
Quarterly safety report

October to December 2025

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About this report

This quarterly health and safety performance report has been prepared by the NSW Resources Regulator for mine and petroleum site operators in NSW. It contains industry and sector specific information, in addition to information regarding hazards. Wherever possible, trends and patterns have been identified.

The report references sector information about the number of 'active' mines. Active mines have the status: open, intermittent, suspended operations (formerly referred to as under care and maintenance), open tourist mines, planned and small-scale titles that are current or pending.

The report also contains information on matters of concern to the Regulator including controls and actions that may be implemented to prevent or reduce the likelihood of future safety incidents.

Operators should use the sector specific information, emerging issues and good practice examples presented in this report to assist them in improving safety management systems and undertaking risk assessments at their sites. This report refers to the date the incident was notified rather than the date the incident took place.

All data is subject to continuous improvement due to changes to reporting requirements, internal audit and validation processes and updates from external sources. Incorrectly classified information from past reporting periods is sometimes found and reclassified in source databases. The Regulator's reporting employs the best available data at the time of data extraction, which may differ from previously published figures.

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Contents

Executive summary	1
Quarterly snapshot	2
National and international significant events	5
Fatal injuries	5
Alerts, bulletins, fact sheets and incident information releases	6
Notifiable incidents relating to principal hazards and control plans	9
Summary of incident notifications received	10
Principal hazards	11
Control plans	24
Sector profiles	28
Coal sector	29
Metalliferous sector	32
Extractives sector	35
Other sectors	38
Compliance and enforcement	40
Safety assessments by sector	40
Safety assessments by category and nature	41
Programmed site assessments	42
Planned inspections	43
Safety notices issued	45

Executive summary

This report is prepared to assist mine and petroleum site operators meet their obligations under relevant work health and safety legislation, including the *Work Health and Safety (Mines and Petroleum Sites) Act 2013*. It is also a way in which the NSW Resources Regulator monitors progress in implementing our risk-based compliance and enforcement strategy.

The Regulator is a high-hazard regulator with a focus on compliance with legislative requirements associated with principal and other high-risk mining hazards, including mechanical and electrical energy and explosives. This report highlights dangerous and high potential incidents, in addition to incidents where a serious injury occurred. 'Roads or other vehicle operating areas' and 'fire or explosion' are principal hazard classifications that feature regularly in incident notifications to the Regulator.

As well as providing an overview of incidents across the mining industry, this report looks at the safety performance and regulatory activities of 7 sectors: coal mines, metalliferous mines, extractives mines, opal mines, petroleum and geothermal sites, exploration sites, and other mines.

This report provides information on significant mining events in Australia and globally, and summarises safety incident notifications, compliance activities and outcomes for Quarter 2 (October to December) of financial year (FY) 2026. For selected measures, data is analysed over a 15-month period from October 2024 to December 2025.

In this reporting quarter, there were a total of 501 incident notifications received – a 16% decrease from the previous quarter and a 9% decrease from the equivalent period in FY 2025. This includes decreases in the coal sector (-9%), extractives sector (-44%) and metalliferous sector (-27%).

There was a single fatal incident involving the unintentional detonation of an explosive device which resulted in 2 deaths.

Assessments conducted decreased by 13% overall this quarter from 1,199 to 1,044 across the coal, metalliferous and extractives sectors.

Safety notices issued decreased this quarter from 707 to 542, with s191 improvement notices accounting for nearly two-thirds (318) of all notices issued.

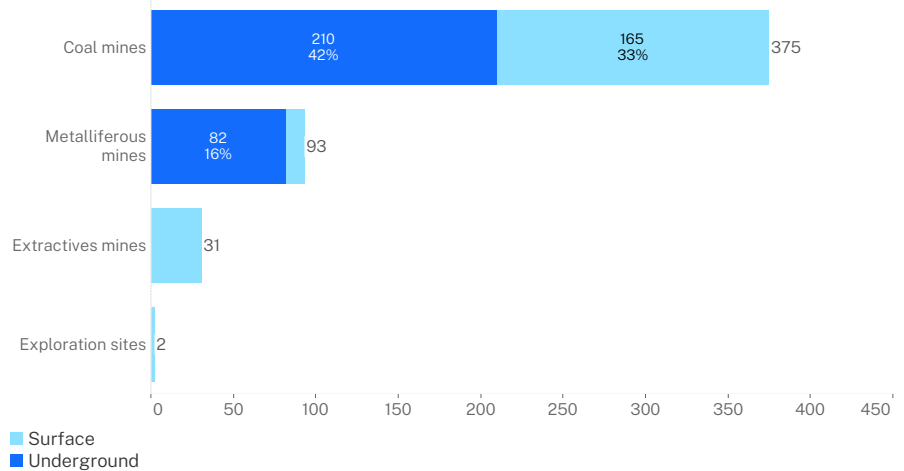
Note: The Regulator was operating at a reduced capacity during this quarter due to the NSW Government Christmas closedown period.

Quarterly snapshot

2 Deaths (one incident)	501 Incident notifications received*	30 Medical treatment injuries or illnesses
19 Serious injuries or illnesses		124 Lost time/restricted duty injuries or illnesses
81 Dangerous incidents		3 Explosives Reg incidents
79 Potentially dangerous incidents		0 Events at a mine rescue station
164 Other high potential incidents		

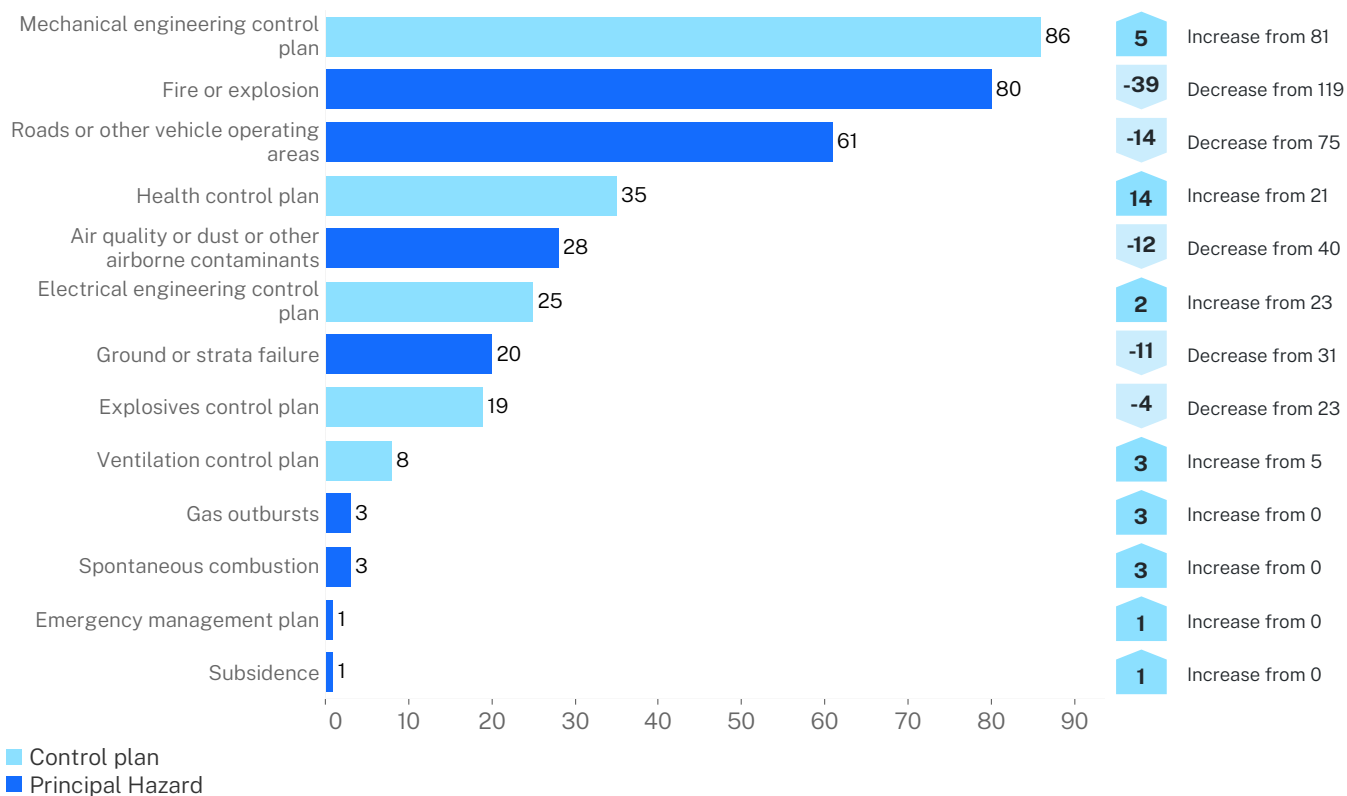
* By legislated requirement to report as notified by mines. The actual number of incidents, injuries and illnesses recorded may differ from original incident notifications following assessment of the notified event. Additionally, one incident notification may contain multiple deaths, injuries, illnesses, gas exceedances or airborne contaminant exceedances.

Incident notifications received by sector and operation type*

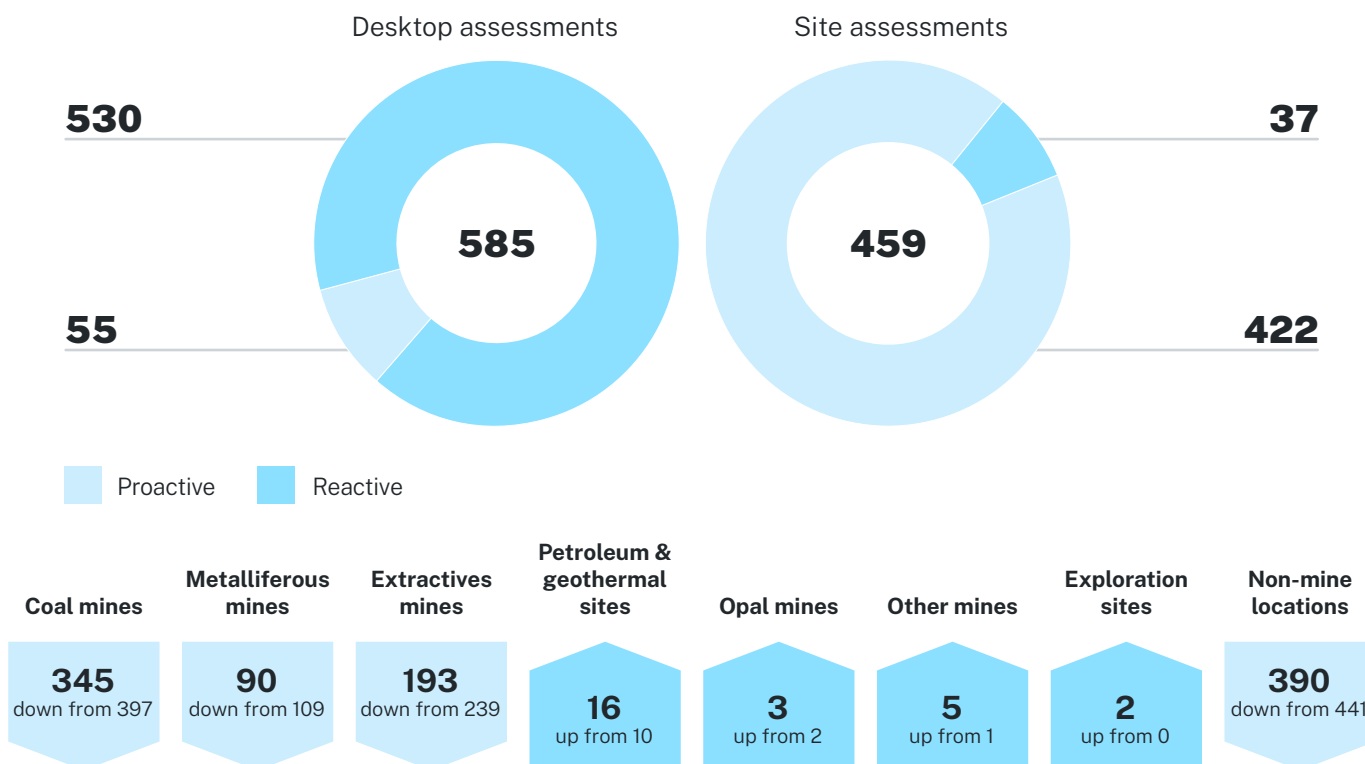


* Increases in incident notifications received in any quarter may relate to incidents that occurred in earlier periods.

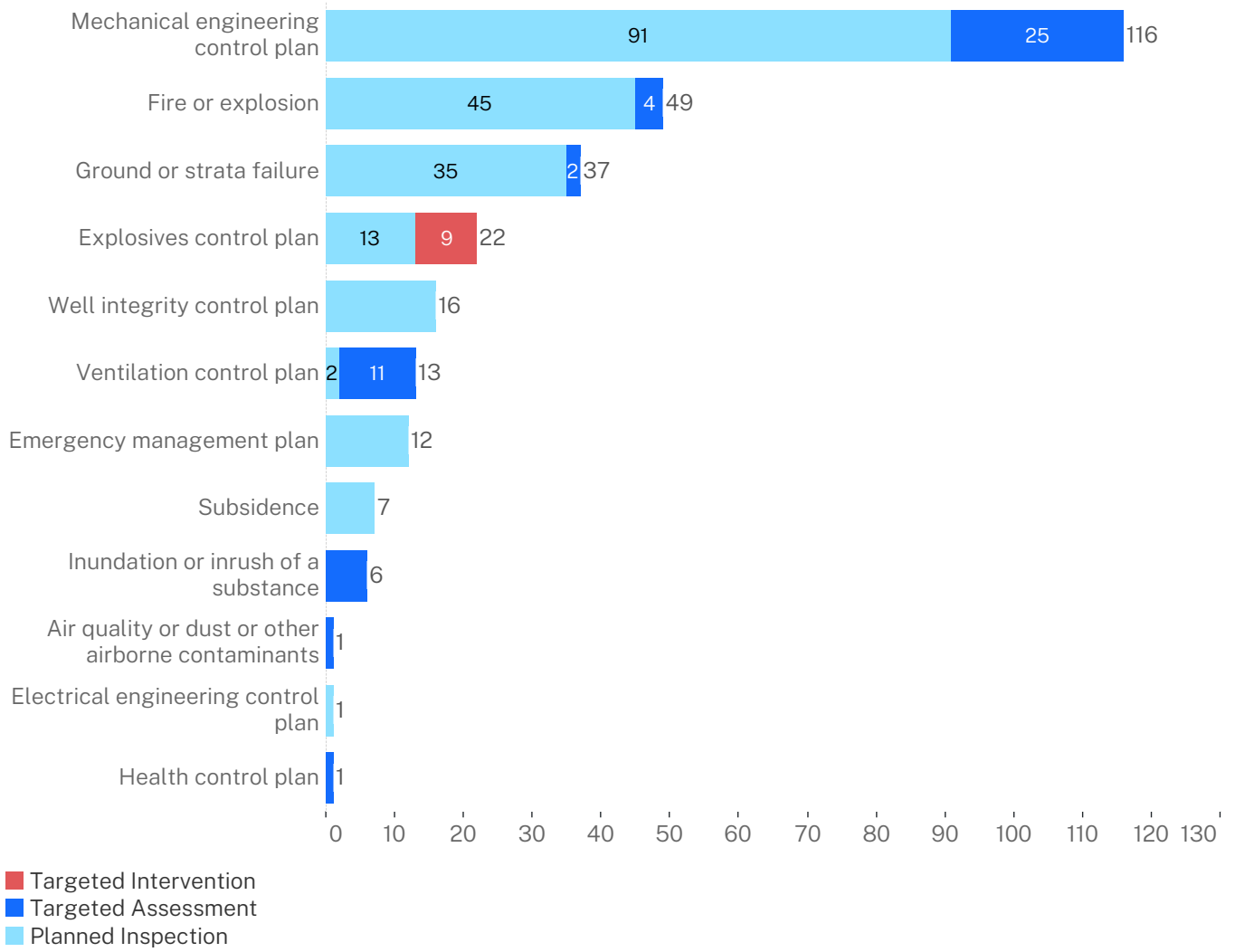
Incident notifications classified by principal hazard or control plan



1,044 Assessments commenced



Programmed site assessments conducted by principal hazard and control plan



542 Notices issued



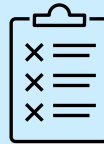
2

WSA s198
non-disturbance notices



35

WSA s195
prohibition notices



318

WSA s191
improvement notices



187

WHS(MPS)A s23
notices of concern

National and international significant events

The Regulator is committed to sharing safety information about significant mining-related events and fatalities to increase industry awareness.

The following list includes safety alerts (including fatalities) and bulletins that occurred and were published between 1 October and 31 December 2025.

The incidents selected were based on their relevance to equipment and processes commonly used across the NSW mining industry.

Fatal injuries

National

Victoria

- On 5 December 2025, a 53-year-old contractor was fatally injured whilst operating a cable bolter at the Fosterville Gold Mine, 25 km east of Bendigo. Refer to [WorkSafe Victoria news release dated 8 December 2025](#).

