



# Queensland mining industry reporting manual

Instructions for completion of on-line incident report and monthly summary

**August 2015**

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# Part 1 – Completion of on-line incident report forms

## Section 1 – Introduction

From 1 July 2014 Queensland will commence submitting mine health and safety data to the National Mine Safety Database as part of its commitment to the National Mine Safety Framework (NMSF). Strategy five of the NMSF requires the establishment and collection of a nationally consistent dataset to allow consistent collection, analysis and reporting of mine health and safety data. Further information can be found on the Australian Government Industry website at

<http://www.industry.gov.au/resource/Mining/NationalMineSafetyFramework>

### Objectives

This manual focuses on the on-line processing and coding of incident reports, including: lost time injuries (LTIS); disabling injuries (on alternative/light duties); diseases and high potential incidents; and, monthly summary forms required by Department of Natural Resources and Mines (DNRM) under legislation and the NMSF. The primary use for the information is to enable the department and mining industry health and safety professionals to analyse the mining industry's accident/incident performance and to provide a database for other safety and health analyses.

### Forms

Incidents (lost time, fatality and high potential) are to be reported on the Queensland Mining Industry Incident Report Form (incident reporting form), which is available on the DNRM website at [www.dnrm.qld.gov.au](http://www.dnrm.qld.gov.au)

Fatal injuries are reported on both forms. Journey injuries (to/from work) are not to be included in these reports.

In addition to the incident reporting form, mining and quarrying operations are required to complete a Queensland Mining Industry Monthly Incident Summary. This monthly summary form is available on the DNRM website.

Mines should check that all Lost Time/Alternative Duties incidents and medical treatments are reported. The only exception is incidents that occur at the end of the reporting period and where lost time is expected to be recorded in the following month.

### Lodging forms

#### Incident form

When an incident is confirmed as a lost time/disabling incident, disease or high potential, complete the incident reporting form. When an online form is submitted, a copy will be sent to the submitter email address, to the local District Office of the DNRM Mines Inspectorate and to the head office this copy is filed for records. The mailing address and email for the district offices are listed below.

Southern Region PO Box 1475, Coorparoo QLD 4151 or [mirsouthern@dnrm.qld.gov.au](mailto:mirsouthern@dnrm.qld.gov.au)

Rockhampton PO Box 548, Rockhampton QLD 4700 or [mirrockhampton@dnrm.qld.gov.au](mailto:mirrockhampton@dnrm.qld.gov.au)

Mackay PO Box 1801, Mackay QLD 4740 or [mirmackay@dnrm.qld.gov.au](mailto:mirmackay@dnrm.qld.gov.au)

Mount Isa PO Box 334, Mount Isa QLD 4825 or [mirmtisa@dnrm.qld.gov.au](mailto:mirmtisa@dnrm.qld.gov.au)

Townsville PO Box 1752, Townsville QLD 4810 or [mirtownsville@dnrm.qld.gov.au](mailto:mirtownsville@dnrm.qld.gov.au)

Head office PO Box 467 Goodna QLD 4300 [mineSafetyStats@dnrm.qld.gov.au](mailto:mineSafetyStats@dnrm.qld.gov.au)

## Resubmission of data

All resubmissions of data must be submitted electronically via email to your local district office of the Mines Inspectorate and to the Safety and Health Division. Resubmissions should contain an explanation for the original submission being incorrect. The following details should be specified in your email:

- Incident number if a form 5A or your receipt number if a monthly summary
- Reason for resubmission.

## Section 2 – Completion of incident report forms

### Introduction

Please ensure that all forms forwarded to DNRM are filled out correctly.

All questions on the form are compulsory.

Journey occurrences (to/from work), incidents with no lost time/alternative duties and are not considered 'high potential', should not be reported on the Incident Forms.

Incidents which involve only **disabling injuries** (where alternative/light duties are assigned) or **medical treatments** are reported only on the monthly summary form.

<http://mines.industry.qld.gov.au/safety-and-health/incident-forms.htm> will take you to the online incident forms.

**Form 5A - Queensland mining industry incident report form**

Choose one of the options below

Option 1: Log New Incident Report	
If you just want to create a new Incident Report, start here.	
Your full name	<input type="text"/>
Your Email address	<input type="text"/>
Retype Email address	<input type="text"/>
Position	<input type="text"/>
Mine ID	<input type="text"/>
Form 1A No (if applicable)	<input type="text"/> ⓘ
<input type="button" value="Save and Start"/>	

Option 2: Retrieve Existing Incident Report	
Report No	<input type="text"/> ⓘ
Password	<input type="text"/> ⓘ
<input type="button" value="Continue"/>	

## Question 1: type of incident

Select from the appropriate incident type from the drop down list.

Type of incident	
Q1	Type of incident
	Medical Treatment Injury
Q2	Summary/title of incident (e.g. Electrical shock while repairing generator, or Vehicle collision at cutthrough, etc.)

Type of incident

<-- select one -->

<-- select one -->

Fatal

High potential lost time

High potential no lost time

Lost time

A summary is provided below.

**Fatal** is an incident that results in the death of the person affected.

**High potential lost time** is an incident resulting in a lost time injury (involves loss of a complete shift) that either resulted in a significant adverse effect on the safety or health of a person, or had the potential to result in a significant adverse effect on the safety or health of a person.

**High potential no lost time** is an incident that did not result in any injuries, but which had the potential to be a 'near miss', whether or not a worker was present at the time.

**Lost time is an incident resulting in a lost time injury (involves loss of a complete shift) which does not result in a significant adverse effect on the safety or health of a person and was not likely to result in such.**

Insert a brief descriptive summary or title for the incident. This summary/title should concisely describe the incident.

Q2	Summary/title of incident (e.g. Electrical shock while repairing generator, or Vehicle collision at cutthrough, etc.)	
----	---	--

- Select the 'incident classification' from the drop down list.

