

Mine Safety

REPORTABLE INCIDENTS | WHS MINES LEGISLATION

Weekly incident summary

Published 3 February 2016

Note: While the majority of incidents are reported and recorded within a week of the event, some are notified outside this time period. The incidents in this report therefore have not necessarily occurred in a one week period. All newly recorded incidents, whatever the incident date, are reviewed by the Chief Inspector and senior staff each week and summarised in this report. For more comprehensive statistical data refer to our Annual Performance Measures Reports.

Reportable incidents total

Level 1 incidents	\longrightarrow	Level 2 incidents	Level 3 incidents
24		5	0

Note: Incidents are categorised as Level 1, 2 or 3 according to the seriousness of the incident, with 3 being the most serious.

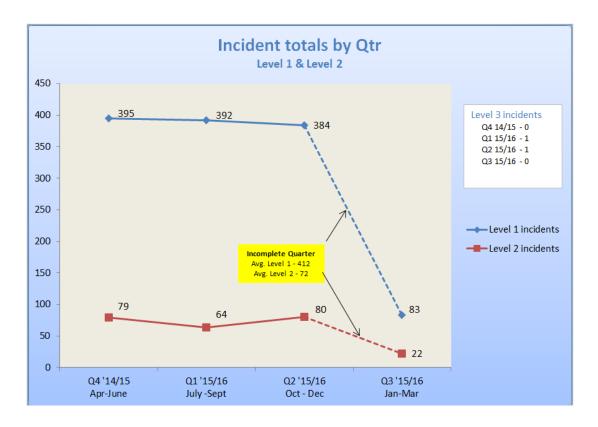
Injuries	Fatalities
10	0

Reportable incidents overview

Note: While all incidents are investigated, generally only level 2 and 3 incidents are summarised below.

Level	Incident type	Summary	Comment to industry
2	Mech Equipment 317658247001	At approximately 14:25pm a contractors truck operated by the contractors employee arrived onsite to deliver parts to the store.	Operators to consider installing hard stops to control unplanned movement of vehicles when parked. Furthermore, appropriate training and additional signage regarding 'safe parking procedures' should be reviewed and communicated to all employees, contractors and delivery drivers.
		The operator brought the truck to a stop at the front entrance of the store and alighted from the vehicle.	
		Security camera footage shows the vehicle starts rolling backwards as soon as the employee alights.	
		The truck continues rolling backwards (unmanned) past the service area turning upgrade coming to a stop for a short period.	
		It then starts rolling forward (down grade) past the services vehicle area along the mine access route and past the M&M drift entry portal striking the wash down bay highwall protection concrete barrier adjacent to mine portal entry. No injuries.	

Leve	I Incident type	Summary	Comment to industry	
2	Elec Energy 317658177001	Longwall shearer remote missing from remote cradle. Remote left on longwall by night shift near bretby tray. Remote placed in the holder. Shearer 103 and cleaning work area during down time, noticed that remote was missing from holder.	Mines should review risks and procedures to ensure the safe transport, storage, operation, set down and defect management of shearer remote controls.	
2	Mech Equipment 317658173001	A scraper rolled over while creating a bund close to the crest edge of a tailings dam wall under construction.	Mines must undertake a specific task risk assessment that identifies risks of potential rollover when using scrapers adjacent to edges. In this specific incident a scraper is not deemed fit for purpose for the actual methodology adopted on site. In future, scrapers will be used to lay material at an appropriate distance from the crest edge and a dozer or excavator will create the protective bund.	
			Industry should note that risk assessments must be comprehensive and cover the full 'life cycle' of the mining process being assessed.	
2	Mech Equipment 317658227001	The driver of a purpose-built underground transport bus lost control of his vehicle while travelling underground, rolling onto its side. The driver and thirteen passengers were extricated by emergency response personnel, with three occupants being taken to hospital for minor cuts and	An investigation is in progress that will examine contributing factors, including the mechanical condition and maintenance history of the bus. Other identical vehicles have been stood down pending the outcome of the investigation.	
		abrasions. The remaining occupants were treated on site by mine paramedics.	0	
2	Mech Equipment 317658241001	The 4" compressed air steel pipe line that supplies air to the fuel filling station was opened to atmosphere to drain off condensation and as a result the pipe tilted itself back spraying the operator in the face with compressed air and condensation, blowing his glasses and hard hat off.	Mines should confirm that compressed air drain pipes are fixed in position prior to releasing pressure.	
2	Explosives 317658165001	Breach of blasting exclusion zone by a shotfirer during the firing of a production and trim blast in an open pit. No injury.	Mine operators must ensure that the blast management plan and firing procedures are fully documented, communicated and effectively implemented – particularly following revision.	



Recent incident publications

No incident related publications published.

You can find all our incident related publications (i.e. safety alerts, safety bulletins, incident information releases, weekly incident summaries and investigation reports) on our website.

Further information

Should you wish to seek further information, please contact the following offices:

COAL (NORTH) and EAST	METEX
Maitland	

NSW Department of Industry Mineral Resources 516 High Street, Maitland NSW 2320 (PO Box 344, Hunter Region MC NSW 2310) T 1300 736 122 or 02 4931 6666

F 02 4931 6790

E mine.safety@industry.nsw.gov.au

COAL (SOUTH) Wollongong

F 02 4226 3851

NSW Department of Industry State Government Offices Level 3, Block F, 84 Crown Street, Wollongong NSW 2500 (PO Box 674, Wollongong NSW 2520) T 02 4222 8333

WEST METEX

Orange

NSW Department of Industry 161 Kite Street, Orange NSW 2800 (Locked Bag 21, Orange NSW 2800) T 02 6360 5333 F 02 6360 5363 After hours – emergency only 02 6360 5343

Disclaimer: The information contained in this publication is based on knowledge and understanding at the time of writing (February 2016). However, because of advances in knowledge, users are reminded of the need to ensure that information upon which they rely is up to date and to check currency of the information with the appropriate officer of the NSW Department of Industry, Skills and Regional Development or the user's independent advisor.

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