

wsdlsafetycommittee@gmail.com

From: sendmail@washington-ucc.org
Sent: Friday, June 5, 2020 1:55 PM
To: wsdlsafetycommittee@gmail.com
Subject: Complaint Form

Complaint Form Request

Requester Information

Name: Scott Halme
Company: Halme Construction
Company Phone: (509)725-4200
Company Email: scotth@halmeconstruction.com
Company Address: 8727 W Hwy 2, Ste #100, Spokane, 99224
Ticket Requested: yes
Ticket Number: 20130335
Ticket Date: 04/08/2020

Violation Information

Violation RCW Code: RCW 19.122
Violation Section: RCW 19.122
Violation Description: Halme Construction was working on a waterline project along S Neyland Avenue in Liberty Lake WA. The utility pipeline company (Avista) failed to properly locate a buried gas line, which was subsequently ruptured when digging a trench to install a waterline. This unmarked utility rupture led to a release of hazardous gas, endangering our employees and the public. The rupture also caused a monetary loss for Halme Construction crew downtime/loss of production. This is the second strike/rupture of a improperly marked gas line on this project. Additionally, when Avista showed up to the site to repair the damaged line, an Avista employee began marking the ground with paint in an apparent effort to cover up their failure to properly locate the line and put the responsibility on the contractor. This act in captured in a photograph by a Halme employee.
Violation Address: S Neyland Avenue Liberty Lake WA
Violation Date: 05/07/2020

Alleged Violator

Violator Name: Avista Utilities
Violator Phone Number: (509)495-4423
Violator Email: linda.burger@avistacorp.com

Case 20-024

Violator Address: 1411 E Mission Ave MSC 6, Spokane, 99202

Violator Employess On Site: Charlie Rothman

Other Information

Other Information:

Washington One Call

Ticket No: 20130335
2 FULL BUSINESS DAYS
Updated by: 20204921
Original Call Date: 04/08/20 01:53 pm
Work to Begin Date: 04/11/20 12:00 am
Expiration Date: 05/23/20 02:00 pm

CALLER INFORMATION

Company Name: HALME CONSTUCTION INC.
Contact Name: DWIGHT HEIDEGGER
Phone: 509-215-0075
Alt. Contact: CHARLIE ROTHMUND
Phone: 509-215-0517

Fax Phone: 509-725-4202
Caller Address: 8727 W HWY 2 SPOKANE, WA 99122
Email Address: DWIGHTH@HALMECONSTRUCTION.COM

DIG SITE INFORMATION

Type of Work: INSTALL WATER MAINLINE
Work Being Done For: LIBERTY LAKE SEWER AND WATER D

DIG SITE LOCATION

State: WA
County: SPOKANE
Place: LIBERTY LAKE
Address:
Street: S NEYLAND AVE
Intersecting Street: E GAGE ST
Location of Work: WORK WILL START ON THE 20TH OF APRIL. 3500 FEET SOUTH OF E. GAGE ST.
ON S NEYLAND AVE.
MARK ENTIRE RIGHT OF WAY GOING SOUTH TO NORTH ON S NEYLAND
AVE. TO THE NORTH SIDE OF E. GAGE ST.

REQUEST ON SITE LOCATE COORDINATION MEETING, ON MONDAY, APRIL
13TH AT 10:00 AM.

Remarks: AREA MARKED IN WHITE
Map Coord NW Lat: 47.6567032
Lon: -117.0750688
SE Lat: 47.6479314
Lon: -117.0698952

