

HW Machine Incident

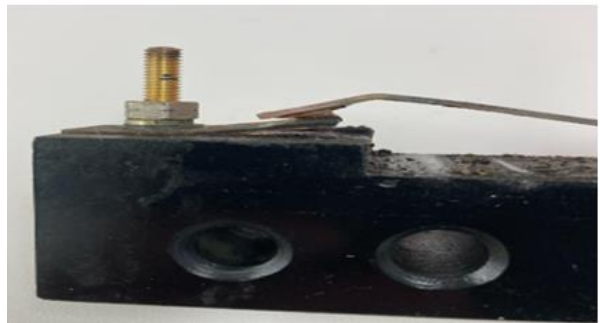
Issued to: **All Network Rail line managers, safety professionals and accredited contractors**

Ref: NRB23-05

Date of issue: 24/05/2023

Location: Ridham, Kent

Contact: Jude Parsons, HoA Signalling, Kent Route, Southern Region



Overview

An S&T team were undertaking a full annual service to 2501B HW points at Ridham. The point winding handle was installed for manual operation and the technician began winding the points.

Once detection was lost the point machine motor then tried to drive back to normal. This spun the handle around at high speed with the technician's hand holding the handle.

The technician had managed to let go, however, felt a small amount of pain, but not enough to report it at the time.

Later that evening the IP felt some pain when they got home and went to hospital where they had an X-ray, which confirmed a small strain/hairline fracture to their metacarpal.

The incident is subject to an investigation which will establish the sequence of events that led up to the unsafe condition and any underlying causes.

This is an extremely rare failure mode, however, until it is fully understood, the following discussion points are recommended:

Discussion points

- S&T Discipline - Are you and your team clear on:
 - SMS/PartC/PC05 3.1 Examine the crank handle cut out contact. Check that when the crank handle is inserted the contact breaks
 - SMS/PartC/PC05 6.1 Isolate the machine by inserting the crank handle and confirming the crank handle contact breaks

- When undertaking maintenance remain vigilant and report any defects to your line manager.

MOM / Track / Other Point Operators:

Until further notice it is recommended that once a point machine is believed to be isolated (crank handle inserted), stand well clear and request the signaller to swing the points. The points should not move. If they do, or any doubt please contact your local S&T section for advice.