

MINE HEALTH AND SAFETY REGULATIONS

CHAPTER 21 FORMS

[Chapter 21 inserted by GN R134 of 9 February 2001.]

Form DME 132 (SAMRASS 1)

Accident and Dangerous Occurrence Report



**DEPARTMENT: MINERALS AND ENERGY
ACCIDENT AND DANGEROUS OCCURRENCE REPORT**

This form must be completed for reportable accidents in terms of regulations 23.1(a) (b) (c) and (d) and Dangerous Occurrences in terms of regulation 23.4. Sections E and F, need not be completed in the event of a Dangerous Occurrence. Attach forms SAMRASS 2, 3, 5, 6, 7, and 8, where applicable.

SECTION A: EMPLOYER DETAILS

1.	NAME OF MINE				
2.	DME MINE CODE				
3.	MAIN COMMODITY				

SECTION B: ACCIDENT OR DANGEROUS OCCURRENCE DETAILS

1. Mine Accident or Dangerous Occurrence Number	YEAR				ACC/DO REF NO				SHAFT	
	Y	Y	Y	Y	N	N	N	N	S	S
2. Number of persons killed										
3. Number of persons totally disabled										
4. Number of persons injured										
5. Date of accident or dangerous occurrence (use YYYY/MM/DD format)										
	Y	Y	Y	Y	M	M	D	D		

2 Mine Health and Safety Regulations

6.	Time of accident or dangerous occurrence						H	H	M	M
7.	Location of accident or dangerous occurrence									
8.	Name of working place									
9.	Depth below surface (in metres)									
10.	Section									
11.	Description of accident or dangerous occurrence in words								
12.	Accident classification code									
13.	Dangerous Occurrence classification code									
14.	Did accident or dangerous occurrence occur during normal working hours or overtime?					Normal		O/Time		
15.	Did accident or dangerous occurrence happen at normal workplace?					Y		N		
16.	Average number of persons at work during the previous month	SURF OPS	U/G	O/CAST	SURF MIN		MARINE			
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SECTION C: RESPONSIBLE PERSONS													
NAME	IDENTITY NUMBER/PASSPORT NUMBER				CERTIFICATE No.				OCCUPATION				
1st Level Supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
2nd Level Supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
3rd Level Supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
4th Level Supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Name of Manager	Designation			Signature		Date							
						Y	Y	Y	Y	M	M	D	D

SECTION D: FOR USE BY THE DEPARTMENT OF MINERALS AND ENERGY														
1.	Regional accident or dangerous occurrence number					Y	Y	Y	Y	R	N	N	N	
2.	Date report					Y	Y	Y	Y	M	M	D	D	
3.	Type of accident or dangerous occurrence													
4.	Accident or dangerous occurrence register by					Date	Y	Y	Y	Y	M	M	D	D
5.	Injury type													
6.	Probable cause of accident or dangerous occurrence													
7.	Contravention in inspector's opinion										Yes	No		

8.	If yes, act/regulation contravened																
9.	Administrative fine recommended?					Yes	No										
10.	Date evaluation form completed	Y	Y	Y	Y	M	M	D	D								
INSPECTORATE DETAILS		NAME (IN BLOCK LETTERS)		DATE		SIGNATURE											
11.	Inspector of mines			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>													
12.	Senior inspector mines (mining)			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>													
13.	Senior inspector mines (mining equipment)			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>													
14.	Are criminal proceedings envisaged?					Yes	No										

Form DME 136 (SAMRASS 3)

Rockburst and Fall of Ground Accident



**DEPARTMENT: MINERALS AND ENERGY
ROCKBURST AND FALL OF GROUND ACCIDENT**

A. DETAILS OF MINE													
MINE NAME													
MINE'S ACCIDENT NUMBER			Y		Y		Y		Y	Shaft	no.		
ACTIVITY													
DATE OF ACCIDENT			Y		Y	/	M		M	/	D		D
CAUSE OF ACCIDENT													
DEPTH BELOW SURFACE (m)													
MINING METHOD													
B. DETAILS OF ACCIDENT													
B.1. LOCATION													
DESCRIPTION OF WORKING PLACE													
DISTANCE FROM FACE (m)													
DISTANCE FROM PANEL BOTTOM STRIKE GULLY (m)													
DIMENSIONS OF STOPE	STRIKE SPAN (m)					DISPAN (m)					STOPING (m)		
DIMENSIONS OF OTHER EXCAVATIONS	HEIGHT (m)					WIDTH (m)					LENGTH (m)		
DISTANCE FROM REEF (m)													
B.2. SITE DESCRIPTION													
QUALITY OF EXCAVATION:													

B.3. TEMPORARY SUPPORT										
B.3.1 ACCORDING TO CODE OF PRACTICE										
TYPE OF SUPPORT										
SIZE OF SUPPORT (m)										
SPACING OF SUPPORT (m)										

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ROWS OF SUPPORT										
DISTANCE FROM FACE (m)										
B.3.2. OBSERVED AFTER ACCIDENT										
TYPE OF SUPPORT										
SIZE OF SUPPORT (m)										
SPACING OF SUPPORT (m)										
ROWS OF SUPPORT (m)										
DISTANCE FROM FACE (m)										
B.4. PERMANENT SUPPORT										
B.4.1 ACCORDING TO CODE OF PRACTICE										
TYPE OF SUPPORT										
SIZE OF SUPPORT (m)										
SPACING OF SUPPORT (m)										
DISTANCE FROM FACE (m)										
B.4.2 OBSERVED AFTER ACCIDENT										
TYPE OF SUPPORT										
SIZE OF SUPPORT (m)										
SPACING OF SUPPORT (m)										
DISTANCE FROM FACE (m)										
B.5 REGIONAL SUPPORT										
B.5.1 ACCORDING TO CODE OF PRACTICE										
TYPE OF SUPPORT										
SIZE OF SUPPORT (m)										
SPACING OF SUPPORT (m)										
B.5.2 OBSERVED AFTER ACCIDENT										
TYPE OF SUPPORT										

6 Mine Health and Safety Regulations

SIZE OF SUPPORT (m)																				
SPACING OF SUPPORT (m)																				
COMMENTS ON SUPPORT:																				
COMMENTS ON EFFECTIVE USE:																				

Form DME 200 (SAMRASS 2)

Injury Report Form



**DEPARTMENT: MINERALS AND ENERGY
INJURY REPORT FORM**

This form must be completed for reportable accidents in terms of regulations 23.1(a) (b) (c) and (d). Section E and F, need not be completed in the event of a Dangerous Occurrence. Attach forms SAMRASS 2, 3, 5, 6, 7, and 8, where applicable.

