull under to have the raw material fed into their trucks. While their trucks are being filled, employees exit their truck and enter the dispatch office for paperwork regarding the delivery location of the mixed concrete and drop paperwork off from previous deliveries. The dispatch office is located directly in front of the silos approximately 8' away. Employees also enter the dispatch office for lunch and restroom breaks.

It was determined that if a truck is being filled with raw material at the silos and another truck is waiting in sequence to be filled, the concrete mixer operators back the trucks into the extreme North portion of the yard to wait their turn. To back into the Northern portion of the lot the employees complete the  $\frac{3}{4}$  portion of the loop pulling next to the silos and then backing into the parking area. Findings indicate that the victim had parked his concrete mixer truck in the Northern portion of the lot along with other trucks to wait his turn to pull under the silos. He then exited his mixer truck and began walking to the dispatch office approximately 120 feet away.

It was during his walk that he was struck by a mixer truck as it was pulling through the loop toward the silos to begin backing up. When interviewed, the driver of the mixer truck stated that he did not see the victim walking in the yard. The victim was not wearing high visibility clothing at the time of the fatality.

It was determined that travel through the yard was identified as a hazard and high visibility shirts and vests were provided and required by the employer as a form of PPE. However, it was determined that employees do not always wear their high visibility clothing especially during the winter months when they have jackets on.

**Citation(s) as Originally Issued**

A complete inspection was conducted at the accident scene. Some of the items cited may not directly relate to the fatality.

**Citation 1 Item 1**

**Type of Violation: Serious**

**\$5400**

**29 CFR 1910.132(d)(1)(i):** When the employer had assessed the workplace hazard(s) and determined that hazard(s) were present, the employer did not select and/or use the types of personal protective equipment that would protect the affected employee from the hazard of being struck by.

In that the employer did not ensure employees were using the selected high visibility shirts and vests employees were provided for struck by hazards in the yard area.

**Citation 2 Item 1**

**Type of Violation: Other-than-Serious**

**\$1500**

**TDLWD Rule 0800-01-03-.05(1)(a)1:** Within eight (8) hours after the death of any employee as a result of a work related incident, the employer did not report the fatality to the TOSHA Division of the Tennessee Department of Labor and Workforce Development.

In that the employer did not report to TOSHA the fatality that occurred on 2/2/2021 until approximately 27 hours later on 2/3/2021.



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