January 2023

Mine emergency plan summary

# WHS (Mines and Petroleum Sites) legislation

**FOR EMERGENCY SERVICES USE ONLY. NOT FOR PUBLIC DISTRIBUTION**

Mines are required to develop a comprehensive mine emergency plan under the Work Health and Safety (Mines and Petroleum Sites) Regulation 2022. This form can be used to provide a summary of the plan to emergency services. For more information, please see the Mine emergency planning consultation fact sheet and the Emergency planning for mines code of practice.

Site details

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| --- | --- | --- | --- |
| **Details** | | | |
| Name of mine or petroleum site | insert full street address for the mine - no PO boxes | | |
| Site address (attach a map if needed | insert nearest cross street, include distance | | |
| Nearest cross street | insert GPS location for main entrance | | |
| GPS location |  | | |
| Type of mining operation |  | | |
| Description of mine and key infrastructure | Brief description of the mine including size of mine (surface and underground), depth of mine, entry/exit points, methods of access, location of vent shafts, overview of site activities (i.e. longwall mining/ore processing/coal handling & preparation/train load out/exploration) | | |
| Emergency services access | Outline access arrangements for emergency services, include any meeting instructions | | |
| Location/description of site evacuation areas | Identify and describer all site evacuation areas | | |
| Location/description of alternate access points | Identify and describe any alternate points of access to the site | | |
| Maps | Please attach maps that show:  location overview/access and meeting points  site specific maps that show assembly areas, first aid, helipad, firefighting equipment etc | | |
| Is there a helipad on site? | Yes  No  If yes, please provide further information:  Describe helipad:  Provide GPS coordinates: | | |
| Local emergency management committee area | Indicate the Local Emergency Management Committee (LEMC) area the mine is located (Contact local council for details) | | |
| Number of people on site | Weekdays | Day shift | 0  1-5  6-10  11-20  21-50  51-100  101-500  More than 500 |
|  |  | Night shift | 0  1-5  6-10  11-20  21-50  51-100  101-500  More than 500 |
|  | Weekends | Day shift | 0  1-5  6-10  11-20  21-50  51-100  101-500  More than 500 |
|  |  | Night shift | 0  1-5  6-10  11-20  21-50  51-100  101-500  More than 500 |

1. Key contacts

List key site contacts. Include control rooms, emergency managers and out-of-hours staff. These details should be updated at least annually.

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| --- | --- | --- | --- | --- |
| Name | Role | Main phone | Secondary phone | Email |
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1. Onsite emergency resources

Provide detailed information about the available on-site emergency resources.

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| Details |  |
| General capability statement | Provide a general overview of emergency response capability, addressing number of staff generally available, whether full time, part time or on call (or combination). Availability and normal response time across shifts. Number of emergency response vehicles, their purpose and if response vehicles are registered for on road use etc. |

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| Firefighting capabilities |  |
| Firefighting water | Identify the location and capacity of static water supplied, hydrant points etc |
| Firefighting teams and training | Outline the details of specific firefighting staff (number training in total, how many on shift or generally available) and what level of training is maintained by those staff. |
| Firefighting equipment and vehicles | Outline the firefighting equipment available, dedicated vehicles or appliances |

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| Hazardous materials response capabilities |  |
| Hazardous materials response | Outline number of trained hazmat response staff, when they are typically available and the facilities/resources/equipment they have available on site |

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| Rescue capabilities |  |
| Site rescue teams and training | Outline number of trained rescue staff, qualifications if applicable and general capability statement. Use subheadings if needed, such as 4 x Confined Space Rescue trained: 10 x Vertical Rescue: Road Crash Rescue, etc (attach an appendix if required). Please indicate the total numbers trained, but also how many are maintained available on each shift and/or on call. |
| Rescue equipment and vehicles | Outline type of equipment maintained available and vehicles for rescue number of rescue staff and available equipment. Use subheadings if needed for each rescue capability area such as Confined Space Rescue: Vertical Rescue: Road Crash Rescue etc, (attach an appendix if required). Indicate if vehicles are dedicated response vehicles. |