International

United States of America

- On 16 October 2025, a miner died after falling approximately 30 feet from an elevated platform near the lime bucket elevator on a silo. Refer to [MSHA report dated 16 October 2025](#).
- On 28 October 2025, a miner died after the haul truck he was driving went over a berm along the haul road and into a water-filled pit. Refer to [MSHA fatality alert dated 28 October 2025](#).
- On 6 November 2025, 2 locomotives and 6 supply cars lost control and struck a scoop, derailing one of the locomotives and a supply car. A miner died after being pinned beneath the supply car. Refer to [MSHA report dated 6 November 2025](#).
- On 8 November 2025, a section foreman died after a mine was inundated with water from an adjacent abandoned mine. Refer to [MSHA fatality alert dated 8 November 2025](#).
- On 22 December 2025, a contractor died after receiving burns from a pressurized hydraulic line that ruptured and caught fire. The contractor was cutting wedges from a cone crusher with a torch. Refer to [MSHA fatality alert dated 22 December 2025](#).

Alerts, bulletins, fact sheets and incident information releases

New South Wales

Safety alerts and bulletins

- **Safety Alert: Amputation injury highlights risks with line-of-fire positioning and using improvised electrical equipment**

During maintenance on a water cart, a worker suffered serious hand injuries while using an improvised battery source to energise a hydraulic solenoid. The tank was being lowered after a torque converter seal replacement. As the solenoid activated, the hydraulic ram retracted, resulting in the partial amputation of 3 fingers. The task was performed beneath the machine while it was running. Refer to [SA25-05 Amputation injury highlights risks with line-of-fire positioning and using improvised electrical equipment](#) dated 13 October 2025.

- **Safety Alert: Double fatality after unintended initiation of explosive device**

The incident occurred underground at an underground metalliferous mine. Workers were preparing a ballistic disc explosive device to clear a blockage in the draw point of a stope. An unintended initiation of the charge resulted in fatal injuries to 2 workers and injuries to a third worker at Cobar in NSW on 28 October 2025. Refer to [SA25-06 Double fatality after unintended initiation of explosive device](#) dated 31 October 2025.

- **Safety Bulletin: Unauthorised alteration, interference and failures - diesel engine systems**

The Resources Regulator has noticed, with concern an increasing trend in incidents involving the overriding, bypassing, forcing or failing of diesel engine systems safety circuits which ensure that explosion-protection characteristics remain effective to control surface temperature and prevent flames, sparks and hot gases emitting from the diesel engine system. Refer to [SB25-06 Unauthorised alteration, interference and failures - diesel engine systems](#) and [supporting video](#) dated 18 November 2025.

- **Safety Bulletin: Bypassing lanyard safety systems on mobile crushing and screening equipment**

Recent site visits by the Resources Regulator have identified repeated instances of mobile crushing and screening equipment being operated with lanyard emergency stop circuits bypassed using travel plugs or travel mode switches. This practice – whether intentional or unintentional – disables a critical safety control designed to stop plant movement during an emergency, exposing workers to serious risk of injury or death. There have been repeated mine site inspections of mobile crushing plants identifying this equipment as operating in this unsafe configuration. Refer to [SB25-07 Bypassing lanyard safety systems on mobile crushing and screening equipment](#) dated 4 December 2025.

- **Safety Bulletin: Late reporting of psychosocial incidents**

The Resources Regulator has received numerous overdue incident notifications from NSW mining operations. In some cases, the mine had received a Certificate of Capacity (medical certificate) from a medical practitioner deeming a worker unfit for at least 7 consecutive days due to a work-related psychological illness. These certificates were not reported to the Regulator within the required timeframe, with delays extending for several months and, in some cases, more than a year. While there has been an increase in reporting psychosocial incidents, the Regulator has also seen an increase in mine operators not meeting their legislative obligations to report workplace illness to the Regulator. Refer to [SB25-08 Late reporting of psychosocial incidents](#) dated 22 December 2025.

Fact sheets

- **Progressive rehabilitation**

Progressive rehabilitation in mining refers to the ongoing process of restoring land and water as mining activities move through different areas of a site, rather than waiting until all mining is finished. As soon as a section of the mine is no longer needed for operational purposes, rehabilitation begins. Progressive rehabilitation helps reduce environmental risks by limiting the amount of disturbed land at any one time, improves safety, and can speed up the achievement of final rehabilitation and environmental outcomes. It also allows for early identification and management of any issues, ensuring that rehabilitation is integrated into the overall mine planning and lifecycle, rather than being left as a final step. Refer to [Fact sheet – Progressive rehabilitation](#) dated 13 October 2025.

- **Safe use and handing of electric detonators**

Electric detonators are used in various applications within the mining industry. There are 3 categories of electrical detonators: instantaneous electrical detonators, short period delay detonators and long period delay detonators. Detonators are used to initiate the explosives charge and determine the sequence of detonation where applicable. Detonators are the most sensitive explosive used on mine sites and are therefore the most dangerous. Extreme care must be taken when handling and using these types of detonators. Electric detonator safety relies on strict adherence to Regulations, manufacturers' instructions and best practices to prevent unintended initiation caused by friction, impact, static electricity and heat (FISH), or radio frequencies (RF). Refer to [Fact sheet – Safe use and handing of electric detonators](#) dated 7 November 2025.

- **Schedule 11 notifications for mine and petroleum sites**

All hazardous chemicals (or groups of hazardous chemicals) used, handled or stored at a workplace in excess of the quantities listed in [Schedule 11](#) of the [Work Health and Safety Regulation 2025 \(WHS Regulation\)](#) are notifiable to the Resources Regulator. At a mine or petroleum site to which the [Work Health and Safety \(Mines and Petroleum Sites\) Act 2013](#) applies, if the Schedule 11 manifest quantities are going to be exceeded, the person conducting a business or undertaking (PCBU) is required to notify the Regulator. Refer to [Fact sheet – Schedule 11 manifest quantity hazardous chemical notifications](#) dated 14 November 2025.

Reports

- **Investigation Information Release – IIR25-08 Unintentional detonation of explosive device**

Three workers were on the 500 level of the underground mine workings at Endeavor Mine on Tuesday 28 October 2025 about 3.30 am, preparing a BD260 ballistic disc to clear a hang-up in a drawpoint. Ballistic discs are a Division 1.1D authorised explosive in New South Wales. Components of a ballistic disc include an exterior casing, a detonating cord with an aluminium shell, booster and 6.9 kg of mix of Cyclotrimethylenetrinitramine (RDX) and Trinitrotoluene (TNT). An electric instantaneous detonator assembly is a Division 1.4B explosive and used in the process of initiating ballistic discs at the mine.

The proposed detonation of the ballistic disc on the day of the incident was scheduled to occur between 5.45 am and 6.00 am. Firing explosives, including ballistic discs is done by using a mains firing line which is initiated at the surface, after all workers are removed from the mine. While the 3 workers were preparing the ballistic disc underground, it unintentionally detonated resulting in 2 workers suffering fatal injuries, while a third worker was seriously injured. Connecting wire, used to connect the electric instantaneous detonator assembly to the mains firing line, was not connected and it was found on the shot firer's vehicle.

The Regulator has commenced an investigation to determine the cause and circumstances of the incidents. Refer to [IIR25-08 – Unintentional detonation of explosive device](#) dated 25 November 2025.

Northern Territory

- **Two workers burned in separate refuelling incidents**

Two Territory workers were seriously burnt last month in separate incidents while refuelling petrol powered pressure cleaners.

The first incident occurred at a work site in the Coomalie Shire where a worker using a pressure washer had run the equipment dry of fuel. During refuelling using a 20 litre jerry can, the petrol ignited burning the worker and damaging the equipment.

The second incident occurred at a work site in Darwin. During this incident, the worker also ran the pressure washer dry of fuel. During refuelling, where the worker also used a 20 litre jerry can, petrol was spilled onto the pressure washer causing the fuel to ignite.

Refer to [Safety Alert – Two workers burned in separate refuelling incidents](#) dated 7 November 2025.

Queensland

- **Bulldozer enters coal valve void**

A high potential incident (HPI) occurred recently when a bulldozer was pushing out coal on a stockpile. The bulldozer operator drove over the coal valve and, when reversing, the void opened, and the bulldozer entered it in an uncontrolled manner.

Refer to [RSHQ Coal Inspectorate Alert No.460 V 1 Bulldozer enters coal valve void](#) dated 7 October 2025.

- **Rig collapses during rig down operations on coal seam gas well**

A workover rig at a coal seam gas well has collapsed onto its side during rig down operations. The collapse occurred at the coal seam gas well during rig down operations, which involved removing the blow out preventer (BOP) from the wellhead and loading it onto its transport skid. Initial reports suggest the rig fell onto its side after it became unstable during the lifting operation of the BOP onto the transport skid. At the time of the collapse, numerous workers were in the vicinity of the fall zone and could have suffered serious or fatal injuries.

Refer to [RSHQ Petroleum and Gas Inspectorate Alert No.124 V 1 Rig collapses during rig down operations on coal seam gas well](#) dated 24 October 2025.

- **Coal mine worker trapped by reversing vehicle**

While reversing, a tilt tray truck came very close to a pick and carry crane and trapped a coal mine worker between the two vehicles. The tilt tray truck had been loaded with a demountable building from the rear and the pick and carry crane was parked about 1.1m behind the truck. The truck driver had tied the load down and headed to the truck cab. The worker had moved to the front of the pick and carry crane to load the rigging gear into the storage compartment. The truck reversed back and made contact with the worker. It stopped after hearing the horn sounding from the pick and carry crane.

Refer to [RSHQ Coal Inspectorate Alert No.463 V 1 Coal mine worker trapped by reversing vehicle](#) dated 5 November 2025.

- **Workers exposed to serious risk from falling objects**

Resources Safety and Health Queensland (RSHQ) is concerned about the increasing number of incidents involving people who were in, or potentially exposed to, hazards in designated drop zones. Since July 2023, there have been more than 300 incidents reported (across coal, mineral mining and quarries and petroleum and gas) where people have or may have been exposed to falling plant, tools, or equipment. There is a high risk that workers could be seriously or fatally injured if they are impacted by objects falling within a drop zone. We are seeing an upward trend in incidents involving drop zones in the state's resources sector. In the second half of 2023 there were 61 incidents, in 2024 there were around 113 and so far in 2025 there have been 141.

A high potential incident (HPI) occurred recently when a bulldozer was pushing out coal on a stockpile. The bulldozer operator drove over the coal valve and, when reversing. Refer to [RSHQ Mines Inspectorate Alert No.465 V 1 Workers exposed to serious risk from falling objects](#) dated 27 November 2025.

Notifiable incidents relating to principal hazards and control plans

The [Work Health and Safety \(Mine and Petroleum Sites\) Regulation 2022](#) (the Regulation) identifies principal hazards and control plans for special consideration.

Principal hazards have a reasonable potential to result in multiple deaths in a single incident or a series of recurring incidents.

Control plans cover risks to health and safety from hazards, work processes and plant that may result in incidents that are high potential, frequently occurring or of a certain complexity.

Incidents are classified by the Regulator as relating to a principal hazard or control plan.

Note that the classification of incidents relating to principal hazards/control plans is also subject to change once investigations have finalised.



Summary of incident notifications received

The table below shows the number of incident notifications received for the past 5 quarters as classified against a principal hazard or control plan.

Note: Increases in incident notifications received in any quarter may relate to incidents that occurred in earlier periods.

Table 1. Incident notifications received by principal hazard and control plan – October 2024 to December 2025

Principal hazard or control plan	Principal hazard/control plan	FY 2025 Q2	FY 2025 Q3	FY 2025 Q4	FY 2026 Q1	FY 2026 Q2	Grand total
Principal hazard	Fire or explosion	68	86	90	119	80	443
	Roads or other vehicle operating areas	62	60	63	75	61	321
	Air quality or dust or other airborne contaminants	49	31	44	40	28	192
	Ground or strata failure	16	23	24	31	20	114
	Spontaneous combustion	3	4	2		3	12
	Inundation or inrush of a substance	1	1		2		4
	Gas outbursts					3	3
	Mine shafts and winding systems	2		1			3
	Subsidence			2		1	3
	Total		201	205	226	267	196
Control plan	Mechanical engineering control plan	68	76	58	81	86	369
	Electrical engineering control plan	76	52	36	23	25	212
	Health control plan	32	22	7	21	35	117
	Explosives control plan	17	16	21	23	19	96
	Ventilation control plan	8	13	11	5	8	45
	Emergency management plan					1	1
	Total		201	179	133	153	173
Other	No related principal hazard or control plan	149	158	144	176	131	758
Grand total		551	542	503	596	501	2,693

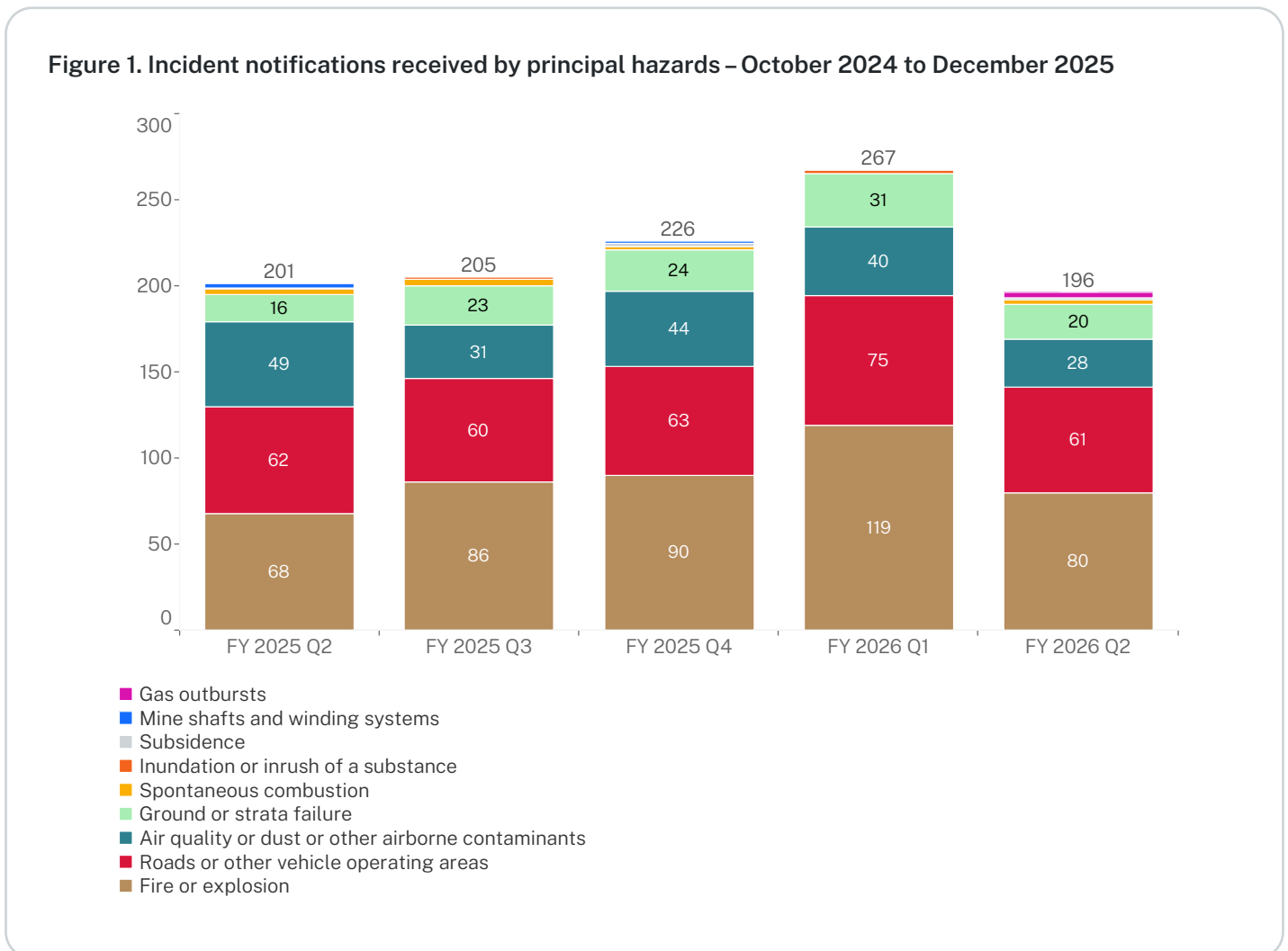
Principal hazards

Principal hazards are defined in Section 4 of the Regulation.

Note that while an incident is classified as relating to only one hazard/control plan, it is possible for more than one hazard or control plan to be applicable to the incident.



The figure below presents a further breakdown of numbers of incident notifications received by quarter related to principal hazards.

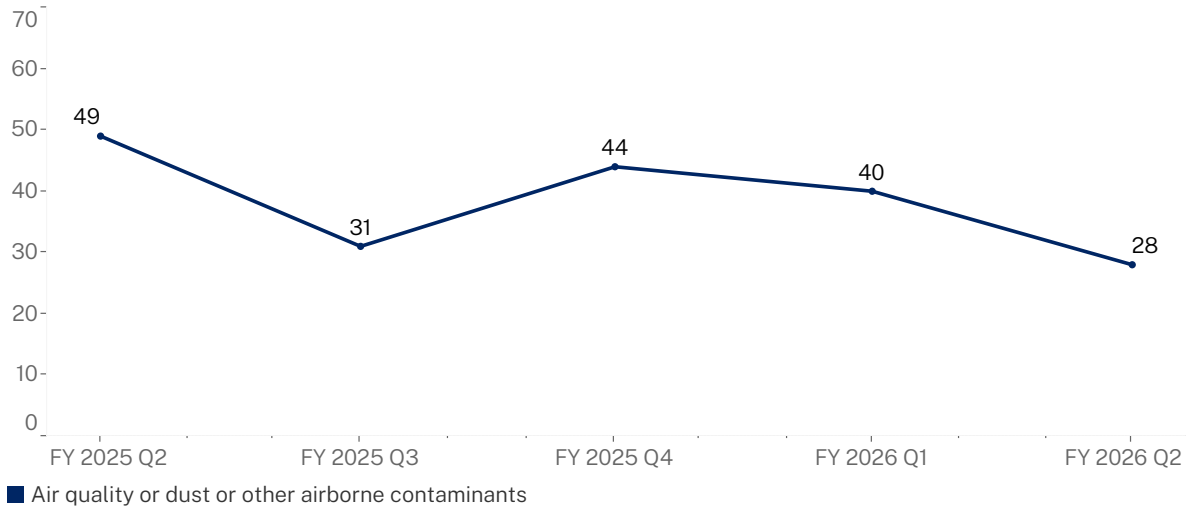




Air quality, dust or other airborne contaminants

Airborne contaminants comprise a large and varied range of substances and forms. Coal and silica particles, diesel particulate matter, and methane and carbon monoxide are regularly present in mining as dusts, fumes and vapours. These contaminants have exposure standards and can affect workers rapidly (CO or CO₂) or over several years (coal/silica dust).