Name of mine																
Mine Accident or Dangerous Occurrence Number				YEAR				ACC/DO REF NO				SHAFT				
Y	Y	Y	Y	N	N	N	N	S				S				
Date of accident or dangerous occurrence (use YYYY/MM/DD format)								Y	Y	Y	Y	M	M	D	D	
Regional accident or dangerous occurrence number								Y	Y	Y	Y	R	N	N	N	I

SECTION E: EMPLOYEE'S DETAILS

NOTE: THIS SECTION NEED NOT BE COMPLETED FOR A DANGEROUS OCCURRENCE ACCIDENT

1.	Surname															
2.	Full first name															
3.	Industry number															
4.	Pf/company number															
5.	Identity/passport number															
6.	Date of birth (use YYYY/MM/DD format)								Y	Y	Y	Y	M	M	D	D
7.	Country of origin															
8.	Population group								01		02		03		04	
9.	Was the injured a permanent employee ("E"), a contractor ("C") or a casual ("T")?										E	C	T			
10.	Name of contracting company (if applicable)															
11.	Male or female											M	F			
12.	Normal occupation at time of accident															

8 Mine Health and Safety Regulations

13.	Total experience in current occupation	Y	Y	M	M
14.	Was injured carrying out normal duties at time of an accident?	Y	N		

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15.	Date first employed with current employer (use YYYY/MM/DD)	Y	Y	Y	Y	M	M	D	D
16.	Date last shift worked (use YYYY/MM/DD format)	Y	Y	Y	Y	M	M	D	D
17.	Date resumed work (use YYYY/MM/DD format)	Y	Y	Y	Y	M	M	D	D
18.	If fatal, date of death (use YYYY/MM/DD format)	Y	Y	Y	Y	M	M	D	D

SECTION F: INJURY DETAILS

THIS SECTION NEED NOT BE COMPLETED FOR A DANGEROUS OCCURRENCE ACCIDENT

1.	Task: (person injured or killed while performing)								
2.	Activity: (injury or killed while.....)								
3.	Nature of injury								
4.	Part of body injured								
5.	Type of accident of individual fatal (F), totally disabling (T), injury (I)					F	T	I	
6.	Allocated days lost (to be completed by DME)								

B.6. INSTRUMENTATION

INSTRUMENT	CODE	WARNING SIGNAL	
		YES	NO
		YES	NO
		YES	NO
		YES	NO
		YES	NO
		YES	NO
		YES	NO

B.7. GEOLOGICAL DETAILS

REEF BEING MINED	CODE:				DESCRIPTION:	
					ROCK TYPE	CODE
						U.C.S. STRENGTH
IMMEDIATE HANGING WALL					MPa	
IMMEDIATE FOOTWALL					MPa	
REEF/ORE					MPa	
RELEVANT GEOLOGICAL STRUCTURE						
SHORTEST DISTANCE FROM SCENE TO DISTURBENCE (m)						

COMMENT ON DISTANCE:														
MEASURED OR ESTIMATED FIELD STRESS STATE														
INDUCED FRACTURES														
B.8. FALL OF GROUND														
DIMENSIONS OF FALL			HEIGHT (m)		.		WIDTH (m)		.		LENGTH (m)		.	
BOUNDARIES OF FALL														
B.9. ROCKBURST														
TOTAL SIZE OF AFFECTED AREA (m2)					ESTIMATED MAXIMUM CLOSURE									
B.9.1 EXTENT OF DAMAGE														
HANGING WALL DAMAGE (m2)														
FOOTWALL DAMAGE (m2)														
SIDEWALL DAMAGE (m2)														
ROOF SUPPORT UNITS DAMAGED														
SUSPECTED BURSTING MECHANISM														
SUSPECTED MECHANISM BASED ON														
DISTANCE BETWEEN HYPOCENTRE AND ROCKBURST DAMAGE (m)														
B.10. GENERAL MINE LAYOUT														
MINE LAYOUT							CODE		CONTRIBUTE					
									YES	NO				
									YES	NO				
									YES	NO				
									YES	NO				
									YES	NO				
									YES	NO				
C. SEISMIC EVENT DETAIL														

REFERENCE NUMBER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:12.5%; height: 20px;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table>																									
HYPOCENTRE (m)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:12.5%; text-align:center;">X</td> <td style="width:12.5%; text-align:center;">Y</td> <td style="width:12.5%; text-align:center;">Z</td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table>													X	Y	Z										
X	Y	Z																								
LOCATION ERROR (m)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:12.5%; height: 20px;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table>										LOCATION MAGNITUDE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:12.5%; height: 20px;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table>														

10 Mine Health and Safety Regulations

TIME	<input type="text" value="H"/> <input type="text" value="H"/> : <input type="text" value="M"/> <input type="text" value="M"/>	SEISMIC MOMENT (Nm)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
ENERGY RADIATED: P-WAVE (J)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ENERGY RADIATED: S-WAVE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
SOURCE RADIUS (m)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CORNER FREQUENCY (Hz)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
STATIC STRESS DROP (MPa)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DYNAMIC STRESS DROP (Mpa)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
PEAK ACCERLERATION (g)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PEAK VELOCITY (cm/sec)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
DISPLACEMENT (cm)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DURATION (sec)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
C.1. SEISMIC MOMENT RELEASED	1 WEEK	1 MONTH	AVERAGE			
PER 1m OF FACE ADVANCE (Nm/m)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
PER 1t OF ROCK OUTPUT WITHIN 300m RADIUS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
D. SEISMIC HISTORY						
WITHIN 300m RADIUS OF SCENE OF THE ACCIDENT		MAGNITUDE				
	HISTORY DETAIL	<0	0-1	1-2	>2	TOTAL
1 Day before Accident	1. NUMBER OF SEISMIC EVENTS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	2. ENERGY RELEASED: P-WAVE (J)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	3. S-WAVE (J)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	4. SEISMIC MOMENT RELEASED (Nm)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	5. STATIC STRESS DROP (Mpa)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	6. MAX. ENERGY INDEX (E-obs/E-expec)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	1. NUMBER OF SEISMIC EVENTS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	2. ENERGY RELEASED: P-WAVE (J)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

1 Week before Accident	3. S-WAVE (J)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	4. SEISMIC MOMENT RELEASED (Nm)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	5. STATIC STRESS DROP (Mpa)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	6. MAX. ENERGY INDEX (E-obs/E-expec)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6 Month before Accident	1. NUMBER OF SEISMIC EVENTS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	2. ENERGY RELEASED: P-WAVE (J)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	3. S-WAVE (J)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	4. SEISMIC MOMENT RELEASED (Nm)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Accident	5. STATIC STRESS DROP (Mpa)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	6. MAX. ENERGY INDEX (E-obs/E-expec)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.1. BEFORE ACCIDENT					
1 WEEK		1 MONTH		AVERAGE FOR LAST 6 MONTHS	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
E. COMPLETED BY					
NAME		SIGNATURE		DATE	<input type="text"/>
DESIGNATION		MANAGER'S SIGNATURE		DATE	<input type="text"/>

Form DME 201 (SAMRASS 4)

1-13 Day Injuries Form



DEPARTMENT: MINERALS AND ENERGY

This form must be completed for reportable accidents in terms of regulation 23.1(a)

1-13 DAY INJURIES

NAME OF MINE:

DME MINE CODE:

MONTH:

Codes to be used on this Form are specified in the Code Book

DATE OF ACCIDENT OR DANGEROUS OCCURRENCE	NAME OF INJURED	IDENTITY NUMBER	PASSPORT NUMBER	DATE OFF WORK	RETURNED TO WORK	DAYS ABSENT	ACCIDENT OR DANGEROUS OCCURRENCE CLASSIFICATION	LOCATION	NATURE OF INJURY	ACTIVITY	BODY PART

Minerals and Energy for Development and Prosperity

Form DME 133 (SAMRASS 5)

Explosives



DEPARTMENT: MINERALS AND ENERGY

EXPLOSIVES

Complete a form for each accident involving explosives and attach this to form SAMRASS 1

REGIONAL ACCIDENT OR DANGEROUS OCCURENCE NO	Y	Y	Y	Y	R	N	N	N	I
---	---	---	---	---	---	---	---	---	---

MINE NAME	
MINE'S ACCIDENT OR DANGEROUS OCCURENCE	Y Y Y Y N N N N shaft no.
TYPE OF EXPLOSIVES	
SUPPLIES OF EXPLOSIVES	
RELATIVE ENERGY	
DETONATION	
TYPE OF DETONATOR	
SUPPLIER OF DETONATOR	
TYPE OF FUSE	
SUPPLIER OF FUSE	
PRIMER CARTRIDGE	
LENGTH OF CARTRIDGE (mm)	
DIAMETER OF CARTRIDGE (mm)	
DIAMETER OF SHOTHOLE	
METHOD USED TO DETECT MISFIRES	
EXPERIENCE OF MINER	
CAUSE OF EXPLOSION	Y Y M M

