



Anglo Coal (Capcoal Management) Pty Ltd  
 Capcoal Underground Grasstree Mine  
 Management Plan  
 Involved Person or Witness Statement  
 MP.GTM.025

**APPENDIX 3 INVOLVED PERSON OR WITNESS STATEMENT**

Event Description:	705 <sup>th</sup> CH OVER ON SENSOR		
Date and Time:	25/3/20		1749
Location of Event:	197 <sup>th</sup>		
<b>Witness Details</b>			
Name of Witness:	D. MORTON	Contact No:	
Job Title:	DEPUTY	Anglo No:	6047057
Employer:	GT		
<b>Witness Statement</b>			

What task were you undertaking prior to or at the time of the incident?

DEPUTY

Who were you working with at the time of the incident?

FNU

Who was your supervisor?

-

Who was the ERZ Controller responsible for the zone at the time of the incident?

-

What processes or procedures were you following whilst carrying out the task (if involved in the incident)? Did you have a permit to work / authority to work?

CUTTING OUT OF T4 AS PER SEQUENCE

Was a workplace inspection conducted prior to working in the area? If so, when and how?

What was your role in the incident?

Deputy



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Explain your own words what happened during incident including the lead-up, incident occurrence, and post incident – please include what you saw, heard and did. (If you need more space, please attach another page at rear). Draw diagrams if necessary.

HAD HAD TRIP TO ROADWAY 1.9% GOT WORKING AGAIN  
- CUTTIN OUT OF TA AS PER SEQ  
- STOPPED AFL @ MG WHEN DM SENSOR REACHED 1.5%  
- STOPPED SHEARER MAINT @ MG.  
- CH4 @ 2.5%

x 197-196 195 CANDLES WERE LEVEL  
-> SEQUANCE WAS FOLLOWED  
-> TA AREA WAS SET UP AS PER PROCEDURE  
-> THROUGH OUT SHIFT MANUALLY SLOWED SHEARER

What conditions influenced the incident and what do you think caused the incident?

LARGE DROP IN BAROMETER NOT ENOUGH CH4 DRAINAGE  
CAPACITY. DISTANCE BETWEEN GOLF HOLES  
OFF DRAINAGE @ TA - 197# IN (CORR)

Was there anything unusual you observed prior to or during the Event (sights, sounds, smells, other work in the area etc)?

How do you think the incident could have been prevented?

YES - INADEQUATE CH4 DRAINAGE  
- OFF DRAINAGE

Interviewee Name: [Redacted] Date: [Redacted]  
Signature: [Redacted]