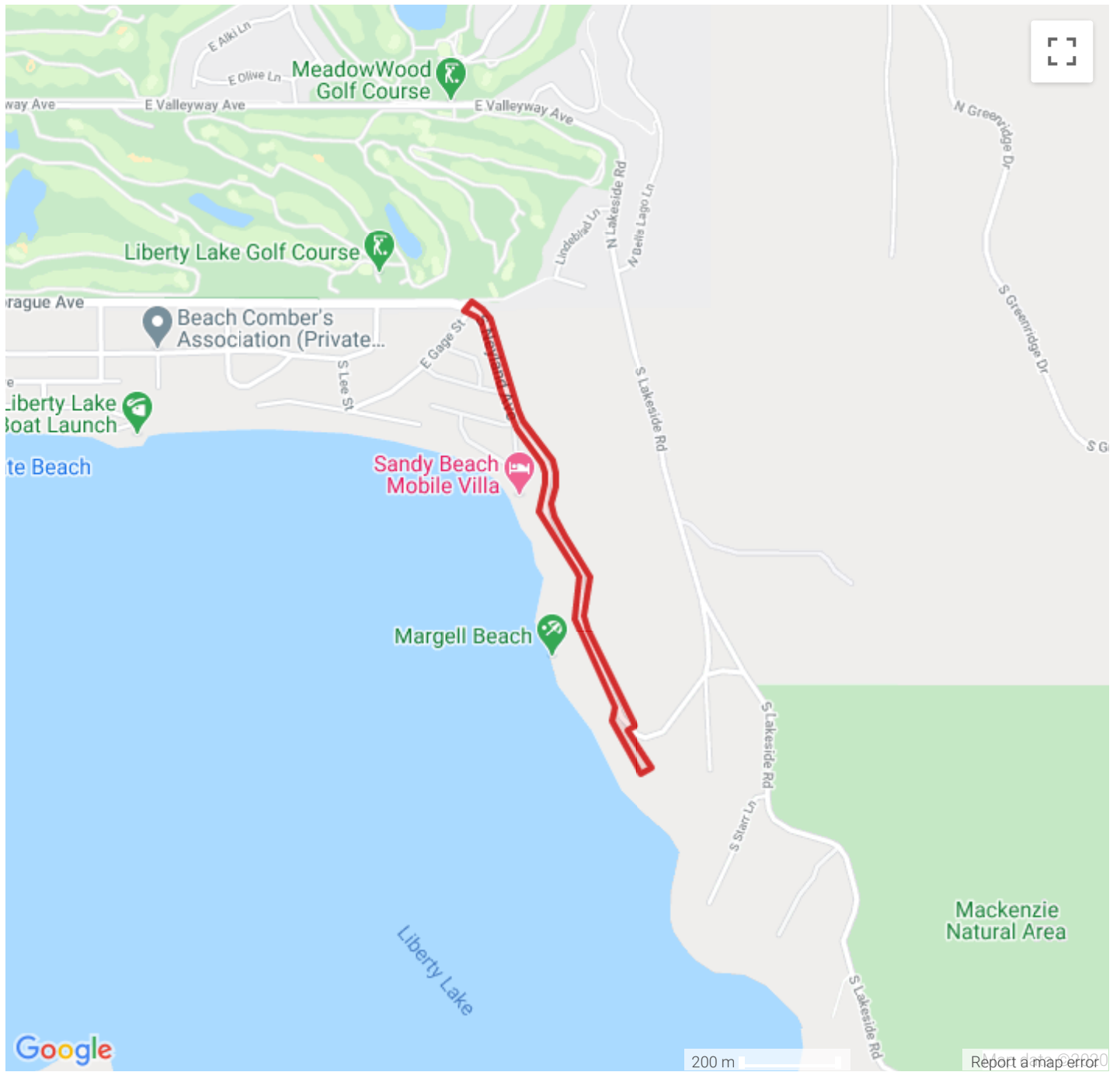
MEMBERS NOTIFIED

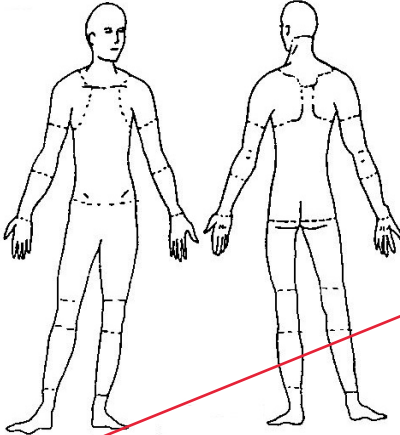
| District | Company Name | Marking Concerns | Customer Service | Repair | Status |
|----------|--------------|---------------------|---------------------|--------|--------|
|----------|--------------|---------------------|---------------------|--------|--------|

