# WEEKLY INCIDENT SUMMARY

## Week ending 19 April 2019

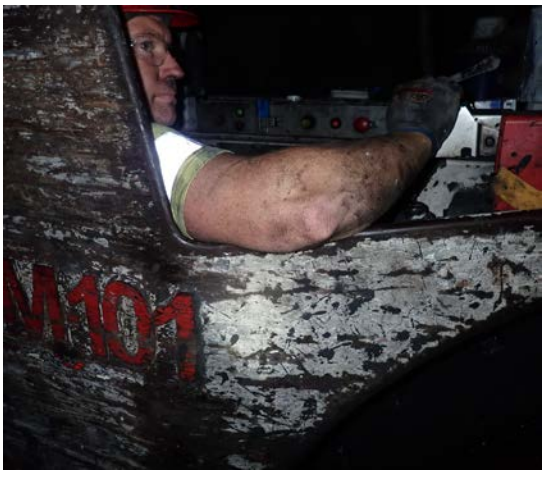
This incident summary provides information on reportable incidents and safety advice for the NSW mining industry. To report an incident to the NSW Resources Regulator: phone 1300 814 609 24 hours a day, 7 days a week.

## At a glance

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

| TYPE | NUMBER |
|---|---|
| Reportable incident total | 28 |
| Summarised incident total | 6 |

## Summarised incidents

| INCIDENT TYPE | SUMMARY | RECOMMENDATIONS TO INDUSTRY |
|---|---|---|
| Serious incident<br>IncNot0034407 | An operator suffered lacerations and a hairline fracture to the upper right arm while driving a load haul dump machine (LHD). The LHD operator ran over a bump in the road which caused him to pinch his arm which he was resting on the ledge of cab door, and a secondary support 'can' installed in the roadway.<br>  | Mine operators should reinforce to equipment operators that they must keep body parts within the confines of the operator's cabin when the equipment is in motion.<br>Mine operators must maintain roads to minimise equipment instability and the amount of operator input required to maintain machinery on the intended course. |

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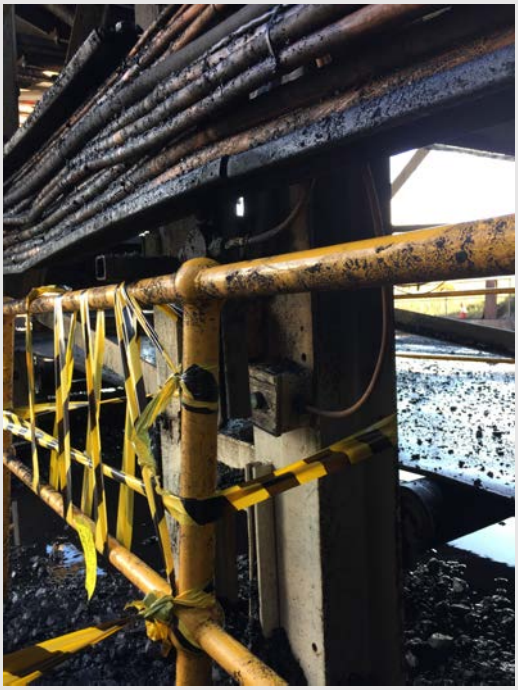
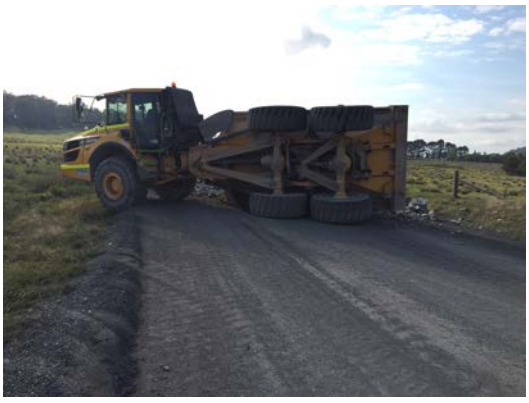
| Dangerous incident<br>IncNot0034397 | A plant operator was cleaning coal spillage from around a coal transfer conveyor. The area was reported to have been sprayed and was wet. Once the conveyor was started, it was tracking off. When the operator activated the wander switch override, he reported feeling an electric shock.<br>  | Electrical equipment that has an ingress protection (IP) rating is critical in wet areas and should be maintained as fit for purpose throughout its life cycle.<br>The control circuit involved was supplied at low voltage (110V)<br>Mines that have control voltages to field devices above extra low voltage (ELV) should review how they manage the risk of electric shock, including the modification of field control circuits to extra-low voltage. |
| Dangerous incident<br>IncNot0034378 | An articulated dump truck veered off a haul road. The truck driver over-corrected the steering when trying to bring the truck back onto the road, resulting in the truck rolling over.<br>  | Operators of articulated dump trucks are reminded to drive to conditions and consider their experience level, prevailing light, tightness of corners, and gradients.<br>Any concerns over performance of the vehicle to operate as expected should be investigated or notified to supervisors. |