Minerals and Energy for Development and Prosperity

Form DME 134 (SAMRASS 6)

Fire



DEPARTMENT: MINERALS AND ENERGY

FIRE

REGIONAL ACCIDENT OR DANGEROUS OCCURENCE NO	Y	Y	Y	Y	R	N	N	N	I
---	---	---	---	---	---	---	---	---	---

MINE NAME	
MINE'S ACCIDENT OR DANGEROUS OCCURENCE	Y Y Y Y N N N N shaft no.
DATE FIRE DETECTED	Y Y Y Y M M D D
TIME FIRE DETECTED	H H : M M
BY WHOM DETECTED	
OCCUPATION OF PERSON	
WHAT BURNT?	
NUMBER OF PROTO TEAMS CALLED OUT	
NUMBER OF PROTOTEAMS SENT UNDERGROUND	
SEALED OFF	YES NO
TIME TAKEN	D D : H H : M M
INDIRECT COST	
DIRECT COST	
LOSS IN PRODUCTION (Time)	

REPORTABLE CASUALTIES	KILLED <input type="text"/> <input type="text"/> <input type="text"/>		DISABLED <input type="text"/> <input type="text"/> <input type="text"/>		INJURED <input type="text"/> <input type="text"/> <input type="text"/>	
DID CODE OF PRACTICE CATER FOR PREVENTION OF FIRE?					YES	NO
WAS THERE ANY NEGLIGENCE?					YES	NO
WERE PERSONS ENDANGERED?					YES	NO
WERE SELF RESCUERS USED?					YES	NO
IS PROSECUTION ENVISAGED?					YES	NO
IOM SIGNATURE:					DATE:	

Minerals and Energy for Development and Prosperity

Form DME 135 (SAMRASS 7)

Subsidence (Coal Mines)



**DEPARTMENT: MINERALS AND ENERGY
SUBSIDENCES (COAL MINES)**

Complete a form for each subsidence and attach this form to form SAMRASS 1 Form.

MINE NAME																			
MINE'S ACCIDENT OR DANGEROUS OCCURENCE		Y	Y	Y	Y	N	N	N	N	shaft	no.								
DATE DETECTED	<table border="1" style="display: inline-table;"> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td> </tr> </table>											Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D												
MINING METHOD	<table border="1" style="display: inline-table;"> <tr> <td></td><td></td> </tr> </table>																		
MAXIMUM DEPTH OF SUBSIDENCE (m)	<table border="1" style="display: inline-table;"> <tr> <td></td><td></td><td></td><td></td> </tr> </table>																		
VENTILATION PLAN GRID REFERENCE	<table border="1" style="display: inline-table;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																		
INFLUENCE ON UNDERGROUND WORKINGS																			
MINING PARAMETERS:	PLANNED MINING PARAMETERS:	ACTUAL MINING PARAMETERS:																	
ROAD WIDTH:																			
MINING HEIGHT (m)																			
PILLAR CENTRES (m)																			
PILLAR SIZE (m)																			
BARRIER PILLAR (m)																			
SAFETY FACTOR																			
PANEL WIDTH (m)																			
PANEL ROADS																			
% OVERMINED	<table border="1" style="display: inline-table;"> <tr> <td></td><td></td> </tr> </table>																		
GEOLOGY																			

SEAM	
INFLUENCE ON STRUCTURES	
ACTION TO BE TAKEN	
IOM SIGNATURE:	DATE:
.....	

Minerals and Energy for Development and Prosperity

Form DME 137 (SAMRASS 8)

Heat Stroke/Heat Exhaustion Questionnaire



**DEPARTMENT: MINERALS AND ENERGY
HEAT STROKE / HEAT EXHAUSTION QUESTIONNAIRE**

Complete a form for each person suffering from heat stroke / Heat exhaustion and attach this form to form SANRASS 1

REGIONAL ACCIDENT OR DANGEROUS OCCURENCE NO										Y	Y	Y	Y	R	N	N	N	I	
A. PERSONAL DETAILS																			
NAME OF MINE																			
MINE'S ACCIDENT OR DANGEROUS OCCURENCE NUMBER										Y	Y	Y	Y	N	N	N	N	shaft	no.
SURNAME					FIRST NAME					H H : M M : S S									
OCCUPATION					LENGTH OF TIME WORKED IN AREA														
B. EXPERIENCE (OTHER MINES)																			
MINE					PERIOD WORKED					OCCUPATION									
					Y Y : M M														
					Y Y : M M														
					Y Y : M M														
					Y Y : M M														
C. HEAT STRESS ACCLIMATIZATION																			
METHOD OF ACCLIMATIZATION ON MINE																			
WAS ACCLIMATIZATION PERIOD EVADED IN ANY WAY?										YES				NO					
										ACCLIMATIZATION DETAILS									
DETAILS REGARDING DATES, TEMPERATURE AND										TIME TAKEN				TEMPERATURE					

MASS RESPONSES DURING THE ACCLIMATIZATION	<input type="text" value="H"/> <input type="text" value="H"/> <input type="text" value=":"/> <input type="text" value="M"/> <input type="text" value="M"/>	
PROCEDURE, TO BE OBTAINED FROM THE ACCLIMATIZATION CENTRE	<input type="text" value="H"/> <input type="text" value="H"/> <input type="text" value=":"/> <input type="text" value="M"/> <input type="text" value="M"/>	
	<input type="text" value="H"/> <input type="text" value="H"/> <input type="text" value=":"/> <input type="text" value="M"/> <input type="text" value="M"/>	
	<input type="text" value="H"/> <input type="text" value="H"/> <input type="text" value=":"/> <input type="text" value="M"/> <input type="text" value="M"/>	
D. SYMPTOMS, ETC		
SIGN OF ILLNESS		YES NO

Minerals and Energy for Development and Prosperity

LENGTH OF TIME WORKED BEFORE COLLAPSE	<input type="text" value="H"/> <input type="text" value="H"/> <input type="text" value=":"/> <input type="text" value="M"/> <input type="text" value="M"/>		
APPEARANCE NORMAL		YES	NO
SIGN OF FATIGUE		YES	NO
DRINKING WATER AVAILABLE		YES	NO
WATER DRUNK		YES	NO
SIGN OF COLLAPSE			
SWEATING		YES	NO
DAY OF COLLAPSE (1 - MONDAY, 2 - TUESDAY, 3 - WEDNESDAY, 4 - THURSDAY, 5 - FRIDAY, 6 - SATURDAY, 7 - SUNDAY)			
E. TREATMENT			
DATE TAKEN	TIME TAKEN	TEMPERATURE	
<input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value="H"/> <input type="text" value="H"/> <input type="text" value=":"/> <input type="text" value="M"/> <input type="text" value="M"/>		
<input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value="H"/> <input type="text" value="H"/> <input type="text" value=":"/> <input type="text" value="M"/> <input type="text" value="M"/>		
<input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value="H"/> <input type="text" value="H"/> <input type="text" value=":"/> <input type="text" value="M"/> <input type="text" value="M"/>		
<input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value="H"/> <input type="text" value="H"/> <input type="text" value=":"/> <input type="text" value="M"/> <input type="text" value="M"/>		
<input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value="H"/> <input type="text" value="H"/> <input type="text" value=":"/> <input type="text" value="M"/> <input type="text" value="M"/>		
F. WORKING AREA			
WET KATA READING			
WET BULB READING			
DRY BULB READING			
AVERAGE WET BULB READING			

20 Mine Health and Safety Regulations

AVERAGE DRY BULB READING			
AIR QUALITY			
AIR VELOCITY			
AVERAGE QUANTITY			
AVERAGE VELOCITY			
MEANS OF VENTILATION			

Form DME 202 (SAMRASS 9)

Reporting Accidents



DEPARTMENT: MINERALS AND ENERGY

This form must be completed for reportable accidents in terms of regulation 23.2(3)

REPORT ON DATE RESUMED WORK

NAME OF MINE:.....