Figure 2. Incident notifications received related to the principal hazard air quality, dust or other airborne contaminants – October 2024 to December 2025

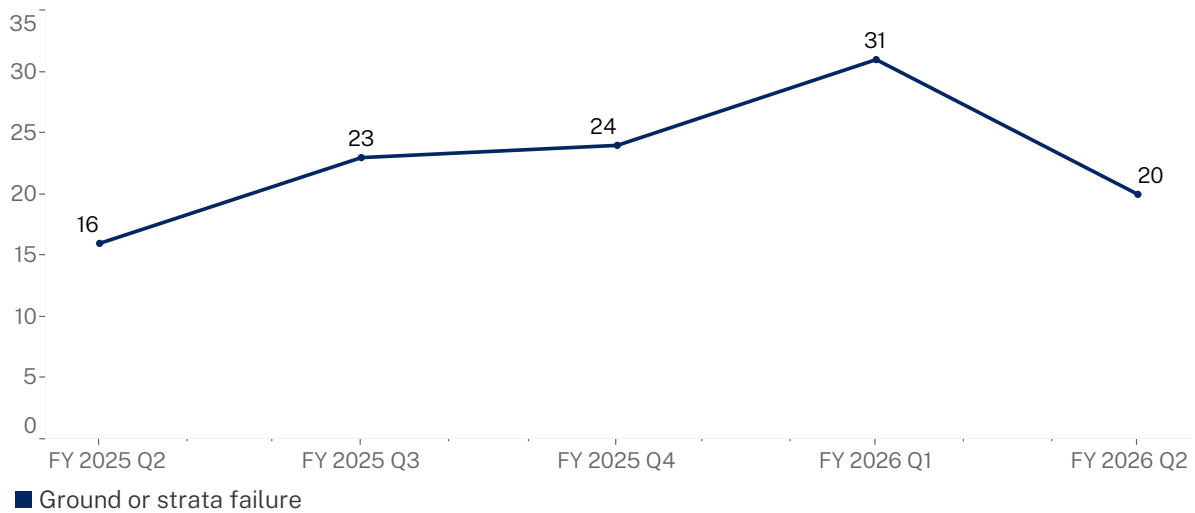




Ground or strata failure

Ground or strata failure is an ever-present hazard in both surface and underground mining, with a significant risk posed to workers from unplanned movement of ground.

Figure 3. Incident notifications received related to the principal hazard ground or strata failure – October 2024 to December 2025



Dangerous incident | IncNot0050037 – Wall failure at open-cut mine

Summary: A wall failure occurred above a sleeping shot at an open-cut metalliferous mine. The failure occurred along a known geological fault line. It was a known high-risk area, having previously experienced a slip. Remediation work had been completed, including the removal of riled material and subsequent wall scaling. The failure was suspected to be related to the existing fault structure.



Picture 1.
Wall failure above sleeping shot.

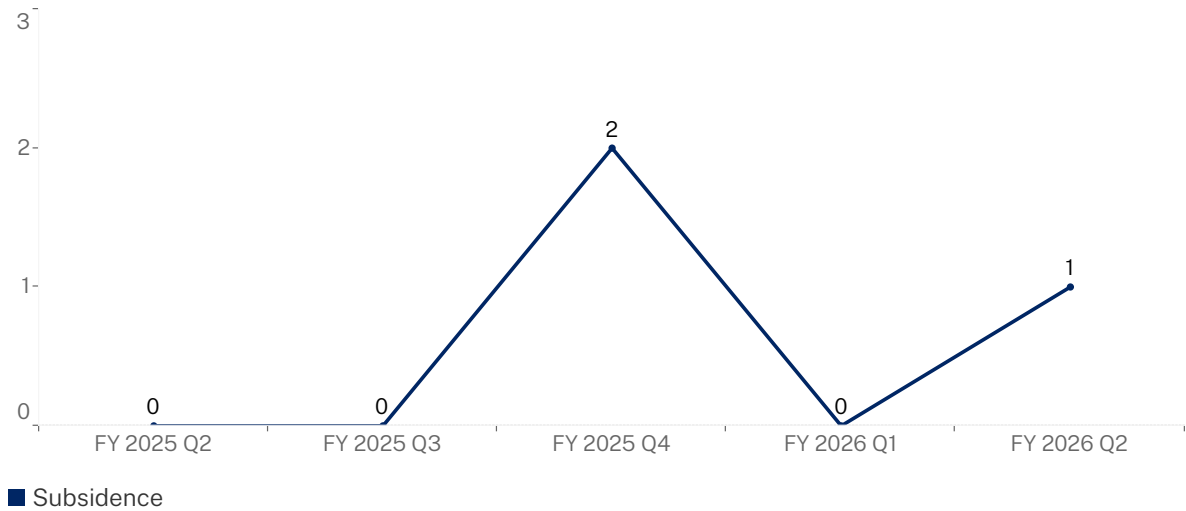
Comments to industry: Mine operators must ensure that appropriate controls are in place (such as stand-off zones, catch benches, pre-shift inspection and work area design, remediation and scaling) to prevent workers (on foot and within vehicles) being exposed to the risk of failing high walls.



Subsidence

Surface subsidence hazards may exist where there has been underground mining. The potential to cause significant damage (from deformation or sinkholes) to infrastructure (roads, dwellings etc.) and injure persons nearby, makes this a principal hazard in NSW.

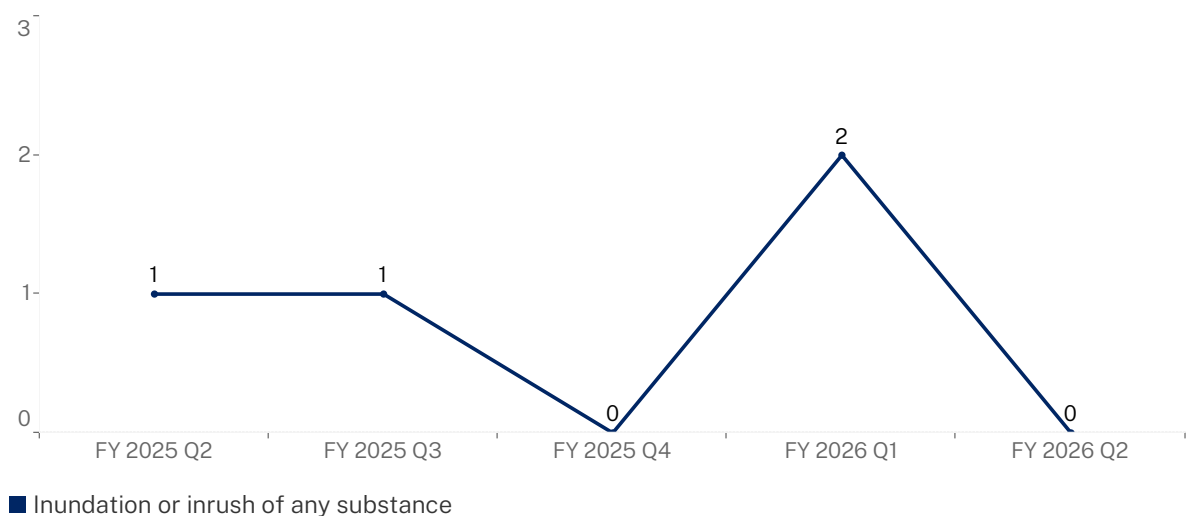
Figure 4. Incident notifications received related to the principal hazard subsidence – October 2024 to December 2025



Inundation or inrush of any substance

Inundation or inrush is a low frequency, high consequence hazard, particularly in underground mining. Incidents often involve inrushes of water or inundation by denser materials (sand or rock). The potential to cause multiple fatalities in a single event like at Gretley Colliery in 1996 make this a principal hazard in NSW.

Figure 5. Incident notifications received related to the principal hazard inundation or inrush – October 2024 to December 2025

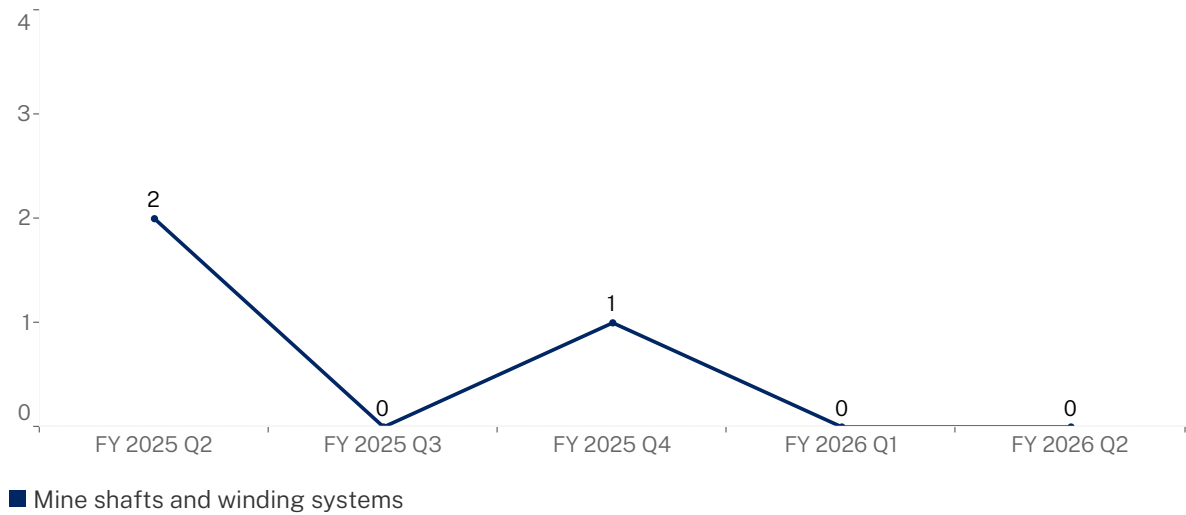




Mine shafts and winding systems

Mine shaft integrity and the operation of winding systems require specific focus. The safe movement of material and workers up and down mine shafts can be hazardous and has the potential to impact on the safety of multiple workers at a mine.

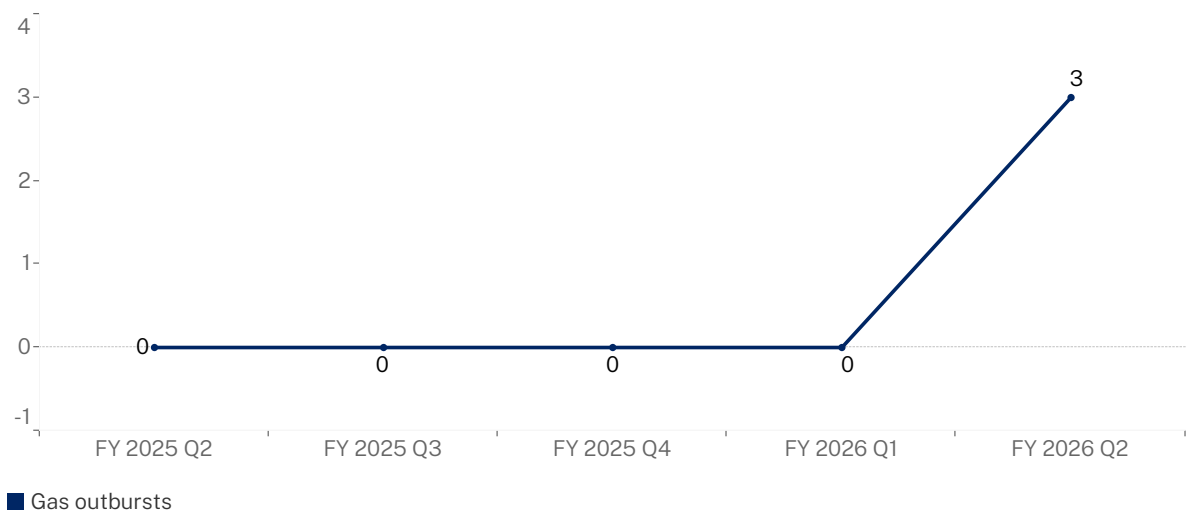
Figure 6. Incident notifications received related to the principal hazard mine shafts and winding systems – October 2024 to December 2025



Gas outbursts

The implementation of appropriate risk controls ensure gas outbursts are not a high frequency hazard event, however their often sudden and violent nature has the potential to cause fatalities to workers. This hazard also includes the liberation of gases that can asphyxiate, lead to explosions or cause a fire. These circumstances make this a principal hazard in NSW.

Figure 7. Incident notifications received related to the principal hazard gas outbursts – October 2024 to December 2025

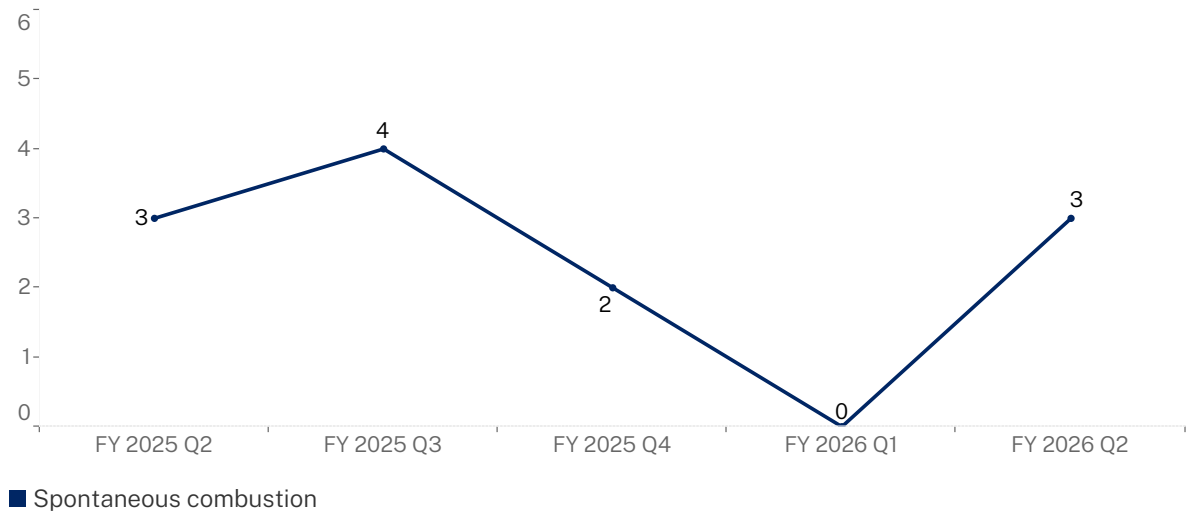




Spontaneous combustion

While spontaneous combustion (of coal) is a hazard exclusive to the coal sector, in the underground parts of the mine the consequences have the potential to cause multiple fatalities. The figure below includes spontaneous combustion incidents underground and on the surface of coal mines.

Figure 8. Incident notifications received related to the principal hazard spontaneous combustion – October 2024 to December 2025



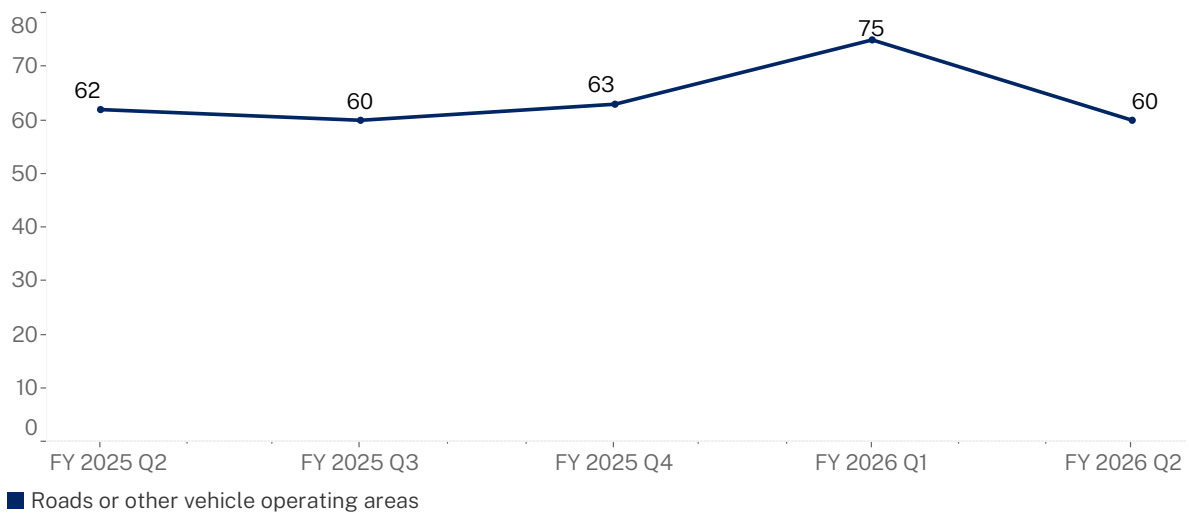


Roads or other vehicle operating areas

Vehicle movements in and around mine sites require specific design considerations and controls to ensure that collisions and other vehicular accidents do not occur, and place workers lives at risk. The high volume of vehicular interactions on mine sites and the size of the mobile plant utilised classifies this as a principal hazard in NSW.

