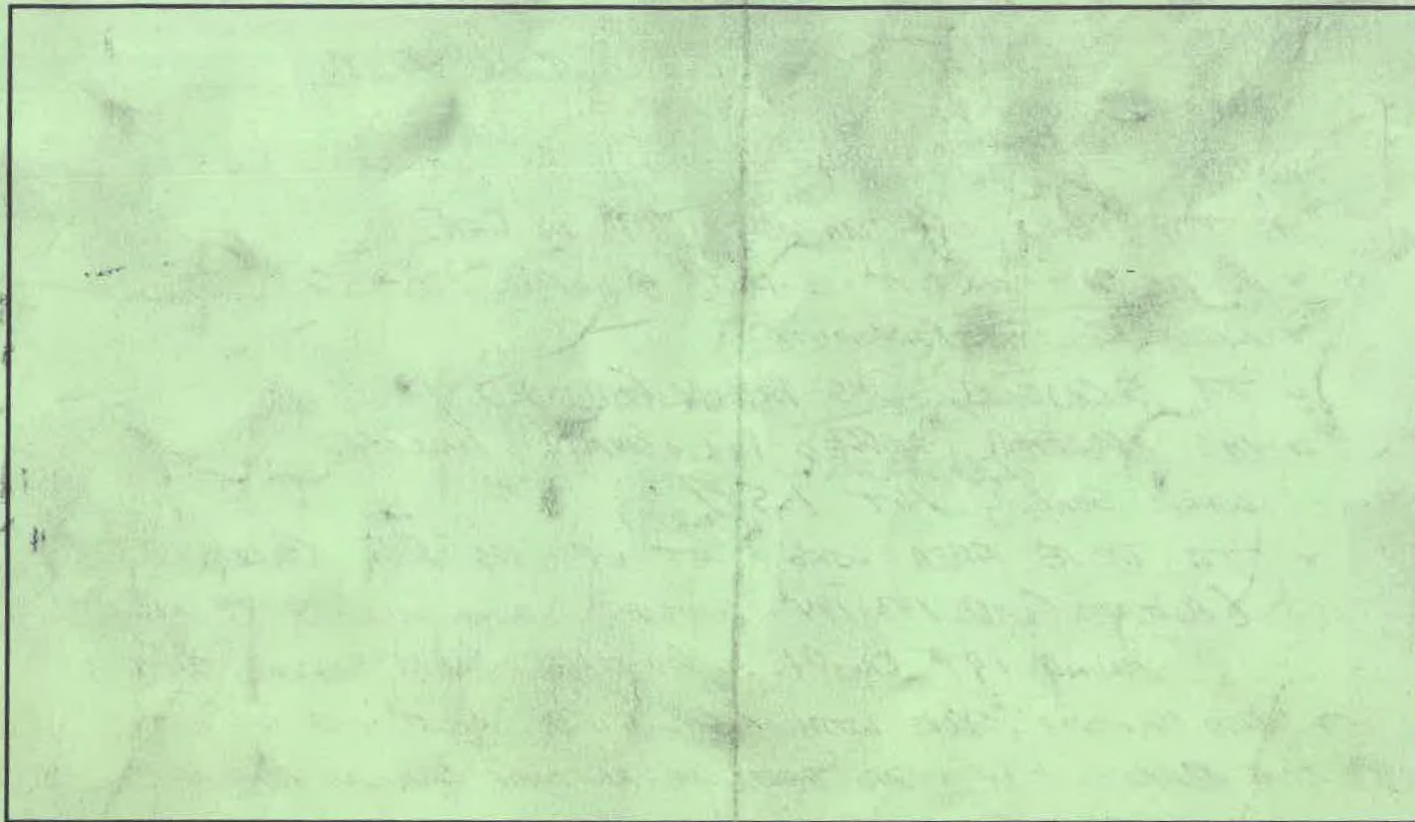




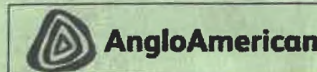
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Map / diagram (if required):



Anglo American Plc Risk Matrix		Hazard Effect / Consequence <small>(Where an event has more than one 'Loss Type', choose the 'Consequence' with the highest rating)</small>				
Loss Type <small>(Additional 'Loss Types' may exist for an event; identify & rate accordingly)</small>		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 operation / 0% loss of budgeted operating profit	Brief disruption to operation / 10% loss of budgeted operating profit / listed assets	Partial shutdown / 15% loss of budgeted operating profit / listed assets	Partial loss of operation / 20% loss of budgeted operating profit / listed assets	Substantial or total loss of operation / 25% or more loss of budgeted operating profit / listed assets
(L&R) 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 <small>(Consider near-hits as well as actual events)</small>	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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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: 222495

