NSW GOVERNMENT

NSW Resources Regulator

WEEKLY INCIDENT SUMMARY

Week ending Friday 11 March 2022

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	47
Summarised incident total	4

Summarised incidents

INCIDENT TYPE	SUMMARY	COMMENTS TO INDUSTRY
Dangerous incident IncNot0041760 Surface coal	A boilermaker suffered an electric shock while conducting chassis repairs on a haul truck with a MIG welder. The boilermaker was between the main alternator and the chassis when he felt a shock across his chest. 	Mine operators should verify that workers carrying out welding have identified appropriate earthing points, their personal protection equipment (PPE) is dry and they are appropriately trained. Welding machines must be isolated when not in use. Refer to: • Safety Bulletin SB19-03 Welding-related electric shocks increase • NSW Resources Regulator Information Sheet No.2: Basic welding practices

Dangerous incident IncNot0041774 Open cut coal	An electrician placed his personal isolation lock onto a lock box and began work on a sump pump. As the electrician began to remove the main junction box screws, the pump started. The electrician was not injured. The work procedure contained incorrect isolation information and the electrician failed to test for dead before starting work on the pump. 	When group isolation systems are used, the isolation must be confirmed for all the required tasks. When workers lock onto a group isolation, they must check that the isolation is suitable for the task they are conducting. Mine workers must be trained and competent in isolation procedures and should always test for dead before starting work.
Dangerous incident IncNot0041771 Open cut coal Roads or other vehicle operating areas 	While descending a ramp, a haul truck gained speed and exceeded the operating range of the retard system. The operator failed to apply the service brake in time and was unable to safely negotiate a 90^{o} corner at the base of the ramp. The truck hit the left side windrow.	Workers must operate vehicles at a speed that is appropriate to the prevailing conditions. Engineering controls that minimise the risk of loss of control should be considered, including the use of speed-limiting devices, speed monitoring and alarms. Mobile plant operating characteristics, including stopping distances, maneuverability and speeds must be considered when developing control measures to manage the risks of operating

		vehicles. This should consider both loaded and unloaded vehicles.
Dangerous incident IncNot0041787 Quarrying	A spotter's arm was broken when it was pinned between a trailer and a water tank. The spotter was helping to position the trailer near the water tank.	All workers must remain clear of crush points near moving equipment. Supervisors must ensure workers comply with no-go zones around moving plant and equipment. Engineering controls such as reversing cameras and proximity detection systems should be used to remove workers from areas where they can be placed at risk.

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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