NSW GOVERNMENT

NSW Resources Regulator

WEEKLY INCIDENT SUMMARY

Week ending Friday 17 September 2021

This incident summary provides information on reportable incidents and safety advice for the NSW mining industry. To report an incident to the NSW Resources Regulator: phone 1300 814 609 24 hours a day, 7 days a week.

At a glance

High level summary of emerging trends and our recommendations to operators.

TYPE	NUMBER
Reportable incident total	48
Summarised incident total	3

Summarised incidents

INCIDENT TYPE	SUMMARY	COMMENTS TO INDUSTRY
Dangerous incident IncNot0040738 Construction materials  Roads or other vehicle operating areas	 A 50-tonne excavator was operating on a pad of material that was being fed into a mobile crusher when the air conditioner	Equipment operators must maintain situational awareness and remain vigilant to the inherent risks when working at height. When equipment is changed out, the operator and supervisor should review the hazards and controls for the task.

failed. Consequently, the operator swapped to a 20-tonne excavator. While setting up to cut down the pad, the operator reversed off the edge of the pad, rolling backwards down the 3.5 metres face. The operator was uninjured.

Dangerous incidents
IncNot0040739
Underground metals mine

Ground or strata

A fall of ground occurred in a metalliferous mine. The roof of a four-way intersection fell across the fullwidth of the intersection. No one was in the area at the time of the fall.

Underground mine operators should review the adequacy of their strata monitoring arrangements and associated trigger action response plans (TARPs) to ensure that workers are not exposed to unacceptable risks associated with strata failure. Strata monitoring should be increased in areas of geological structures or where other mining operations may influence strata.

Dangerous incidents
IncNot0040692
Open cut coal mine

Fire or explosion

A grader caught on fire while being refuelled. Diesel fuel escaped from a crack in the weld between the tank and the inlet pipe. The fuel ignited when it contacted a hot surface within the engine compartment. The operator was using a non-approved device to hold the fuel nozzle handle open. There were no injuries.

Under no circumstances should operators override safety controls on refuelling systems. Operators must always maintain control of the fuel flow. Investigations are ongoing and further information may be released in future. The videos linked below are from Resources Safety and Health, Queensland. They highlight the dangers of failing to use OEM recommended procedures when refuelling mobile plant.

- Pressurised Refuelling Systems 1: Lessons learned
- Pressurised Refuelling Systems 2: Process overview

Other Resources Regulator publications

- Safety Alert – SA21-06 - Proper design, construction, inspection and use of scaffolding
- Safety Alert - SA21-07 - Lift arm failure on load haul dump (LHD)

Other publications of interest

The incidents are included for your review. The NSW Resources Regulator does not endorse the findings or recommendations of these incidents. It is your legal duty to exercise due diligence to ensure the business complies with its work health and safety obligations.

PUBLICATION	ISSUE/TOPIC
	National (fatal)
Worksafe QLD	**Worker killed by piece of metal ejected from unguarded angle grinder** In June 2021, a worker was fatally injured while he was using a 9-inch (230mm) angle grinder to cut the base of a structural steel member at a construction site in Brisbane. It appears a small metal shard was violently ejected from the cutting work and struck his neck. No guarding was fitted to the angle grinder at the time. **Details**
Queensland Resources Safety and Health (Coal Inspectorate)	**Safety Alert 396 - Fatality resulting from a fall of ground at an underground coal mine** On 14 September 2021, a coal mine worker was fatally injured while conducting work in a conveyor drift with two other workers, one of whom was seriously injured. **Details**
	National (other, non-fatal)
Queensland Resources Safety and Health (Explosives)	**Ignition of fuel-air mixture from mobile processing unit discharge auger – Alert #103** A mobile processing unit (MPU) was being used to manufacture blasting explosives, blending ammonium nitrate, fuel oil and emulsion. During this operation, a flame was observed by the operator coming from the incline transfer tube. The most likely cause of the flame was identified as an ignition of diesel vapour emitting from the chute between the incline and delivery augers.

	The flame was of short duration and self-extinguished before potentially causing a general fire or explosion. As a precaution, the MPU operator used onboard extinguishers to mitigate the risk of fire. Details
Queensland Resources Safety and Health (Coal Inspectorate)	**Managing heat exposure in coal mines – Mines safety bulletin #191** As summer approaches, some coal mines have already started to experience hot weather conditions. Persons with safety and health obligations must ensure that exposures to heat are being effectively managed to an acceptable level of risk at their mine sites. The mine's safety management system must incorporate processes to recognise and effectively manage heat exposure and to protect mine workers from heat related illness. Details

Note: While the majority of incidents are reported and recorded within a week of the event, some are notified outside this time period. The incidents in this report therefore have not necessarily occurred in a one-week period. All newly recorded incidents, whatever the incident date, are reviewed by the Chief Inspector and senior staff each week. For more comprehensive statistical data refer to our annual performance measures reports.

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