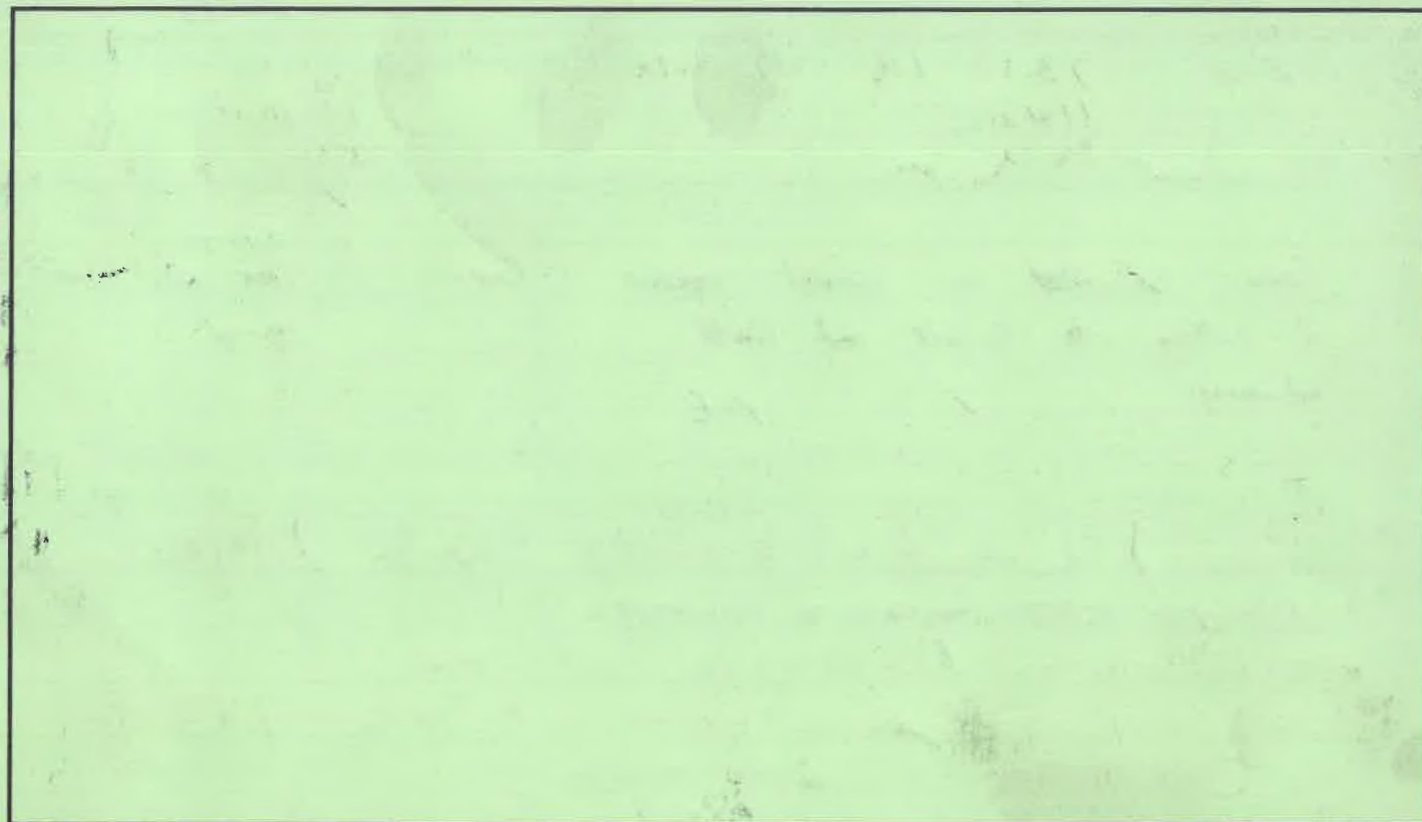


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Map / diagram (if required):



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To be completed by reporting person with assistance from Supervisor (Surface incidents) or ERZ Controller (UG incidents)

ALL Sections of this form are mandatory unless marked.