DME MINE CODE:

DATE OF ACCIDENT	NAME OF INJURED	IDENTITY NUMBER	PASSPORT NUMBER	INDUSTRY NUMBER	DATE OFF WORK	DATE RETURNED TO WORK

This form is to be completed monthly and forwarded to the regional office of the Inspectorate in respect of all injured persons who returned to work during that month.

Form 21.9(2)(a)

Airborne Pollutants - Particulate Personal Quarterly Report Form

(In terms of regulation 9.2.(7))

[Report Form 21.9(2)(a) added by GN R904 of 2 July 2002 and substituted by GN R1226 of 15 December 2005 and by GN 2909 of 21 December 2022.]

- (i) Airborne Pollutants - Particulate Personal Quarterly Report Form 21.9(2)(a)(i) in terms of regulation 9.2(7) - Single Pollutant HEG Category A and C

MAIN COMMODITY CODE:						DMR MINE CODE:		
SAMPLE AREA:						SUB MINE CODE:		
ACTIVITY AREA CODE:						REPORTING PERIOD:		
HEG RECLASSIFICATION BAND: (based on previous annual 90th percentile results)						Name and SANAS accreditation number of analytical laboratory used:		
		Q1	Q2	Q3	Q4	ANNUAL RESULTS: ANNUAL 90TH PERCENTILE BASED ON THE 4 QUARTERS MEASUREMENTS RESULTS		
NUMBER OF SAMPLES PLANNED FOR THE CURRENT SAMPLING CYCLE:								
Number of samples taken								
Quarterly HEG classification based on 90th percentile measurement results								
HEG		Sample Concentration per Occupation (TWA - 8hr) mg/m³ [Sample Concentration = Sample mass (mg)/Sample Volume (m ³)				Pollutant Concentration per Occupation (TWA - 8hr) mg/m³ [Pollutant	Mean pollutants concentration dose allocated to medical records	OEL

			Pollutant code	1 If Sampling time = exposure duration or < exposure duration TWA 8h = Sampling Concentration * actual exposure duration 480 (min)	Pollutant analytical mass (mg)	Concentration = Pollutant mass (mg)/Sample Volume (m ³) 1 If Sampling time = exposure duration or < exposure duration Pollutant TWA 8h = Pollutant concentration * actual exposure duration 480 (min)	(Tick appropriate block)	90th percentile HEG classification	(Tick appropriate block)	
Occupation codes in HEG	Occupations in HEG	Number of persons per occupation								2 If Sampling time > exposure duration TWA 8h = Sampling Concentration * actual sampling time 480(min)
			(A)	(B)	(C)	(D)	(E)	(F)		
TOTAL										

COMMENTS ON:	
Reasons for over-exposures	
Corrective measures that will be implemented to prevent / mitigate over-exposures	

(ii) Airborne Pollutants - Particulate Personal Quarterly Report Form 21.9(2)(a)(ii) in terms of regulation 9.2(7) - Single Pollutant HEG Category B

MAIN COMMODITY CODE:						DMR MINE CODE:	
SAMPLE AREA:						SUB MINE CODE:	
ACTIVITY AREA CODE:						REPORTING PERIOD:	
HEG RECLASSIFICATION BAND: (based on previous annual 90th percentile results)						Name and SANAS accreditation number of analytical laboratory used:	
		Q1	Q2		Q3	Q4	
NUMBER OF SAMPLES PLANNED FOR THE CURRENT SAMPLING CYCLE:				BI-ANNUAL RESULTS (Q2-PERCENTILE RESULTS OF Q1 AND Q2)			ANNUAL RESULTS (ANNUAL 90TH PERCENTILE BASED ON THE 4 QUARTERS MEASUREMENTS RESULTS)
Number of samples taken							
Quarterly HEG classification based on 90th percentile measurement results							
HEG		Sample Concentration per Occupation (TWA - 8hr) mg/m³ [Sample Concentration = Sample mass			Pollutant Concentration per Occupation (TWA - 8hr)	Mean pollutants concentration dose allocated to medical	OEL

					(mg)/Sample Volume (m ³)			mg/m ³	records				
Occupation codes in HEG	Occupations in HEG	Number of persons per occupation	Pollutant code		1 If Sampling time = exposure duration or < exposure duration	Pollutant analytical masses (mg)	2 If Sampling time > exposure duration	[Pollutant Concentration = Pollutant mass (mg)/Sample Volume (m ³)	90th percentile HEG classification	(Tick appropriate block)		(Tick appropriate block)	
					TWA 8h = Sampling Concentration * actual exposure duration					1 If Sampling time = exposure duration or < exposure duration	mg/m ³	mg/m ³	
					480 (min)					Pollutant TWA 8h = Pollutant concentration * actual exposure duration	f/ml	f/ml	
					2 If Sampling time > exposure duration TWA 8h = Sampling Concentration * actual sampling time			2 If Sampling time > exposure duration			ppm	ppm	
					480(min)			Pollutant TWA 8h = Pollutant Concentration* actual sampling time			ppm	ppm	
					480 (min)			480 (min)			ppm	ppm	
					(A)	(B)	(C)	(D)	(E)	(F)			

TOTAL									
COMMENTS ON:									
Reasons for over-exposures									
Corrective measures that will be implemented to prevent / mitigate over-exposures									

(iii) Airborne Pollutants - Particulate Personal Quarterly Report Form 21.9(2)(a)(iii) in terms of regulation 9.2(7) - Additive Effects HEG Category A and C

MAIN COMMODITY CODE:										DMR MINE CODE:			
SAMPLE AREA:										SUB MINE CODE:			
ACTIVITY AREA CODE:										REPORTING PERIOD:			
HEG RECLASSIFICATION BAND: (based on previous annual 90th percentile results)										Name and SANAS accreditation number of analytical laboratory used:			
Number of samples planned for the current sampling cycle:			Q1	Q2	Q3	Q4	ANNUAL RESULTS: (ANNUAL 90TH PERCENTILE BASED ON THE 4 QUARTERS MEASUREMENTS RESULTS)						
Number of samples taken													
Quarterly HEG classification based on 90th percentile measurement results or AQI (HEG classification must be based on 90th percentile of each pollutant or AQI, whichever is the greatest)													
HEG			Sample Concentration per Occupation (TWA - 8hr) mg/m^3 [Sample Concentration = Sample mass (mg)/Sample Volume (m ³) 1 If Sampling time =		Pollutant Concentration per Occupation (TWA - 8hr) mg/m^3 [Pollutant Concentration = Pollutant mass (mg)/Sample Volume (m ³) 1. If Sampling time =		Mean pollutants concentration dose allocated to medical records		OEL		Pollutant index	AQI	