Incident Classification	<-- select one -->
-------------------------	--------------------

Amputation of body part  
 Breakage of rope  
 Compressed air explosion  
 Crane incident  
 Derailment  
 Drill / power shovel incident  
 Dust ignition  
 Electrical NOC (not otherwise classified)  
 Explosives detonation  
 Explosives incident  
 Exposure to a substance requiring medical treatment within 48 hours  
 Fixed plant incident  
 Gas ignition  
 Incidents NOC (not otherwise classified)  
 Immediate treatment as an in-patient in hospital  
 Inrush of water  
 Light vehicle incident  
 Loss of a bodily function  
 Misfire  
 Outbreak of fire  
 Powerline contact  
 Presence of gas  
 Railway NOC (not otherwise classified)  
 Rockfall  
 Separation of skin from underlying tissue (i.e. degloving or scalping)  
 Serious burn  
 Serious eye injury  
 Serious head injury  
 Serious lacerations

- Select the 'breakdown' form the drop down list

Breakdown	<-- select one -->
-----------	--------------------

Animal, human and biological agencies  
 Chemicals and chemical products  
 Environmental agencies  
 Machinery and (mainly) fixed plant  
 Materials and substances  
 Mobile plant and transport  
 Non-Powered handtools, appliances and equipment  
 Other and unspecified agencies  
 Powered equipment, tools and appliances

- Select from the 'Sub-Breakdown' drop down list

<-- select one -->	▼
<-- select one -->	
Chemical products	
Nominated chemicals	
Other basic chemicals	

- Select from the 'Breakdown Classification'

<-- select one -->

Acids  
Animal treatment chemicals  
Arsenic and arsenic compounds  
Bases and alkalis  
Benzene  
Bitumen, asphalt, tar, pitch  
Chlorine  
Chromium and chromium compounds  
Cyanide and cyanide compounds  
Detergents  
Diesel exhaust fumes  
Industrial gases, fumes  
Lead and lead compounds  
Manufactured explosive substances  
Mercury and mercury compounds  
Nominated organic chemicals  
Non-bituminous hydrocarbon fuels  
Organic solvents  
Other basic and unspecified chemicals  
Other chemical products  
Other nominated chemicals  
Paint, varnish  
Pharmaceuticals  
Plant treatment chemicals  
Plastic materials, synthetic resins and rubbers  
Radioactive materials  
Selenium and selenium compounds

- Select from the 'Detailed Classification'



<-- select one -->

Acids  
Acrylonitrile  
Animal insecticides/pesticides  
Arsenic and arsenic compounds  
Baits  
Bases and alkalis  
Benzene  
Bitumen, asphalt, tar, pitch  
Cadmium and cadmium compounds  
Carbon dioxide  
Carbon dioxide in the form of dry ice  
Carbon monoxide  
Chlorine gas  
Chlorine liquid  
Chlorine solid  
Chromium and chromium compounds  
Cyanide and cyanide compounds  
Cytotoxic drugs  
Degreasers - detergent based  
Degreasers - solvent based  
Diesel exhaust fumes  
Domestic detergents  
Dyes and dyestuffs  
Fertilisers  
Flammable solids  
Flashpoint > 61 C  
Flashpoint < 61 C  
Fumigants  
Fungicides

- Provide the 'Compensation ID' if relevant
- Select from the 'Mechanism' drop down box

<-- select one -->

<-- select one -->  
Being hit by moving objects  
Biological factors  
Body stressing  
Chemicals and other substances  
Falls, trips and slips of a person  
Heat, electricity and other environmental factors  
Hitting objects with a part of the body  
Mental stress  
Sound and pressure  
Vehicle incidents and other

- Select from the 'Sub-Mechanism' drop down box

<-- select one -->

- Being assaulted by a person or persons
- Being bitten by an animal
- Being hit by a person accidentally
- Being hit by an animal
- Being hit by falling objects
- Being hit by moving objects
- Being trapped between stationary and moving objects
- Being trapped by moving machinery or equipment
- Contact with cold objects
- Contact with electricity
- Contact with hot objects
- Contact with poisonous parts of plant or marine life
- Contact with, or exposure to, biological factors of human origin
- Contact with, or exposure to, biological factors of non-human origin
- Contact with, or exposure to, biological factors of unknown origin
- Drowning/immersion
- Explosion
- Exposure to a traumatic event
- Exposure to environmental cold
- Exposure to environmental heat
- Exposure to ionising radiation
- Exposure to mechanical vibration
- Exposure to non-ionising radiation
- Exposure to other and unspecified environmental factors
- Exposure to single, sudden sound
- Exposure to workplace or occupational violence
- Falls from a height
- Falls on the same level
- Hitting moving objects

### Question 3: previously notified

Answer Yes or No. If yes, enter date of notification selected from calendar icon.

For serious accidents or high potential incidents (refer comments above)	
Q3	Previously notified to inspectorate <span style="float: right;"><input checked="" type="radio"/> No <input type="radio"/> Yes</span>
	If yes, date of notification <input style="width: 150px;" type="text"/> (dd/mm/yyyy)
<input type="button" value="Save and Continue"/> <input type="button" value="Reset"/>	

### Question 4: mine/quarry code

Provide the mine/quarry code and name.

Mine details	
Q4	Mine/quarry code
	Mine/quarry name

### Question 5: Mine type

This information may be used to clarify Question 3 or to flag that a change in the mining operation has occurred.

Q5 Mine type	<ul style="list-style-type: none"><li><input checked="" type="radio"/> Coal surface</li><li><input type="radio"/> Metalliferous surface</li><li><input type="radio"/> Quarry</li><li><input type="radio"/> Coal underground</li><li><input type="radio"/> Metalliferous underground</li><li><input type="radio"/> Exploration - Coal</li><li><input type="radio"/> Exploration - Metalliferous</li><li><input type="radio"/> Other</li></ul>
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### Question 6: company contact

This is the person to contact if there are any queries regarding information on the form.