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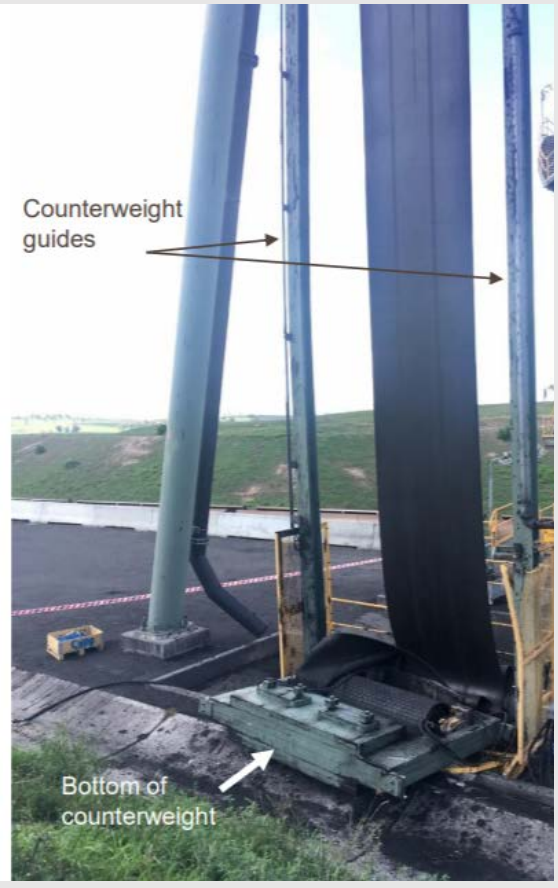
| Dangerous incident<br>IncNot0034388 | When investigating a tracking issue on a train load out conveyor system, the belt became erratic, causing it to make contact with the structure and resulting in the conveyor belt tearing. This caused the gravity tower loop take-up counterweight to fall about 15 metres.<br>The investigation is ongoing.<br>  <br> | Operators of gantry conveyor systems should review the adequacy of restricted access areas under conveyors and near gravity loop take-up guides.<br>Where major repairs are undertaken on conveyor systems, recommissioning should verify all belt protection devices are working effectively and tracking issues are fully investigated and remedied. |
| Dangerous incident<br>IncNot0034377 | At an underground metalliferous mine, an agitator truck was taking shotcrete underground. As the truck was travelling up a grade, the operator observed smoke coming from the truck. The operator activated the on-board fire suppression system, however non-metallic covers intensified the fire. After the incident was notified to control via the emergency call, workers underground went to the refuge chambers until the fire was extinguished. | Operators are reminded of the importance of elimination and segregation of ignition sources from potential fuel sources in various failure scenarios. Introduction to site standards and sound maintenance practices are essential in the prevention of fires.<br>MDG15 specifically addresses fire risks on mobile plant, including the fitting o fire-resistant covers, shields and guards, as well as matters for |