			Pollutant code	exposure duration or < exposure duration TWA 8h = Sampling Concentration * actual exposure duration 480 (min)	Pollutant analytical mass (mg)	exposure duration or < exposure duration Pollutant TWA 8h = Pollutant concentration * actual exposure duration 480 (min)			90th percentile HEG classification					
Occupation codes in HEG	Occupations in HEG	Number of persons per occupation		2 If Sampling time > exposure duration TWA 8h = Sampling Concentration * actual sampling time 480(min)		2 If Sampling time > exposure duration Pollutant TWA 8h = Pollutant Concentration* actual sampling time 480(min)	(Tick appropriate block)			(Tick appropriate block)		mg/m ³	f/ml	ppm
			mg/m ³				mg/m ³							
			f/ml				f/ml							
TOTAL			(A)	(B)	(C)	(D)	(E)	(F)						
COMMENTS ON:														
Reasons for over-exposures														
Corrective measures that will be implemented to prevent / mitigate over-exposures														

(iv) Airborne Pollutants - Particulate Personal Quarterly Report Form 21.9(2)(a)(iv) in terms of regulation 9.2(7) - Additive Effects HEG Category B

MAIN COMMODITY CODE:						DMR MINE CODE:			
SAMPLE AREA:						SUB MINE CODE:			
ACTIVITY AREA CODE:						REPORTING PERIOD:			
HEG RECLASSIFICATION BAND: (based on previous annual 90th percentile results)						Name and SANAS accreditation number of analytical laboratory used:			
NUMBER OF SAMPLES PLANNED FOR THE CURRENT SAMPLING CYCLE:		Q1	Q2		Q3	Q4			
Number of samples taken									
Quarterly HEG classification based on 90th percentile measurement results or AQI (HEG classification must be based on 90th percentile of each pollutant or AQI, whichever is the greatest)				BI-ANNUAL RESULTS (Q2-PERCENTILE RESULTS OF Q1 AND Q2)			ANNUAL RESULTS: (ANNUAL 90TH PERCENTILE BASED ON THE 4 QUARTERS MEASUREMENTS RESULTS)		
HEG		Sample Concentration per Occupation (TWA - 8hr) mg/m ³ [Sample Concentration = Sample mass (mg)/Sample Volume (m ³) 1 If Sampling time = exposure duration or < exposure duration TWA 8h = Sampling Concentration * actual exposure duration 480 (min)		Pollutant Concentration per Occupation (TWA - 8hr) mg/m ³ [Pollutant Concentration = Pollutant mass (mg)/Sample Volume (m ³) 1 If Sampling time = exposure duration or < exposure duration Pollutant TWA 8h = Pollutant concentration * actual exposure duration 480 (min)		Mean pollutants concentration dose allocated to medical records		OEL	Pollutant AQI index
						(Tick)	90th	(Tick)	

Occupation codes in HEG	Occupations in HEG	Number of persons per occupation	Pollutant code	2 If Sampling time > exposure duration TWA 8h = Sampling Concentration * actual sampling time 480(min)	Pollutant analytical mass (mg)	appropriate block)		percentile HEG classification	appropriate block)		
						mg/m ³			mg/m ³		
						f/ml			f/ml		
						ppm			ppm		
2 If Sampling time > exposure duration Pollutant TWA 8h = Pollutant Concentration* actual sampling time 480(min)						(C)	(D)	(E)	(F)		
				(A)	(B)						
TOTAL											
COMMENTS ON:											
Reasons for over-exposures											
Corrective measures that will be implemented to prevent / mitigate over-exposures											

Form 21.9(2)(b)

Airborne Particulates - Gases and Vapours Personal Quarterly Report Form

(In terms of regulation 9.2.(7))

[Report Form 21.9(2)(b) added by GN R904 of 2 July 2002 and substituted by GN R1226 of 15 December 2005 and by GN 2909 of 21 December 2022.]

- (i) Airborne Particulates Gases and Vapours Personal Quarterly Report Form 21.9(2)(b)(i) in terms of regulation 9.2(7) - Single Pollutant HEG Category A and C

Main Commodity Code:					DMRE Mine code:				
Sample Area:					Sub Mine Code:				
Activity Area Code:					Reporting Period:				
HEG Reclassification Band: (Based on previous annual 90th percentile results)									
	Q1	Q2	Q3	Q4					Annual results: Annual 90th percentile based on the 4 quarters measurements results
Number of samples planned for the current sampling cycle									
Number of samples taken									
Quarterly HEG classification (Based on 90th percentile measurement results)									
HEG			Pollutant Concentration per Occupation in	Pollutant analytical %	Mean Pollutant Concentration Dose Allocated to Medical Record Mean Pollutant Concentration Dose = Average TWA Pollutant Concentration (average of all results calculated in	Range of Pollutant Concentration	90th percentile HEG classification=PERCENTILE [(A), 0.9]	OEL	

Occupation codes in HEG	Occupation Name in a HEG	Number of persons per Occupation	Pollutant code	(Tick appropriate box)		A)				(Tick appropriate block)	
				ppm			mg/m ³				
				mg/m ³							
				TWA - 8hr							
				STEL							
CL		Min	Max	ppm							
				(A)	(B)	(C)	(D)				
TOTAL											
COMMENTS ON: REASONS FOR OVER-EXPOSURES											
CORRECTIVE MEASURES THAT WILL BE IMPLEMENTED TO PREVENT / MITIGATE OVER-EXPOSURES											

(ii) Airborne Particulates Gases and Vapours Personal Quarterly Report Form 21.9(2)(b)(ii) in terms of regulation 9.2(7) - Single Pollutant HEG Category B

Main Commodity Code:		DMRE Mine code:
Sample Area:		Sub Mine Code:
Activity Area		Reporting Period:

Code:									
HEG Reclassification Band: (Based on previous annual 90th percentile results)									
	Q1	Q2	Bi-Annual Results (Q2 – percentile results of Q1 and Q2)	Q3	Q4	Annual results: Annual 90th percentile based on the 4 quarters measurements results			
Number of samples planned for the current sampling cycle:									
Number of samples taken									
Quarterly HEG classification (Based on 90th percentile measurement results)									
HEG				Pollutant Concentration per Occupation in	Pollutant analytical %	Mean Pollutant Concentration Dose Allocated to Medical Record Mean Pollutant Concentration Dose = Average TWA Pollutant Concentration (average of all results calculated in A)	Range of Pollutant Concentration	90th percentile HEG classification=PERCENTILE [(A), 0.9]	OEL
				(Tick appropriate box)					(Tick appropriate block)

Occupation codes in HEG	Occupations Name in a HEG	Number of persons per Occupation	Pollutant code	ppm						mg/m ³	
				mg/m ³							
				TWA - 8 hr							
				STEL							
				CL				Min	Max		
					(A)	(B)	(C)			(D)	
TOTAL											
COMMENTS ON: REASONS FOR OVER-EXPOSURES											
CORRECTIVE MEASURES THAT WILL BE IMPLEMENTED TO PREVENT / MITIGATE OVER-EXPOSURES											

(iii) Airborne Particulates Gases and Vapours Personal Quarterly Report Form 21.9(2)(b)(iii) in terms of regulation 9.2(7) - Additive Effects HEG Category A and C

Main Commodity Code:					DMRE Mine code:		
Sample Area:					Sub Mine Code:		
Activity Area Code:					Reporting Period:		
HEG Reclassification Band: (Based on previous annual 90 th percentile results)							
	Q1	Q2	Q3	Q4			

Number of samples planned for the current sampling cycle:						Annual results: Annual 90th percentile based on the 4 quarters measurements results								
Number of samples taken														
Quarterly HEG classification (Based on 90 th percentile measurement results)														
HEG				Pollutant Concentration per [Occupation in] (Tick appropriate box)	Pollutant analytical %	Mean Pollutant Concentration Dose Allocated to Medical Record Mean Pollutant Concentration Dose = Average TWA Pollutant Concentration (average of all results calculated in A)	Range of Pollutant Concentration		90th percentile HEG classification=PERCENTILE [(A), 0.9]	OEL (Tick appropriate block)	Pollutant Index=90th Percentile HEG for the quarter Classification/OEL	AQI=Sum of Pollutant Index		
Occupations codes in HEG	Occupation Name in a HEG	Number of persons per Occupation	Pollutant code	ppm			Min	Max		mg/m ³				
				TWA - 8 hr									ppm	
				STEL										
				CL										
				(A)	(B)	(C)			(D)		(E)	(F)		