Title of Hazard / Incident:	CH 72.5% OVER ON SENSOR		
Date occurred:	25 / 3 / 20	Time:	1749 Hrs
Date Reported:	25 / 3 / 20	Time:	1750 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 checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/>	List the external body: DNRME	
Specific Location:	Refer to guide: LONGWALL		
Reported by:	PROTON	ID #	0047057 Contracting Name / Staff:
Key Person Involved:		ID #	Contracting Name / Staff:
Key Person Involved:		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: PROTON		
Equipment Involved:		ERZC/ Supervisor: Include ID #	PROTON
Crew:	D	Process Area & Department	LONGWALL
Shift Length:	12	Hours into Shift:	8 Consecutive days worked: 6
Activity:	LONGWALL OPERATIONS		Drug and Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Incident Description:	CUTTING OUT OF TA FIRST RUN IN CUT TO 187# LOST POWER 72.5% OVER ON SENSOR		
Immediate Direct Cause:	OTHER	Mechanism:	CAS
Immediate Corrective Actions Taken:	Notified mso, set up brattice in tailgate, advanced gate end chocks prior to resuming production.		
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:	Insignificant <input checked="" type="checkbox"/>	Minor <input type="checkbox"/>	Moderate <input type="checkbox"/>
Not Applicable for Hazards	(first aid case, damage <0.01% annual revenue etc)	(medical treatment, damage 0.01-0.1% annual revenue)	(lost time injury, damage 0.1-1.0% annual revenue)
Potential Consequence:	Insignificant <input type="checkbox"/>	Minor <input checked="" type="checkbox"/>	Moderate <input checked="" type="checkbox"/>
	(first aid case, damage <0.01% annual revenue etc)	(medical treatment, damage 0.01-0.1% annual revenue)	(lost time injury, damage 0.1-1.0% annual revenue)
			(permanent disability/ fatality, Anglo HPI)
			(numerous permanent disabilities/ fatalities, Anglo HPI)

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Has the hazard, defect or incident been effectively controlled on shift?		YES <input 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	
1700	Before the Incident	Coming to TA
1720-1744		>1.9% CH ₄ TA ROAD SAM
1738-1742		>1.9% CH ₄ " "
1749	After the Incident	Incident Occurred >2.5% On Sensor
1750		NOTIFIED MSD - UMAN
		INSTALLED SHERWOOD CURTAIN ADVANCED TA SUPPORTS

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

Initial Incident Report Checklist:

Contact relevant site personnel: Completed <input 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 type="checkbox"/> No <input checked="" 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. LFI - (ACTION PLAN AP.007) 2602	BRAESON SMITH	7-4-20	73 01295116
WORKPLACE Tasks			
to TG ROAD OFF DRAINAGE 197 th IN GATE			
to HIGH GAS CONTENT @ 100' @ HEATER 170 th → TG			
to LARGE FALL IN PARAMETER			
to TA SEQUENCE WAS BEING FOLLOWED			
to M4 OPERATOR STOPPED AFC + SHEARER HALLAGE WHEN SENSOR HIT 1.5%			
to TA DRIVE AREA WAS SET UP AS PER PROCEDURE (BUTCHES FLAPS 193+194 th BOOTLE RUN DOWNS LEGS 195-197 th + WING ALONG 197 th CANOPY AS PER DIAGRAM MAINT SHERWOOD CURTAIN)			
ORGANISATIONAL Tasks			
to HAD PREVIOUSLY SPEAK WITH MSD D LORGE ABOUT HIGH GAS CONTENT DRIVE RELEASED IT UP + SAID THERE WAS NO MORE DRAINAGE AVAILABLE M4 5 th 20M FROM FACE WING UP AT 1 st			
Conclusion: * OFF DRAINAGE + TA SEQUENCING HIGH GAS CONTENT + SERVICING OF GOAF HOLES Trialing roof support flaps + TB drive chgs. to prevent a further hpl.			

Incident Sign Off:			
Person Reporting	Name: <i>Proton</i>	Supervisor (For surface incident) ERZ Controller (For UG incidents)	Name: <i>Proton</i>
Signature:	<i>[Signature]</i>	Signature:	<i>[Signature]</i>
Date:	25/3/20	Date:	25/3/20
Verification Sign Off:			
Undermanager/ MSO	Name: <i>A. Freedging</i>	Signature:	Date: 25.3.20
Superintendent/ Manager	Name: <i>DeVernoy</i>	Signature:	Date: 26/3/2020
Entered into Enablon By:	Name:	Date:	Staff ID #
If reported to the DNRME, Is a form 5A required? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Is a 'Learning From Incident' Investigation Required? Yes <input 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	