### Question 7: worksite location

To ensure comprehensive analysis, please take particular care with this question. If you want to include local terminology for your records, for example Ramp 4 South or 9 East Section, also provide one of the general location descriptions that follow.

<b>Buildings</b>	Office, bathroom, crib room (mobile and fixed), laboratory.
<b>Roads (on lease)</b>	Access road, haul road, ramp (into pit).
<b>Stock and spoil piles</b>	ROM, ore stockpile, untreated product coal stockpile, treated product coal stockpile, reject stockpile, spoil pile, waste dump.
<b>Workshops</b> etc.	Main, bucket, electrical, field, light vehicle, preparation plant,
<b>Other surface locations</b>	Open cut pit, overburden, breaker station, dump station, dam, electric substation, preparation/wash plant, car/truck/heavy equipment, park, train/rail loadout, washdown slab, explosives area, concentrator, smelter, tailings dam.
<b>Underground locations</b>	Coal face - continuous miner method (inbye of bootend), coal face - longwall method, development heading, stope, decline, crib room, conveyor roadway, return roadway, supply roadway, workshop, shaft.

Include as much detail as possible to adequately describe the location.

For example: Shovel site on overburden bench, rather than just shovel site.  
Electrical workshop in preparation plant rather than just preparation plant.

Tick the worksite location as either underground or surface. This will help clarify the location of a workshop, maintenance or plant room.

Select from the drop down list the worksite description that corresponds to the written description of the worksite location. Choose from the following list.

### Work site locations

Did the incident occur on the surface or underground?	<input type="radio"/> Surface <input type="radio"/> Underground
Worksite code	<input type="text" value="← select one →"/>

### Surface Locations

- Surface locations**
- Buildings -----
- Warehouse/storage area/compound
- Bathroom/changehouse
- Laboratory
- Other building, crib hut
- Powerhouse
- Excavation and ground preparation -----
- Dredge mining area
- Highwall mining
- Open cut - drill and blast
- Open cut - pit/excavation-mining
- Open cut - pit/excavation-other activities
- Overburden removal /dragline
- Overburden removal /truck & shovel
- Rehab./regeneration area
- Waste/excavation area
- Other surface locations -----
- Car/truck/equip. park/go line
- Dam (incl. tailings)
- Electrical substation
- Exploration site
- Haulage conveyor corridor
- Other location off site
- Other surface location
- Unknown surface location

----- Preparation and processing plants -----

Breaker station/crushing/screening plant  
Preparation/treatment plant/wash plant UG  
Smelter

----- Roads -----

Bench road  
Dump road  
Haul road-portal area  
Light vehicle access road  
Other road on site  
Pit entry ramp  
Pit ramp-other  
Public/civil road (across site)

----- Stock and spoil piles -----

Crushed material/quarry prod. stock pile  
Heap leach pile  
Reject/spoil/waste rock/dump area  
ROM/coarse ore/raw feed/live stock pile  
Treated prod./concentrate stock pile/conveyor

----- Workshops -----

Bucket workshop  
Field workshop  
Fixed plant workshop  
Main workshop  
Mobile equipment workshop  
Other workshop  
Tyre bay workshop

## Underground locations

----- Coal underground -----

Coal face-1st workings  
Coal face-2nd workings  
Coal face-longwall installation  
Coal face-longwall recovery  
Coal face-longwall, stage loader/tailgate to 20 m  
Coal face-workings unspecified  
Conveyor roadway, all of (coal)  
Conveyor roadway, main gate/tail end of face (coal)  
Drift/belt road (coal)  
Drift/travel road (coal)  
Other roadway (coal)  
Other underground location (coal)  
Shaft (coal)  
Underground workshop (coal)  
Unknown underground location (coal)

----- Metalliferous underground -----

Development face-horizontal  
Development face-vertical  
Haulage-horizontal  
Haulage-vertical  
Other underground location (metal)  
Stope fill area  
Stope mining area  
Stope mucking/drawing area  
Underground workshop/store (metal)  
Unknown underground location (metal)

## Unspecified and unknown locations

Unknown location  
Unspecified location



### Question 8: Date of incident

This field cannot be left blank. The date is entered here in a **DD/MM/YYYY** format, for example 28/04/2014. For a disease where an incident date is not known or not appropriate, enter the date that the disease was reported.

### Question 9: Time of incident

For an incident where an exact time is unknown, for example a foreign body lodged in eye sometime during a shift, an estimated time must be entered, for example half way through the shift.

This is a 24 hour clock field, HH MM i.e. 0000 to 2359. Sometimes an AM/PM time is used by mistake in this field. Check this time for consistency with the shift start time.

### Question 10: Shift details

Enter the time that the injured person, or person involved in a high potential incident, started his or her shift in hours and minutes in 24 hour format, for example enter 7:30 AM as 0730.

Note that the time is the start time of the person's shift. Therefore, if a person is on pre shift inspection, enter the time he or she started the inspection.

If a person was injured in the second half of a double shift, enter the time he or she started the first shift.

Enter the full shift duration in hours and minutes, for example eight hours as 0800.

Enter the number of completed shifts/days worked before the accident. This should be the number of completed shifts/days worked before the accident in the current work sequence/roster or shift cycle. For example, if the worker is working a six day-on four day-off roster, and the accident occurs on the fifth day of the six day work cycle, then 04 is entered (4 complete shift/days worked before accident on the fifth shift/day).

Enter the total number of days in the **current** work sequence/roster or shift cycle. This should be the number of complete days (on + off days in total). For example, if a worker is working a six day-on, four day-off roster, the number of days in the shift cycle is 10 (six days on plus four days off).

Enter the number of rostered days off in the current work sequence/roster or shift cycle. This should be the number of complete days rostered off before the accident. For example, if the worker is working a six day-on four-day off roster, the number entered is 04. Should a person be returning from leave and be injured in the first period of 'work on', then the number entered should be the number of days rostered that would have been taken at the end of the 'work on' cycle. For example, should a worker come back from annual leave, say 30 days, and be injured on the first day back of a six day-on, four day-off roster then 04 is the number entered. This helps to identify the roster pattern at the time of the accident.

