Weekly incident summary

Week ending 3 February 2023

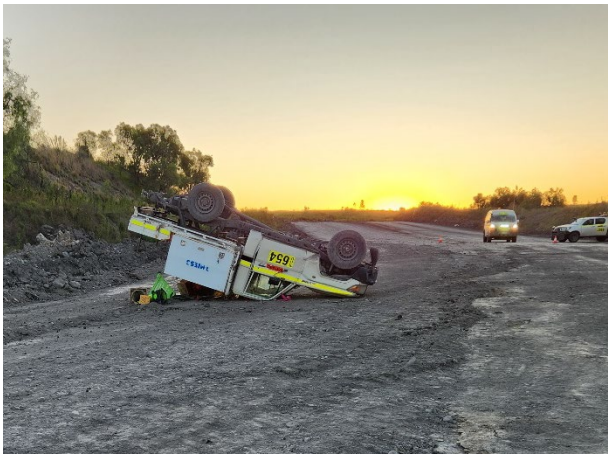
This incident summary provides information on reportable incidents and safety advice for the NSW mining industry. To report an incident to the NSW Resources Regulator: phone 1300 814 609 24 hours a day, 7 days a week.

At a glance

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

Type	Number
Reportable incident total	47
Summarised incident total	7

Summarised incidents

Incident type	Summary	Comments to industry
Dangerous incident IncNot0044034 Open cut coal mine Roads or other vehicle operating areas 	An apprentice was driving a light vehicle on a haul road when it hit a rock and rolled the vehicle. The sun was in the drivers' eyes at the time of the incident. The worker was uninjured. 	Mine operators must ensure that regular inspections are undertaken to ensure that travel roads do not contain unexpected hazards. Workers are reminded to travel at an appropriate speed based on the road and weather conditions.

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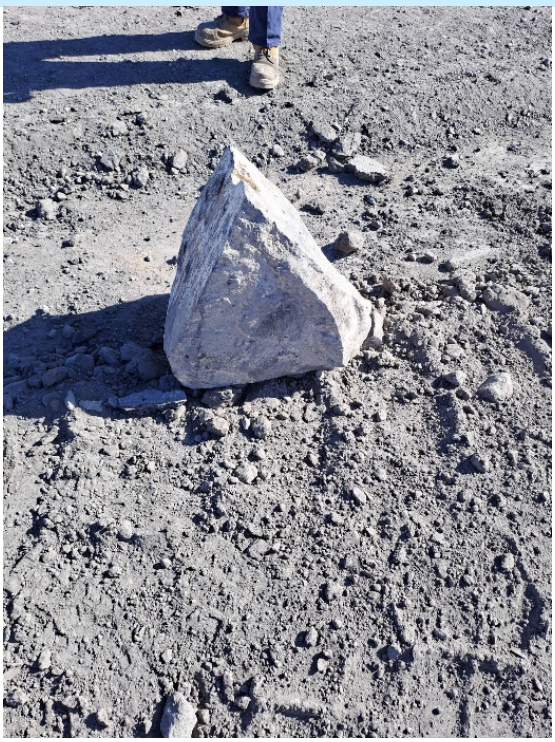
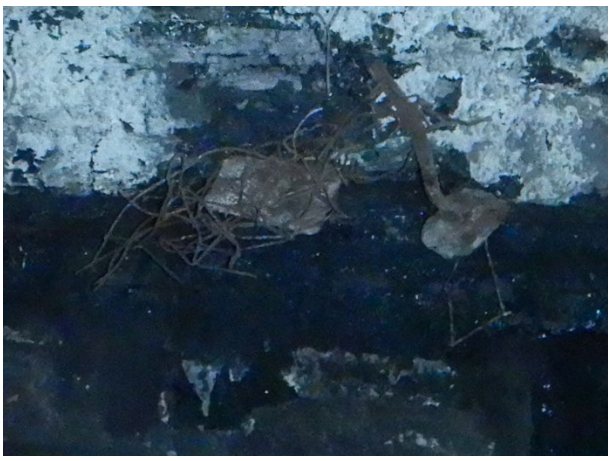
		