Incident Number: 222 988

Title of Hazard / Incident:	<u>72.5% CH₄ #197 CHUCK</u>		
Date occurred:	<u>6/4/20</u>	Time:	<u>1115 hrs</u> Hrs
Date Reported:	<u>6/4/20</u>	Time:	<u>1115</u> Hrs
Classification:	Safety <input type="checkbox"/> Material Losses / Damage / Business Interruption <input type="checkbox"/> Legal / Regulatory <input checked="" type="checkbox"/> Environment <input type="checkbox"/> Social / Community <input type="checkbox"/> Impact on Reputation <input type="checkbox"/> Workplace Exposure <input type="checkbox"/> Health Illness <input type="checkbox"/>		
Department:	Longwall <input checked="" type="checkbox"/> Development <input type="checkbox"/> Outbye <input type="checkbox"/> Compliance <input type="checkbox"/> Tech Services <input type="checkbox"/> Seamgas <input type="checkbox"/> SHE <input type="checkbox"/> Human Resources <input type="checkbox"/> Commercial / Supply Chain <input type="checkbox"/> Maintenance / Engineering <input type="checkbox"/> Business Improvement <input type="checkbox"/> Other _____		
Reportable to external bodies?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	List <u>OME</u> department	
Specific Location:	Refer to guide <u>Longwall</u>		
Reported by:	<u>JOSHUA SMITH</u>	ID # <u>982918</u>	Contracting Name / Staff: <u>OKR</u>
Key Person Involved:	<u>WAYNE BROWN</u>	ID #	Contracting Name / Staff:
Key Person Involved:	<u>STEVEN LOHREY</u>	ID #	Contracting Name / Staff:
Key Person Involved:		ID #	Contracting Name / Staff:
Injured Person:		ID #	Contracting Name / Staff:
Others Involved:		ID #	Contracting Name / Staff:
Initial Investigation Team e.g. ERZC / Crew Supervisor / CMW:	<u>J. SMITH / W. BROWN / S. LOHREY</u>		
Equipment Involved:	<u>#197 CHUCK</u>	ERZC/ Supervisor: Include ID #	<u>JOSHUA SMITH 982918</u>
Crew:	<u>E</u>	Process Area & Department	<u>Longwall</u>
Shift Length:	<u>10 HRS</u>	Hours into Shift:	<u>4</u>
		Consecutive days worked:	<u>5</u>
Activity:	<u>COAL PREPARATION OPERATIONS</u>		Drug and Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Incident Description:	<u>whilst trimming out of #197 Chuck exceeded 2.5% on #197 Chuck</u>		
Immediate Direct Cause:	<u>Fall of ground</u>	Mechanism:	<u>Fall of ground</u>
Immediate Corrective Actions Taken:	<u>Power tripped. Begon Rebuilding H₂ chucks, Built Sherman Curbin, Replaced TH CH₄ sensor, Calibrated Reading Sensor, Re-gassed TH Drive.</u>		
Refer to AAMC Risk Matrix to determine the appropriate Consequence Type (matrix on back page)			
Consequence Type:	Safety Injury <input type="checkbox"/> Material Losses / Equipment Damage / Business Interruption <input type="checkbox"/> Legal / Regulatory <input checked="" type="checkbox"/> Environment <input type="checkbox"/> Hazard (POTENTIAL Consequence required only) <input type="checkbox"/>		
Actual Consequence:	Not Applicable for Hazards	Insignificant <input checked="" type="checkbox"/>	Minor <input type="checkbox"/>
Potential Consequence:	Insignificant <input type="checkbox"/>	Minor <input checked="" type="checkbox"/>	Moderate <input checked="" type="checkbox"/>
		High <input checked="" type="checkbox"/>	Major <input type="checkbox"/>

Anglo American Pic Risk Matrix		Hazard Effect / Consequence (Where an event has more than one 'Loss Type', choose the 'Consequence' with the highest rating)				
Loss Type (Additional 'Loss Types' may exist for an event, identify & rate accordingly)		1 Insignificant	2 Minor	3 Moderate	4 High	5 Major
(SH) Harm to People (Safety / Health)	First aid case / Exposure to minor health risk	Medical treatment case / Exposure to major health risk	Lost time injury / Reversible impact on health	Single fatality or loss of quality of life / Irreversible impact on health	Multiple fatalities / Impact on health ultimately fatal	
(EI) Environmental Impact	Minimal environmental harm - L1 incident	Material environmental harm - L2 incident remediable short term	Serious environmental harm - L2 incident remediable within LOM	Major environmental harm - L2 incident remediable post LOM	Extreme environmental harm - L3 incident irreversible	
(B/MD) Business Interruption / Material Damage & Other Consequential Losses	No disruption to operations / 0% loss of budgeted operating profit	Brief disruption to operation / 10% loss of budgeted operating profit / listed assets	15% loss of budgeted operating profit / listed assets	20% loss of budgeted operating profit / listed assets	Substantial or total loss of operation / 25% of loss budgeted operating profit / listed assets	
(LAR) Legal & Regulatory	Low level legal issue	Minor legal issue, non-compliance and breaches of the law	Serious breach of law; investigation/report to authority, prosecution and/or moderate penalty	Major breach of the law; considerable prosecution and penalties	Very considerable penalties & prosecutions; Multiple law suits & jail terms	
(R/S/C) Impact on Reputation / Social / Community	Slight impact - public awareness may exist but no public concern	Limited impact - local public concern	Considerable impact - regional public concern	National impact - national public concern	International impact - international public attention	
Likelihood	Examples (Consider near-hits as well as actual events)	Risk Rating				
5 (Almost Certain)	The unwanted event has occurred frequently, occurs in order of one or more times per year & is likely to reoccur within 1 year	11 (M)	16 (S)	20 (S)		
4 (Likely)	The unwanted event has occurred infrequently, occurs in order of less than once per year & is likely to reoccur within 5 years	7 (M)	12 (M)	17 (S)		
3 (Possible)	The unwanted event has happened in the business at some time, or could happen within 10 years	4 (L)	8 (M)	13 (S)	18 (S)	
2 (Unlikely)	The unwanted event has happened in the business at some time, or could happen within 20 years	2 (L)	5 (L)	9 (M)	14 (S)	19 (S)
1 (Rare)	The unwanted event has never been known to occur in the business, or it is highly unlikely that it will occur within 20 years	1 (L)	3 (L)	6 (M)	10 (M)	15 (S)
Risk Rating	Risk Level	Guidelines for Risk Matrix				
21 to 25		A high risk exists that management's objectives may not be achieved. Appropriate mitigation strategy to be devised immediately.				
13 to 20	(S) - Significant	A significant risk exists that management's objectives may not be achieved. Appropriate mitigation strategy to be devised as soon as possible.				
6 to 12	(M) - Medium	A moderate risk exists that management's objectives may not be achieved. Appropriate mitigation strategy to be devised as part of the normal management process.				
1 to 5	(L) - Low	A low risk exists that management's objectives may not be achieved. Monitor risk, no further mitigation required.				

