

# Weekly incident summary

## Week ending 24 March 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	44
Summarised incident total	2

### Summarised incidents

Incident type	Summary	Comments to industry
Dangerous incident IncNot0044349 Underground coal mine Ground or strata 	<p>A deputy was advancing the spear duster in the tailgate of a longwall. A pressure bump occurred causing material to push the mesh past the rib bolt and plate. Material slid out knocking the worker into a swilly, a large, deep puddle. Larger material then slid out hitting the worker. The worker took some time to free themselves from the coal and water.</p> <p>The worker was not injured, only suffering grazing on his arm.</p> 	<p>The adequacy of installed strata support should be assessed before extraction commences. Additional support should be installed where required.</p>

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Incident type	Summary	Comments to industry
Dangerous incident IncNot0044203 Underground coal mine Airborne dust and other contaminants	<p>During a longwall move, diesel particulate monitoring was carried out on a weekend night shift. One worker recorded an exceedance for exposure to diesel particulates. Three other workers recorded an exposure between 50-100% of the exposure limit.</p> <p>The mine investigated the activities carried out during the shift. It was identified that the cut through on the inbye side of the longwall face only had the required ventilation for one diesel machine to be operating. It was reported that 3 machines were in this cut through waiting to be unloaded at one point during the shift.</p>	<p>Mine operators must have systems in place to manage the ventilation and number of diesel machines that can operate. This must be based on the ventilation requirement specified on the registration documents of the diesel engine system.</p> <p>Supervisors must be aware of the limits on the amount of diesel machines that can be used in air splits within their district. This must be factored in when planning tasks throughout the shift.</p> <p>Workers must be monitored for compliance with diesel machine limits with regards to ventilation.</p>



### 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
	<b>National (other, non-fatal)</b>
<b>Resources Safety &amp; Health Queensland</b>	<p>Over the past 6 months, coal mine workers have recorded personal respirable crystalline silica exceedances (11) while conducting stone drivage tasks, and mining through faults and/or cavities. These exceedances have occurred across different underground mines indicating that this was not a site-specific issue. The magnitude of some of these exposures has been significant. On 3 occasions the concentration has been up to 5 times the shift-adjusted exposure limit. Directives have been issued to mines to review their dust management plans and the effectiveness of existing dust control strategies.</p> <p><a href="#">Details</a></p>
<b>Safework SA</b>	<p>A fireball that burned a man in an Adelaide workshop has prompted a SafeWork SA warning about the dangers of modifying storage drums. The worker was attempting to tack weld a metal thread ring on an oil drum after cleaning the drum with brake fluid to remove impurities on 17 March. Fumes were still present in the drum and when the weld started it sparked a fireball that engulfed the worker's head and shoulders as he leaned over the drum. The man was taken to the Royal Adelaide Hospital burns unit for treatment</p> <p><a href="#">Details</a></p>
<b>Safework SA</b>	<p>Businesses are being warned against using aerosols in enclosed areas after a worker suffered serious burns to his hands and face in an incident in Adelaide's northern suburbs last month. The experienced industry tradesperson was applying a protective aerosol spray to a heavy vehicle battery to prevent corrosion of the terminals on 24 February as part of regular pre-delivery maintenance tasks. As the worker reached over to access the battery area and lift the terminal cover, he bumped his hand and dropped the aerosol can. The can landed on the battery-positive terminal and touched the intercooler manifold pipe, piercing the can and releasing its contents, which</p>

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Publication	Issue/topic
	ignited from electrical sparks. The worker was wearing personal protective equipment (PPE) to protect his eyes, body, and chest but sustained severe burns to his face, hands and arms. <a href="#">Details</a>

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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