

Newton, Bayda

From: McNally, Tim
Sent: Friday, 22 May 2020 8:52 AM
To: Duffy, Joel; Newton, Bayda
Subject: FW: Form 1a For HPI dangerous gas accumulation
Attachments: Form 1a HPI - Gas Exceedance LW808 2-3ct TG ROADWAY GAS SENSOR 09.25pm - 12.04.20.docx

From: McNally, Tim
Sent: Sunday, 12 April 2020 7:52 PM
To: Confidential
Cc: Wynn, Damien Confidential; Schiefelbein, Kelvin
 Confidential; Moreby, James Confidential; Harris, Richard
 Confidential
Subject: Form 1a For HPI dangerous gas accumulation

Mark/Jason,

Please find attached the Form 1a for tailgate gas exceedance that occurred on the 11/04/2020 in LW808 TG.

If you have any questions then please don't hesitate to contact me.

Thanks

Tim McNally
 Grasstree Mine

Confidential

PLEASE DO NOT REFORMAT THIS FORM

<i>MINES INSPECTORATE VERSION 11 November 2017</i>	<i>NOTICE OF CONFIRMATION TO THE MINES INSPECTORATE OF A COAL MINE HIGH POTENTIAL INCIDENT, SERIOUS ACCIDENT OR DISEASE</i>
MINE: Grasstree Mine	DATE: 12/04/2020
<i>This notice* is made by or on behalf of the SSE primarily** pursuant to section 198(4) or (5) of the CMSHA to confirm the initial oral report to an inspector and an ISHR. It is also used to report prescribed diseases pursuant to section 198(6) of the CMSHA.</i>	
NOTE: * Notice required within 48 hours or 24 hours in the case of a fatality: ** Also serves to report "Non-Reportable Incidents"	

SECTION 1: INITIAL ORAL REPORT		
Made By: Tim McNally	Company Position: Underground Mine Manager	Phone: Confidential
Made To : Mark Lydon IOM	Time: 08:30	Date: 12/04/2020
Made To: Jason Hill ISHR	Time: 08:30	Date: 12/04/2020
Made To: Richard Harris SSHR	Time: 04:30	Date: 12/04/2020

SECTION 2: SERIOUS ACCIDENT	
Is this a SERIOUS ACCIDENT:	NO
NOTE 1:	<i>Act s16: A SERIOUS ACCIDENT is one that causes (a) death or (b) a person to be admitted to hospital as an in-patient for treatment of the injury. Also by definition it is a HPI</i>
NOTE 2:	<i>While not included in the definition of SERIOUS ACCIDENT, Act s198(2)(iii) requires immediate notification of an accident "that causes a person to suffer an injury, causing or likely to cause, a permanent injury to a person's safety or health". (This is also a HPI as defined by Act s.17)</i>
NOTE 3:	<i>Schedule 9 of the Regulation defines SERIOUS BODILY INJURY as an "injury endangering, or likely to endanger, life or causing, or likely to cause, a permanent injury to health" of a person.</i>

SECTION 3: PRESCRIBED HPI TYPE BEING REPORTED	
<u>SCHEDULE 1C</u> Act 198(2b)	<i>10b A ventilation failure causing a dangerous accumulation of methane or other gas that endangers the safety and health of a person.</i>
<u>SCHEDULE 2 Part 1</u> Act 200(1)	Choose an item. <i>Must not interfere with site without inspectorate permission</i>
<u>SCHEDULE 2 Part 2</u> Act 201(1c)	Choose an item. <i>Investigation Report to an inspector within 1 month.</i>
NOTE 1:	<i>Some HPI types in Schedule 1C also qualify as types in Schedule 2, Part 1 and/or Part 2. See details on reverse of this form</i>

SECTION 4: NON PRESCRIBED HPI OR NON REPORTABLE INCIDENT NRI	
NON PRESCRIBED HPI <input type="checkbox"/>	<i>Where a "match" cannot be made to the Schedule 1C but the event is a HPI as defined by CMSHA section 17</i>
NON REPORTABLE INCIDENT (NRI) <input type="checkbox"/>	<i>Where the incident is significant and has a safety "message" to share with industry</i>
NOTE	<i>Act s17 HPI "an event, or a series of events, that causes or has the potential to cause a significant adverse effect on the safety or health of a person"</i>

SECTION 5: REPORTABLE DISEASE SCHEDULE 1	
Chronic obstructive pulmonary disease <input type="checkbox"/>	coal workers' pneumoconiosis <input type="checkbox"/>
legionellosis <input type="checkbox"/>	silicosis <input type="checkbox"/>
Other	
NOTE 1	<i>To be reportable, the disease must have been contracted by a current or former coal mine worker who was exposed to dust/agent and has had the diagnosis confirmed by a nominated medical adviser or another doctor</i>
NOTE 2: Tick relevant box above (no further disease information is required on this form)	