Enter the total hours worked before the accident. This should include time worked in the current shift as well as any travel time to/from work, and any work hours in prior shifts in the preceding 24 hours before the accident.

Travel hours are the number of hours the injured person travelled to work on the day of the incident.

Rostered travel hours is the number of hours the injured person travelled to and from work during their current roster period, up to and including the day of the incident.

Roster pattern is the pattern of the roster the injured person was working at the time of the incident (for example, night shift – 7 on/7 off).

### Question 11: Date of first full working day lost (not applicable for High Potential No Lost Time)

This field cannot be left blank for incidents involving any lost time. This date cannot be before the date of the incident.

### Question 12: Equipment details

The primary or most significant piece of equipment/tool involved should be described here.

To assist in coding for computer entry, please supply the following information. For dozers and loaders indicate whether they are tracked or rubber tyred. For dump trucks indicate whether they are rear or belly dump. For roof bolters indicate whether they are portable or machine mounted.

Enter a description of the equipment/tool before selecting from the drop down list an equipment/tool that corresponds to the written description of the equipment/tool.

Primary equipment/tool involved in incident (include make and model)	<input type="text"/>
Primary equipment code	<input type="text" value="← select one →"/>

## Equipment details

### Mobile equipment

Earth moving equipment	Examples
Dozer - tracked,	Cat & Komatsu - D9, D11N, Komatsu 375, 475, 575,
Dozer - rubber tyred	Cat 834, 824
Shovel	
Excavator	

Front end loader - rubber tyred	Cat 988, 992
Front end loader - tracked	
Skid-steer loader	Bob Cat
Scraper	Caterpillar or Komatsu
Grader - Caterpillar	16G, 14G
Load Haul Dump - underground	Eimco, Domino
Bogger - underground	
Other earth moving equipment	
<b>Haul trucks</b>	<b>Examples</b>
Dump truck - belly	Dart Cat 776, 777, 85TN, CH28
Dump truck - rear	Cat 777, 789, 793, dresser 530M, 630E to 830E
Dump truck - highway	
Dump truck - underground	
Shuttle car - underground	include ram cars at Kestrel
<b>Rail transport</b>	
Locomotive	
Ore wagon	
Supply wagon, flat tops	
Man carrier - powered	
Man carrier - rope, dolly car	
Rail wagon - surface	
<b>Other mobile equipment</b>	
Fork lift	
Water truck	
Compactor	
Personnel transporter (PJB)	PJB, drift runner, landcruiser
Motor cycle	
Other vehicle (5t gross or less)	tractor, ute, van
Other vehicle (> 5t gross) - surface	truck, float, low loader
Underground vehicle (not rail) MPV trailer	

## Semi-mobile equipment

<b>Coal and ore cutting equipment</b>	<b>Examples</b>
Continuous miner	cutting coal
Road header	cutting rock
Tunnel borer, rib borer, panther borer	
Longwall shearer	
Longwall chock	
Longwall Armoured Face Conveyor	
Longwall - other equipment,	Pan Tec, Stage Loader
<b>Bulk handling equipment</b>	
Dragline	
Bucket wheel excavator	
Stacker / reclaimer	
<b>Dredging equipment</b>	<b>Examples</b>
Dredge	
Floating plant - dredging	Pontoon
Pipe line - dredging	
Barge - dredging	



<b>Drills</b>	<b>Examples</b>
Drilling rig, Mounted roof bolter Drill jumbo Raise borer Shaft borer	Auger Miner
<b>Other semi-mobile equipment</b>	<b>Examples</b>
Crane - mobile Crane - overhead Elevated work platform Compressor - mobile / portable Pump - mobile / portable Stone dusting equipment Other semi-mobile equipment	Lift box, mesh platform  Sand piper, compressor, air pump  Trolley, trailers, wheel mounted fire extinguisher, diesel scale machine, boat

## Fixed plant

<b>Thermal plant</b>	
Boiler Furnace Drier / roaster / cal. plant Steam equipment Other thermal equipment	
<b>Crushers</b>	<b>Examples</b>
Crusher / rotary breaker Feeder breaker (coal) Other crushing equipment	Ratio feeder, Stamler feeder, rock breaker
<b>Coal processing plant</b>	<b>Examples</b>
Screen Other coal processing equipment	Grizzly bars, course screen
<b>Other processing plant</b>	<b>Examples</b>
Grinding / milling plant Other processing plant	Apron feeder
<b>Shaft equipment</b>	
Winding equipment Sinking equipment Cage Ore skip	
<b>Conveyor systems</b>	<b>Examples</b>
Belt conveyor Chain conveyor Bucket conveyor	boot end Longwall and stage loader
<b>Electrical equipment</b>	<b>Examples</b>
Distribution line - low tension Distribution line - medium tension Distribution line - high tension Trailing cable to machine Turbine / generator Transformer Control apparatus Lighting equipment Battery Other electrical equipment	Battery cable   Dragline, continuous miner cables  Isolator, switchboard, fuse box, circuit breaker  Mobile substation, junction box

Other fixed plant	Examples
Compressor (not mobile / portable) Pump (not mobile / portable) Other fixed plant	air conditioner, magnetic separator

## Powered tools and appliances

Powered tools and appliances	Examples
Portable powered hand tool	rattle gun, pneumatic hammer
Rock drill / roof bolter / borer - portable	airleg drill, wombat, gopher, falcon / rib borer
Fixed powered tool	
Welding equipment - arc	Electric. (flash), Mig. Lincoln
Welding equipment - oxy, LPG etc.	hoses and gouger
Pressurised pipe / hose / gas cylinder etc.	grease gun, fire extinguisher, airline
Other powered tool or appliance	sand blaster, fume extractor, air winch, tyre press, compressed air, grout pump