The Regulator formed the Adverse Vehicle Interaction Advisory Committee (AVIAC) in 2024. AVIAC is a tripartite committee with representatives from the NSW Minerals Council, Cement Concrete and Aggregates Australia, the Mining and Energy Union, Australian Workers Union and the Regulator. AVIAC has developed and released a [Technical reference guide \(TRG\): Roads or other vehicle operating areas – principal hazard management plan for surface mining operations](#) to assist mine operators and other duty holders to comply with legislative requirements.

Figure 9. Incident notifications received related to principal hazard roads or other vehicle operating areas – October 2024 to December 2025



High potential incident | IncNot0050058 – SMV operator hit by damaged mesh

Summary: While driving a specialised mining vehicle (SMV), the operator was hit with damaged rib mesh. The rib pulled off his glasses and scratched his right eye. The operator had a minor scratch to their eye and did not suffer a permanent eye injury. Rib mesh was damaged by equipment before the incident and the mesh was protruding into the roadway. The mesh entered the operator's cabin and hit the fitter in the face. The area of the damaged mesh was rectified immediately. The incident was communicated to the workforce, and a campaign of cleaning torn mesh was implemented.

Comments to industry: This is a reminder of the foreseeable risk of broken mesh and ground support entering moving vehicles. Mine operators must ensure appropriate inspection and remediation arrangements are documented in their traffic management, ground support and inspection plans. Area supervisors and workers must ensure that damaged ground support is remediated as soon as reasonably practicable to prevent foreign objects entering moving vehicles.

Dangerous incident | IncNot0050165 – Excavator contacted electrical dragline cable

Summary: An excavator tramming from the work area contacted an aerial high voltage electrical dragline cable (6.6Kv) with its boom. The cable was suspended by towers and was in place for several months. Power tripped on earth leakage at the dragline substation. Sparks were seen by the excavator operator above the cab and the tram was stopped. No spotter was used to pass under the high voltage cable.



Picture 2.
Excavator in contact with cable.

Comments to industry: When developing roads or other vehicle operating areas, the potential for interaction between mobile plant and fixed structures, such as overhead power lines, must be assessed. Controls must be put in place considering the hierarchy of controls in accordance with Work Health and Safety Regulation 2025 section 36 Hierarchy of control measures. Equipment operators must remain alert to operating heights and clearances around their vehicle and should use a spotter when travelling underneath overhead powerlines when clearance is low. Refer to safety bulletin: [SB15-05 Plant contacting overhead powerlines and structures](#).

Dangerous incident | IncNot0050174 – Collision between dump truck and dozer

Summary: A dump truck reversed into a dozer on a dump, damaging a handrail near the cabin. The dozer and truck were reversing on the dump at same time.



Picture 3.
Collision scene at dump.

Comments to industry: The Regulator has published a technical reference guide (TRG) to assist mine operators with developing their principal hazard management plan for roads or other vehicle operating areas. For further information refer to: [TRG: Roads or other vehicle operating areas – principal hazard management plan for surface mining operations](#). To support the implementation of the TRG, a video has been created and is available [here](#).

Dangerous incident | IncNot0050225 – Light vehicle rolls away

Summary: A light vehicle (LV) rolled away after the driver exited the vehicle. The LV travelled down a slight grade and then over a bench edge of approximately 7 metres. An inspection of the vehicle indicated that the park brake had not been applied. The driver reportedly attempted to prevent the vehicle rolling away but was unsuccessful.



Picture 4.
Resting place of vehicle.

Comments to industry: When implementing controls for safe parking, mine operators should follow the hierarchy of controls. Vehicles should always be parked fundamentally stable. Mine operators must ensure controls to prevent vehicles going off edges such as berms are maintained and adequate for the vehicles that use the roadways. Mine operators and supervisors should routinely verify controls contained within their principal hazard management plans for road or other vehicle operating areas are implemented and maintained. Under no circumstances should a worker ever attempt to re-enter a runaway vehicle. Mine operators should consider the use of vehicles fitted with automatic transmissions.

Dangerous incident | IncNot0050232 – Shotcrete unit moved during operation

Summary: Workers were preparing to shotcrete a wall with the concrete agitator truck parked behind the remote shotcreter. The truck driver went to the back of the truck and stood on the steel delivery line to undo the rear hatch. The remote shotcrete operator lifted the boom to get in position to hydro scale the area and the unit began to slide backwards. The truck operator noticed the shotcrete unit moving and tried to move out of the way. However, the truck operator's foot was caught between the truck and the shotcrete unit. Preliminary assessment showed that the park brake was not fit-for-purpose. The outriggers of the shotcrete unit were out, and the unit was stable, however the ground was muddy allowing the unit to slide.



Picture 5.
Visible mud track where unit moved.

Comments to industry: Mine operators must have documented life-cycle maintenance strategies for plant and ensure that maintenance is undertaken in accordance with the manufacturer’s recommendations. Roadway conditions must be maintained and adequate to support the activities being conducted, including scaling floors as required to prevent vehicles from moving when stabilised. Supervisors should review pre-start documentation and ensure that identified defects are captured and dealt with. Vehicle operators must carry out pre-start inspections to ensure plant can be safely operated. Safety critical systems such as braking must be inspected, maintained and tested in accordance with the manufacturer's recommendations.

Dangerous incident | IncNot0050263 – Truck and dozer collision results in damaged tyre

Summary: An articulated dump truck on the surface of the mine reversed into a dozer. The truck was reversing at the tip head to unload after it collided with the dozer resulting in a popped rear tyre when the truck contacted the dozer blade.



Picture 6.
Scene of collision showing damaged tyre.

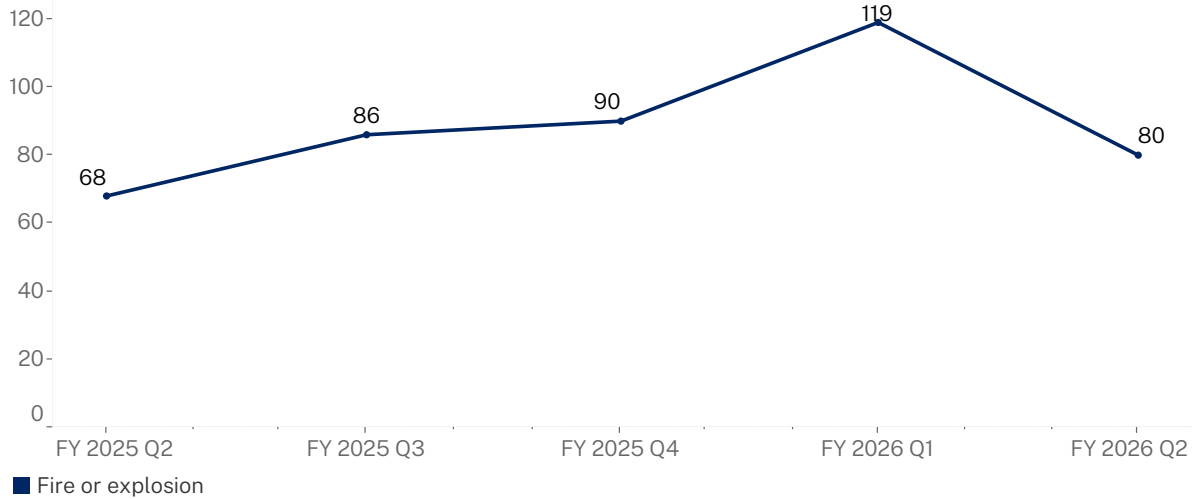
Comments to industry: Adverse vehicle interactions are a significant hazard on roads and other vehicle operating areas in mining operations, with the potential to cause fatalities and serious injury. Substantially reducing or eliminating collisions between mobile plant is a key focus of the Resources Regulator. Mine operators should refer to the Regulator’s [TRG: Roads or other vehicle operating areas – principal hazard management plan for surface mining operations](#).



Fire or explosion

This principal hazard includes risk associated with all sources of flammable, combustible and explosive substances and materials in the working environment. A common source of these incidents are fires on mobile plant. This principal hazard is distinct from the hazards covered in the explosives control plan.

Figure 10. Incident notifications received related to principal hazard fire or explosion – October 2024 to December 2025



High potential incident | IncNot0049971 – Fireball on mobile air compressor

Summary: An instant fireball occurred on a mobile air compressor when hot atomised oil from a hose leak mixed with compressed air in an open atmosphere. It appears that a compressor oil hose within the cooler circuit failed. The compressor is a 2017 model and was operating for about 5 minutes when the incident occurred. No worker was in the vicinity when the event occurred. The flames immediately reduced when the engine stopped, and the fire was put out with fire extinguishers.

Comments to industry: Mine operators need to be mindful of the capacity for an explosive atmosphere to develop when using mobile compressors, and the potential risk to workers if a fire occurs. Mechanical engineering control plans must set out the control measures for unintended explosions and uncontrolled fires being initiated by plant. This must include function testing as part of the introduction-of-plant-to-site process and pre-use inspections by operators.

Mine operators should ensure:

- all pieces of hired equipment have a thorough mechanical and electrical inspection to assess the plant's operation
- thorough pre-work inspections are carried out by competent people
- hired equipment is maintained in accordance with a suitable maintenance strategy considering the original equipment manufacturer's recommendations and relevant Australian Standards.

Dangerous incident | IncNot0050012 – Flame from roller bearing

Summary: While installing secondary support outbye the longwall district on the conveyor belt, a worker detected a burning smell and found a small flame coming from the off-walk side bearing of the centre top idler in the roller set. The workers extinguished the fire with a fire extinguisher and then continued to cool the roller with water.



Picture 7.
Roller after cooling.

Comments to industry: Mine operators are reminded of their obligations under clause 46 of the Work Health and Safety (Mines and Petroleum Sites) Regulation 2022. Belt conveyors must be inspected by a competent person once every shift, and as soon as reasonably practicable after belt shut down (to detect hazards such as the presence of overheating, smouldering or other condition likely to cause fire). Particular attention must be paid to high tension areas and areas of temporary misalignment for the premature failure of rollers. Further reading: [Code of practice: Mechanical engineering control plan](#).

Dangerous incident | IncNot0050091 – Battery tool ignited during test

Summary: A worker was fixing an engine oil return leak on a gas-powered generator using a 12V Milwaukee battery tool. The tool was left on the engine below the turbo position one during a recommissioning run test. The engine was running for about an hour when the tool ignited while still on the machine. Two projectiles were ejected from the engine compartment while the battery tool housing remained positioned on the engine. A worker who was on fire watch extinguished the projectiles that were positioned outside the compartment and then extinguished the tool housing positioned on the engine from the door opening. After the incident, one worker experienced smoke/fume inhalation, resulting in some minor distress, and was transported to the hospital for assessment. The patient later left the hospital uninjured.



Picture 8.
Tool debris after incident.

Comments to industry: Mine operators should ensure that:

- emergency management plans include suitable controls and procedures for lithium-based battery fires
- first responders have ready access to, and are trained in the use of, personal protection equipment (PPE) suitable to protect from exposure to toxic and corrosive chemicals that may be liberated during and following a thermal runaway event
- first responders are trained in the mine's procedures and understand the risks associated with the lithium-based batteries in use at the mine. This should also include awareness of the risk of electric shock and burns from stranded energy in a damaged battery unit and of exposure to toxic gases.

The Regulator published a [safety bulletin SB22-17](#) in December 2022 to communicate the fire risks associated with lithium-ion battery powered tools. The safety bulletin made recommendations including advice on the increased fire risk when ambient temperature exceed 50 degrees. Celsius. The full bulletin can be found [here](#).



Control plans

There are 5 principal control plans defined in Schedule 2 of the Regulation.

- Health control plan
- Mechanical engineering control plan
- Electrical engineering control plan
- Explosives control plan
- Well integrity control plan

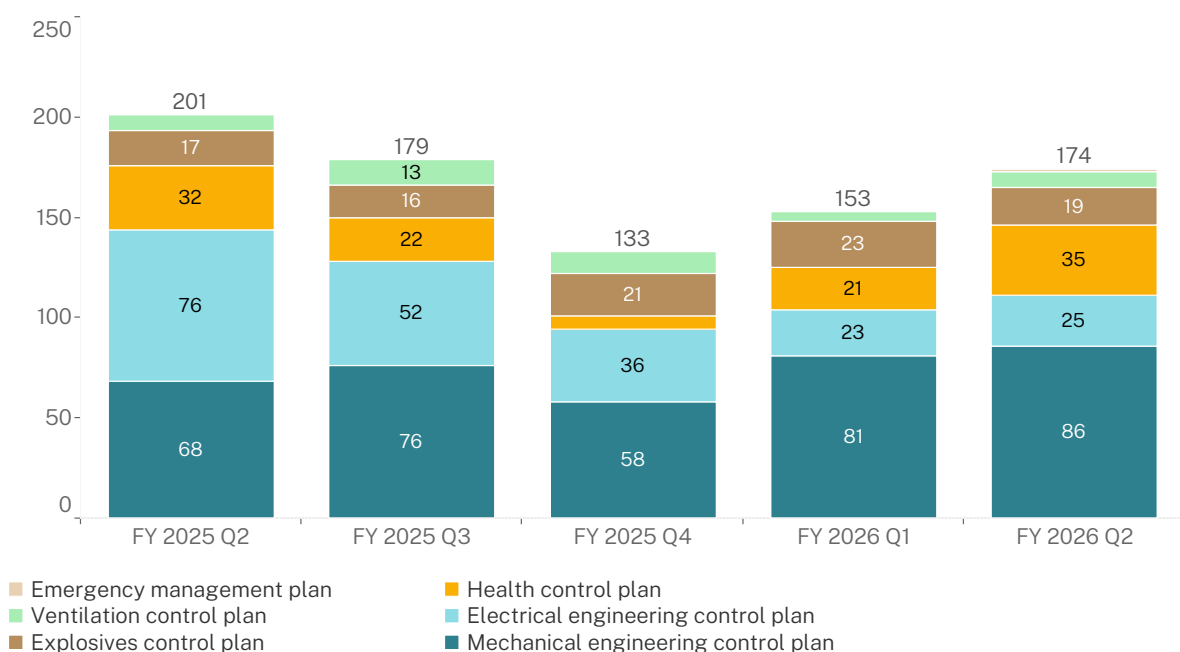
In addition, the following control plans are defined in Section 19 of the Regulation:

- Ventilation control plan
- Emergency management plan (no incidents recorded to date)

The figure below presents a further breakdown of numbers of incident notifications received by quarter related to control plans.

Note that previously reported principal hazards / control plans figures may change due to subsequent reclassification.

Figure 11. Incident notifications received by control plans – October 2024 to December 2025

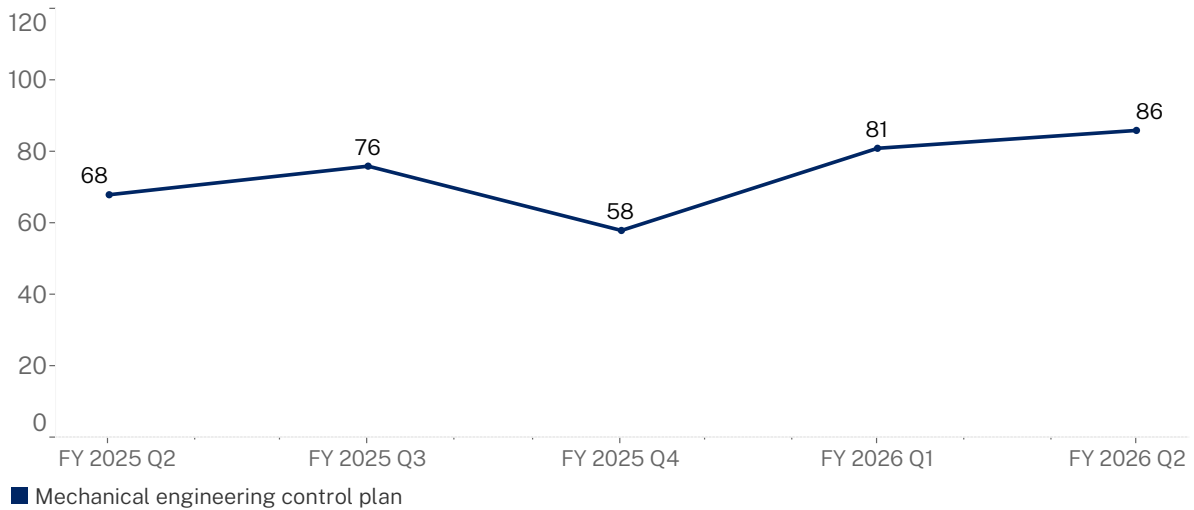




Mechanical engineering control plans

The mechanical engineering control plan covers 'lifecycle' risks associated with mechanical hazards (vehicles, plant and mechanical systems and structures) that workers may be exposed to. This includes risks associated with pressurised fluids.