SECTION 6: DETAILS OF THE EVENT	
NOTE <i>Information provided in this section includes the "Primary Information" required by s.198(3) of the Act</i>	
CONCISE DESCRIPTION OF THE NATURE OF THE EVENT <i>(put all other information in the "Other information/details" field below)</i>	

A Gas Exceedance has occurred in the LW808 TG ROADWAY airway when the methane sensor located on chock #197 recorded gas concentrations exceeding 2.5% v/v methane.

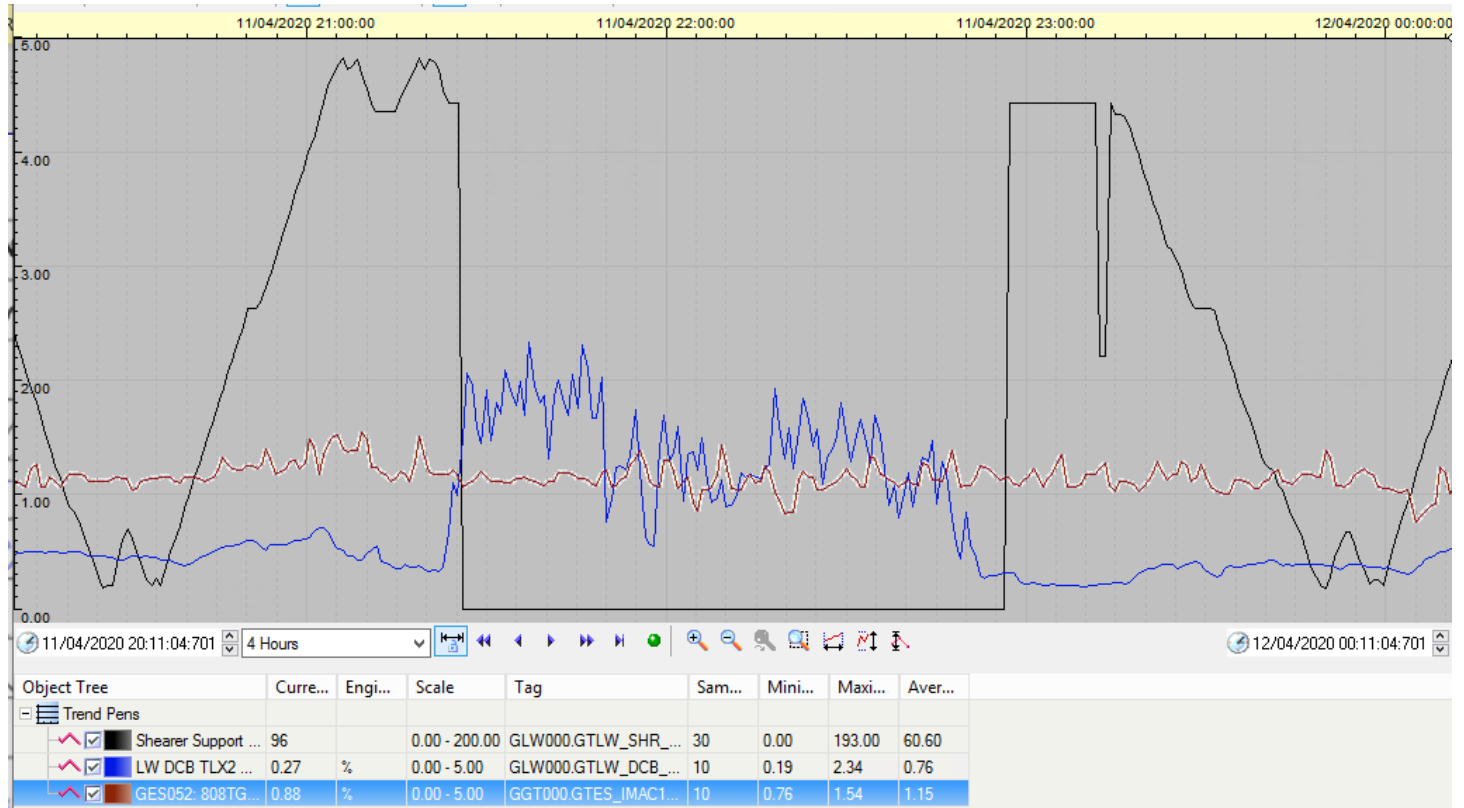
The gas exceedance was believed to be due to gas being purged from the goaf due to the caving of an intersection. The gas accumulation caused an immediate trip of power supply to the AFC and shearer at 2% as per requirements. The gas accumulation did not present as exceedance at the TG drive gas sensors or at the dog leg sensor positioned further outbye. Around 1.44% was recorded further outbye.