TOTAL												
COMMENTS ON: REASONS FOR OVER-EXPOSURES												
CORRECTIVE MEASURES THAT WILL BE IMPLEMENTED TO PREVENT / MITIGATE OVER-EXPOSURES												

(iv) Airborne Particulates Gases and Vapours Personal Quarterly Report Form 21.9(2)(b)(iv) in terms of regulation 9.2(7) - Additive Effects HEG Category B

Main Commodity Code:						DMRE Mine code:			
Sample Area:						Sub Mine Code:			
Activity Area Code:						Reporting Period:			
HEG Reclassification Band: (Based on previous annual 90th percentile results)									
	Q1	Q2	Bi-Annual Results (Q2-percentile results of Q1 and Q2)	Q3	Q4	Annual results: Annual 90th percentile based on the 4 quarters measurements results			
Number of samples planned for the current sampling cycle:									
Number of samples taken									
Quarterly HEG classification (Based on 90th percentile measurement results)									
HEG			Pollutant [Concentration per Occupation	Pollutant analytical %	Mean Pollutant Concentration Dose	Range of Pollutant Concentration	OEL		

				in]		Allocated to Medical Record Mean Pollutant Concentration Dose = Average TWA Pollutant Concentration (average of all results calculated in A)										
Occupation codes in HEG	Occupation Name in a HEG	Number of persons per Occupation	Pollutant code	(Tick appropriate box)				Min	Max	90th percentile HEG classification=PERCENTILE [(A), 0.9]	(Tick appropriate block)		Pollutant Index=90th Percentile HEG for the quarter Classification/OE L	AQI=Sum of Pollutant Index		
				ppm							mg/m ³				mg/m ³	
				TWA - 8 hr							STEL				ppm	
				CL												
				(A)	(B)						(C)	(D)			(E)	(F)
TOTAL																
COMMENTS ON: REASONS FOR OVER-EXPOSURES																
CORRECTIVE MEASURES THAT WILL BE IMPLEMENTED TO PREVENT / MITIGATE OVER-																

EXPOSURES.	
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Form 21.9(2)(c)

Heat Stress Exposure Quarterly Report Form

(In terms of regulation 9.2.(7))

[Report Form 21.9(2)(c) added by GN R904 of 2 July 2002 and substituted by GN R1226 of 15 December 2005 and by GN 2909 of 21 December 2022.]

Main Commodity Code:					DMR Mine Code		
Sampling/Measurement Area:	Surface <input type="checkbox"/>	Underground <input type="checkbox"/>				Sub Mine Code	
	Activity Area:	Activity area name	Activity area code			Reporting Period	
	Q1	Q2	Q3	Q4	Start:	End	
Heat Environmental classification (based on 90 th percentile of the most significant parameter)							

Thermal: Heat Environment								
Occupations Codes	Occupations Description	Number of Persons per Occupation	Parameter	Number of measurements taken per parameter	Mean dose allocated to medical records (for each parameter)	90 th percentile of each parameter (for heat environment classification)	OEL/Standard (for each parameter)	Significant Parameter used for classification (tick relevant parameter)
			Wet bulb (WB) °C					
			Dry bulb (DB) °C					
			Globe (GT) °C					
			WBGT Index					
COMMENTS ON:								
Reasons for over-exposures								
Corrective measures that will be implemented to								

prevent / mitigate over-exposure	
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Form 21.9(2)(d)

Cold Stress Exposure Report Form

(In terms of regulation 9.2.(7))

[Report Form 21.9(2)(d) added by GN R904 of 2 July 2002 and substituted by GN R1226 of 15 December 2005 and by GN 2909 of 21 December 2022.]

Main Commodity Code:					DMR Mine Code			
Sampling/Measurement Area:	Surface <input type="checkbox"/>		Underground <input type="checkbox"/>			Sub Mine Code		
	Activity Area:		Activity area name				Reporting Period	
			Activity area code			Start:		End
	Q1	Q2	Q3	Q4				
Cold Environmental classification (based on 10 th percentile of the most significant parameter)								

Thermal: Cold Environment			Cold stress Parameter	Number of measurements taken	Mean dose allocated to medical records	10 th percentile cold environment classification	OEL
Occupations Codes	Occupations Description	Number of Persons per Occupation					
			Wind chill equivalent chill temperature °C				
COMMENTS ON:							
Reasons for over-exposures							
Corrective measures that will be implemented to prevent / mitigate over-exposure.							

Form 21.9(2)(e)

Personal Noise Exposure Quarterly Report Form

(In terms of regulation 9.2.(7))

[Report Form 21.9(2)(e) added by GN R1226 of 15 December 2005 and substituted by GN 2909 of 21 December 2022.]

MINE NAME:					
QUARTERLY NOISE EXPOSURE REPORT FORM 21.9(2)(e) in terms of regulation 9.2(7)					
MAIN COMMODITY CODE:					DMRE MINE CODE:
SAMPLE AREA:					SUB MINE CODE:
ACTIVITY AREA CODE:					REPORTING PERIOD: (eg January to March)
HEG DESCRIPTION:					
HEG CLASSIFICATION BAND: (based on 90th percentile statistical analysis of the previous annual results)					
ANNUAL 90th PERCENTILE RESULT FOR THE HEG: (based on all individual measurements obtained from all quarters during the previous measurement cycle)					
NUMBER OF EXPOSED EMPLOYEES: (where there are new employees, number of exposed employees reported should be progressive)	Q1	Q2	Q3	Q4	ANNUAL RESULTS
NUMBER OF SAMPLES PLANNED FOR THE CURRENT SAMPLING CYCLE:					
NUMBER OF SAMPLES TAKEN:					
QUARTERLY HEG CLASSIFICATION: (based in the Log average)					

OCCUPATION CODE IN HEG	OCCUPATION DESCRIPTION IN A HEG	NUMBER OF PERSONS PER OCCUPATION	Each recorded sound pressure level measured (<i>L_{Aeq, 8h}</i>) within the HEG linked to the occupation code

			Logarithmic average sound pressure level of the HEG. results to be allocated to medical record	
Reasons for individual result/s exceeding the annual HEG Classification				
Corrective actions that will be implemented to mitigate the individual result/s exceeding the annual HEG Classification				

Form 21.9(2)(f)

Operational Report Form

[Report Form 21.9(2)(f) added by GN R1226 of 15 December 2005 and substituted by GN 2909 of 21 December 2022.]