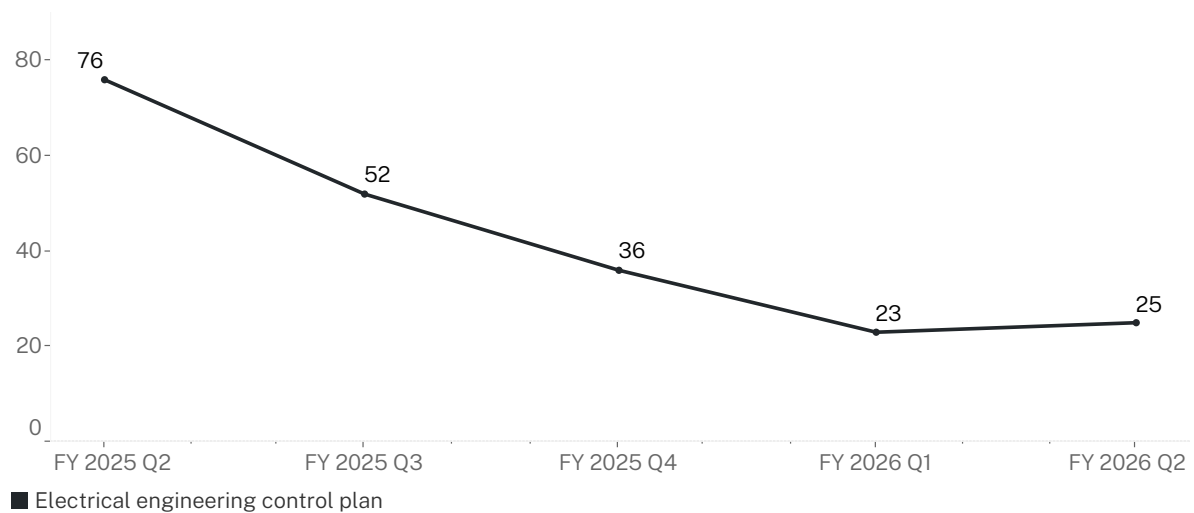
Figure 12. Incident notifications received related to mechanical engineering control plans – October 2024 to December 2025



Electrical engineering control plans

The electrical engineering control plan covers 'lifecycle' risks associated with electrical hazards (supply, vehicles, plant or infrastructure) that workers may be exposed to.

Figure 13. Incident notifications received related to electrical engineering control plans – October 2024 to December 2025

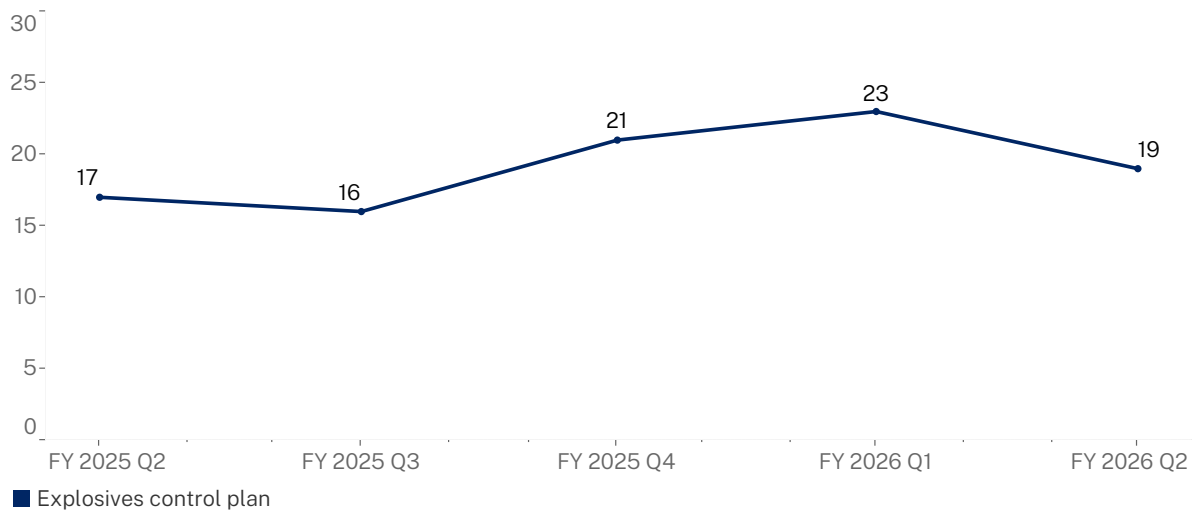




Explosives control plans

The explosives control plan covers risks associated with the use and management of explosives hazards workers may be exposed to. This includes incidents involving 'flyrock' and misfire events.

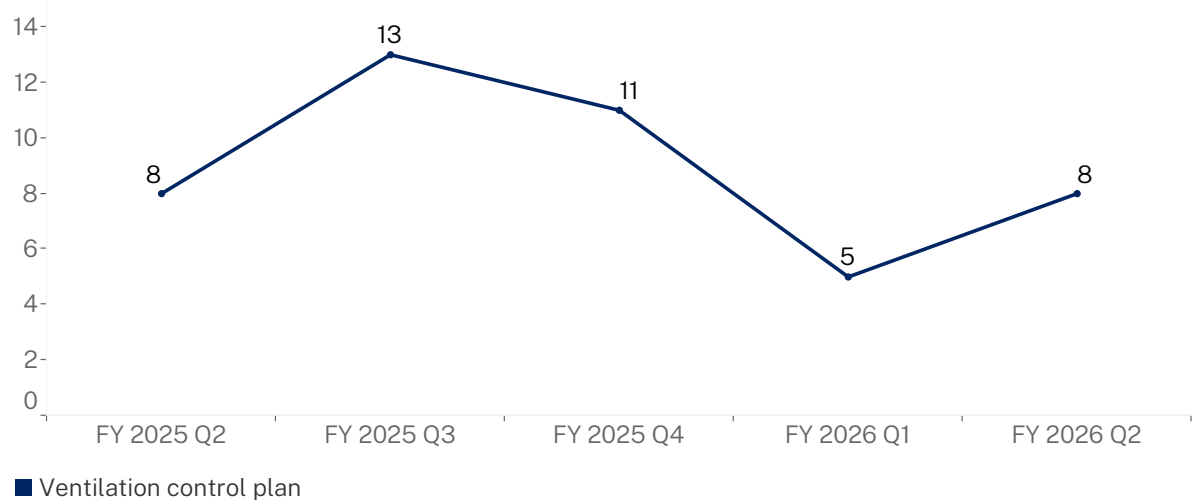
Figure 14. Incident notifications received related to explosives control plans – October 2024 to December 2025



Ventilation control plans

A ventilation control plan covers risks associated with ventilation in underground mines. This includes incidents involving failed atmospheric conditions and where trigger action response plans may have been activated.

Figure 15. Incident notifications received related to ventilation control plans – October 2024 to December 2025

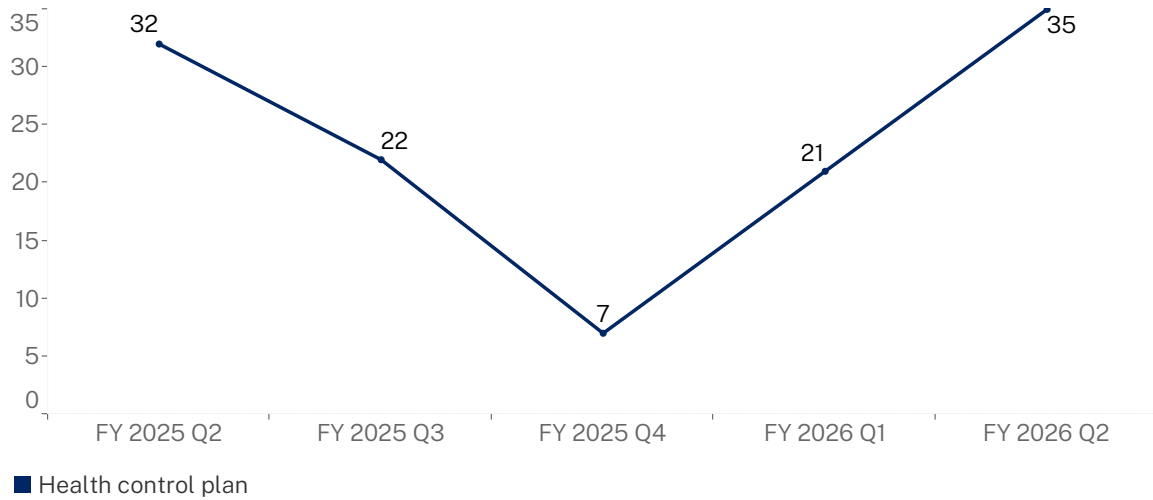




Health control plans

A health control plan (HCP) sets out how the operator will manage the risks to health associated with their mining or petroleum operations. The HCP forms part of the safety management system (SMS). The HCP identifies the hazards which present a risk to health of workers and measures to control them.

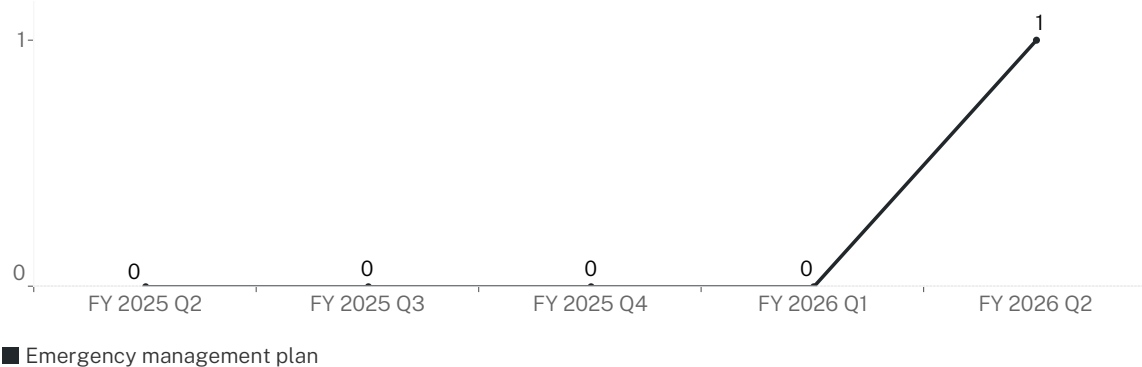
Figure 16. Incident notifications received related to health control plans – October 2024 to December 2025



Emergency management plans

An emergency management plan forms part of the safety management system of the mine – and must include emergency procedures, as well as training and testing of the plan.

Figure 17. Incident notifications received related to emergency management plans – October 2024 to December 2025



Sector profiles

Resources Regulator Sector reporting



Coal mines

Includes open cut, underground and processing plants, and excludes exploration



Metalliferous mines

Includes metals and mineral sands, and excludes exploration



Extractives mines

Includes construction materials and industrial materials, and excludes exploration



Petroleum and geothermal sites

Includes onshore petroleum and geothermal, and includes exploration



Opal mines

Includes small scale titles, opal claims, gemstones or precious stones with operation types of opal mining (all types) and processing, and excludes exploration



Other mines

Gemstones or precious stones (excluding operation of all types of opal mining), ancillary to mining and treatment plant, and excludes exploration



Exploration sites

Includes exploration for sectors other than petroleum and geothermal sites



Non-mine locations

Includes manufacturers (including OEMs), suppliers, designers, importers, licence holders and registration holders

Coal sector

Incident notifications received

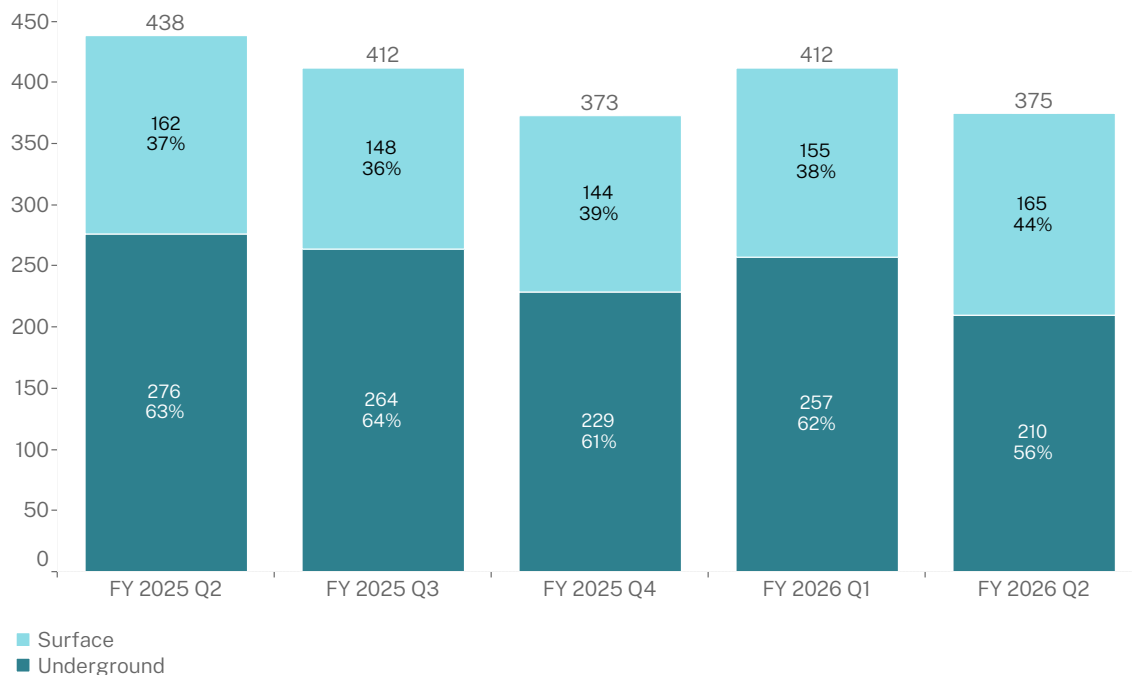
Under work health and safety legislation, mine operators must notify the Regulator about the occurrence of certain types of safety incidents. Incident notification data provides insights into sector-specific reporting trends.

Table 2. Coal sector incident notification rates – October 2024 to December 2025

Measure	FY 2025 Q2	FY 2025 Q3	FY 2025 Q4	FY 2026 Q1	FY 2026 Q2
Incidents	438	412	373	412	375
Active mines	98	98	99	94	94
Incident rate per active mine	4.47	4.20	3.77	4.38	3.99
Mines that notified incidents	51	49	52	51	50
% of mines notifying an incident	52%	50%	53%	54%	53%
Incident rate per notifying mine	8.59	8.41	7.17	8.08	7.50

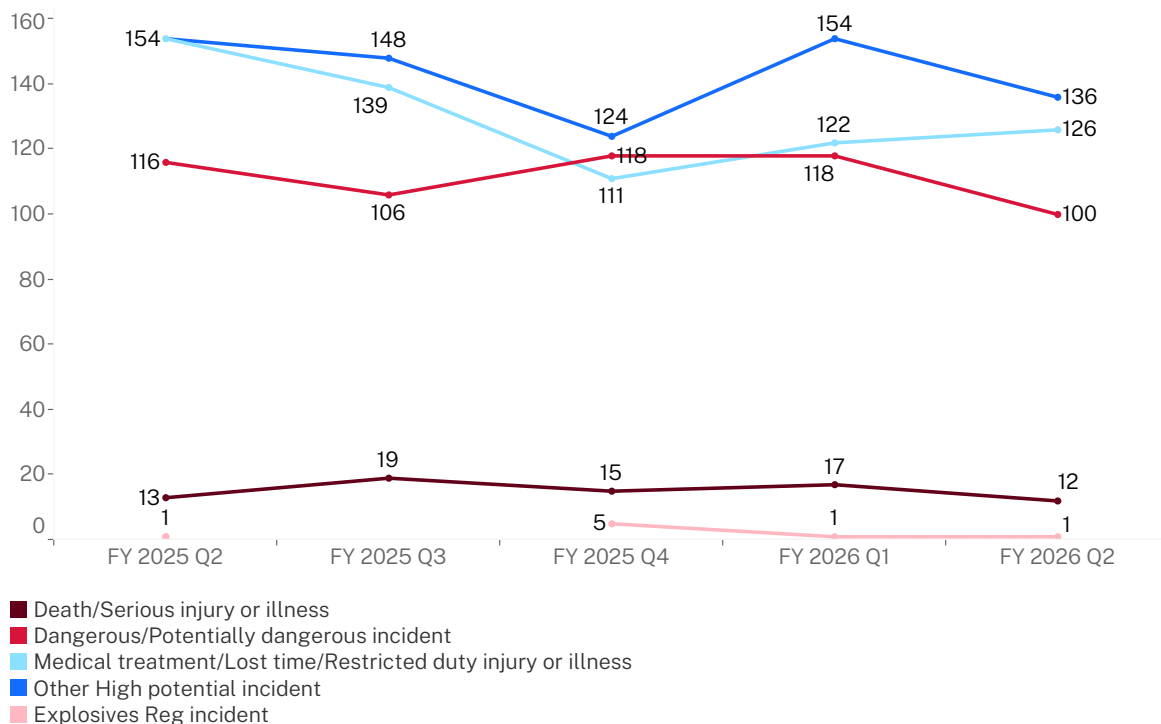
The following figure shows the number of safety incident notifications received from the coal sector by operation type.

Figure 18. Coal sector incident notifications received by operation type – October 2024 to December 2025



The figure below presents a breakdown of safety incidents notified to the Regulator by the coal sector by the requirement to report under safety legislation.