A peak reading of 4.18% was recorded during a period of 65 minutes where the concentration fluctuated as the gas layering cleared.

A thorough review of controls was undertaken and additional steps to control the situation included:

- 1 Installation of a Sherwood Certain in the TG roadway
- 2 Adjustments of face deflectors to better control the airflow around the TG drive

Image of Citect at the time of the trip



DATE: 11/04/2020	TIME: 21:25	LOCATION: A heading TG 808 2-3 ct
EQUIPMENT INVOLVED: Chock#197 gas sensor	DAMAGE:	
ENVIRONMENTAL CONDITIONS: (x)	Light: <input checked="" type="checkbox"/>	Dark: <input type="checkbox"/> Sunny: <input type="checkbox"/> Wet: <input type="checkbox"/> Dry: <input type="checkbox"/> Windy: <input type="checkbox"/>

PERSONS INVOLVED: (x)	Number: 0	Employee <input checked="" type="checkbox"/>	Contractor <input type="checkbox"/>	Labour Hire <input type="checkbox"/>	Visitor <input type="checkbox"/>
NAME(S) OF DECEASED: nil			TYPE DEATH	NATURAL <input type="checkbox"/>	ACCIDENT <input type="checkbox"/>
NAME(S) OF PERSONS INJURED		INJURIES		EMPLOYER (contractor where applicable)	
nil					
NAMES OF ANYONE WHO SAW THE INCIDENT OR WERE PRESENT AT THE TIME AND IF NO WITNESSES, NAME OF PERSON FINDING THE INCIDENT		NAME		EMPLOYER (contractor where applicable)	
		Luke Shackleton ERZC		Grasstree	
		Aaron Fielding MSO		Grasstree	
OTHER INFORMATION/DETAIL:					
<p>The exceedance did not appear at gas sensors downstream.</p> <p>The gas has resume a trend of under 0.9% after the exceedance.</p>					

IMPORTANT NOTE:

This is **NOT** an official “Approved Form”. There is no statutory obligation to use it

SSE : Site Senior Executive	ISHR : Industry Safety and Health Representative	HPI : High Potential Incident
CMSHA : Coal Mining Safety and Health Act 1999	CMSHR : Coal Mining Safety and Health Regulations 2017	

The objective of the form is to provide a reporting tool that is of mutual benefit by:-

1. Raising awareness of the requirement to provide written confirmation of reported incidents and to facilitate that confirmation process
2. Obtaining consistent information as required for input into the Inspectorate Database.
3. Guiding industry to correctly identify the HPI “Type” that is reported and thereby to understand the statutory obligations that apply
4. Providing for the reporting of all Incidents with a “Safety Message” - provides for reporting “Non-Reportable Incidents” (NRI’s)
5. Providing a “ready reference” to assist with the understanding of Schedules 1, 1C & 2.

Coal Mining Safety & Health Act 1999, s.17: - A “high potential incident” at a coal mine is an event, or a series of events, that causes or has the potential to cause a significant adverse effect on the safety or health of a person.

Coal Mining Safety & Health Regulation 2017:

SCHEDULE 1C		SCHEDULE 2 **	
Types Of High Potential Incidents For Section 198 Of The Act		Part 1	Part 2
1	An unplanned ignition of gas, dust, or a combination of gas and dust.	√	√
2	The spontaneous combustion of coal or other material in an underground mine.		√
3	The entrapment of a person.	√	√
4	An electric shock to a person.		√
5	An event causing the withdrawal of a person from the mine or part of the mine.		
6	An abnormal circumstances declaration.		√
7	An event that causes only 1 escapeway from the mine to be available for use.		
8	A fire on a vehicle or plant		
9	An incident involving an explosive		
10	A FOLLOWING INCIDENT THAT ENDANGERS THE SAFETY OR HEALTH OF A PERSON —		
(a)	a fire;		
(b)	a ventilation failure causing a dangerous accumulation of methane or other gas;		
(c)	an inrush;		√
(d)	a coal or rock outburst;		
(e)	damage to, or failure of, haulage equipment used to transport a person in a shaft or slope;	√	
(f)	an unplanned movement of, or failure to stop, a vehicle or plant;		
(g)	the failure in service of explosion protection of explosion protected equipment;	√	√

(h)	a failure of electrical equipment or an electrical installation;		
(i)	an unplanned ignition or explosion of a blasting agent or explosive;	√	√
(j)	a failure of strata control;		√
(k)	the exposure of a person to a hazardous substance;		
(l)	an unforeseen hazard requiring a review of the mine's safety and health management system;		
(m)	the unplanned immersion of a person in liquid;		
(n)	an unplanned movement of earth or coal;		
(o)	a structural failure of equipment;		√
(p)	a collision involving a vehicle or plant.		