## Non-powered tools, equipment and objects

Non-powered tools	Examples
Non-powered hand tool	belt clipping machine, hammer, spanner
Non-powered lifting equipment for example jack, chain block	pulley
Other non-powered equipment and objects	
Component / part	
Wheel / tyre	
Dragline bucket	
Ladder	
Scaffolding	
Roof support (not longwall chock)	props, W-straps, rod bolts
Hose	
Pipe	
Ventilation tube	
Other non-powered equipment / object	belt, spiler, lifting chains, chair stool, bags, door

## Chemicals and substances

Chemicals and chemical products	Examples
Cyanide	
Explosives	Anfo slurry, detonator, primers, boost
Other chemical / chemical product	pitch
Substances	
for example cement, asbestos	coffee, hydrated lime, grease, stone dust

## Dust and loose material

Dust and loose material	Examples
Fragments / particles / dust	foreign body in eye / not from grinder
Loose coal	

Loose rock / stones / other material

## OTHER AND UNSPECIFIED EQUIPMENT

### Other and unspecified equipment

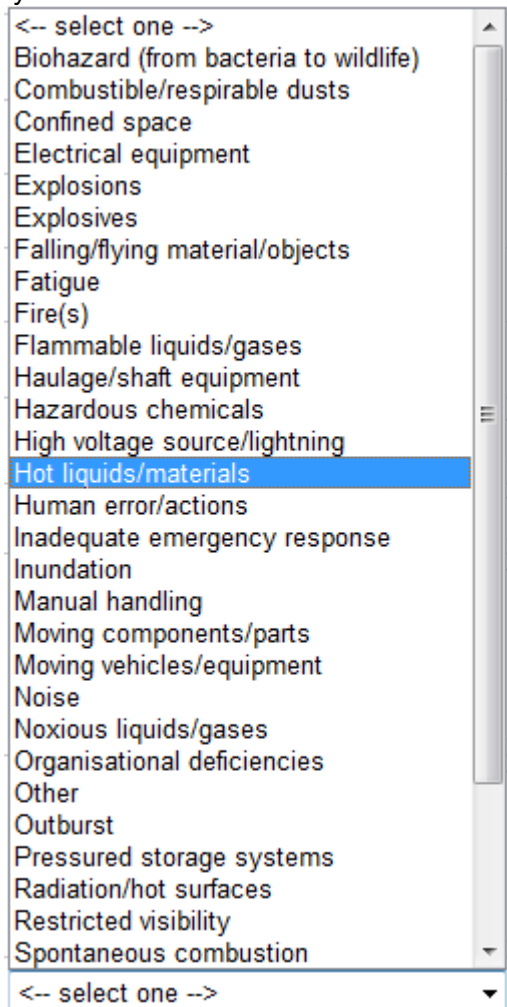
No equipment involved

Unspecified/unknown equipment

## Questions 13 and 14: INCIDENT DESCRIPTION and HAZARDS

Question 13 describes how the incident occurred, comprising the sequence of events leading up to, and including, the incident as well as the name of any particular chemical, product, process or equipment involved. The description should also contain what may have happened unexpectedly. This entails what was **exceptional** about this event which led to it becoming an 'incident' rather than an uneventful occurrence, and how the injury was actually sustained. For example, while the worker tried to avoid a rock fall from the roof, he fell to the ground and used his right arm to break his fall. Bruising to this arm resulted from the worker landing on the rough ground of the floor (scattered rock pieces).

Question 14 details the description of any identified hazard(s) associated with this incident. A general category for the hazard should be selected from the following drop down list.



<-- select one -->

- Biohazard (from bacteria to wildlife)
- Combustible/respirable dusts
- Confined space
- Electrical equipment
- Explosions
- Explosives
- Falling/flying material/objects
- Fatigue
- Fire(s)
- Flammable liquids/gases
- Haulage/shaft equipment
- Hazardous chemicals
- High voltage source/lightning
- Hot liquids/materials
- Human error/actions
- Inadequate emergency response
- Inundation
- Manual handling
- Moving components/parts
- Moving vehicles/equipment
- Noise
- Noxious liquids/gases
- Organisational deficiencies
- Other
- Outburst
- Pressured storage systems
- Radiation/hot surfaces
- Restricted visibility
- Spontaneous combustion

<-- select one -->

## Injured persons details

### Question 15: Surname (not applicable for High Potential No Lost Time)

The injured person's surname should be entered here.

### Question 16: Date of birth (not applicable for High Potential No Lost Time)

The injured person's date of birth should be entered here in a DD/MM/YYYY format, for example 28/04/1960. A blank date of birth cannot be accepted.

### Question 17: First name and initial (not applicable for High Potential No Lost Time)

The injured person's first name and the initial of his or her second given name should be entered here. A blank first name cannot be accepted. A blank second initial can be accepted.

### Question 18: Gender (not applicable for High Potential No Lost Time)

Select male or female from the drop down list.

### Question 19: Employee number (not applicable for high potential no lost time)

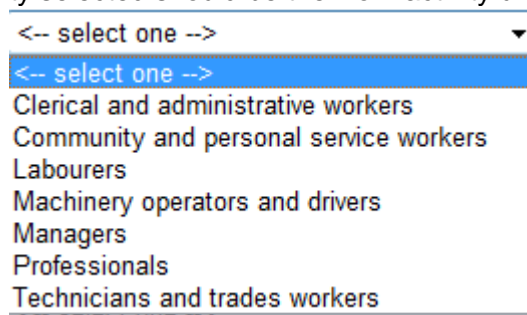
The injured person's payroll or staff identification number should be entered here.

### Question 20: Work activity (not applicable for high potential no lost time)

A description of the work activity should be entered.

In the drop down field of Work Activity – Major Group, select a category of activity from one of seven non-site specific terms.

If the work performed when the injury/disease occurred was incidental to the person's normal duties, then the work activity selected should be the work activity undertaken at that time.



