

# LESSONS LEARNT: NEAR MISS - UNPLANNED LIFT DESCENT

LOCATION: LIVERPOOL – CONTAINER TERMINAL, T2 STS CRANE QC06

WHEN: 21/09/2024

Ref: LL 08 24



## Event Description

Following external engineers exiting the lift after use, internal engineers called the lift to the 4<sup>th</sup> level. The lift reached the platform; and the external gate was opened but the lift started to slowly descend away from the gate leaving an open edge.

The lift was isolated, and the incident reported.

## Immediate/Direct Cause

The external engineers had packed the lift with too many people and one of them had inadvertently knocked the latch that secured the emergency ladder.

The shuddering of the lift ascending caused the ladder to be released completely from the latch (Image 3), falling forwards and making contact with the emergency brake release (Image 2) which is designed to allow the lift to descend in situations where power is lost and personnel are stuck inside.

## Basic / Contributory Factors

- The ladder was not sufficiently secured, the latch was not robust enough to prevent accidental release.
- The brake release handle was not suitably protected from accidental contact.
- SWL details in the lift should have included maximum number of persons in addition to the SWL.

## Key Lessons

Post incident control measures have been identified to prevent reoccurrence:

- Ladder will be secured on 2 permanent hooks, requiring the ladder to be lifted off before use.
- Brake release handle will be protected by metal containment to prevent accidental engagement.
- Signs will be affixed to lift stating **Maximum 3 Persons**

In addition, the brake handle was inspected by Alimak (the lift maintenance company) and given the all clear.

Information has been shared with lift manufacturer ZPMC for wider industry learning.

## Photos/Images

Image 1

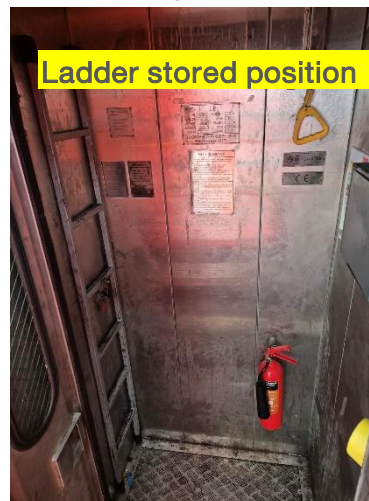


Image 2

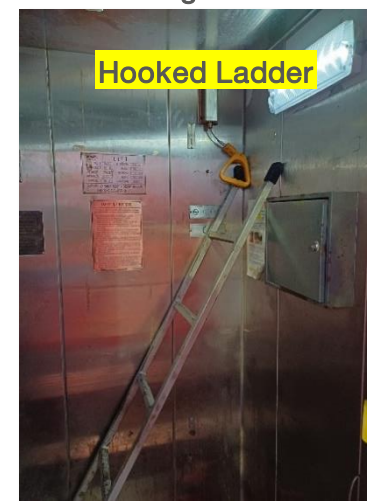


Image 3



BRIEF BY: 18/10/2024 DISPLAY UNTIL: 31/10/2024



# Safety Alert

Ref No: SA-013-2024

07 October 2024

## Unplanned lift descent

### What happened:

On 21 September 2024, a near miss was reported due to an unplanned descent of a lift on a gantry crane.

Following external engineers using the lift, internal engineers called the lift to the fourth level. Once it had reached the platform and the external gate had opened, the lift slowly descended away from the gate leaving an open edge. The internal engineers then isolated the lift.

The external engineers had accidentally knocked the latch securing the emergency ladder inside the lift car. The shuddering of the lift ascending had caused the ladder to be released completely from the latch (image 1), falling forwards and making contact with the emergency brake release (image 2) which is designed to allow the lift to descend in situations where power is lost, and personnel are stuck inside.

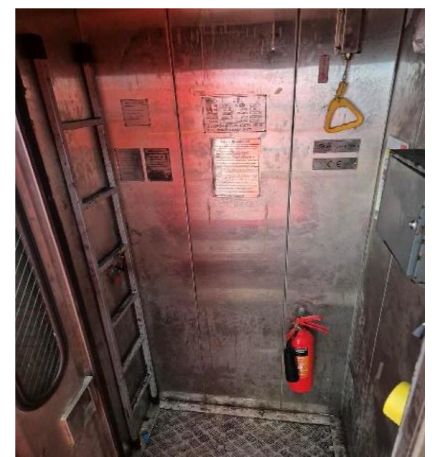
Image 1



Image 2



Image 3



## Key findings:

- External engineers packed the lift with too many people resulting in one of them inadvertently knocking the latch that secured the emergency ladder.
- The ladder was not sufficiently secured in stowed position (image 3), and the latch was not robust enough to prevent accidental release.
- The brake release handle was not suitably protected from accidental contact.
- SWL (Safe Working Load) details in the lift did not include a maximum number of persons.

## Considerations for members:

Members may wish to consider the following actions:

- Ensure SWL details include a maximum number of persons the lift can hold and affix signs in the lift clearly stating so.
- Secure emergency ladders on two permanent hooks, requiring the ladder to be lifted off before use.
- Protect the brake release handle with metal containment to prevent accidental engagement.
- Ensure brake handle has been inspected and approved by a lift maintenance company.

PSS would like to thank Peel Ports for sharing the details of this incident and the related learnings at the base of this alert.