Dangerous incident IncNot0044025 Underground coal mine	A coal mine worker was driving a load haul dump (LHD) with a loaded structure pod heading out of a mine. The structure pod and LHD made contact with protruding rib mesh. The rib mesh entered the LHD cabin making contact with the worker's nose and safety glasses. The worker was assessed at hospital where a scan revealed a fracture on the bridge of the nose. 	Mine operators must ensure that regular inspections are undertaken to ensure that travel roads do not contain unexpected hazards. Mine workers who regularly travel on roads must report areas where rib or roof support need to be repaired. Processes must be put in place for the timely repair of reported damaged support.
Dangerous incident IncNot0044012 Underground coal mine Fire or explosion	A worker was setting up to work on a trailer fitted with a QDS plate in the surface workshop. The QDS plate was detached from the trailer and chocked. While working between the QDS plate and trailer, the QDS plate fell over. It brushed the worker on the left upper arm and shoulder	Workers must ensure components are adequately chocked, supported and/or secured when working in close proximity to plant and equipment that may move. Working around objects that can tip or roll over should be treated the same as working under

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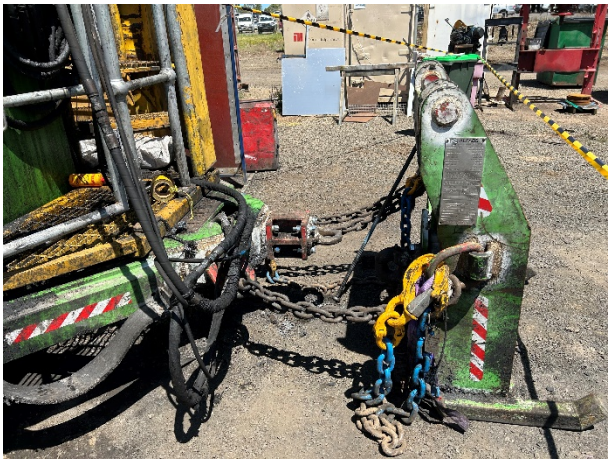
	causing the worker to hit their head on the trailer. 	suspended loads with appropriate exclusion zones depending on the risk.
Dangerous incident IncNot0044000 Open cut coal mine Roads or other vehicle operating areas 	A light vehicle was travelling on a haul road approaching an intersection. A haul truck was turning right onto the haul road to travel in the opposite direction to the light vehicle. The haul truck slowed for the give way sign. The light vehicle driver also slowed as a precaution while confirming that the haul truck was going to give way. The haul truck driver assumed that as the light vehicle had slowed, it was going to turn left. The haul truck started to turn right, moving across the path of the light vehicle. The light vehicle took evasive action by turning left.	Traffic management rules must be unambiguous and consider likely situations of human error. Workers must know the traffic management rules and abide by them at all times. This incident demonstrates the need for all vehicle operators to be alert and anticipate the actions of other road users, even when holding right of way.
Dangerous incident IncNot0043987 Open cut coal mine Fire or explosion 	The operator of a water cart noticed a strange smell and returned to the workshop. An inspection did not identify any issues. The truck left the workshop heading to a dump when the operator noticed a loss of power and saw smoke in the rear mirrors. The truck was immediately parked up. Flames then started coming from the engine bay around the front of the truck. The fire was extinguished by other water carts. The operator complained of breathing issues and was taken to hospital. After being assessed, the worker was released and returned to the mine to complete their shift.	Maintenance systems must be comprehensive and consider all reasonably foreseeable risks of fire or explosion. When operators report defects or concerns, thorough inspection and testing should be conducted to ensure the plant is safe to operate.

