Appendix 13.13-F Incident Notification and Incident Investigation Report Forms

TELKWA COAL
LIMITED

TELKWA COAL LIMITED	**INCIDENT NOTIFICATION FORM**	**Incident No.** (carry over to Incident Investigation Report, if applicable)	

To report an INCIDENT, use this form to collect details, and email to: incidents@allegiance.com.au within 4 hrs of the INCIDENT

Reporting Person Name:		**Date of Incident:**	
Reporting Person Position:		**Time of Incident:**	
Supervisor/Superintendent:		**Location of Incident:**	

Incident Type		**Related Event**	
☐ Near Miss	☐ Fuel or Chemical Spill	☐ Falling	☐ Transportation
☐ Injury/Illness	☐ Security/Theft	☐ Fall of Ground/ Pit Wall	☐ Electricity
☐ Dangerous Occurrence	☐ Property Damage	☐ Falling Objects	☐ Flooding
☐ Equipment Damage	☐ Fire/Explosion	☐ Materials Handling	☐ Other:
☐ Environmental Damage	☐ Wildlife	☐ Moving Machinery	_____
☐ High Potential Hazard	☐ Other: _____		

Incident Details			
	Name/Type	**Job Title/Function**	**TCL Department / Contractor Company Name**
Person(s) Involved:			
Equipment Involved:			
Witness(es):			
Reported to Supervisor:			
Brief Incident Description: (to be completed by the involved person and Supervisor)			

Follow-up Information	**Yes**	**No**	**Details**
Drug & Alcohol test required			
Drug & Alcohol test completed			
Health, Safety, and Human Resources Superintendent has been notified:			
JHS Co-chair has been notified:			

Initial Incident Rating

ISR Rating Actual:		**ISR Rating Potential** (what could have been worst case):	

	Incident Severity Rating (ISR) and Hazard Effect/Consequence (If Incident has more than one 'Loss Type', choose highest ISR and "Consequence" rating)				
Loss Type	**1 Negligible**	**2 Minor**	**3 Moderate**	**4 Major**	**5 Severe**
(S/H) Harm to People (Health & Safety)	First aid case/exposure to minor health risk	Medical treatment case/exposure to major health risk	Lost time injury/Reversible impact on health	Single fatality or loss of quality of life/irreversible impact on health	Multiple fatalities/impact on health ultimately fatal
(EI) Environmental Impact	Minimal environmental harm	Material environmental harm	Serious environmental harm	Major environmental harm	Extreme environmental harm
(BI/MD) Business Interruption/ Material Damage	No disruption to operation/ US$20-100 k	Brief disruption to operation/ US$100 k-1 M	Partial shutdown/ US$1 M-10 M	Partial loss of operation/ US$ 10M-75 M	Substantial or total loss of operation/ US$75 M
(L&R) Legal & Regulatory	Low level legal issue	Minor legal issue; non-compliance and breaches of the law	Serious breach of law	Major breech of the law	Very considerable penalties & prosecutions.
(R/S/C) Impact on Reputation/Social/Community	Slight impact – public awareness	Limited impact – local public concern	Considerable impact – regional public concern	National impact – national public concern	International impact – international public concern

Notes:

- Preliminary Investigation report must be completed within 48 hours (hrs), for Level 1 & 2 Incidents.
- Contact Superintendent by phone for Level 3 or higher Incidents including Dangerous Occurrences.
- Contact Project Superintendent within 24 hrs by phone for Level 3 Incidents.
- Contact Project Superintendent immediately for Level 4 and higher Incidents.

Use this space draw a sketch or add other notes as needed:

This **Incident Investigation Report** is to be completed by the area Supervisor and person(s) involved in the incident.

Forward the completed report to the relevant Department Manager **within 2 days** of the Incident.

1. **Incident Investigation Checklist** – *What do I need?*

To ensure a thorough investigation is undertaken you will need to collect some of the following information:

☐ Witness statements? ☐ Photographs? ☐ Drug & alcohol test? ☐ A survey of the incident scene? ☐ Plans or drawings? ☐ Relevant safety communication documents	☐ Relevant Safe Work Procedures and Standards? ☐ Employee training records? ☐ Measurements and samples for analysis? ☐ Inspection and maintenance records? ☐ Manufacturer's specifications? ☐ Other: _____

Note: Attach Incident Notification Form & if applicable, First Aid Form.

