



NSW DEPARTMENT OF
PRIMARY INDUSTRIES



Partners in the profitable and sustainable development of
agriculture, fisheries, forests and minerals in New South Wales

Biosecurity, Compliance & Mine Safety

Notifiable Incidents and Workplace Injuries



Overview

- Notification of Incidents
- Notification Periods
- Non Disturbance Periods
- Specified Form
- Workplace Injuries
- Quarterly Report



Notification of Incidents

■ ***Coal Mine Health & Safety Act 2006***

- Section 110

■ ***Coal Mine Health & Safety Regulation 2006***

- Clause 55 – Notification of certain incidents at coal operations
- Clause 56 – Notification of certain incidents at or in relation to coal operations
- Clause 57 – Notification of certain incidents at coal exploration sites
- Clause 58 – Form of notice
- Clause 59 – Ancillary reports
- Clause 60 – Period of non-disturbance may be shortened



Notification Periods

■ 3 levels

- Immediate (phone followed by form)
- Within 24 hours
- As soon as practicable but no later than 7 days



Non Disturbance Periods

- Non disturbance period of 24 hours applies to:
 - Sect 110 (1) (a) – fatality at coal operation
 - Sect 110 (2) (a) – fatality at exploration site
 - CI 55 – serious accident at coal operation
 - CI 57 – serious accident at exploration site



Coal Notification of Incident Form

NSW DEPARTMENT OF PRIMARY INDUSTRIES

To report a reportable or notifiable incident (as defined)

coalmine parts

Coal Notification of Incident Form

Please read instructions (see back page) before completing this form

A. About the mine where the incident occurred		C. About the injured person	
1 Mine Name:	11 Family name:	12 Gender (male/f):	MC <input type="checkbox"/> F <input type="checkbox"/>
2 Mine District:	13 Home Address:		
3 Mine Operator:			
B. About the incident			
4 Type of incident? (See reverse for definitions)	14 Date of birth (day / month / year):	15 Remuneration type: safety related <input type="checkbox"/> wage related <input type="checkbox"/> other <input type="checkbox"/>	
5 When did the incident occur? (Use exact date eg - 22/05/2002)	16 Employment type: permanent <input type="checkbox"/> casual <input type="checkbox"/> contract <input type="checkbox"/>	17 Person's Employer:	
6 Where did the incident occur? (Use exact details eg - 22/05/2002)	18 Job title:	19 Person's basis: afternoon <input type="checkbox"/> night <input type="checkbox"/> day <input type="checkbox"/> other <input type="checkbox"/>	
7 What was the nature of the incident? (See reverse for definitions)	19 Was the person on overtime? yes <input type="checkbox"/> no <input type="checkbox"/>	20 Work experience: (enter employer company commencement date (day / month / year) - current employer)	
8 What was the cause incident? (See reverse for definitions)	21 Date of injury (day / month / year):	22 Injury details (day / month / year):	
9 How many witnesses to the incident? (yes <input type="checkbox"/> no <input type="checkbox"/>	23 When did the person first need? (day / month / year):	24 When the person returned to work (day / month / year):	
10 Give details of any action that has been, or will be, taken to prevent the incident from happening again.	25 When the person returned to work (day / month / year):	26 When the person first returned to work (day / month / year):	
Operator of authorized person:		NSW Department of Primary Industries Office use	
Signature: _____ Date: / /		COMET ID: _____ RLE No: _____ Mine ID: _____	
Send original to nearest NSW Department of Primary Industries office (see back page)		Level: _____	
		Type of incident: _____	

CSI-MP Version 1.0

- New form specified under section 110(3) of the Act
- Based on existing Metalliferous/Extractive form
- Relates to specific COMET fields
- Guidance Note details
 - clause details
 - notification periods
 - non disturbance periods
- Downloadable from DPI Internet site



Workplace Injuries

- Coal Mine Health & Safety Regulation 2006 Part 10
Division 1 – Workplace injury records and reporting
- Workplace injury:
 - Lost time injury
 - Medical treatment injury
 - Restricted duties injury
- Record to be kept of all workplace injuries following
6 month transitional period



Workplace Injury Reporting

- Quarterly workplace injury reports to be submitted to the Department
 - Total number of injuries
 - Total Hours worked
- Guidance note and standard form to be developed for industry and downloadable from the DPI website