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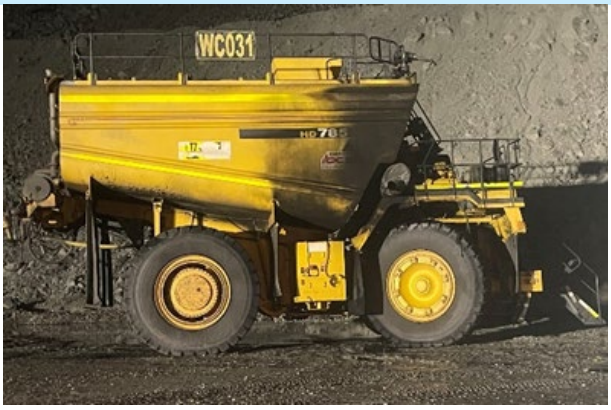
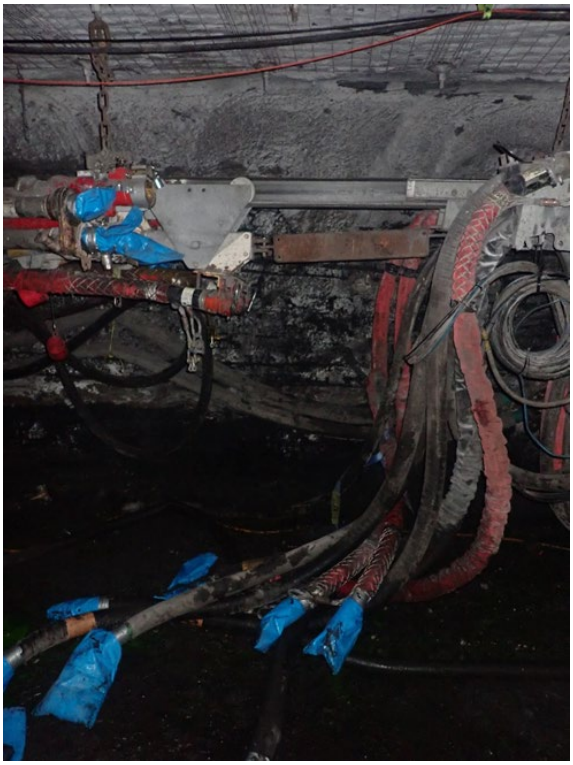
		
Dangerous incident IncNot0043983 Underground coal mine	A worker was disconnecting compressed air lines while removing a monorail section as part of a longwall relocation. The worker removed a staple on an air hose when the hose whipped around, knocking off the worker's helmet and hitting him into the rib. The worker also suffered abrasions that were treated at hospital. The investigation identified that the air pressure had been isolated but not dissipated. 	Inexperienced operators must have appropriate training and supervision. Systems of work should be clear and unambiguous with regards to discharging stored energy before work is undertaken.
Dangerous incident IncNot0043982 Underground coal mine	A worker was operating a rib bolter on a continuous miner when a hose failed. The worker was hit on the forehead and arm with hydraulic oil. The worker was assessed at hospital and cleared of injury.	Mine operators must ensure that hydraulic systems are maintained appropriately to prevent loss of hydraulic fluid under pressure. Controls such as shielding must be considered to protect workers from the risk of fluid release near a workstation or area where workers are likely to be.

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Note: Please ensure all relevant people in your organisation receive a copy of this safety alert and are informed of its content and recommendations. This safety alert should be processed in a systematic manner through the mine's information and communication process. It should also be placed on the mine's common area, such as your notice board where appropriate.

Visit our website to:

- find more safety alerts and bulletins
- use our searchable safety database

If you are required to insert an image, make sure you include a caption. Position the image where it is required, right-click the image and click Insert Caption. Type your caption following the figure number, for position select below image and click OK. See example below.

