



**ALLEGED SAFETY OR  
HEALTH HAZARDS**

1. Date 1-27-2017			
2. Employer Name APM Terminals			
3. Site Location – Street 1675 Lincoln Avenue., Bldg. 950		City Tacoma	State ZIP+4 WA 98421
4. Mailing Address (if different) Street		City	State ZIP+4
5. Name of Management/Supervisory Official Unkown		6. Business Telephone Number 253 593-8750	
7. Description of Business Marine Terminal			

8. Hazard Description. Describe the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard:

On January 25, 2017, at about 6:45pm crane driver Scott Mason picked up a container with a semi still attached.  
Scott hoisted the container and semi to about 20 feet off the ground and traveled across 3 lanes before the pin broke and the semi fell to the dock, knocking the driver unconscious.  
The loading operation was stopped for 30 minutes, and the semi-driver was taken to the ER by ambulance.  
When work resumed, the employer put Scott Mason back in the crane to finish the loadout, without any retraining, because they were in a hurry to make a 10:00pm sailing time.

9. Hazard Location. Specify the particular building/work site and the work shifts where the alleged hazard is occurring.  
Accident occurred on the dock against the Matson vessel, on the 2<sup>nd</sup> shift.

*CONFIDENTIALITY NOTE: DOSH will only maintain confidentiality regarding the source of a complaint for an employee or employee representative that files a DOSH work place safety and health complaint. The employee or employee representative must specifically request confidentiality. If the confidentiality section of the complaint form has not been completed, or there are questions regarding the complainants request for confidentiality, DOSH will contact the complainant prior to initiating a complaint inspection. SEE DOSH Regional Directive (WRD) 1.95 "Safety & Health Complaint Handling and Classification" for more guidance.*