| District | Company Name | Marking Concerns | Customer Service | Repair | Status |
|----------|---------------------------|------------------|------------------|--------------|-------------------|
| AVSP101 | AVISTA | 888-728-9343 | 800-227-9187 | 800-227-9187 | Not yet responded |
| AVSP201 | AVISTA | 888-728-9343 | 800-227-9187 | 800-227-9187 | Not yet responded |
| CC7730 | COMCAST CABLE | 800-762-0592 | 800-934-6489 | 855-537-6296 | Ongoing Job |
| COLL01 | CITY OF LIBERTY LAKE | 509-755-6700 | 509-934-0269 | 509-775-6700 | Does not report |
| LIBLK01 | LIBERTY LK SWR & WTR DIST | 509-922-5443 | 509-922-5443 | 509-370-2889 | Does not report |
| QLNWA32 | CTLQL-CENTURYLINK | 800-778-9140 | 800-244-1111 | 800-573-1311 | Not yet responded |
| SPENG01 | SPOKANE COUNTY ENG-RDS | 509-477-3600 | 509-477-3600 | 509-477-3600 | Does not report |

Legend:  Locate Polygon

Lat/Lon



| | | | | |
|--|----------------|--|--|---|
| CONTACT THE OFFICE IMMEDIATELY IF SERIOUS INCIDENT (509) 725-4200 | | | | Incident Number: |
| STEP 1: INCIDENT INFORMATION | | | | Work Order Number: |
| <small>SHADED BOXES INDICATE REQUIRED OFFICE NOTIFICATION</small> | | | | |
| REPORT TYPE: <input type="checkbox"/> Near Miss <input type="checkbox"/> Complaint of Injury <input type="checkbox"/> Minor Injury <input type="checkbox"/> First Aid Only <input type="checkbox"/> Serious Injury <input type="checkbox"/> Utility Damage <input type="checkbox"/> Vehicle/Equipment Damage <input type="checkbox"/> Property Damage <input type="checkbox"/> Theft / Vandalism <input type="checkbox"/> Safety Rule or Company Policy Violation <input type="checkbox"/> Device | | | | |
| Incident Date: | Incident Time: | HCI Project Number: | This report is made by: <input type="checkbox"/> Employee <input type="checkbox"/> Supervisor | |
| Exact Location or Address of the incident: | | | | <input type="checkbox"/> Photo's taken |
| STEP 2: INJURED EMPLOYEE (SKIP IF NO INJURY) If more than one employee is injured, use additional reports | | | | |
| Injured Employee Name: | | | Contact Phone Number for Employee | |
| Part of body affected: (shade all that apply) | | Nature of injury: (most serious one) | | Sex: |
|  | | <input type="checkbox"/> Abrasion, scrapes <input type="checkbox"/> Amputation <input type="checkbox"/> Broken bone <input type="checkbox"/> Bruise <input type="checkbox"/> Burn (heat) <input type="checkbox"/> Burn (chemical) <input type="checkbox"/> Concussion (to the head) <input type="checkbox"/> Crushing Injury <input type="checkbox"/> Cut, laceration, puncture <input type="checkbox"/> Illness <input type="checkbox"/> Sprain, strain <input type="checkbox"/> Damage to a body system: <input type="checkbox"/> Other: | | <input type="checkbox"/> Male <input type="checkbox"/> Female UA completed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Transported by: <input type="checkbox"/> Ambulance <input type="checkbox"/> Other: Medical facility name (if applicable) What PPE was being used (if any)? <input type="checkbox"/> Basic required |
| STEP 3: LIST INVOLVED HCI EMPLOYEES (INJURED EMPLOYEES ARE LISTED ABOVE) | | | | |
| EMPLOYEE NAME (PLEASE PRINT) | | | INVOLVEMENT | |
| | | | <input type="checkbox"/> DRIVER <input type="checkbox"/> OPERATOR <input type="checkbox"/> OTHER <input type="checkbox"/> WITNESS <input type="checkbox"/> SUPERVISOR | |
| | | | <input type="checkbox"/> DRIVER <input type="checkbox"/> OPERATOR <input type="checkbox"/> OTHER <input type="checkbox"/> WITNESS <input type="checkbox"/> SUPERVISOR | |
| | | | <input type="checkbox"/> DRIVER <input type="checkbox"/> OPERATOR <input type="checkbox"/> OTHER <input type="checkbox"/> WITNESS <input type="checkbox"/> SUPERVISOR | |
| STEP 4: LIST INVOLVED NON-EMPLOYEES OR COMPANIES | | | | |
| Name | | | Contact phone number | |
| | | | | |
| Name | | | Contact phone number | |
| | | | | |
| Name | | | Contact phone number | |
| | | | | |
| STEP 5: LIST INVOLVED VEHICLES | | | | |
| License number or HCI ID number | Year | Make | Model | Owner |
| | | | | |
| STEP 6: LIST INVOLVED Halme Construction, Inc. Equipment | | | | |
| Equipment number | Equipment type | | | Operator name (at time of incident) |
| | | | | |
| | | | | |