NOTE: ** The ticks indicate those types in Schedule 1 that are also a type in part 1 or part 2 of Schedule 2 and subject to the requirements of that schedule.

SCHEDULE 2

PART 1 - Types for section 200(1) <i>Must not interfere with site without inspectorate permission</i>		PART 2 - Types for section 201(1) <i>Investigation Report to an inspector within 1 month.</i>	
1	An incident causing the death of, or a serious bodily injury to, a person	1	An unplanned ignition of gas, dust, or a combination of gas and dust
2	An unplanned ignition of gas, dust, or a combination of gas and dust.	2	The spontaneous combustion of coal or other material in an underground mine.
3	Damage to, or failure of, haulage equipment used to transport a person in a shaft or slope, if the damage or failure causes a hazard.	3	An inrush.
4	The failure in service of explosion protection of explosion protected equipment.	4	The failure in service of explosion protection of explosion protected equipment
5	A failure of electrical equipment or an electrical installation causing an electric shock to a person.	5	An electric shock to a person.
6	An unplanned ignition or explosion of a blasting agent or explosive.	6	An unplanned ignition or explosion of a blasting agent or explosive.
7	A major structural failure of equipment, if the failure causes a hazard.	7	A major failure of strata control.
		8	The entrapment of a person.
		9	An abnormal circumstances declaration.
		10	A major structural failure of equipment.

SEE NEXT PAGE FOR FURTHER GUIDENCE ON COMPLETING THE CONFIRMATION FORM

FURTHER GUIDENCE ON COMPLETING THE CONFIRMATION FORM

Section 5 Reportable disease

This form can be used to report the occurrence of a disease as detailed in schedule 1 of the CMSHR.

Reporting is only required when each of the following apply:

- the SSE has received a report of a prescribed disease;
- the disease was contracted by a person who–
 - is a current or former (e.g. retired) coal mine worker at a coal mine; and
 - was exposed to a causative agent for the disease at the mine; and
- a nominated medical adviser or another doctor has confirmed the diagnosis.

NOTE 1: Personal information of the person who has contacted the disease (e.g. name) is not required and should not be included on this form unless the person has given consent.

Section 6 "Concise Description of the Nature of the Event" field:

In this field:-

- Insert only a **concise** statement containing only the pertinent facts about the **nature** of the event
 - Info regarding the cause of the incident should become available from your investigation. If the investigation has been concluded then, if appropriate, cause information can be included here or otherwise included in the "Other Info/Details" field.
- Do not include in the **concise description** field:-
 - Info that will identify individuals or companies (eg. names). If a contractor is involved refer simply to "a contractor" in this field.
 - Names of individuals and/or companies will be entered in other fields in this section.
 - Date and time as they are captured in other fields - unless they are particularly relevant (eg. after dark might be a relevant factor)
- Do include the actual make & model of any plant involved (not simply truck or excavator)
 - Other mines will better relate to an incident when they have the same item(s) of plant
 - It may assist in identifying patterns or common/recurring problems with particular items of plant
- The incident location may or may not be relevant here but it must be entered in the "Location" field.
- All additional info (including cause related info that might be available) should be put into the "Other Info/Detail" field
-

Section 6, "Location" field:

Be specific. For example "Ramp 4" may be appropriate if the incident actually happened on Ramp 4 otherwise it is too general and can be misleading by giving the impression that the incident happened on a ramp. Also for example, "Pit B" is too general.

Section 6 "Equipment Involved" field:

Provide the actual make & model of any plant involved (not simply truck or excavator)

Section 6, "Other Info/Detail" field:

Photo's can be inserted into here but please reduce the memory size to assist us.

General:

- This part of the HPI reporting process/procedure should be documented in the Safety Management System to ensure it is sustainable.
- The SSE has the obligation to report HPI's and if that obligation is delegated then the delegate should be formerly appointed and be appropriately trained.
- Where the HPI reporting function is delegated it is strongly recommended that the SSE be copied in.
- [The information pages 2 & 3 need not be returned to the Inspectorate](#)

NOTE 1: A HPI must be reported directly to an inspector. A message left on a phone does not satisfy the legislation. Ring around until you speak with an inspector.

NOTE 2: The confirmation form must be emailed to the Inspector who received the verbal notification