Operational - Report Form 21.9(2)(f)				
			Pages/Report	
Report Exposure Level	Airborne Pollutants			Sampling
	Thermal Stress			Period
	Noise			
DMRE Mine Code			DMRE Sub Mine Code	

Mine			
Address		Control Group	
		Commodities	
Area Code			

Section 4.1 Details

Employer Name		Production	
Telephone			
Email		Process	
Fax			

Section 12.1 Details

Full Time	Part Time	MEC Certificate No	Intermediate MEC Certificate No	SAIOH Registration

Name		Cell Phone	
Telephone		Email	

Airborne Pollutants	Total no of employees at Risk per	No of Persons per category	Gases & Vapours	Total no of employees at Risk per	No of employees per category	Noise	No of employees per category	Thermal Stress	No of employees per category

44 Mine Health and Safety Regulations

		pollutant						pollutant											
Substance	Code	A	B	C	Substance	Code	A	B	C		A	B	C		A	B	C		

Labour	Permanent	Contractors	Total Labour

Name and Surname			Name and Surname		
Employee Section 4.1 Appointee	Signature	Date	Employee Section 4.1 Appointee	Signature	Date

Form DMR 231

Health Incident Report (HIR)

[Form DMR 231 added by GN R702 of 12 September 2014.]



mineral resources
Department:
Mineral Resources
REPUBLIC OF SOUTH AFRICA

HEALTH INCIDENT REPORT (HIR)

Instructions:

1. Please refer to the attached Annexure A, B, C, D and E when completing this form;
2. These Annexures serve as a guide and are not for submission to the Department of Mineral Resources.

PLEASE RETURN THE COMPLETED FORM TO:
The Medical Inspector; Occupational Health Chief Directorate, DMR, Trevenna Campus, Private Bag X59, ARCADIA, 0007; C/o Regional Inspectors of Medicine

A. DETAILS OF EMPLOYER

Name of Mine:
 SAMRASS Code:
 Mine Code:
 Mine Address:

B. PERSONAL DETAILS OF THE AFFECTED EMPLOYEE

Surname: Name(s):
 Date of birth:
 Gender: Male: Female:
 South African ID number/ Passport number:
 Industry number:
 Pension Fund number:
 TEBA number:

COY number:

Occupation:

Date of death (If applicable):

C. DETAILS OF DISEASE (Mark with "X" on the specific disease)

PTB	SIL+TB	MDR-TB	XDR-TB	SIL	ASB	CWP	COAD	Occupational Asthma	Heat illness/Stroke	NIHL	Occupational Skin Diseases	Muskulo-Skeletal Disorders	Other (Specify)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date diagnosed:

D. DETAILS OF SUBMISSION FOR COMPENSATION (Mark with "X" whether applicable)

Is the disease compensable?

Date submitted:

Was death caused by the reported disease/s?

Employment status changed: if yes, state date:

Is the disease reportable to: DoL Compensation Commissioner MBOD RMA

Compensation/claim number (If applicable):

E. EMPLOYMENT HISTORY RECORD (start with recent employment history)

Company No.	Name of Mine/Works	Type of mine (e.g. Gold, Coal, Platinum)	Occupation (e.g. Miner/Stoper)	Occupational hazards exposed to (Dust, Noise)	Date started (indicate the month & year)	Date ended (indicate the month & year)

F. GENERAL DETAILS

Person submitting the form:

Surname:

Full Name(s):

Contact No.

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Date:

--	--	--	--	--	--	--	--	--	--

Signature (person submitting)

Occupational Medical Practitioner:

Surname:

Full Name(s):

HPCSA No:

Contact No.

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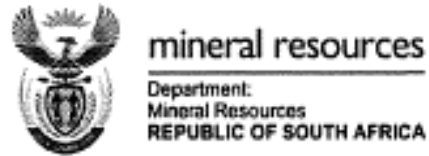
Date

M	M	D	D	Y	Y	Y	Y
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Form DMR 289

Lifts

[Form DMR 289 added by GN R893 of 25 August 2017.]



Lift Particulars

In terms of regulation 8.11.1 Chapter 8 of the Mine Health and Safety Act, (Act 29 of 1996)

O E M:

Ref No:

The Principal Inspector of Mines

Region:

Date:

Please be advised that we wish to inform you of particulars of a lift as set out below:

Name of mine:

Address of mine:

The lift will be:

- (a) installed;
 - (b) modified; or
 - (c) recommissioned.
- (specify (a), (b) or (c))

Nature of loads to be transported:

Location of lift (including hatchway and landings):

DESCRIPTION OF LIFT INSTALLATION

Type of lift:
Manufacture's name:
Manufacture's address:
Year of manufacture:
Factory number:
Location of installation:
Which SANS standard as contemplated in regulation 8.11.5 applies to the lift:
SANS Title

Describe any permissible variances of the lift design from the SANS Standard mentioned above.

LIFT TYPE:

(Electric, Hydraulic, Goods Only, other)

POSITION OF DRIVE MACHINERY:

Overhead:
Distance travelled by car: metres
Distance travelled by counterweight: metres
Number of car entrances:
Vertical hatchway length: metres
Number of intermediate levels:
Speed: meters per second
Loads:
Persons: (number x 75kg) Material: (kg) Mineral (kg)

DRIVE SYSTEM:

Drive motor: (kW) Volts (AC/DC) (r p m)
Estimated maximum absorbed power: (kW)
Drive sheave mean diameter: metres
Gear reducer type and ratio (if used):
Type of governor:

BRAKES:

Description of service brake system:

Description of back-up brake system:

HATCHWAY:

Drawing number:
 Air - upcast or downcast:
 Velocity:
 Wet or dry:
 If wet, is water acidic, neutral or alkaline?

COUNTERWEIGHT

Counterweight mass (kg/MPa)
 Diameter/specification of counter weight rope
 Estimated breaking strength of counterweight rope (Newtons)
 Counterweight movement allowed (metres)

HEAD ROPES

Number of ropes:
 Diameter/specification:
 Finish
 Maximum calculated dynamic rope tension (Newtons)
 Calculated minimum dynamic rope safety factor

TAIL ROPES/CHAINS

Number of ropes/chains
 Breaking force
 Estimated breaking strength

OTHER DETAIL

(Attach certified copies of OEM's lift calculations, specifications and general arrangement drawing of the lift installation.)

Name of Inspection Authority that conducts the Commissioning Inspection:

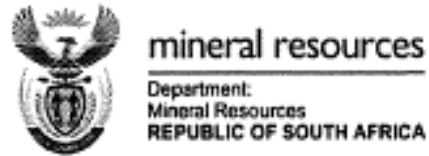
I certify that the particulars and specifications given herein are correct.

Signature of employer

Form DMR 299

Chairlifts

[Form DMR 299 added by GN R893 of 25 August 2017.]



The Chairlift Particulars

In terms of regulation 8.12.2 Chapter 8 of the Mine Health and Safety Act, (Act 29 of 1996)

O E M:
Ref No:

The Principal Inspector of Mines
Region:
Date:

Please be advised that we wish to inform you of particulars of a chairlift as set out below:
Name of mine:
Address of mine:

The chairlift will be:
(a) installed;
(b) modified; or
(c) recommissioned.
(specify (a), (b) or (c))

Nature of loads to be transported:

Location of chairlift (including shaft and levels):

EXCAVATION:

Drawing number:

Air - upcast or downcast:

Velocity:

Indicate 'Wet or Dry':

If wet, is water acid, neutral or alkaline?

ILLUMINATION:

Are the stations and the traveling ways adequately illuminated?

COMMUNICATIONS ARRANGEMENTS:

Type:

DESCRIPTION OF CHAIRLIFT INSTALLATION

Does the chairlift design comply in all respects with SANS 273:2006 Edition 1 - 'Standard for the design, construction, maintenance and safe operation of chairlifts in mines'?

