

## PLEASE DO NOT REFORMAT THIS FORM

|  |   |
|--|---|
| <b>MINES INSPECTORATE<br/>VERSION 11<br/>November 2017</b>   | <b>NOTICE OF CONFIRMATION<br/>TO THE MINES INSPECTORATE OF A <u>COAL</u> MINE<br/><u>HIGH POTENTIAL INCIDENT, SERIOUS ACCIDENT OR DISEASE</u></b> |
| <b>MINE: Grasstree Mine</b>  | <b>DATE: 28/07/2019</b>   |
| <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: Kelvin Schiefelbein   | Company Position: Underground Mine Manager | Phone: [REDACTED] |
| Made To: Geoff Nugent IOM      | Time: 14:00                                | Date: 28/07/2019  |
| Made To: Jason Hill            | Time: 14:10                                | Date: 28/07/2019  |
| Made To: Jim Hoare SSHR        | Time: 14:30                                | Date: 28/07/2019  |

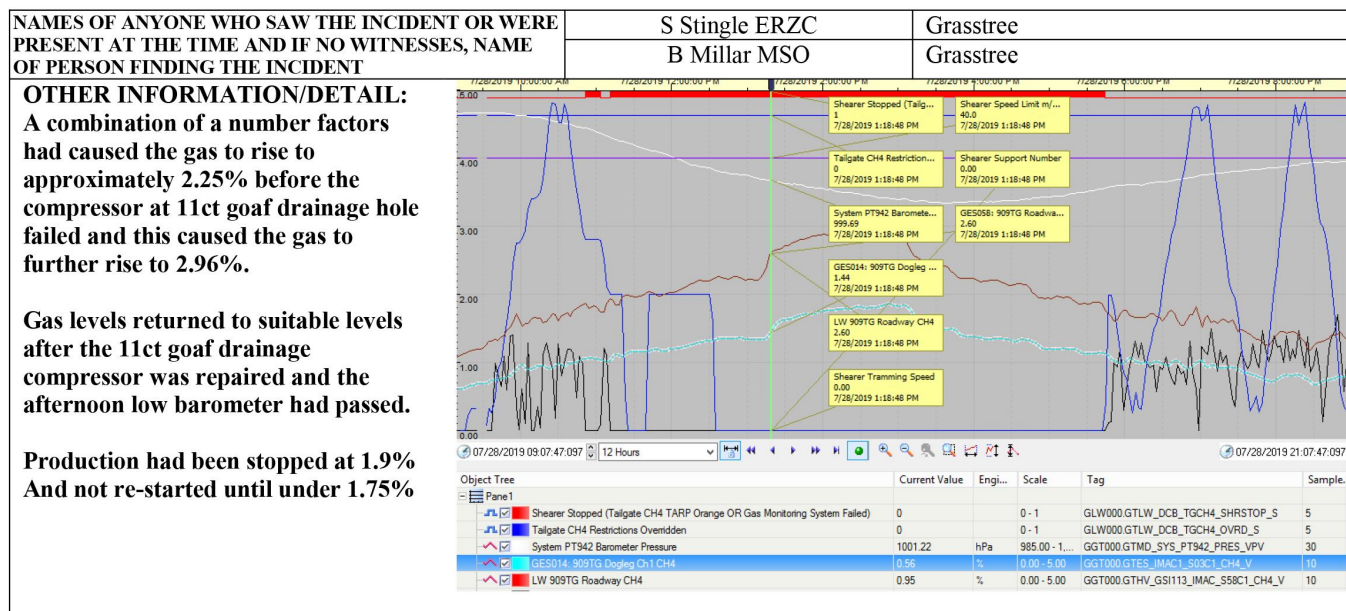
| SECTION 2: SERIOUS ACCIDENT |   |
|-----------------------------|---|
| Is this a SERIOUS ACCIDENT: | <b>NO</b>   |
| NOTE 1:                     | <i>Act s16: A SERIOUS ACCIDENT is one that causes (a) death or (b) a person to be admitted to hospital as an in-patient for treatment of the injury. Also 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  |   |
|--|---|
| <b>SCHEDULE 1C</b><br>Act 198(2b)              | <b>10b A ventilation failure causing a dangerous accumulation of methane or other gas that endangers the safety and health of a person.</b> |
| <b>SCHEDULE 2</b><br><b>Part 1</b> Act 200(1)  | Choose an item. <b>Must not interfere with site without inspectorate permission</b>   |
| <b>SCHEDULE 2</b><br><b>Part 2</b> Act 201(1c) | Choose an item. <b>Investigation Report to an inspector within 1 month.</b>   |
| 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: <i>Tick relevant box above (no further disease information is required on this form)</i>  |   |  |                                    |       |

| 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>  |  |
| <b>CONCISE DESCRIPTION OF THE NATURE OF THE EVENT</b><br>(put all other information in the "Other information/details" field below)   |  |
| Gas has exceeded 2.5% in the Longwall 909 tailgate after the gas make has increased abnormally. Factors which are believed to have compounded to cause the abnormal gas make are as follows:  |  |
| <ol style="list-style-type: none"> <li>Reduced performance of the goaf drainage due to goaf bore-hole deterioration and failure of compressor units which are used to operate gas extraction venturi units.</li> <li>An abnormal increase in gas make due to strata movements in the caved area.</li> <li>The barometric low in the afternoon was a steeper change than normal.</li> <li>Failure of a compressor and venturi set on the 11ct goaf drainage hole was pivotal to the exceedance.</li> </ol> |  |
| Gas has peaked at 2.96% but was diluted to below 2% in the mains returns.   |  |
| DATE: 28/07/2019  | TIME: 1:16   |
| LOCATION: LW907 at approximately 7ct (CH665)  |  |
| EQUIPMENT INVOLVED: LW  | DAMAGE: nil  |
| ENVIRONMENTAL CONDITIONS: (x)   | Light: <input 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 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: nil  |
|   | EMPLOYER (contractor where applicable)   |
|   |  |
|   | NAME   |
|   | EMPLOYER (contractor where applicable)   |

**IMPORTANT NOTE:**

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

|   |   |                                      |
|---|---|--------------------------------------|
| <b>SSE</b> : Site Senior Executive                    | <b>ISHR</b> : Industry Safety and Health Representative       | <b>HPI</b> : High Potential Incident |
| <b>CMSHA</b> : Coal Mining Safety and Health Act 1999 | <b>CMSHR</b> : 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 ** |        |
|---|---|---------------|--------|
| <i>Types Of High Potential Incidents For Section 198 Of The Act</i> |   | 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 <b>THAT ENDANGERS THE SAFETY OR HEALTH OF A PERSON</b> —               |               |        |
| (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.



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

**SEE NEXT PAGE FOR FURTHER GUIDENCE ON COMPLETING THE CONFIRMATION FORM**

## FURTHER GUIDANCE 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**