Select the occupation in the drop down field of Work Activity – Occupation. The fields for Work Activity, including Major Group, Minor Group and Unit Group will automatically populate depending on the occupation selected

<-- select one -->

- Backhoe operator
- Bulk materials handling plant operator
- Bulldozer operator
- Bus driver
- Clay, concrete, glass and stone processing machine operators nec
- Concrete batching plant operator
- Concrete pump operator
- Crane, hoist or lift operator
- Driller
- Earthmoving plant operator (general)
- Excavator operator
- Forklift driver
- Grader operator
- Industrial spraypainter
- Loader operator
- Miner
- Mobile plant operators nec
- Shot firer
- Stationary plant operators nec
- Stone processing machine operator
- Storeperson
- Tanker driver
- Train driver
- Truck driver (general)
- Waste water or water plant operator
- Weighbridge operator

**Question 21: Type of employee (not applicable for high potential no lost time)**

Select from the drop down box **type of employee** of the injured person.

<-- select one -->

- Casual
- Contractor
- Full time
- Other
- Part time

**Mine/company employee:** All employees of the operator, full time or part time.

**Contractor:** All contractors to the mine. Please provide the contractor's company name (*Note: Contractor refers to the individual employee of the contracting company*).

**Other:** Includes visitors or persons who are not mine employees or contractors.

**Casual:** An employee engaged by the mine as their services are required.

Select from the drop down box the **job type** of the injured person and provide their street address and postal address if different.

**Questions 22 and 23: Description and location of personal damage (Q22 not applicable for High Potential No Lost Time)**

Description of actual personal damage		
Q22	Nature of injury/disease	<-- select one -->
	Sub-Nature	<-- select one -->
	Body Location	<-- select one -->
	Body Sub-Location	<-- select one -->
	Body Classification	<-- select one -->
Q23	Description of personal damage	<div style="border: 1px solid #ccc; height: 60px; width: 100%;"></div>
	Is this a permanent incapacity?	<input type="radio"/> Yes <input type="radio"/> No

Select from the drop down lists the nature, sub-nature, body location of damage or disease, body sub-location and body classification. These fields should not be left blank.

If it is not clear which category is applicable, just describe the damage location and injury or disease in Question 23.

If more than one injury or disease is reported, the most serious injury or disease is selected. This is the injury or disease that is likely to have the most serious effect on the person's life, firstly in terms of reducing life expectancy and then in terms of the interference with normal activities and lifestyle.

Similarly the part selected should correspond to the part of the body affected by the **most serious injury or disease**. If more than one part of the body has suffered a serious injury or disease, then the appropriate multiple location should be identified.

For incidents where the actual location of the injury/disease is vague, for example 'overcome by fumes', try to ascertain the body parts affected or the parts that were treated.

Select the injury that is, or is likely to become, a permanent incapacity. In cases of multiple injuries consider in terms of the most serious injury(s).

## Injury/Disease

<-- select one -->

- Burn
- Circulatory system diseases
- Digestive system diseases
- Diseases involving the synovium and related tissue
- Diseases of muscle, tendon and related tissue
- Fractures
- Infectious and parasitic diseases
- Injury to nerves and spinal cord
- Intracranial injuries
- Joint diseases (arthropathies) and other articular cartilage diseases
- Mental diseases
- Neoplasms (cancer)
- Nervous system and sense organ diseases
- Other claims
- Other diseases
- Other injuries
- Other musculoskeletal and connective tissue diseases, not elsewhere classified
- Other soft tissue diseases
- Residual soft tissue disorders due to trauma or unknown mechanisms
- Respiratory system diseases
- Skin and subcutaneous tissue diseases
- Spinal vertebrae and intervertebral disc diseases - dorsopathies
- Trauma to joints and ligaments
- Trauma to muscles and tendons
- Wounds, lacerations, amputations and internal organ damage

## Body location

Head	Examples
Cranium	Includes skull, forehead, temple, scalp, brain Excludes inner ear (13), cheek bone (16)
Eye	
Ear	Includes external, middle and inner ear
Mouth	Includes lips, tongue, teeth, tonsils
Nose	Includes nasal bones, sinuses
Face, not elsewhere classified	Includes ligaments and bones of the jaw, cheek bones facial muscles and tendons
Head - multiple locations	
Head - unspecified	
Neck	Examples
Neck	Includes neck bones, tendons and muscles, internal organs and glands. Excludes tonsils (14)
Trunk	Examples
Back - upper / lower	Includes spine vertebrae and discs, back muscles and tendons Excludes cervical spine and discs (21), ribs (33)
Chest	Includes ribs, heart, lungs and other internal chest organs
Abdomen / pelvic region	Includes abdominal and pelvic bones, muscles and tendons stomach, liver, intestine, genital organs Excludes hip joint (51), coccyx (31)

Trunk - multiple locations

Trunk - unspecified

Upper limbs	Examples
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Shoulder

Includes collar bone

Upper arm

Elbow

Forearm

Wrist

Hand / finger / thumb

Upper limb - multiple locations

Upper limb - unspecified

Lower Limbs	Examples
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Hip

Upper leg

Excludes head and neck of the femur (51)

Knee

Lower leg

Includes Achilles tendon

Ankle

Foot / toe

Lower limb - multiple locations

Lower limb - unspecified

Multiple locations
--------------------

Neck and trunk

Head and neck

Head and other

Trunk and limbs

Upper and lower limbs

Other multiple locations

Unspecified multiple locations

Systemic locations	Examples
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Systemic (for example nervous, respiratory)

Includes circulatory, respiratory, digestive, genitourinary, and nervous systems in general  
Excludes nervous, mental conditions (80)

Non-physical locations	Examples
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Psychological system

Includes nervous breakdown, mental condition, stress, neuroses

Unspecified locations
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## Question 24: Incident causes

Incident causes
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Q24 What happened leading up to the injury/incident/disease? Describe in terms of the following possible cause factors

Describe the incident in terms of all relevant contributing factors (organisational factors, task/environment conditions, individual/team actions and absent or failed defences). These factors should be considered as the root causal factors that led to the incident occurring.