If not, describe variances

Chairlift type: (fixed grip, detachable grip, other)

Centre to centre length: (metres)

Vertical lift: (metres)

Maximum angle to horizontal: (degrees)

Number of intermediate stations:

Chairlift capacity: (persons per hour)

Rope speed: (metres per second)

Minimum time interval between carriers: (seconds)

Minimum equidistant carrier spacing: (metres)

Carrier design – personnel:

Carrier design – specified: (loads)

Drive system:

Drive motor: (kW) Volts (AC/DC): (r p m)

Estimated maximum absorbed power: (kW)

Drive sheave mean diameter: (metres)

Gear reducer type and ratio:

LIFT TYPE:

(Electric, Hydraulic, Goods Only, other)

BRAKES:

Service brake system (description of):

Back-up brake system (description of):

ROPE TENSIONING SYSTEM:

Return sheave mean diameter: (metres)

Method of applying tension:

Counterweight mass of hydraulic pressure: (kg/MPa)

Initial tension applied to the rope or sheave axle: (Newtons)

Diameter/specification of tension rope:

Estimated breaking strength of tension rope: (Newtons)

Counterweight/hydraulic cylinder movement allowed: (metres)

Tension carriage movement allowed: (metres)

HAULING ROPE

Diameter/specification:

Finish:

Manufacturer's lubrication:

Estimated breaking strength:

Ratio of minimum sheave diameter (drive, return or idler), to rope diameter

Ratio of minimum sheave diameter (drive, return or idler), to rope outer wire diameter

Maximum calculated dynamic rope tension: (Newtons)

Calculated minimum dynamic rope safety factor:

(Attach certified copies of OEM's chairlift calculations, specifications and general arrangement drawing of the chairlift installation.)

I certify that the particulars and specifications given herein are correct.

Signature of employer

Annexure A

INTRODUCTION

The Health Incident Report (HIR) has been developed from recommendations of GEN 501 to generate a centralised database to record the occurrence of occupational diseases in the South African mining industry, together with the morbidity and mortality of such diseases.

The database is used by the Mine Health and Safety Inspectorate for research purposes. This research helps to identify and classify problem areas in occupational disease management, so that appropriate preventative measures can be implemented. The occupational diseases database has been designed with an attached user guideline/procedure and the data-input form for completion by Occupational Medical Practitioners (OMPs) in the mining industry in submitting details of disease occurrences.

The Health Incident Report occupational diseases system uses the same list of mines as SAMRASS, the intention being to standardise data on disease incidents for administrative simplicity, as well as for statistical purposes.

Normal medical ethics must apply to confidentiality of personal and medical data. An employee consent form is attached as an annexure (Annexure B). There is a legal obligation to notify certain diseases, such as tuberculosis, to the authorities for protection of the community. In such a case, the common good has to override personal interests. But, as mentioned, access to the detailed data must be restricted in order to prevent violation of personal privacy rights.

The system is not designed to record clinical details of a disease occurrence; the main purpose of the data is to address the lack of information on the prevalence of occupational diseases in the mining industry. The nature of the data is designed to facilitate subsequent statistical analysis of masses of cases, rather than an in-depth clinical analysis of any specific case. This is to enable corrective measures to be prioritised and monitored. The document was developed in consultation with representatives from State, Labour and Employer[s].

The following aspects were taken into account:

- **Simplification**

An important consideration in the revision process was to design the reporting system without adding to the workload for the mines. With this in mind, codes which are consistent with industry reporting to Rand Mutual Assurance have been incorporated with SAMRASS reporting.

- **Content**

The choice and definition of variables to be reported, statistical measures and categories and groups for which statistics are reported, were revisited.

The new system has also been designed to conform to international standards and to facilitate comparison with other statistics.

- **Accuracy and Consistency**

Coding structures should be consistent with previous code sets so that history is not lost and should be readily understood by persons completing the prescribed forms.

- **Accessibility**

Statistics will be published in the Mine Health and Safety Inspectorate (MHSI) Annual Report and disseminated. Graphs, diagrams and explanatory notes will be used.

- **Uses**

Statistics will be presented, illustrating the situation and trends within the different mining sectors.

- **Common Vocabulary**

The intention of this document is to ensure that all mines make use of the same terminology regarding disease reporting.

Annexure B

Employee Consent Form

I _____ (*full names and surname*) understand that my personal information regarding disease and employment will be sent as regulated to the Health Incident report database and may be used for purposes of reporting of occupational disease in mines and research.

I have been informed that confidentiality will be maintained in terms of section 15 of the Mine Health and Safety Act, 1996, as amended.

Employee
(Signature)
Date: ____/____/____

Occupational Medical Practitioner
(Signature)
Date: ____/____/____

Witness 1
(Signature)
Date: ____/____/____

Witness 2
(Signature)
Date: ____/____/____

Annexure C

USER GUIDELINE ON HEALTH INCIDENT REPORT (HIR)

A DETAILS OF EMPLOYER

- *Name of mine:* The name of the mine must be filled in.
- *SAMRASS Code:* The Mine's SAMRASS code must be filled in.
- *Mine Code* The Mine's SAMRASS code must be filled in.
- *Mine Address:* The Mine's postal address must be filled in.

B. PERSONAL DETAILS OF THE AFFECTED EMPLOYEE

Supply **ALL** available information on personal details.

U/G and surface Indicate the employee's designated working area

C. DETAILS OF DISEASE

- *Date diagnosed* The date when the employee was diagnosed, e.g. DD/MM/YY
- *Disease:* Indicate with an "X" which disease/s the employee has been diagnosed with.

D. DETAILS OF SUBMISSION FOR COMPENSATION

- *Submitted for compensation:* Mark with "X" if a compensation claim has been submitted
- *Date Submitted:* Date on which the compensation claim was submitted.
- *Disease Caused Death:* State whether the employee died as a result of the disease.
- *Employment Status Changed:* State if the employee's occupation has changed as a result of the disease.
- *Date* Indicate the date from which the employee's employment status has changed.
- *Compensation Houses/Bodies* Indicate which institution handled the compensation claim eg: Rand Mutual Assurance, Compensation Commissioner or Medical Bureau for Occupational Diseases.
- *Compensation/claim number* Indicate the compensation/claim number.

E. WORK AND WORK EXPOSURES THAT LED TO THE DISEASE

Supply **ALL** available information on the affected employee's work and work exposures.

F. EMPLOYMENT HISTORY RECORD

Supply **ALL** information.

G. GENERAL DETAILS:

Supply **ALL** information and sign the form where indicated.

Annexure D

USER GUIDELINE ON HEALTH INCIDENT REPORT (HIR)

LIST OF ACRONYMS

PTB	Pulmonary tuberculosis
SIL+TB	Silico-tuberculosis
MDR-TB	Multidrug-resistant tuberculosis
XDR-TB	Extensively drug-resistant tuberculosis
SIL	Silicosis
ASB	Asbestosis
CWP	Coal Workers' pneumoconiosis
COAD	Chronic obstructive airway disease
NIHL	Noise-induced hearing loss

Annexure E

MHSI Regional Offices - Contact List

Region	Work Telephone	Work Fax	Postal Address
Eastern Cape	041 396 3940	041 373 8171	Private Bag X6076 PORT ELIZABETH 6000
Free State	057 391 1371/3	057 352 2270	Private Bag X33 WELKOM 9460
Gauteng	011 358 9776	011 339 6910	Private Bag X5 BRAAMFONTEIN 2017
KwaZulu-Natal	031 335 9626	031 305 5803	Private Bag X54307 DURBAN 3000
Limpopo	015 287 4705	015 287 4740	Private Bag X9467 POLOKWANE 0700
Mpumalanga	013 653 0500	013 690 2390	Private Bag X7279 WITBANK 1035
Northern Cape	053 807 1735	053 807 1761	Private Bag X6093 KIMBERLEY 8300
North West-Klerksdorp	018 487 9867	018 487 9836	Private Bag A1 KLERKSDORP 2570
North West-Rustenburg	014 594 9240	086 750 2127	PO BOX 150 TLHABANE 0390
Western Cape	012 427 1004	021 427 1047	Private Bag X9 ROGGE BAY 8012