STEP 7: DESCRIPTION OF INCIDENT Please be specific and PRINT clearly

description continued on attached page

STEP 8: WHY DID THE INCIDENT HAPPEN?

| | |
|---|--|
| <p>Workplace conditions: (Check all that apply)</p> <input type="checkbox"/> Inadequate guard or Unguarded hazard <input type="checkbox"/> Safety device is defective <input type="checkbox"/> Tool or equipment defective <input type="checkbox"/> Work layout is hazardous <input type="checkbox"/> Unsafe lighting <input type="checkbox"/> Unsafe ventilation <input type="checkbox"/> Lack of needed personal protective equipment <input type="checkbox"/> Lack of appropriate equipment / tools <input type="checkbox"/> Unsafe clothing <input type="checkbox"/> No training or insufficient training <input type="checkbox"/> Faulty equipment <input type="checkbox"/> No visible locates <input type="checkbox"/> Other (explain): | <p>Acts by people: (Check all that apply)</p> <input type="checkbox"/> Operating without permission <input type="checkbox"/> Operating at unsafe speed <input type="checkbox"/> Servicing equipment that has power to it <input type="checkbox"/> Made a safety device inoperative <input type="checkbox"/> Used defective equipment <input type="checkbox"/> Used equipment in an unapproved way <input type="checkbox"/> Unsafe lifting practice <input type="checkbox"/> Improper / unsafe position or posture <input type="checkbox"/> Distraction, teasing, horseplay or other improper behavior <input type="checkbox"/> Did not wear proper personal protective equipment <input type="checkbox"/> Did not report faulty equipment <input type="checkbox"/> Did not use the available equipment / tools <input type="checkbox"/> Other (explain): |
|---|--|

Were the unsafe acts or conditions reported prior to the incident? Yes – Date(s): No
 Have there been similar incidents or near misses prior to this one? Yes – Date(s): No

STEP 9: HOW CAN FUTURE INCIDENTS BE PREVENTED?

What changes do you suggest to prevent this type of incident from happening again?

 Stop this activity Guard the hazard Train the employee(s) Train the supervisor(s) Repair/redesign equipment
 Redesign work area Enforce policy Routinely inspect for the hazard Personal Protective Equipment
 Disciplinary Action Recommended: Verbal Warning Written Reprimand Suspension Termination
 Disciplinary Action Taken: Verbal Warning Written Reprimand Suspension Termination

What should be (or has been) done to carry out the suggestion(s) or action checked above? **List effective date(s) of disciplinary action (if taken)**

STEP 10: WHO COMPLETED THIS FORM?

| | |
|--|--------|
| Written by: (Print name) | Title: |
| Signature:  | Date: |

STEP 11: ROUTING TO MAIN OFFICE SUPERVISOR RESPONSIBILITY AND SIGNATURE

THIS FORM MUST BE COMPLETED SIGNED AND DELIVERED TO THE MAIN OFFICE THE NEXT WORKING DAY AFTER THE INCIDENT.
 Deliver to office or FAX to (509) 725-4200. **Project Manager / Superintendent SIGNATURE:** _____

| DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY | | | | |
|--|--------------------|-------------------------|---|------------------|
| ENTRY DATE | RISK MGT. INITIALS | RELATED POLICE REPORT # | ASSIGNED WORK ORDER # | L&I Claim Number |
| REVIEW BOARD DATE | ACTION TAKEN DATE | CLOSING DATE | IF APPLICABLE: <input type="checkbox"/> OSHA 300 log entry | |



3











