



REPORTABLE INCIDENTS | WHS MINES LEGISLATION

Weekly incident summary

31 August 2016

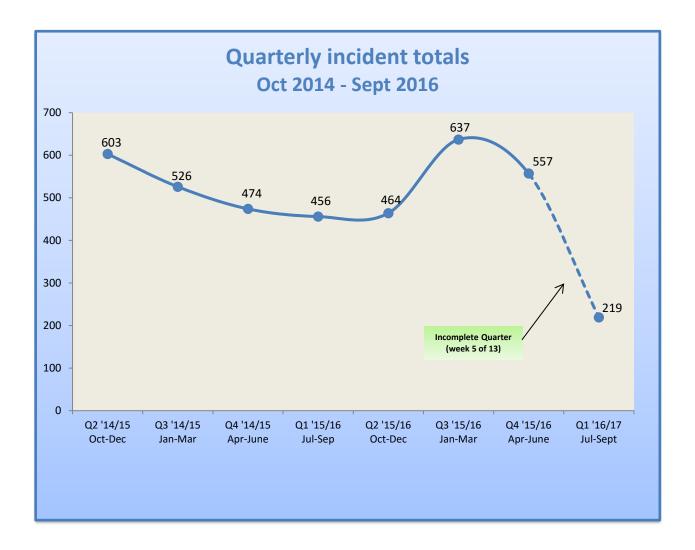
Note: While the majority of incidents are reported and recorded within a week of the event, some are notified outside this time period. The incidents in this report therefore have not necessarily occurred in a one week period. All newly recorded incidents, whatever the incident date, are reviewed by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

To report an incident call 1300 814 609 24 hours a day, 7 days a week

Reportable incidents total: 42 Summarised Incidents: 3

Summarised Incidents – incidents of note for which operators should consider the comments provided and determine if action needs to be taken.

Incident type	Summary	Comment to industry
High potential incident SinNot 2016/0287	In seam drill rig, drilling to confirm fault, struck a gas reservoir causing drill rig power to be tripped via a local methanometer and caused greater than 3% methane in return airway. Drill rig was using a stuffing box and standpipe fitted to a 50 mm diameter hose. Gas pressure contained by the faulted area was in excess of the envisaged quantity/pressure and exceeded the capacity of the 50 mm hose.	Industry should design drill rig set ups and the associated hose/pipe range so that the system can cope with abnormal gas makes.
Dangerous incident SinNot 2016/0274	The shaft of a conveyor snubber roller broke, allowing the roller to fall approximately 8 m to the ground adjacent to conveyor drive house. No people in the vicinity at time.	Mine operators should ensure that replacement parts installed on plant are to the correct specification with regards to design, dimensions and material quality.
Dangerous incident SinNot 2016/0269	A worker suffered an electric shock while climbing on-board a Jumbo drilling rig in an underground metalliferous mine. An investigation revealed no defects. An investigation into a subsequent electric shock to a different operator a week later determined that a light fitting beside the access point to the machine had damage to the insulation of the wiring of the fitting. The operating voltage of the light unit was 24V. The fitting was mounted in a position that made for a convenient hand hold for people accessing the machine.	While the electric shocks suffered in both instances were from a source of Extra Low Voltage (24Vdc), the environment in which these machines operated (warm, damp and humid) enhanced the effects of an electric shock. There was also the risk of a person falling from height due to the response to the shock. Mines need to ensure that the pre use and maintenance inspections are appropriate, personnel are effectively trained in the inspections and the inspections are undertaken in a thorough manner. Investigations into incidents also need to be undertaken in a coordinated and controlled manner.



Recent incident publications

No recent incident notifications.

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 <u>website</u>.

Further information

Email: mine.safety@industry.nsw.gov.au:

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NSW Department of Industry Mineral Resources 516 High Street, Maitland NSW 2320 (PO Box 344, Hunter Region MC NSW 2310)	NSW Department of Industry State Government Offices Level 3, Block F, 84 Crown Street, Wollongong NSW 2500 (PO Box 674, Wollongong NSW 2520)	NSW Department of Industry 161 Kite Street, Orange NSW 2800 (Locked Bag 21, Orange NSW 2800) T 1300 814 609
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Disclaimer: The information contained in this publication is based on knowledge and understanding at the time of writing (September 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.