Select from the drop down lists in each of the corresponding causal factor categories. If entering more than one code per category, then the codes should be entered in order of greatest to least significance in contributing to the incident. Unfortunately, only the top three causal factors per category can be recorded.

## Organisational causal factors

Factor	Examples
Communication	Failure, miscomprehension, late, not validated, etc.
Defences	Failure / inadequate systems for detection,



Design	warning, escape, etc. Lack of awareness and / or personal protective equipment Poor design of equipment, difficult to use, extra effort required
Error enforcing conditions	Workplace conditions lead to unsafe acts, for example haste, lack of knowledge, etc
Hardware	Quality, availability, selection
Housekeeping	Tidiness, cleanliness, adequate resources for cleaning
Incompatible goals	Conflicts between production / safety, group / peer pressure / personal goals
Maintenance management	Inadequate planning, resourcing, execution. Poor practices, etc
Organisation	Deficiencies in structure of responsibility / accountability
Procedures	Not used, inaccurate, not understandable, not controlled
Training	Insufficient / too much, lack of resources or assessment
Organisational factor (not specified)	Used to state that 'Yes' an organisational factor was involved but was not specified / identified / categorised.
Other organisational factor	
No organisational factor involved	

## Task/Environment causal factors

Factor	Examples
Acceleration / deceleration	Adverse forces due to change of velocity
Air / liquid pressure	Sudden changes in air liquid pressure for example blast, release, decompression, etc.
Contaminants	Natural or man-made, smoke dust, gases, chemicals, etc.
Electricity	Natural or man made
Equipment design / construction	Faulty or unsafe equipment used
Illumination	Too much / little light
Noise	May include loud, sudden, etc. which interferes / disrupts a worker in carrying out tasks
Precipitation	Water, moisture, rain, etc.
Procedures	Poor, inadequate procedure / documentation
Radiation	for example X-rays, sunlight, UV, laser
Repetitive operation	
Temperature / humidity	May include extreme or abnormal high / low temperatures or sudden variations
Unstable strata	
Vibration	
Wildlife	Action / presence of animals causing adverse effect.
Wind / turbulence	Natural or man-made causing adverse effects
Work surface / space	for example holes, rough, slippery, confined
Task / environment factor (not specified)	Used to state that 'Yes' a task / environment factor was involved but was not specified / identified / categorised.
Other task / environment factor	
No task / environment factor involved	

## Individual/Team causal factors

Factor	Examples
Ability	Lack of training, experience, competence
Attitude	Blase, risk-taking or deliberate disregard to safety
Awareness	Awareness of situation and hazard awareness
Communication	Poor adequacy / effectiveness thereof
Fatigue	Mental or physical fatigue
Psychology	Mental stress, poor motivation, conflict
Physiology	Physical stress / condition, substance abuse
Supervision	Poor quality / level of supervision
Teamwork	Poor co-ordination, workload sharing, etc
Individual / team factor (not specified)	Used to state that 'Yes' an individual / team factor was involved but was not specified / identified / categorised.
Other individual / team factor	
No individual / team factor involved	

## Absent/Failed defences causal factors

Factor	Examples
Absent or non-installation of safety devices	for example ROPs, FOPs
Design defect/s	
Equipment failure to detect hazard	This refers specifically to safety / monitoring equipment
Failure / breakdown of equipment	
Failure / breakdown of equipment (maintenance related)	This is a subset of 403 referring to the particular issue of poor maintenance
Inappropriate / inadequate safety feature/s	
Absent / failed defence factor (not specified)	Used to state that 'Yes' an absent / failed defence factor was involved but was not specified / identified / categorised
Other absent / failed defence factor	
No absent / failed defence factor involved	

The information supplied in these questions may be used when writing the verbal summary of the incident.

### Question 25: Preventative action

Enter details of the preventative action/control measures that have or could be implemented for this type of incident in this section.

### Feedback option

Please let us know if you have any suggestions for improvements or if you have any problems with this form that you would like us to address in this section.

After a final check, submit the completed form. Please note if any details are incomplete or incorrect the form will not let you move to the next page and errors will be highlighted in red. Once all the details are correct, the form is submitted with a copy back to you, to the local District Office of the Mines Inspectorate office and Head Office, Brisbane.

## Section 3 – Completion of the monthly summary form

A monthly summary should be completed at the end of each calendar month.

This form enables the number of working days lost and/or days on alternative duties due to each incident, and the total hours worked at the mine, to be collected. This allows incident severity and lost time injury frequency rates to be calculated.

The total hours worked at a mine for the whole year will be calculated by adding the hours worked entered on all the monthly summaries for that year. It is important, therefore, to submit a monthly summary for every month even if there is no lost time.

Only one monthly summary should be submitted for each mine (do not return summaries for different sections or departments). This will ensure that hours worked can be recorded separately for each mine.

*Note:*

1) A **disabling incident** is any work-related injury or disease which incapacitates a worker and

- alternative duties are assigned
- or
- the worker cannot undertake all of his/her normal duties on the next working day after the day on which the injury or disease occurred/started.

2) A **medical treatment** is an injury, not involving any lost time or alternate duties, but **requiring** treatment by a:

- doctor, or nurse under the *Nursing Act 1992*
- or
- person qualified to give first aid.

### Instructions

Enter your details and allocated mine code. A copy of the completed form will be sent to the email address provided. Contact Safety and Health on phone (07) 3818 5424 or email [mineSafetyStats@dnrm.qld.gov.au](mailto:mineSafetyStats@dnrm.qld.gov.au) if your Mine ID is not known.

Option 1: Log New Monthly Incident Summary Report	
If you just want to create a new Monthly Incident Summary Report, start here.	
Your full name	<input type="text"/>
Your Email address	<input type="text"/>
Retype Email address	<input type="text"/>
Position	<input type="text"/>
Mine ID	<input type="text"/>

The summary period entered should be a complete calendar month. Hours worked for the period should be provided by employee and by contractor. The worker numbers for employees and contractors should be provided in the appropriate box. Please note if any details are incomplete the form will not let you move to the next page and errors will be highlighted in red.

