

Extract from the investigation report RJ 2011:03 on an accident, track worker hit at Lingham station, E County, on 01/02/2010

Summary

On Monday, 1 February 2010, an accident occurred in Lingham where a person working on snow removal from a point was hit and killed by a train.

A fault occurred on an insulated rail joint of the up track between Lingham and Gistad and caused delays in train traffic because the signal could not display 'proceed'.

The day prior to the accident, it became known that there might be more favourable weather on Monday, and that it would then be possible to fix the faulty insulated rail joint. However, a requirement for this was that it had to be possible to set the points in Lingham and Gistad to run 'reverse running' on the double track section between Lingham and Gistad.

On Monday morning, a team of two were sent to Lingham to clear snow and ice from points 131 and 132. Since there were no pre-planned times to close the track for work, the persons decided instead to work without closing the track, either with a point released locally or with one person working while the other was lookout for approaching trains (work with signalman). There was no pre-appointed person responsible for creating a protection and safety plan, rather this was up to the persons in the team. However, this was never done. The persons in the team had an informal agreement whereby if one person worked on the track, then the other would be the signalman.

When one member of the team was to heat some stays of a point, he assumed that his comrade was going to watch for approaching trains, and so he started working. Suddenly he heard something 'knocking' in the point, looked up to the right, and saw a train coming. He just had time to throw himself to the side of the track before the train reached the work site. When the train had passed, he saw that his colleague was missing and realised that he had been hit.

The immediate cause of the accident was that there was no formally appointed protection and controller of site safety who could make a risk assessment of the work and then establish proper protection.

The underlying causes of the accident are shortcomings in governance, management, and follow-ups of track work protection. This led to the work being conducted without adequate protection for workers from being hit by trains. Furthermore, there were shortcomings in the National Rail Administration and Strukton Rail AB, which entailed a failure to realise that work was being conducted with protection that was not allowed under the rules in place. Despite the shortcomings being known to the National Rail Administration and Strukton Rail, no action was taken.

Recommendations

It is recommended that the Transport Agency:

- together with the Work Environment Authority, take the necessary steps to ensure that track work is carried out with an adequate level of safety (RJ 2011:03 R1).
- examine factors that may reduce the time pressure that leads to the use of unauthorised practices (see sections 2.1.2, 3.2.2, 4.3), (RJ 2011:03 R2).

- through its oversight also verify that the companies' safety management systems capture operational deviations (see sections 2.1.1, 3.2.1), (RJ 2011:03 R3).
- use incident reports as a systematic basis in order to take immediate measures to prevent accidents and incidents (see Section 2.1.3, 3.2.2), (RJ 2011:03 B4).

It is recommended that the Work Environment Authority:

- together with the Transport Agency, take the measures necessary to ensure that track work is carried out with an adequate level of safety, (RJ 2011:03 R5).
- through its oversight to verify that the companies' systematic work environment captures operational deviations (see sections 2.3.2, 3.2.2) (RJ 2011:03 R6).