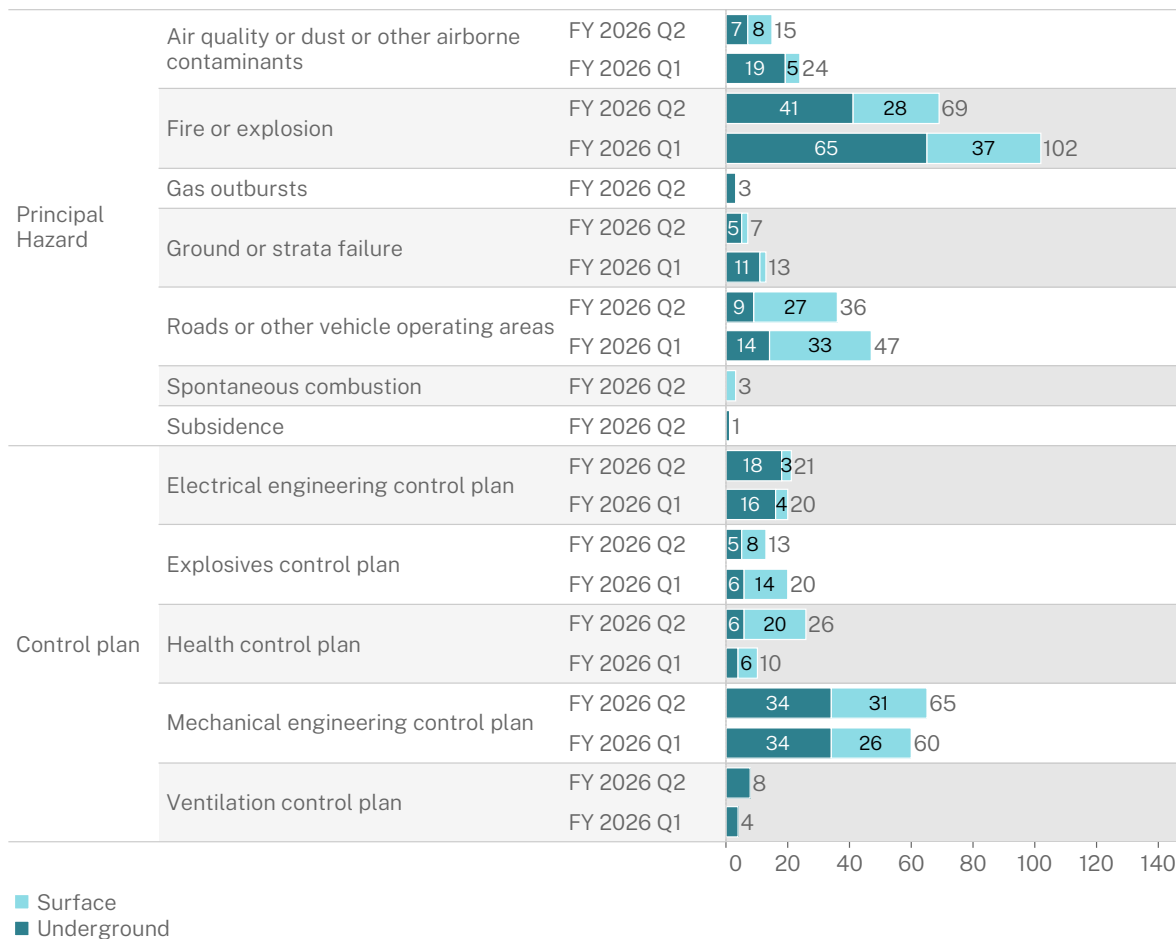
Figure 19. Coal sector incident notifications received by requirement to report – October 2024 to December 2025



Incident notifications received by principal hazard or control plan

The figure below shows the number of incident notifications received from the coal sector during the past 2 quarters, as classified against related principal hazards and control plans. The findings highlight hazards where mine operators need to ensure their risk management controls remain fully effective.

Figure 20. Coal sector incident notifications received by principal hazard or control plan, and by operation type – July to December 2025



Metalliferous sector

Incident notifications received

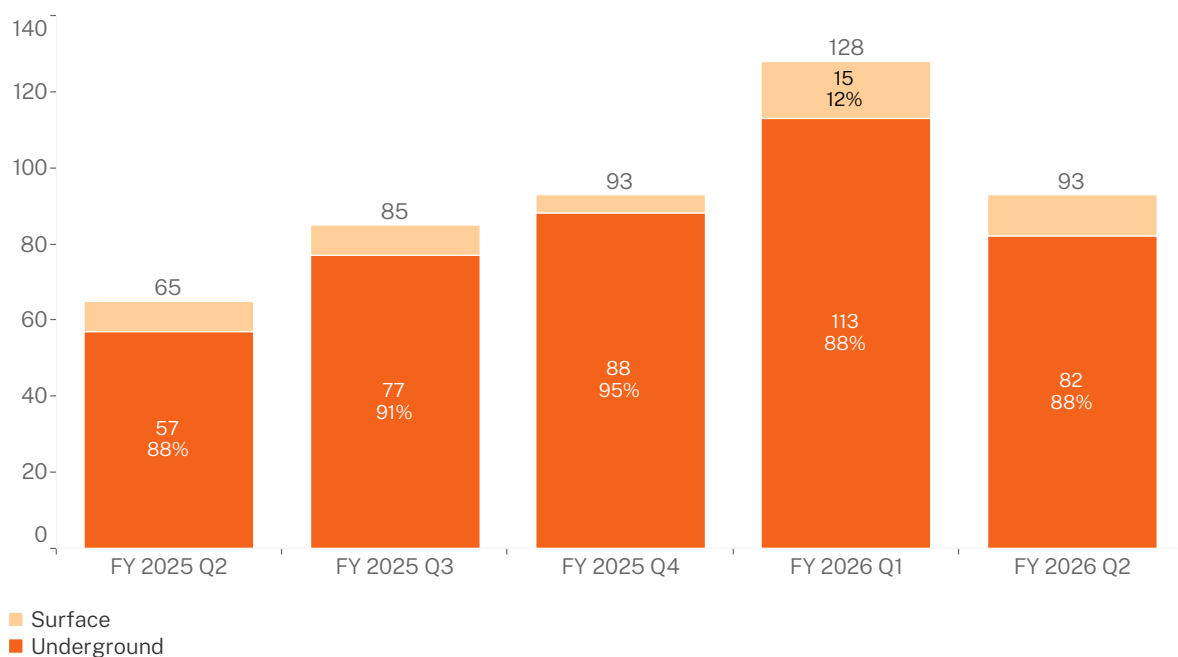
Under work health and safety legislation, mine operators must notify the Regulator about the occurrence of certain types of safety incidents. Incident notification data provides insights into sector specific reporting trends.

Table 3. Metalliferous sector incident notifications received rates – October 2024 to December 2025

Measure	FY 2025 Q2	FY 2025 Q3	FY 2025 Q4	FY 2026 Q1	FY 2026 Q2
Incidents	65	85	93	128	93
Active mines	97	93	95	96	96
Incident rate per active mine	0.67	0.91	0.98	1.33	0.97
Mines that notified incidents	20	19	19	19	17
% of mines notifying an incident	21%	20%	20%	20%	18%
Incident rate per notifying mine	3.25	4.47	4.89	6.74	5.47

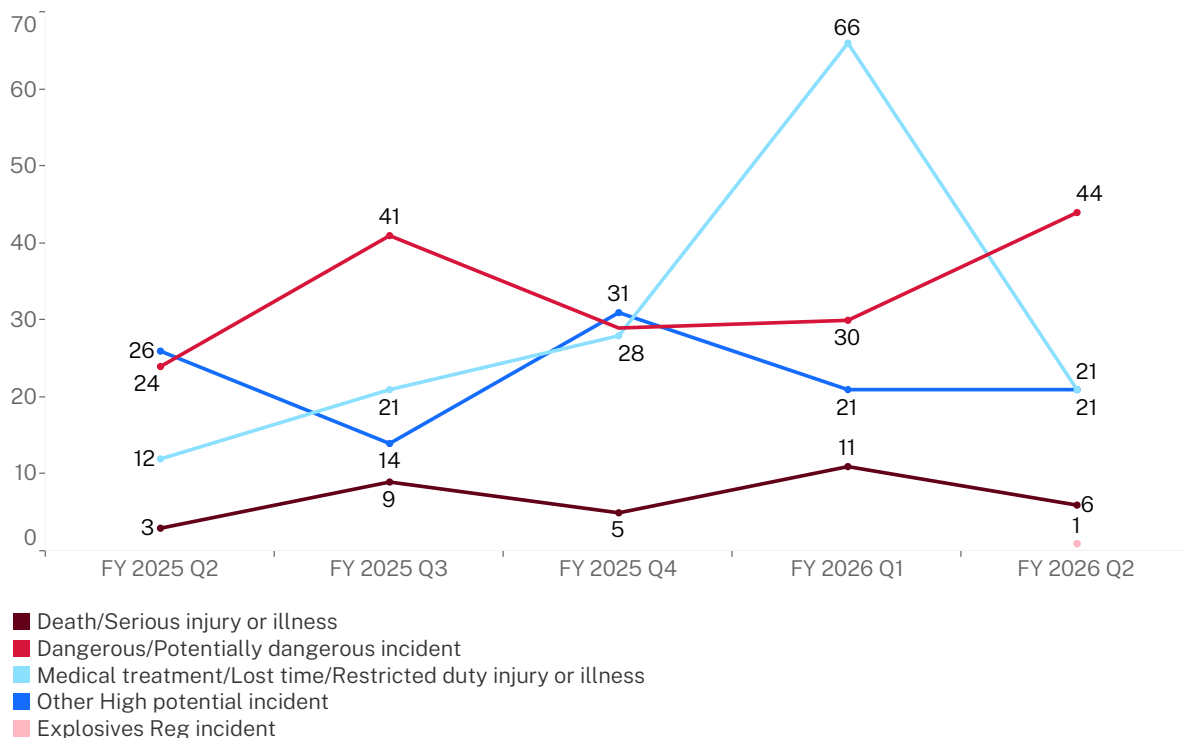
The following figure shows the number of safety incident notifications received from the metalliferous sector by operation type.

Figure 21. Metalliferous sector incident notifications received by operation type – October 2024 to December 2025



The following figure presents a breakdown of safety incidents notified to the Regulator by the metalliferous sector based on the requirement to report under safety legislation.

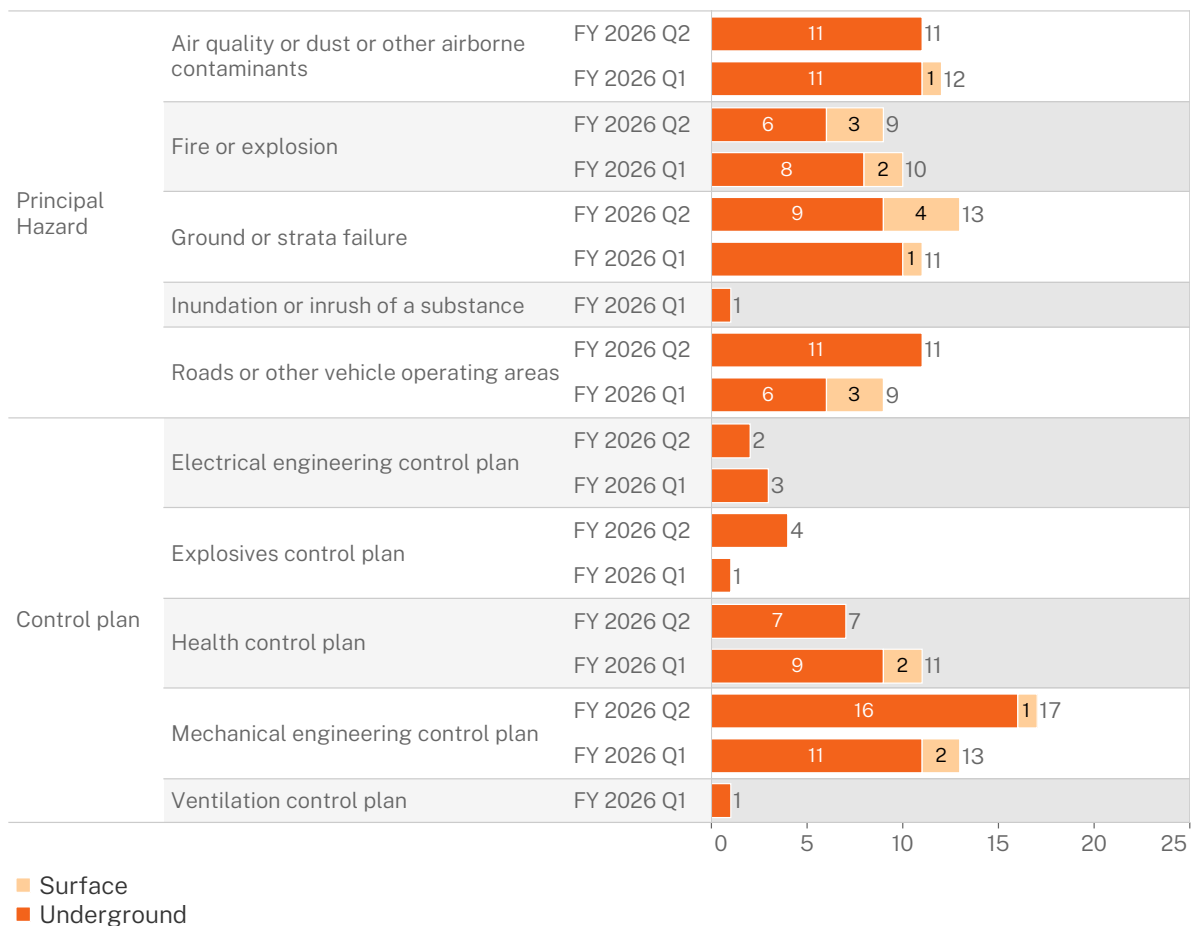
Figure 22. Metalliferous sector incident notifications received by requirement to report – October 2024 to December 2025



Incident notifications received by principal hazard or control plan

The figure below shows the number of incident notifications received from the metalliferous sector during the past 2 quarters as classified against related principal hazards and control plans. The findings highlight hazards where mine operators need to ensure their risk management controls remain fully effective.

Figure 23. Metalliferous sector incident notifications received by principal hazard or control plan, and operation type – July to December 2025



Extractives sector

Incident notifications received

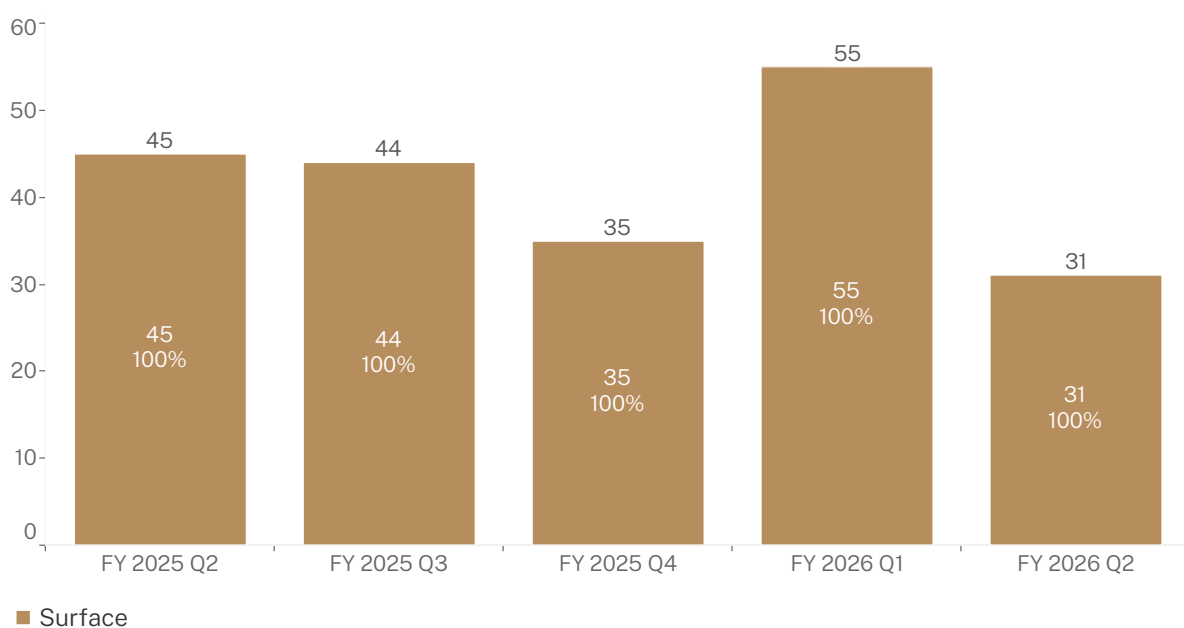
Under work health and safety legislation, mine operators must notify the Regulator about the occurrence of certain types of safety incidents. Incident notification data provides insights into sector specific reporting trends.