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 (fatal)
MSHA	A contract mechanic died when the counterweight of an excavator, that he was trying to remove, fell and struck him. Details
MSHA	A miner was fatally injured while being positioned between the pitman assembly and the crusher housing of a jaw crusher to remove a toggle bearing. The pitman assembly rotated, pinning the miner against the crusher housing. Details
MSHA	A miner was fatally injured when his personal vehicle collided with a customer truck while both vehicles were traveling in opposite directions on an icy mine access road. Details

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Publication	Issue/topic
MSHA	One miner was killed and another injured Monday afternoon at the Goldstrike Underground operation, Nevada Gold Mines reported Tuesday morning. The incident occurred at 12.50pm. NGM said the injured worker was treated and released. Details
MSHA	Two employees were killed in an accident at a mine in Warren County, the Coroner said. According to the Federal Mine Safety and Health Administration, the 2 died in an electrical accident that happened at 6.33am at the Piedmont Mining operation that produces kaolin and bauxite at a quarry-like open-pit operation in Warren County outside Wrens. Details
MSHA	A man fell to his death from a catwalk at a Kansas City area company, according to a spokeswoman for the Clay County Sheriff's Office, which is investigating the workplace accident. The worker killed in the accident was identified as 42-year-old Bobby Joe Allen of Gladstone, said Sarah Boyd, public relations manager for the Clay County Sheriff's Office. Deputies responded on a medical call about 5 p.m. Monday at Martin Marietta Materials at 401 Randolph Road in Randolph, Missouri, where the company operates a mine and quarry. Arriving deputies learned that one of the company's workers fell three to four stories from a catwalk and landed on rocks. Emergency medical workers arrived shortly before the deputies and had declared the man dead, Boyd said. Deputies were unable to find anyone who witnessed the fall, so they were unable to determine when or how it occurred. They also were unable to find any evidence of foul play, she said. Details
	National (fatal)
Resources Safety and Health Queensland	On 26 November 2022, an opal mine worker suffered fatal injuries when he fell from the roof of a workshop. The incident is still under investigation however, it is understood the worker accessed the roof of the workshop to make repairs following damage caused by a severe weather event when a structural member failed, causing the worker to fall approximately 5.8 metres to ground. Details
	National (other, non-fatal)
Resources Safety and Health Queensland	Recent inspections have identified the use of firing cables that do not comply with the requirements prescribed in the Australian Standard. The resistance measured in the electric initiation systems exceed the limits prescribed in Australian Standard 2187.2, Appendix B, paragraph B7. Where firing cables exceed the maximum prescribed resistance per 100 metres, the output current from the exploder may be reduced between the exploder and the detonators. A reduction in output current may cause detonators within the circuit to fail to initiate, or not function as intended. Details
Resources Safety and Health Queensland	In the past 12 months, there have been 5 fires involving the high-speed (drive shaft) bearings on underground loaders in Queensland metalliferous mines. These have occurred across different mines, with some mines having multiple fires. Although no one was injured in the incidents, the fires had the potential to cause significant adverse effect to the safety or health of workers. One of the fires was unable to be extinguished, causing a mine evacuation and shutdown for several days and total loss of the machine. A common cause of the incidents was found to be the overheating of the high-speed (drive shaft) bearing of the loader. Details
Resources Safety and Health Queensland	The Queensland Mineral Mines and Quarries Inspectorate has released its quarterly report for October to December 2022. This report has information about significant safety incidents that have occurred recently in the sector as well as statistical

Publication	Issue/topic
	overviews of activity and trends. This information should be used by sites to improve safety awareness and outcomes. Data indicates that the second half of this financial year has seen an increase in serious accidents in the metalliferous (surface/other) areas. The inspectorate will be focusing in the related areas and behaviours contributing to these results. Details
Resources Safety and Health Queensland	RSHQ have released its Incident periodical for November 2022 containing details on recent high potential incidents from the Queensland Coal Mines Inspectorate. Incidents included in this periodical include uncontrolled movement of mobile plant, unplanned movement of equipment, electric shocks, various collisions and strata failures. 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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