Summary Period	
Month/Year	N/A ▼ N/A ▼
Hours Worked this Period	
By employees <i>up to 7 digit number e.g. 1234567.12</i>	<input type="text"/>
By contractors <i>up to 7 digit number e.g. 1234567.12</i>	<input type="text"/>
Average Number of Workers	
By employees <i>up to 7 digit number e.g. 1234567.12</i>	<input type="text"/> ⓘ
By contractors <i>up to 7 digit number e.g. 1234567.12</i>	<input type="text"/> ⓘ
<input type="button" value="Save and Start"/>	

Enter the number of each incident type.

Description	Qty
Number of <b>medical treatments</b> for this period (see note 1)	0 ▼
Number of <b>new lost time injuries</b> for this period (see note 2)	0 ▼
Number of <b>carry over lost time injuries</b> from previous period/s. List original incident form number (see note 3)	0 ▼
<b>New disabling injuries</b> for this period (see note 2)	0 ▼
Number of <b>carry over disabling injuries</b> from previous period/s (see note 3).	0 ▼
Number of <b>re-opening claims</b>	0 ▼

Enter the number of employees/contractors against the injury description. The fields cannot be left blank, enter 0 if appropriate.

Description	Employees	Contractors
Fatalities <i>whole number e.g. 5</i>	<input type="text"/> <b>i</b>	<input type="text"/> <b>i</b>
Permanent Incapacities <i>whole number e.g. 5</i>	<input type="text"/> <b>i</b>	<input type="text"/> <b>i</b>
Lost Time Injuries <i>whole number e.g. 5</i>	<input type="text"/> <b>i</b>	<input type="text"/> <b>i</b>
Number of Days Lost <i>up to 7 digit number e.g. 1234567.12</i>	<input type="text"/> <b>i</b>	<input type="text"/> <b>i</b>
Restricted Duties Injuries <i>whole number e.g. 5</i>	<input type="text"/> <b>i</b>	<input type="text"/> <b>i</b>
Number of Days on Restricted Duties <i>up to 7 digit number e.g. 1234567.12</i>	<input type="text"/> <b>i</b>	<input type="text"/> <b>i</b>
Medical Treatment Injuries <i>whole number e.g. 5</i>	<input type="text"/> <b>i</b>	<input type="text"/> <b>i</b>
Total Number of Incidents <i>whole number e.g. 5</i>	<input type="text"/> <b>i</b>	<input type="text"/> <b>i</b>

**Note:** Incident summary form numbers must be 6 digits.

**Note 1** List all medical treatments during the period.

**Note 2** List all new cases of company employees and contractors off during the period.

**Note 3** List carry over incidents from the previous period.

**Note 4** List all re-opened claims. List original form number.

Please note the following:

- any injury that involves lost time is considered a lost time injury even if it started as a disabling injury or medical treatment, and
- all carry over/reopening cases should be reported. A check against the previous month's summary is suggested to confirm this.

## Part 2 – Reports

### Section 4 – Standard database reports

The Lost Time Accident/Incident Database (LTAD) system is on-line in regional offices of the Mines Inspectorate, DNRM.

Data can be extracted and grouped by state-wide, region or individual mine, for the following types of mines:

- all mines
- coal mines
- metalliferous mines
- underground coal mines
- open cut coal mines
- underground metalliferous mines
- surface metalliferous operations
- quarries
- metalliferous dredging.

Confidentiality restrictions apply to the release of some data.

In most cases the data is available on an annual (financial year) basis. Examples of the different types of standard reports that can be extracted are as follows.

#### Accidents/incidents

- Summary of historical data
- Accident statistics
- Accident details
- Fatalities
- Causal factors of accidents
- High potential incidents
- Time of accident during shift
- Day of accident during shift roster

#### Injury details/profiles

- Nature of injury
- Body parts injured
- Occurrence class of injury
- Mechanism of injury
- Breakdown agency
- Equipment involved
- Work site location

#### Performance Indices

- Fatality frequency rate
- Lost time injury frequency rate
- Severity rate

- Duration rate

Requests for such reports should be directed to your local Mines Inspectorate office, DNRM or to the Statistician, Brisbane on phone (07) 3818 5424 or email [mineSafetyStats@dnrm.qld.gov.au](mailto:mineSafetyStats@dnrm.qld.gov.au)

## Section 5 – Requests for non-standard reports

Specific queries may be requested. These requests are generally designed to provide statistical information to be used in risk assessment studies. Examples include analysing injuries from mines operating different shift arrangements, rock falls and mobile equipment.

A query may include specific ranges of any of the fields that are recorded in the database. For example, these may include mine, date, work activity, nature of injury, body part, mechanism, work site or equipment.

Data extraction tools are also used in freedom of information requests to help locate the records of individuals. However, in general, the details of individual workers are held in confidence and are not released without their authorisation.

Requests for such reports should be directed to the Statistician, Brisbane on phone (07) 3818 5424 or email [mineSafetyStats@dnrm.qld.gov.au](mailto:mineSafetyStats@dnrm.qld.gov.au).

## Section 6 – Annual report

One of the functions of the department's Safety and Health group is to prepare annual mining industry injury statistics to provide a benchmark to compare the performance of different operations and sectors.

Annual reports for the metalliferous sector and the coal sector have been produced for many years. The Queensland Mines and Quarries Safety Performance and Health Report, reports on the safety and health performance of the Queensland mining industry. The report is based on data collected from the Queensland mining industry and statistically analysed by DNRM. These reports can be found at the following link <http://mines.industry.qld.gov.au/safety-and-health/safety-performance-health-reports.htm>.





**Call: 13 QGOV (13 74 68) business hours**

**Visit: <http://www.dnrm.qld.gov.au>**