Table 4. Extractives sector incident notifications received rates – October 2024 to December 2025

Measure	FY 2025 Q2	FY 2025 Q3	FY 2025 Q4	FY 2026 Q1	FY 2026 Q2
Incidents	45	44	35	55	31
Active mines	2,132	2,048	2,040	2,037	2,032
Incident rate per active mine	0.02	0.02	0.02	0.03	0.02
Mines that notified incidents	35	38	27	48	25
% of mines notifying an incident	1.64%	1.86%	1.32%	2.36%	1.23%
Incident rate per notifying mine	1.29	1.16	1.30	1.15	1.24

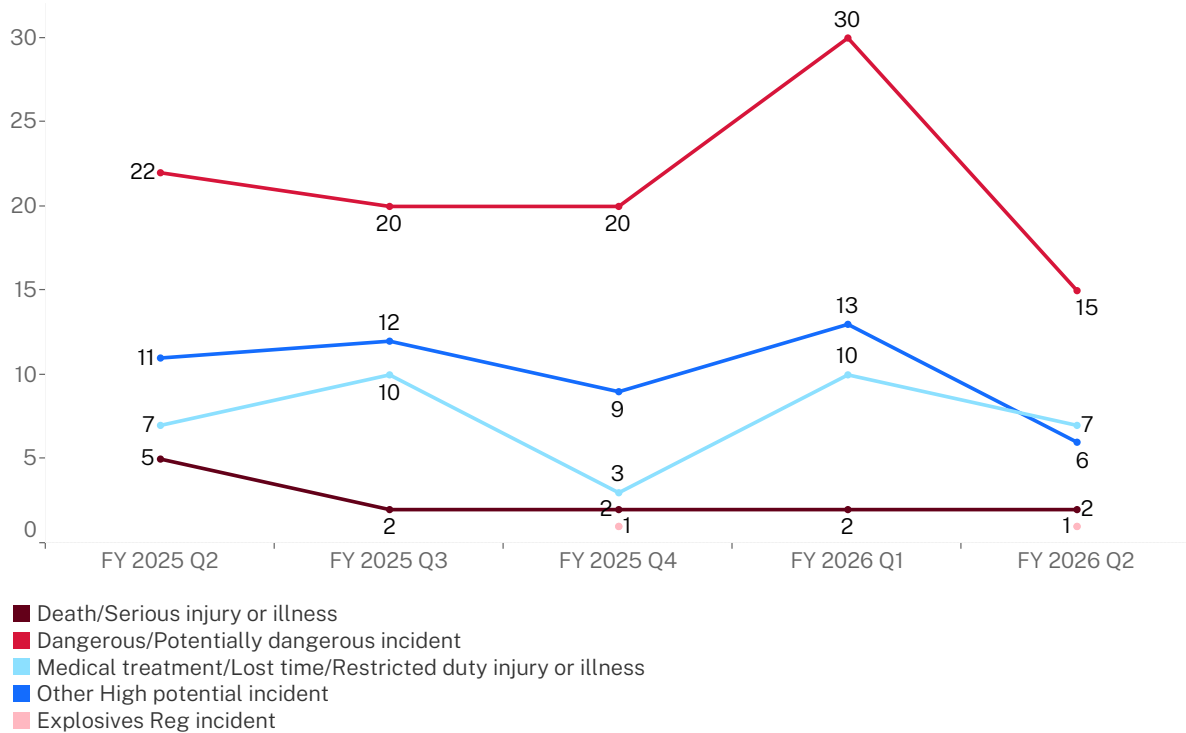
The figure below shows the number of safety incident notifications received from the extractives sector by operation type.

Figure 24. Extractives sector incident notifications received by operation type – October 2024 to December 2025



The figure below presents a breakdown of safety incidents notified to the Regulator by the extractives sector by the requirement to report under safety legislation.

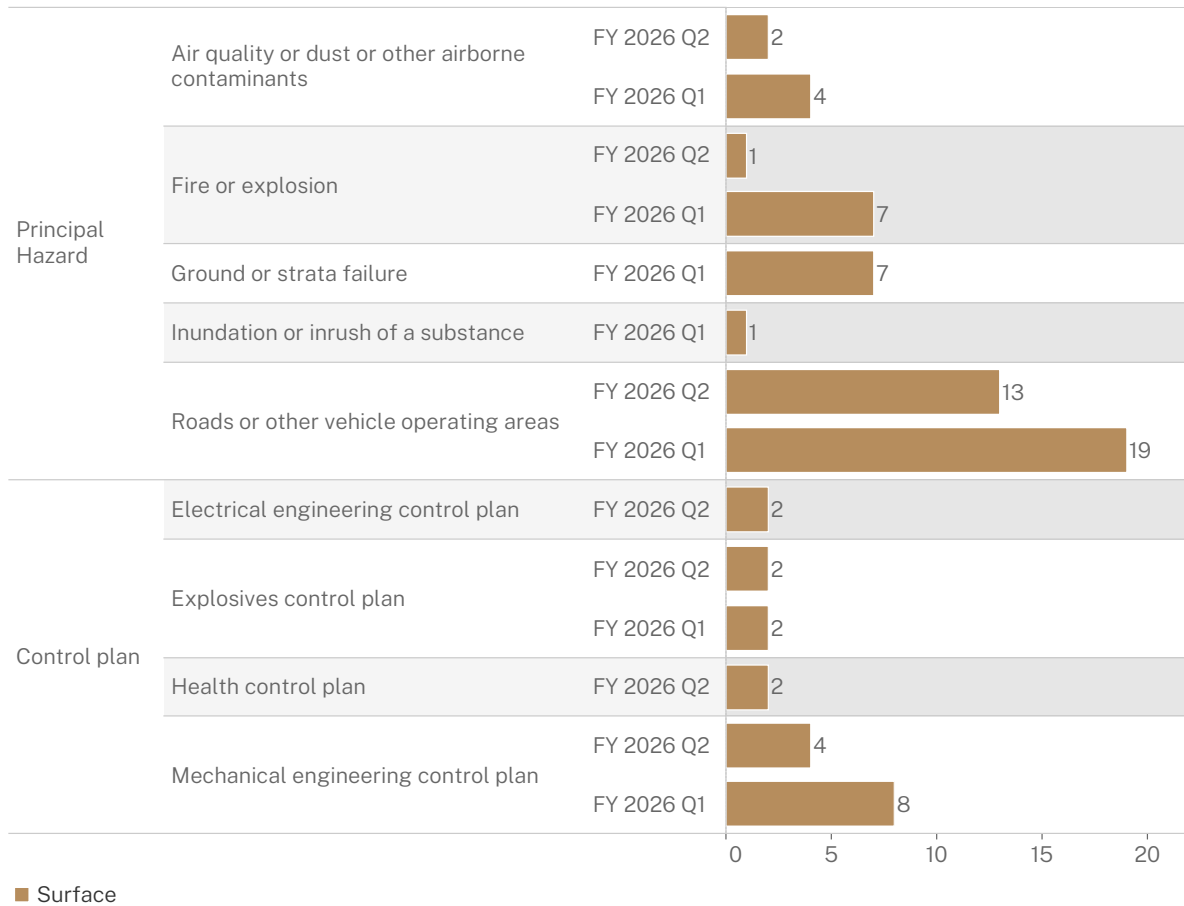
Figure 25. Extractives sector incident notifications received by requirement to report – October 2024 to December 2025



Incident notifications received by principal hazard or control plan

The figure below shows the number of incident notifications received from the extractives sector during the past 2 quarters as classified against related principal hazards and control plans. The findings highlight hazards where mine operators need to ensure their risk management controls remain fully effective.

Figure 26. Extractives sector incident notifications received by principal hazard or control plan, and operation type – October 2024 to December 2025



Other sectors

Incident notifications received

Under work health and safety legislation, mine operators must notify the Regulator about the occurrence of certain types of safety incidents.

This section relates to petroleum and geothermal sites, opal mines, other mines and exploration sites. The tables below show the number and types of incident notifications received by requirement to report under safety legislation and by principal hazard or control plan.

Table 5. Other sector incident notifications received – October 2024 to December 2025

Sector	FY 2025 Q2	FY 2025 Q3	FY 2025 Q4	FY 2026 Q1	FY 2026 Q2
Petroleum and geothermal sites	0	0	0	0	0
Opal mines	0	0	1	0	0
Other mines	0	1	0	0	0
Exploration sites	3	0	1	1	2

Table 6. Other sector incident notifications received by requirement to report – October 2024 to December 2025

Sector	Requirement to report measure	FY 2025 Q2	FY 2025 Q3	FY 2025 Q4	FY 2026 Q1	FY 2026 Q2
Opal mines	Dangerous/Potentially dangerous incident	0	0	1	0	0
Other mines	Medical treatment/Lost time/ Restricted duty injury or illness	0	1	0	0	0
Exploration sites	Death/Serious injury or illness	2	0	0	0	0
	Dangerous/Potentially dangerous incident	1	0	1	0	1
	Medical treatment/Lost time/ Restricted duty injury or illness	0	0	0	1	0
	Total	3	0	1	1	2

Table 7. Other sector incident notifications received by principal hazard and control plan – October 2024 to December 2025

Sector	Principal hazard or control plan	FY 2025 Q2	FY 2025 Q3	FY 2025 Q4	FY 2026 Q1	FY 2026 Q2
Opal mines	No related principal hazard or control plan	0	0	1	0	0
Other mines	No related principal hazard or control plan	0	1	0	0	0
Exploration sites	Electrical engineering control plan	1	0	0	0	0
	Fire or explosion	0	0	0	0	1
	Health control plan	2	0	0	0	0
	Roads or other vehicle operating areas	0	0	0	0	1
	No related principal hazard or control plan	0	0	1	1	0
Total		3	0	1	1	2



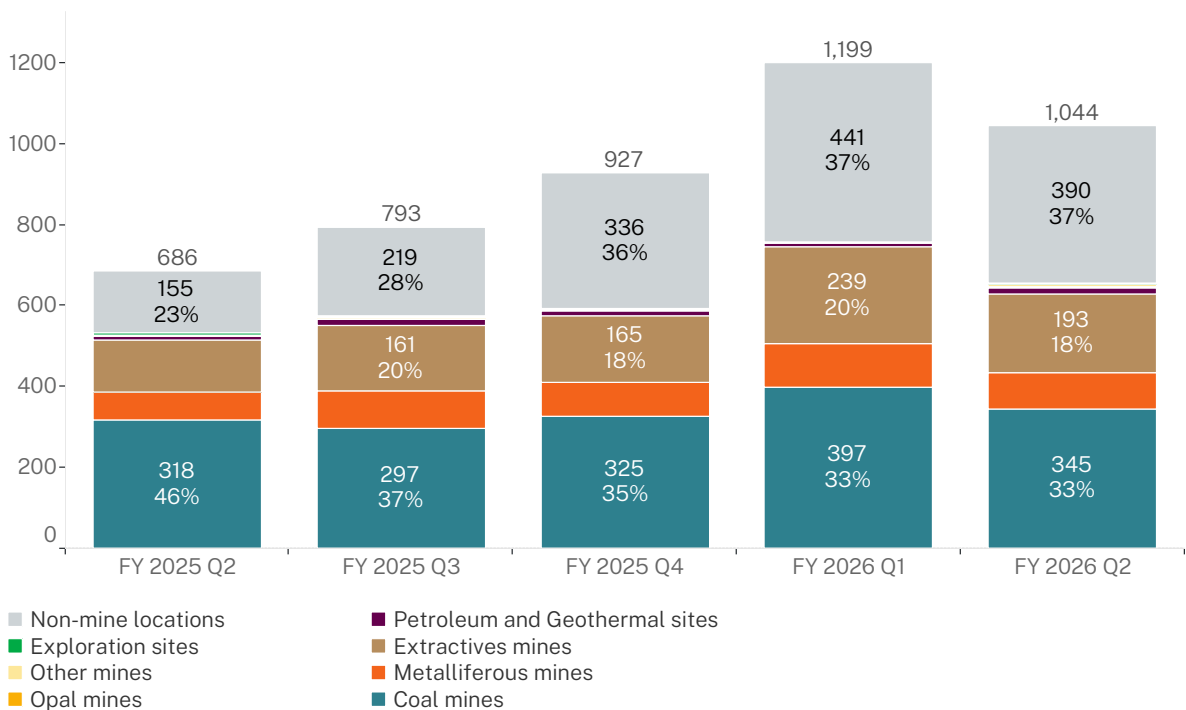
Compliance and enforcement

The Regulator uses a range of tools to promote and secure compliance in mines and petroleum sites in relation to work health and safety legislation. These include desktop assessments, site inspections, investigations and enforcement actions, such as issuing notices and commencing prosecutions.

Detailed information regarding compliance activities, priorities, outcomes and reports are published on our [website](#) and in our [business activity reports](#).

Safety assessments by sector

Figure 27. Safety assessments by sector – October 2024 to December 2025

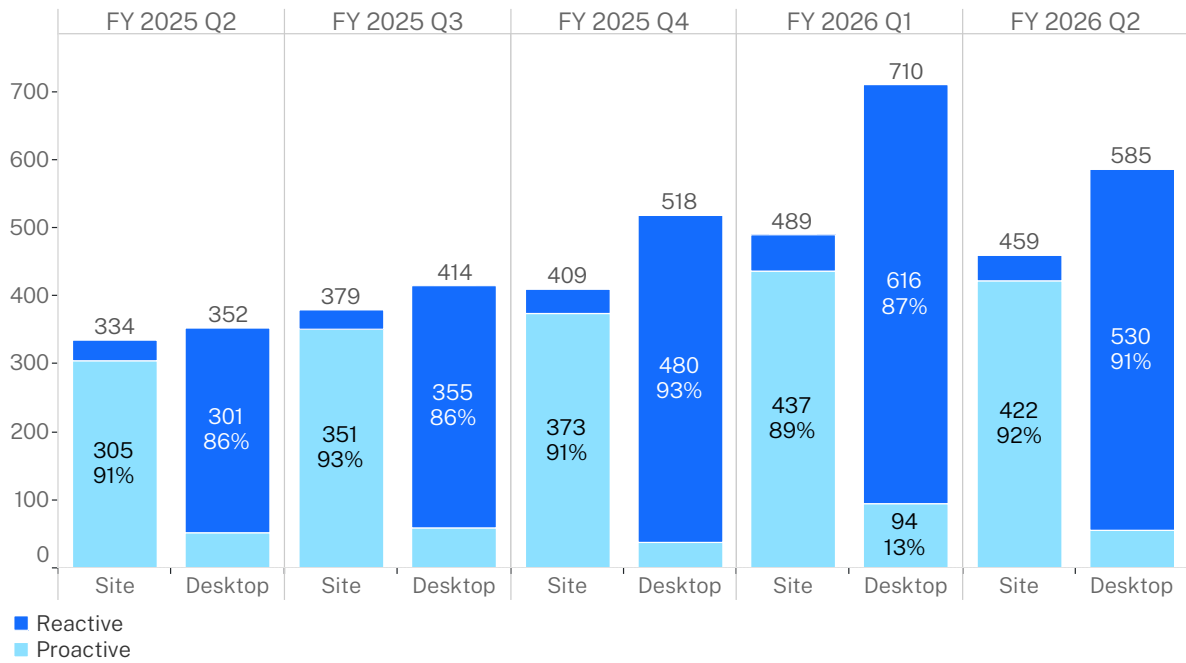


Safety assessments by category and nature

Site-based (visiting mine sites) and desktop activities are both important regulatory tools. While the focus of our on-site compliance activity is on preventing incidents through planned risk-based proactive assessments, our desktop activities are mainly reactive.

Site-based proactive assessments focus on establishing whether critical controls have been effectively implemented. Meanwhile desktop assessment activities include reviews of control measures following an incident, review of personal dust monitoring reports submitted by coal mine operators, assessment of high-risk activity notifications, applications for exemptions from work health and safety laws, subsidence management plans and preparation for site work.

Figure 28. Safety assessments by category and nature – October 2024 to December 2025



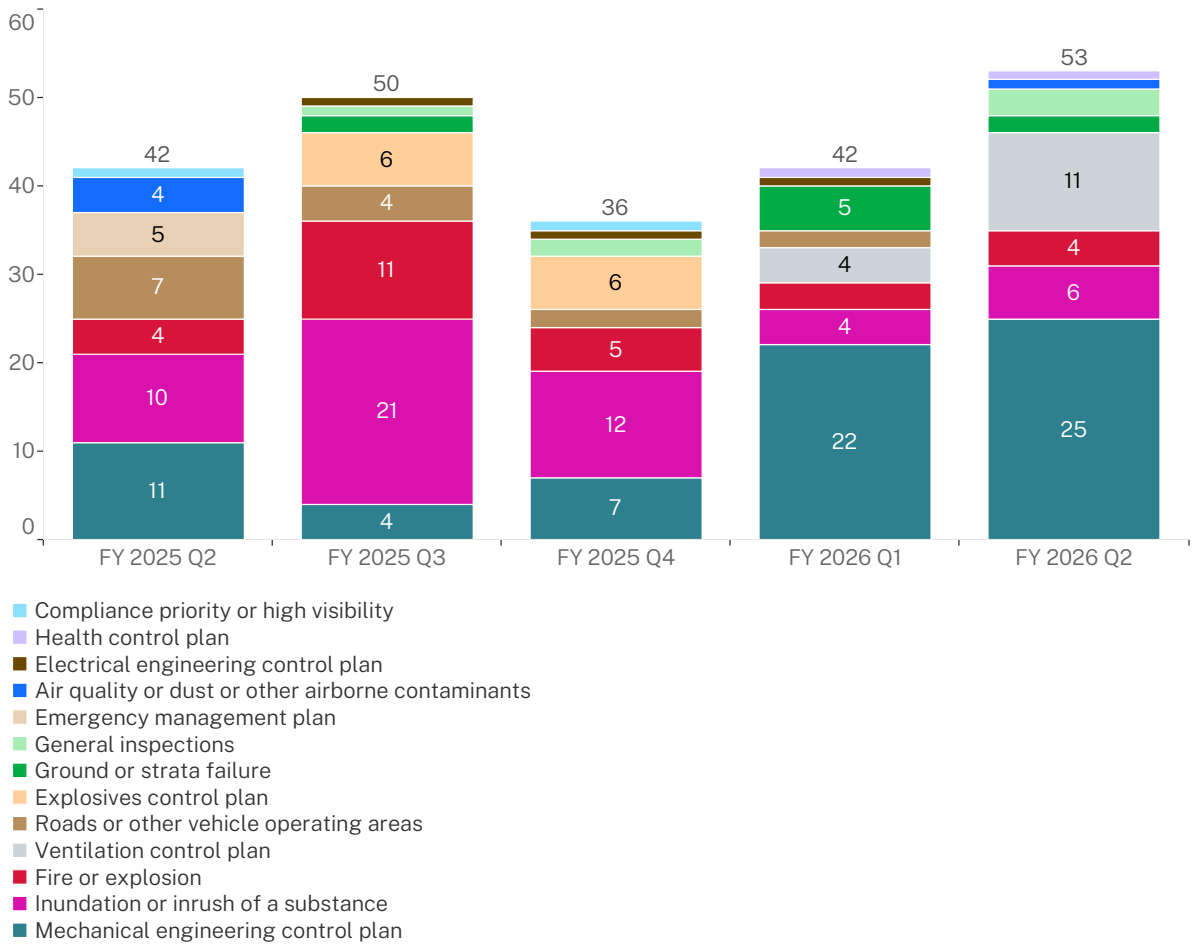
Programmed site assessments

Programmed site assessments include assessments related to targeted assessment programs and planned inspection programs.