List of Attachments:	

2. **Description of Incident** – *What happened?*

In which part of the workplace did the incident occur?

What was the job or task being done by the person at the time of the incident?

What happened unexpectedly?

How exactly was the injury or damage sustained and what is the nature of the injury or damage?

Use this space to draw a sketch or add other notes as needed.

3. Analysis – *Why did this happen?*

What were the events that led up to the incident?

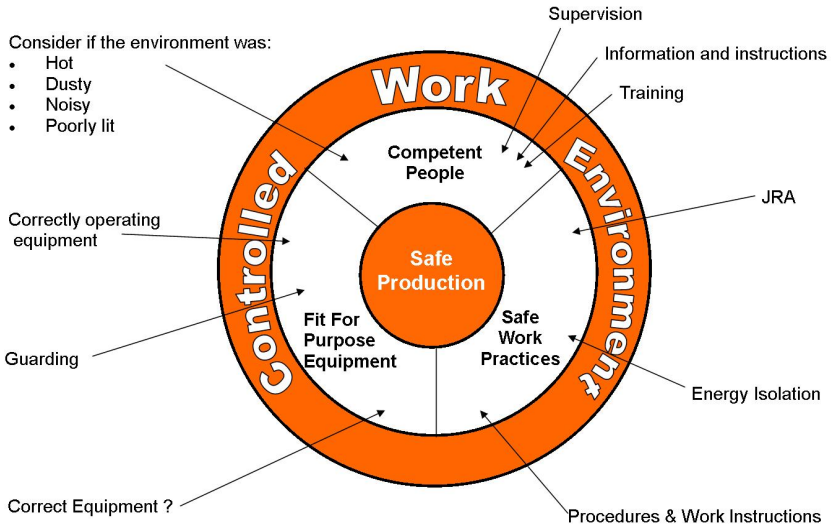
Risk Assessment

Is there a management plan that relates to this task, work area, or incident type?	YES	NO
Is there a Safe Work Procedure (SWP) in place for this task?	YES	NO
Was the SWP communicated to the employee(s) prior to the Incident?	YES	NO
Was a Risk Assessment / Job Risk Analysis (JRA) completed for this task? *If a Risk Assessment /JRA was completed, attach a copy to this report.*	YES	NO
Was the JRA communicated to the employee(s) prior to the Incident?	YES	NO
Was a Stop, Look, Assess, and Manage (SLAM) completed for this task?	YES	NO
Did the SLAM identify any hazards that were not resolved prior to work commencing?	YES	NO

Control Failures

What preventative controls were in place that failed? ***(i.e. guard rail)***	**How did these controls fail?** ***(i.e. guard rail was removed and not replaced)***

CONSIDER THE WORK PROCESS



Review the model above and list the contributing factors.
Describe below how these contributed to the Incident.

Contributing Factor *(i.e. Competency)*	**How did this contribute to the Incident?** *(i.e. The employee has not been trained and assessed as competent to operate this type of equipment.)*

IDENTIFY THE CAUSES OF THE INCIDENT.

Using the check boxes as a guide, first identify the immediate causes that directly led to the incident.

Then, avoid laying blame, instead, concentrate on determining the basic or underlying causes as well as deficiencies in the system that led to a lack of management control.

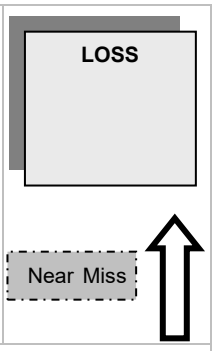
TYPE OF INCIDENT (circle as appropriate):

Injury Or Health Impact

Environmental Harm

Equipment / Property Damage

Loss Of Production



CONTACT:

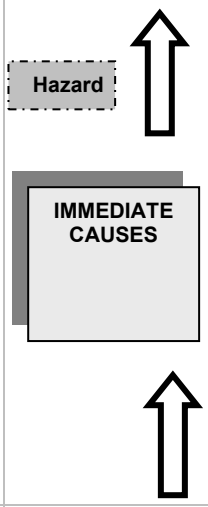
IMMEDIATE CAUSES:

SUBSTANDARD ACTS AND PRACTICES

- ☐ Operating equipment without authority
- ☐ Failure to warn
- ☐ Failure to secure
- ☐ Operating at improper speed
- ☐ Making safety devices inoperable
- ☐ Using defective equipment
- ☐ Improper loading
- ☐ Improper lifting
- ☐ Servicing equipment in operation
- ☐ Horseplay
- ☐ Under influence of alcohol or drugs
- ☐ Failure to use personal protective equipment (PPE)
- ☐ Improper position for task
- ☐ Other _____

SUBSTANDARD CONDITIONS

- ☐ Inadequate guards or barrier
- ☐ Defective tools, equipment, materials
- ☐ Inadequate warning system
- ☐ Fire or explosion hazard
- ☐ Temperature extremes
- ☐ Abnormal process parameter
- ☐ Overflow
- ☐ Inadequate monitoring equipment
- ☐ Inadequate or improper PPE
- ☐ Congestion / restricted action
- ☐ Poor housekeeping, disorder
- ☐ Noise exposure
- ☐ Radiation exposure
- ☐ Inadequate or excess lighting
- ☐ Inadequate ventilation



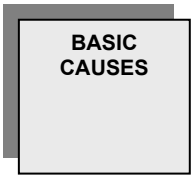
BASIC CAUSES:

PERSONAL FACTORS

- ☐ Inadequate physical capability
- ☐ Inadequate mental capability
- ☐ Lack of knowledge
- ☐ Lack of skill
- ☐ Mental stress
- ☐ Improper motivation

JOB / SYSTEM FACTORS

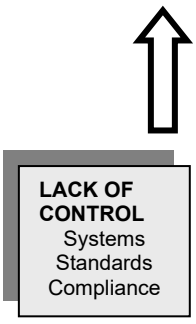
- ☐ Inadequate leadership or supervision
- ☐ Inadequate engineering
- ☐ Inadequate purchasing
- ☐ Inadequate maintenance
- ☐ Inadequate tools, equipment, materials
- ☐ Abuse or misuse
- ☐ Wear and tear



LACK OF CONTROL

FAILURE TO MAINTAIN COMPLIANCE WITH ADEQUATE STANDARDS FOR:

- ☐ Leadership and administration
- ☐ Leadership training
- ☐ Hiring and placement
- ☐ Critical task analysis
- ☐ Accident / Incident investigation
- ☐ Task observations
- ☐ Emergency preparedness
- ☐ Rules and work permits
- ☐ Accident / Incident analysis
- ☐ Knowledge and skill training
- ☐ Environmental aspects & impacts
- ☐ Planned inspections & maintenance
- ☐ PPE
- ☐ Health & hygiene control
- ☐ System evaluation
- ☐ Engineering / change management
- ☐ Personal communications
- ☐ Group communication
- ☐ General promotion
- ☐ Materials & service management
- ☐ On- / Off-the-job safety
- ☐ Environmental program
- ☐ Relations with external parties
- ☐ Performance monitoring assessment



4. Corrective Actions – *How can we prevent this from happening again?*

Always Consider Hierarchy of Controls

Elimination	Do we still have to do this? _____
Substitution	Is there a less hazardous alternative? _____
Engineering	Will guarding or a mechanical type of control reduce risk? ___
Administration	Will writing/reviewing procedures/training reduce the risk? ___
Personal Protective Equipment (PPE)	Will PPE reduce the risk? _____

Corrective actions to be taken to prevent a re-occurrence:

1.	Person to Action	
	Signature of above	
	Planned Completion Date	
	Date Completed	
2.	Person to Action	
	Signature of above	
	Planned Completion Date	
	Date Completed	
3.	Person to Action	
	Signature of above	
	Planned Completion Date	
	Date Completed	
4.	Person to Action	
	Signature of above	
	Planned Completion Date	
	Date Completed	

5. Who participated in the Incident Investigation?

Name/Title		Signature	
Name/Title		Signature	
Name/Title		Signature	

6. Circulation & Comments

Supervisor:				
	Date:		Signature:	
Department Superintendent:				
	Date:		Signature:	
Health, Safety, and Human Resources Superintendent:				
	Date:		Signature:	
Mine Manager:				
	Date:		Signature:	