Weekly incident summary



Week ending 5 July 2017

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

Туре	Number
Reportable incident total	33
Summarised incident total	4

Summarised incidents

Incident type	Summary	Recommendations to industry
Dangerous incident SinNot 2017/00979	A contract worker was using a magnetic-based electric drill in a workshop. While using the drill, he suffered an electric shock.	The electric shock was caused by a faulty drill that was in service for five months. A contributing cause was an incorrect test procedure. We recommend that mine operators routinely test portable tools and extension leads. An inspection tag should be attached. Mine operators should ensure electrical tests are performed by competent staff members who have been trained in the procedures and use of all test instruments. For more information, refer to clauses 148-151 of the Work Health and Safety Regulation 2011. Mine operators should consider using battery powered tools instead of low voltage (240 volt) tools. They should also consider using permanent magnet drill bases instead of 240+ volt electro-magnetic bases. Operators should refer to Safety alert: Severe electric shock from power tool. Non-coal mines are reminded that their nominated electrical engineer is required to attend their site to fulfil the nominated duties under the requirements of clause 33 (1), schedule 10 of the Work Health and Safety (Mines and Petroleum Sites) Regulation. This duty cannot be delegated to other persons.
High potential incident SinNot 2017/00980	While hoisting ore, a broken drill steel fell from the skip onto the main cage. This caused significant damage. The hoisting winder is also the mine's second means of exit (egress).	Material falling down a shaft poses a serious risk to the health and safety of any person in the shaft. Appropriate control measures are required to prevent the risk of material falling down a shaft. Mine operators must ensure they comply with clause 49 (6) of the Work Health and Safety (Mines and Petroleum Sites) Regulation 2014.

High
potential
incident
SinNot
2017/00992

A gas drainage plant failed at an underground mine. The mine withdrew all workers from the underground part of the mine in accordance with their trigger action response plan (TARP).

Mine operators must review the procedures and conditions in relation to failed plant before allowing people to re-enter an underground mine. Mine operators must also revise and implement changes to ensure that the trigger event does not reoccur.

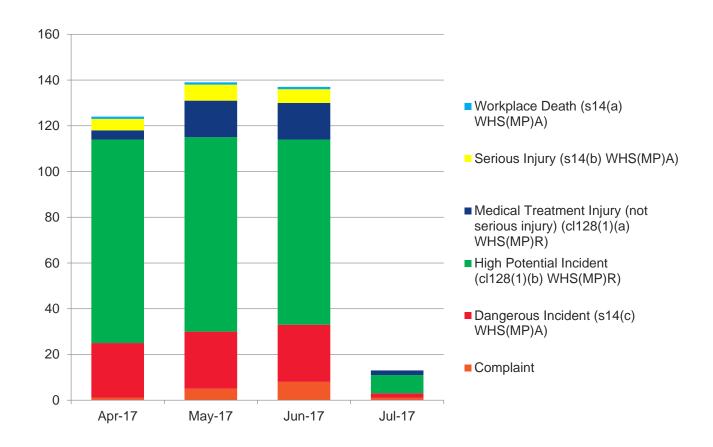
High potential incident SinNot 2017/00987

A fitter was undertaking maintenance activity in an underground mine. During maintenance, he noticed that there was foaming fluid releasing from roof support 'RS0047'. The dump valve was activated. The shift maintenance supervisor was contacted and the supervisor gave his permission to investigate the root cause of the fluid release. The investigation identified that the hi-set inter-leg hose failed.

The investigation determined that the hi-set inter-leg hose was too long for the application and the loop was rubbing on the tailgate roof support leg. The hose failed due to abrasive wear. Hose integrity is the single control measure for the prevention of an escape of pressurised fluid into the work area.

Mines should have effective hose management systems to ensure hose integrity. This should include considering the recommendations in section 7 of the department's <u>guideline</u> for fluid power system safety at mines.

Routine hose maintenance inspections should include a condition assessment of hoses with particular focus on wear, impact and squashing between the equipment.



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.

Recent publications

- Investigation information release: Fatality on the surface of an underground coal mine
- Safety alert: Non-compliant gas detectors

Disclaimer

The information contained in this publication is based on knowledge and understanding at the time of writing. However, because of advances in knowledge, users are reminded of the need to ensure that information on which they rely is up to date and to check the currency of the information with the appropriate officer of NSW Department of Planning and Environment or the user's independent advisor.

Office use only	
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