Targeted assessments

Targeted assessment programs establish a risk-based and proactive approach for assessing the extent to which critical controls for managing principal hazards, control plans and other inspection topics have been identified, implemented and are being monitored.

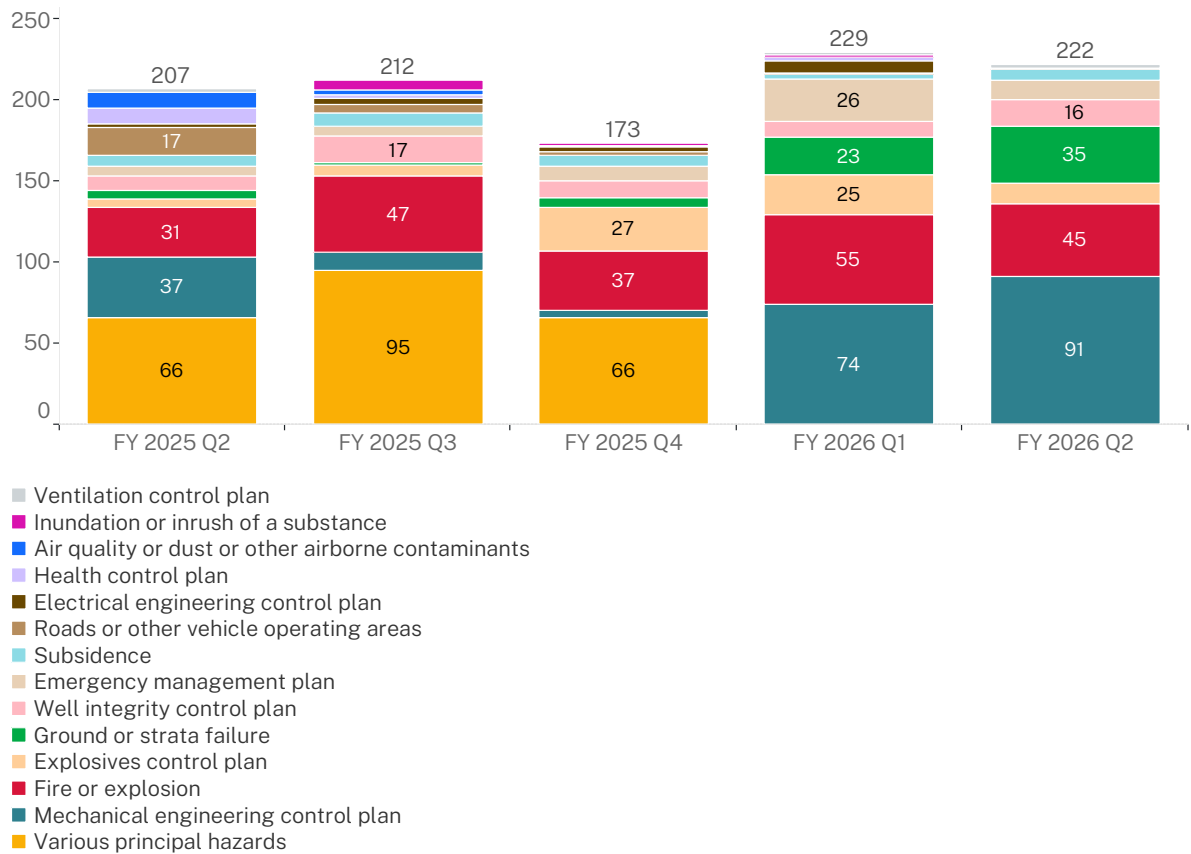
Figure 29. Targeted assessments by principal hazards, control plans and other inspection topics – October 2024 to December 2025



Planned inspections

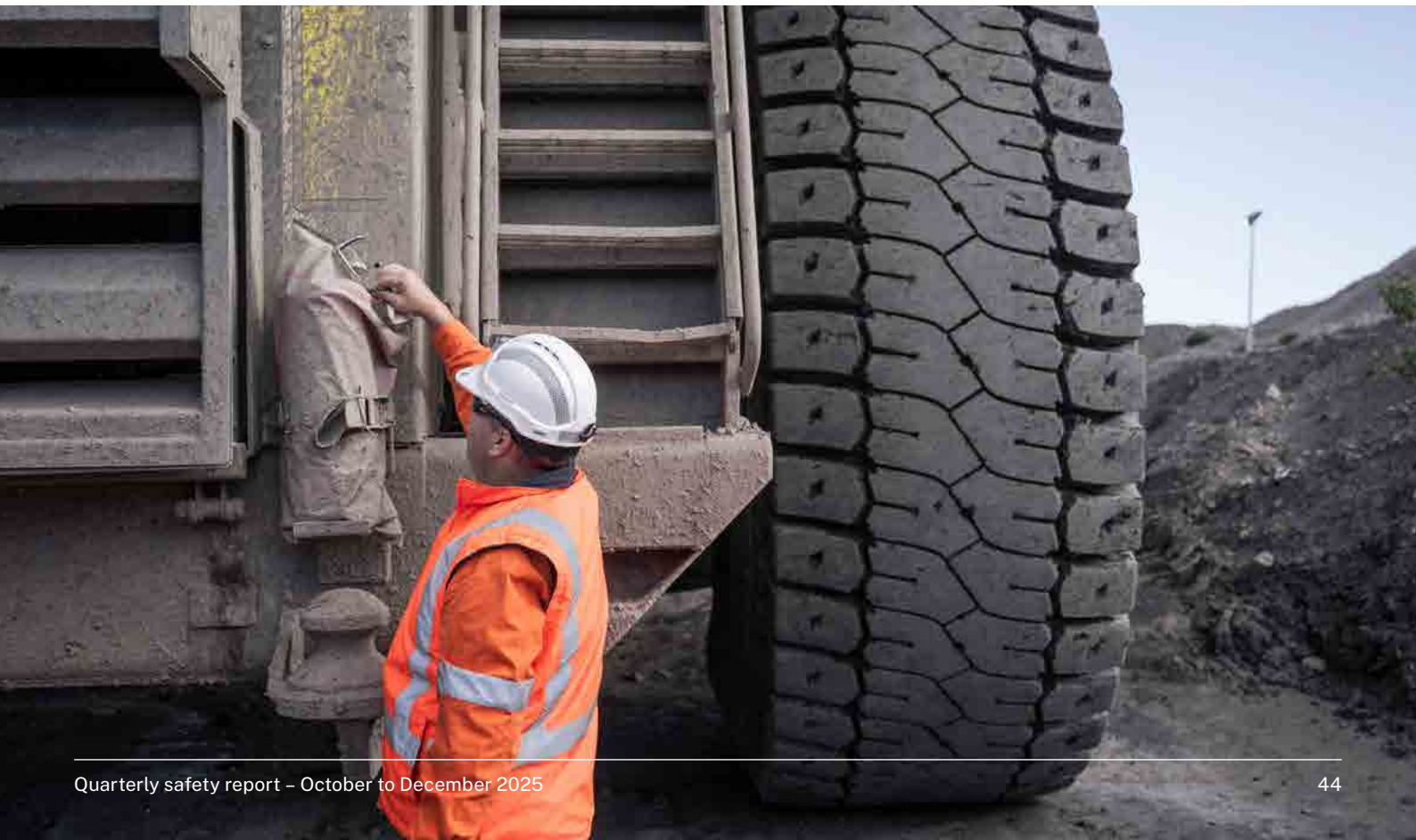
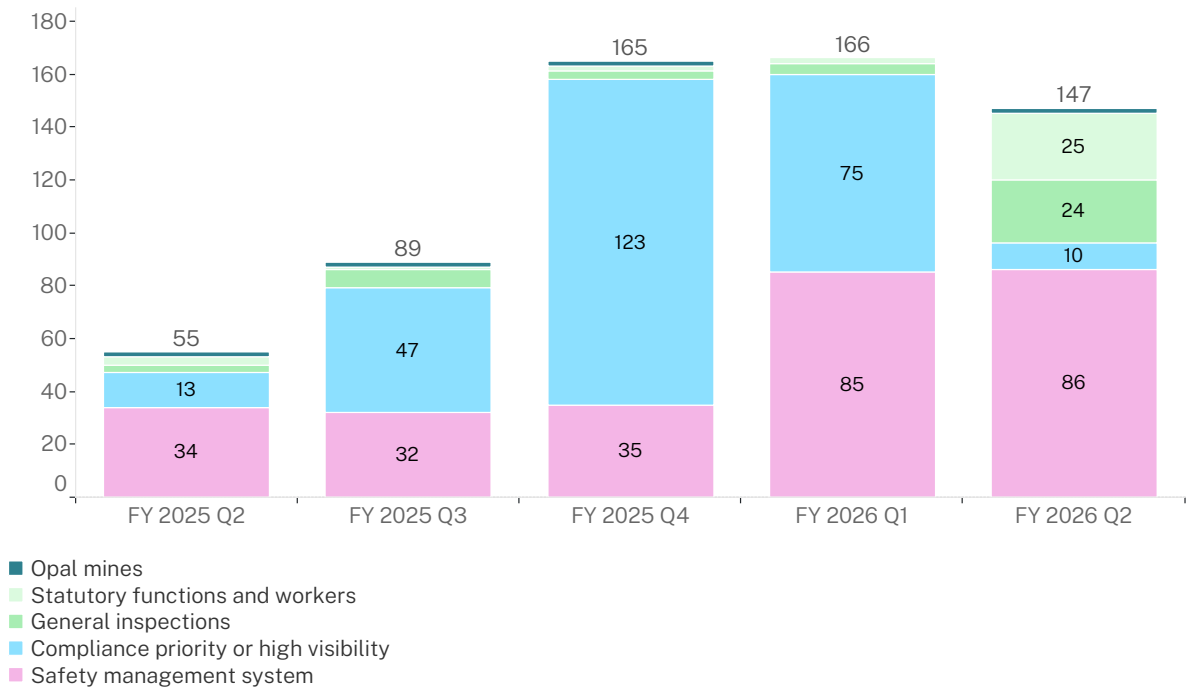
Planned inspection programs assist in identifying compliance weaknesses which could lead to an incident or injury. These assessments focus on the physical implementation of critical controls in the operating areas of a mine.

Figure 30. Planned inspections by principal hazard and control plan – October 2024 to December 2025



Planned site inspections related to inspection topics other than specific principal hazards or control plans are shown in the figure below.

Figure 31. Planned inspections by other inspection topics – October 2024 to December 2025



Safety notices issued

The Regulator issues risk-based safety notices including prohibition and improvement notices, notices of concern (written notice of matters) and non-disturbance notices.

The figure below shows the number and type of safety notices issued during each of the 5 quarters from October 2024.

Figure 32. Safety notices issued by notice type – October 2024 to December 2025

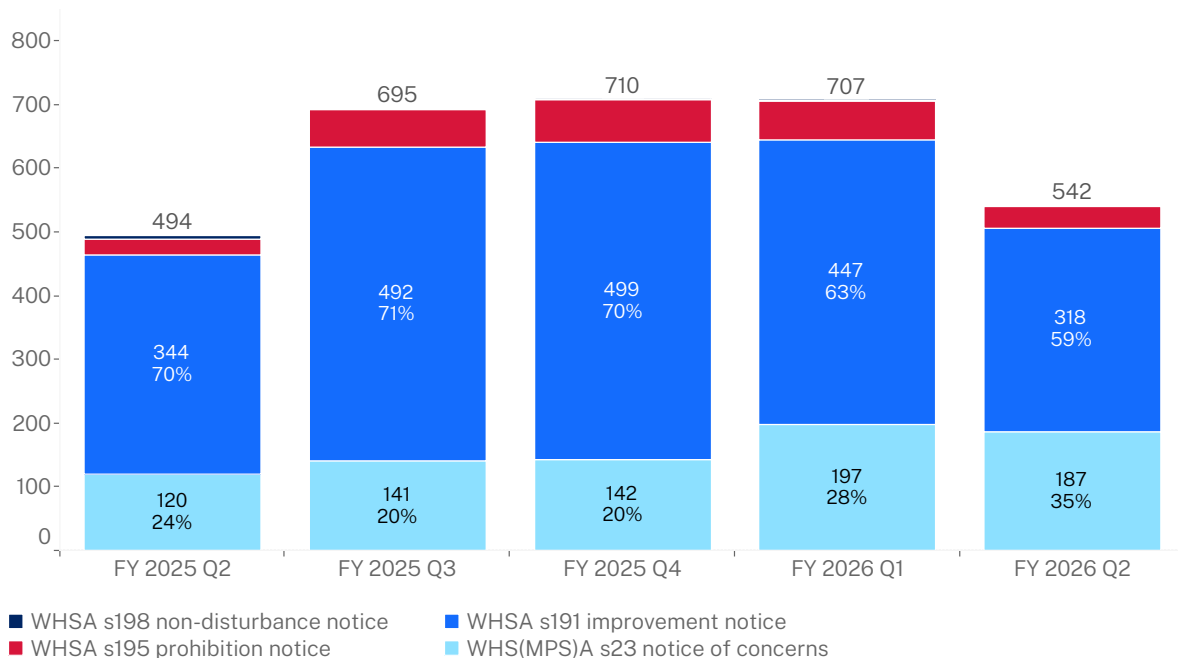
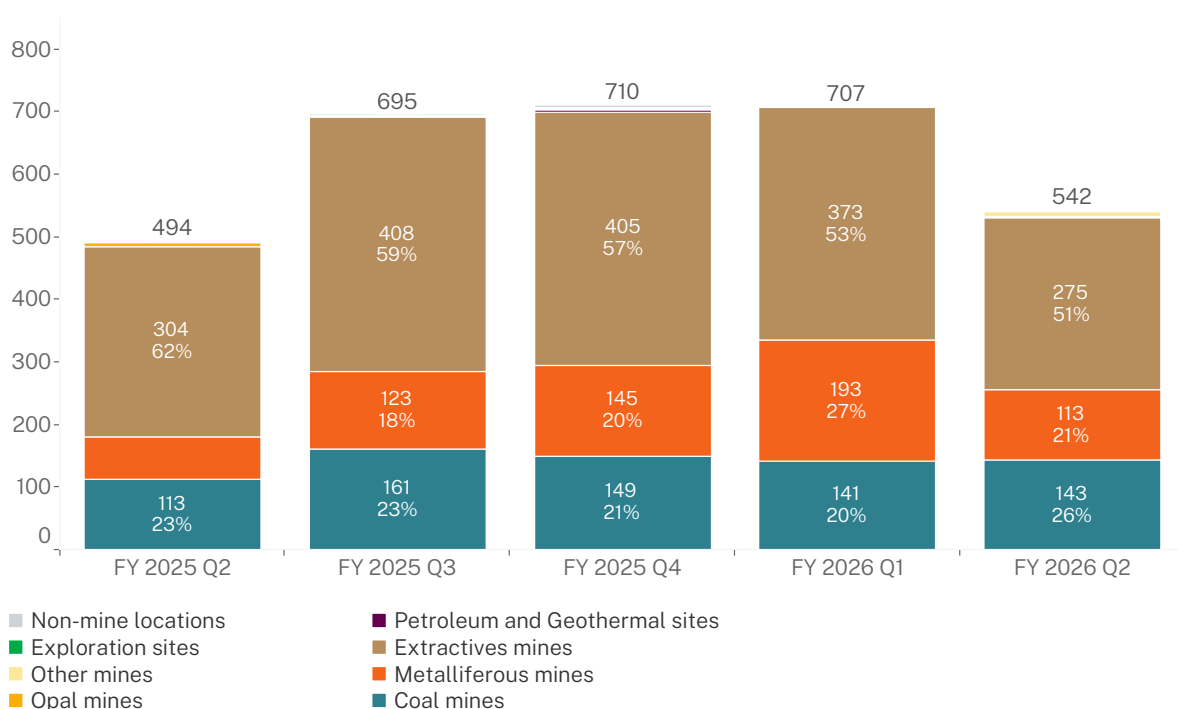


Figure 33. Safety notices issued by sector – October 2024 to December 2025



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