PLEASE DO NOT REFORMAT THIS FORM

MINES INSPECTORATE VERSION 11 November 2017

NOTICE OF CONFIRMATION

TO THE MINES INSPECTORATE OF A COAL MINE HIGH POTENTIAL INCIDENT, SERIOUS ACCIDENT OR DISEASE

DATE: 8/05/2019 **MINE: Grasstree Mine**

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.

Made To: Jason Hill ISHR Time: 10:20 Date:8/05/2019 Made To: Jason Hill ISHR Time: 10:25 Date:8/05/2019 Made To: Jason Hill ISHR Time: 11:25 Date:8/05/2019 Made To: Jason Hill ISHR Time: 11:25 Date:8/05/2019 SECTION 2: SERIOUS ACCIDENT: Is this a SERIOUS ACCIDENT: NOTE 1: Act 16: 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. About 16: 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. About 16: A SERIOUS ACCIDENT is one that causes (a) death or (b) a person with a death of the injury. About 16: A SERIOUS ACCIDENT, Act 19/8/20/til) requires immediate notification of an accident "that causes a personant injury to a person." Self-op whealth." (This is also a 1191 as defined by Act 17) or Act 19/8/20/til) requires immediate notification of an accident "that causes a personant injury to a person." Self-op whealth." (This is also a 1191 as defined by Act 17) or Act 19/8/20/til) requires immediate notification of an accident "that causes a personant injury to a person." Self-op whealth." (This is also a 1191 as defined by Act 17) or Act 19/8/20/til) requires immediate notification of an accident "that causes a personant injury to a person." Self-op whealth." (This is also a 1191 as defined by Act 17) or Act 19/8/20/til) requires immediate notification of an accident "that causes a personant injury to a person." Self-op whealth." (This is also a 1191 as defined by Act 17) or Act 19/8/20/til) requires immediate notification of an accident "that causes a personant injury to a person." SECTION 3: SCHEDULE 1 Of An unplanned movement of, or a failure to stop, a wehicle or plant that endangers the safety and health of a person. SCHEDULE 2 Part 1 Act 2001(1) Of An unplanned movement of, or a failure to stop, a wehicle or plant that endangers the safety and health of a person. SCHEDULE 2 Part 2 Act 2001(1) Of An unplanned movement of, or a	SECTION 1:								
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pulmonary disease								Othor	
NOTE 1 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 NOTE 2: Tick relevant box above (no further disease information is required on this form) SECTION 6: DETAILS OF THE EVENT NOTE Information provided in this section includes the "Primary Information" required by \$198(3) of the Act CONCISE DESCRIPTION OF THE NATURE OF THE EVENT (put all other information in the "Other information/details" field below) A Front End Loader has rolled onto its side when being used to sort, recover, and load out waste material from a bulk waste tipping area. The loader operator has driven the front end loader onto waste materials to compress them for loading out. Some items have not compressed under one side of the loader. This has caused the loader to roll to the low side which did not have waste material under the wheels. The waste material, which the operator was attempting to compress, was a number of empty 1000 litre soap pallets. The operator was un-injured. DATE: 8/05/2019 TIME: 09:00 LOCATION: Grasstree Waste Disposal Area EQUIPMENT INVOLVED: Front End Loader - Cat 914G DAMAGE: Slowly Rolled onto its side - minor damage ENVIRONMENTAL CONDITIONS: (x) Light: Dark: Sunny: Wet: Dry: Windy: PERSONS INVOLVED: (x) Number: I Employee Contractor Labour Hire Visitor NAME(S) OF DECEASED: TYPE DEATH NATURAL ACCIDENT NAME(S) OF PERSONS INJURED INJURIES EMPLOYER (contractor where applicable) Nil Suez Contracting Nil Nil Suez Contracting Nil Nil Suez Contracting Nil				iegioneno	JSIS	SHICOS] Other	
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NAMES OF ANYONE WHO SAW THE INCIDENT OR WERE PRESENT AT THE TIME AND IF NO WITNESSES, NAME OF PERSON FINDING THE INCIDENT

(Front End Loader Driver)

Contactor

OTHER INFORMATION/DETAIL:

Photos at the scene of the accident.





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 He	alth Act 1999 CMSHR : Coal Mining Safety and Health R	Regulations 2017

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

- Raising awareness of the requirement to provide written confirmation of reported incidents and to facilitate that confirmation process
- Obtaining consistent information as required for input into the Inspectorate Database.
- Guiding industry to correctly identify the HPI "Type" that is reported and thereby to understand the statutory obligations that apply Providing for the reporting of all Incidents with a "Safety Message" provides for reporting "Non-Reportable Incidents" (NRI's) 3.
- 4.
- 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			
	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;	1	1
(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;		
(0)	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) Must not interfere with site without inspectorate permission Inve			PART 2 - Types for section 201(1) Investigation Report to an inspector within 1 month.		
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
 - o is a current or former (e.g. retired) coal mine worker at a coal mine; and
 - o 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 <u>disease</u> (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
 - o 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:
 - o 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.
 - O 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
 - o 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 <u>directly</u> 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