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Has the hazard, defect or incident been effectively controlled on shift?		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
If not, why not?			
Safety			
Parts Injured / Location:	Medical Treatment:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Hospitalised:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Environmental			
Media Impacted:	Refer to guide	Environmental Impact:	Refer to guide
Hazard			
Hazard Agent:		Hazard Type:	Act <input type="checkbox"/> Condition <input type="checkbox"/>

Timeline:	
01/01/18 06:00	Example: Attended Start of Shift
1100	Cutting into Tailgate, turning back at cutting into cutting into City tripped sensor @ 197.
1115	
	Before the Incident
	Incident Occurred
1145	After the Incident

Additional Actions to prevent reoccurrence: (ERZ Controller/ Supervisor to complete)

Initial Incident Report Checklist:

Contact relevant site personnel: Completed <input checked="" type="checkbox"/>	Have statements been collected?: Completed <input checked="" type="checkbox"/> e.g. Key person involved, witnesses (submit with this form)
Collect any relevant SHE MS Documents: Completed <input type="checkbox"/>	Take photos of incident scene as required: Completed <input type="checkbox"/>

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	Task Description	By Whom	Action Due (date)	Enablon ID #
PEOPLE Tasks	Is counselling of the CMW required (std text to be used in task)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> CMW to be counselled in line with the Anglo Coal Consequence Model and Applicable Misconduct Policy. Evidence to be sent to site HR for file.			
	Crews counselled on correct sequence of cutting into Tailgate and shield advancing.	Env.	24/4 Our next two swings.	
WORKPLACE Tasks	Conduct LFI into incident to determine sustainable actions to reduce recurrence and exposure of Om CH4 sensor to Goat Stream	B. Smith	27/4/2020.	
	Change management - Review position of the Om CH4 sensor on Supports relative to face creep & TG position relative to TG Corner. CH4 sensor to be positioned to align with black-side rib,	B. Smith.	27.4.20	
ORGANISATIONAL Tasks	Conclusion: Goat Plant reduced capacity by up to 70%; Large Goat Fall in Tailgate; Wing damaged on 195/196 Choke. TG CUTTING SEQ + SHIELD ADVANCE CONTROLS FROM PREVIOUS HPI'S NOT FOLLOWED; #197 located in TG roadway exposed to goat stream.			

Incident Sign Off:			
Person Reporting	Name: G. SMITH	Supervisor (For surface incident) ERZ Controller (For UG Incidents)	Name: JOSHUA SMITH
Signature: Confidential		Signature: Confidential	
Date: 6/4/20		Date: 6/4/20	
Verification Sign Off:			
Undermanager/ MSO	Name: C. SCOTCHED	Signature: Confidential	Date: 6/4/2020
Superintendent/ Manager	Name: D. BLACK	Signature: Confidential	Date: 7/4/20
Entered into Enablon By:	Name:	Date:	Staff ID #
If reported to the DNRME, Is a form 5A required? Yes <input type="checkbox"/> No <input type="checkbox"/>		Is a 'Learning From Incident' Investigation Required? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If Yes, Raise relevant task for the completion of Form 5A		If Yes, Raise relevant task for the completion of LFI report	
LFI Task Enablon ID:		Completion Date of Task	