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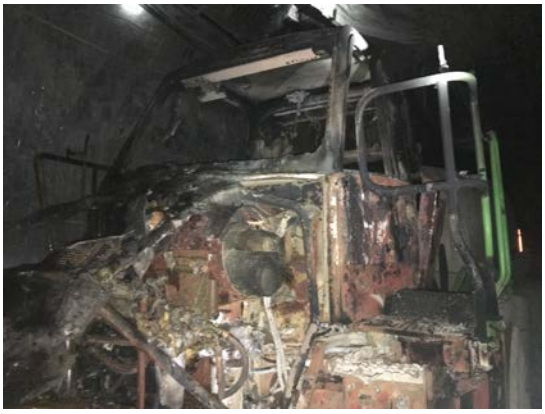
| | The investigation of this incident is continuing.<br>  | consideration in fire risk assessments for mobile plant.<br>Mine operators should consider the risks of using non-metallic covers as part of the fire risk assessment.<br>Every time a fire on an item of mobile plant occurs, the mine operator should immediately arrange to inspect all similar plant in service at their mine to ensure the defective condition that initiated the fire does not exist on other plant.<br>The number of fires on mobile plant in underground metalliferous mines is unacceptably high. It is the position of the Resources Regulator that fires are mobile plant are preventable, and this will remain a priority focus area. |
| High potential incident<br>IncNot0034360 | A dozer was working on a bulk push task to establish ramp access when the operator noticed a fire in the engine bay. As the operator had already pushed past the crest and was some way down the slope, he made the decision to continue dozing down the slope but got caught up on a large rock. The operator decided to activate the fire suppression system and evacuate the dozer.<br>The operator also accessed a fire extinguisher on the right-hand side of the dozer platform but slipped and fell while fighting the fire. He suffered hand and rib injuries and was unable to perform his normal duties for more than seven days.<br>The cause of the fire is yet to be determined. | In an emergency, equipment operators must follow site emergency procedures to ensure their safety.<br>Mine operators should regularly re-train their workers in the requirements of these procedures.<br>Matters to be addressed in these procedures should include:<br>• stopping the equipment immediately<br>• activating fire suppression systems if fitted,<br>• calling emergency with the location and other information and exiting to safety.<br>• fighting a fire only when it is safe to do so, consider all hazards present including ground stability, light available, slope, fumes, wind |

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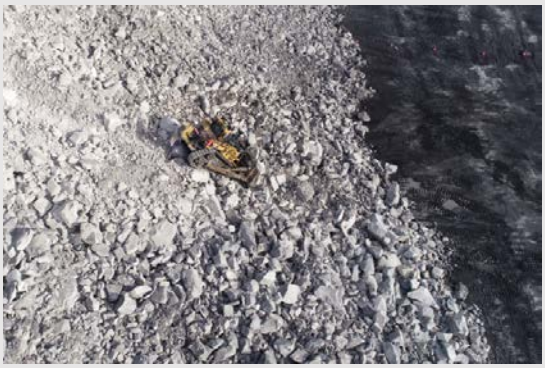
| |  | direction as well as fire intensity, and so on.<br>Mine operators should plan earth moving operations to maintain access (roads) for emergency vehicles, as far reasonably practicable. |

## 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 |
|---|---|
| | **International (other non-fatal)** |
| MinEx NZ | **Welding slag injury**<br>A worker was welding when a small piece of slag dropped down the front of his boot and burned his sock. He was able to remove the boot before suffering burns to his skin.<br>**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.



| DOCUMENT CONTROL | |
|---|---|
| **CM9 reference** | DOC19/352058 |
| **Mine safety reference** | ISR19-15 |
| **Date published** | 26 April 2019 |
| **Approved by** | Chief Inspector<br>Office of the Chief Inspector |