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| First aid/medical capabilities |  |
| First aid/medically trained staff | Outline number of trained staff, level of training and their day-to-day availability at the site. |
| Medical equipment maintained including vehicles | Outline general medical equipment and facilities available at the site. |

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| Other site-specific emergency response capabilities |  |
| Self-escape equipment type  (Underground mines) | Identify the type of self-escape self-rescuer systems in place at the mine, including refuge chambers and methods of egress |
| Personnel location systems and emergency alarm systems | i.e. tagboards, electronic tracking, site sirens, radios etc |
| Additional resources | provide details |

1. Offsite emergency resources (other than emergency resources)

List any off-site emergency resources or specialists identified in the emergency plan arrangements, for example rescue teams from other nearby sites or firefighting appliances on neighbouring mines.

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| Resource | Provide details of resource and any issues/approximate timeframes for getting resource to site. |
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1. Hazardous chemicals and explosives

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| Details |  |
| Is the mine required to notify the Regulator about hazardous chemicals exceeding the manifest amounts in Schedule 11 of the WHS Regulation? | Yes  No  If yes, please attach the manifest to this summary.  Also indicate when the emergency plan was last sent to Fire Rescue NSW |
| Does the mine have an emergency information box? | Yes  No  If yes, please provide further information below:  Where is it located?  When was it last updated? |

* 1. For explosives and relevant hazardous chemicals not otherwise attached

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| Hazardous chemical/explosive (proper shipping name) | Please list UN Number, class, packing group, maximum storage quantity, storage type and location. |
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1. Services supply
   1. Electrical hazards – complete an entry below for each electrical hazard on site

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| --- | --- | --- | --- |
| No | Electrical voltage | Isolation type | Notes |
| 1 | 240V  132KV  1.5KV  330KV  11KV  UPS  22KV  Solar  33KV  Batteries  66KV | Main switchboard  Sub-board  Kiosk/substation |  |
| 2 | 240V  132KV  1.5KV  330KV  11KV  UPS  22KV  Solar  33KV  Batteries  66KV | Main switchboard  Sub-board  Kiosk/substation |  |

* 1. Hazardous gas – complete an entry below for each hazardous gas on site

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No | Electrical voltage | Isolation type | Container | Notes |
| 1 | CNG  LPG  Natural  No gas supply  Other | Pipeline  Cylinders  Refrigeration tank |  |  |
| 2 | CNG  LPG  Natural  No gas supply  Other | Pipeline  Cylinders  Refrigeration tank |  |  |

1. Key site hazards and controls

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| Site hazard | Please provide a brief overview of the controls and emergency response arrangements in place for this hazard |
| e.g. cyanide spill | e.g., Hazardous chemicals management plan in place. Workers supplied with emergency respiratory protection in chemical usage areas. Site has emergency response team staff trained with open circuit breathing apparatus and chemical protective suits if required. |
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1. Information for emergency services

List any issues that may impact on emergency services and their ability to respond to an emergency, or any information that may help them while on-site. This should include outlining transport and escort arrangements on site, identifying hazardous areas, meeting, and control points, etc.

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| Issue/information | Details |
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1. Additional information

Provide any additional information you may think is relevant or useful to emergency services.

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| Details |
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1. Submitting the form

Review the Mine emergency planning consultation fact sheet for information on the emergency services agencies that should receive a copy of this form as part of the consultation process.

THIS FORM MAY CONTAIN PERSONAL AND SECURITY SENSITIVE INFORMATION AND SHOULD BE HANDLED ACCORDINGLY.

List of emergency service agencies that have been sent a copy of this form

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| --- | --- | --- | --- | --- |
| Agency or emergency management committee | Contact name or position | Address or location | Date supplied, method of delivery and by whom | Telephone and email |
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1. The person who completed this form

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| --- | --- |
| **Details** | |
| Name |  |
| Position |  |
| Date |  |
| Contact details |  |

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