

Thomson Vicki

From: hermann.fasching@deedi.qld.gov.au
Sent: Thursday, 17 March 2011 7:45 AM
To: Thomson Vicki; Casey Phillip; O'Sullivan Robert
Subject: New Form 1A #HFAG-8EZT6J

The following is a transcript of the Form 1A Notification:

Part 1: Details Of Notifier And Receiver

Name of Mine/Quarry: Mt Isa - Surface Logistics
Name of Owner / Operator: Mount Isa Mines Ltd
Mine Type: Metalliferous
Mine File No: 2893
Caller's Name: Bruce Watson
Caller's Contact Number:
Caller's Position / Title: Manager
Notification Received: 11:30:00 PM, 16/03/2011
Receiver Name: Hermann Fasching
Receiver Contact Details:

Part 2: Details Of The Event

Time: 10:45:00 PM
Date: 16/03/2011
Location (section / area): IFE intersection on George Fisher Haul Road
Equipment Involved: Prime mover and trailer
Environmental conditions: Dark
General Description: A prime mover and trailer loaded with copper ingots rolled over at an intersection while turning off a haul road. The driver was

PERSONS INVOLVED

NAME:
INJURIES:
EMPLOYEE/CONTRACTOR/GENERAL PUBLIC:
CURRENT STATUS:

NAME:
INJURIES:
EMPLOYEE/CONTRACTOR/GENERAL PUBLIC:
CURRENT STATUS:

NAME:
INJURIES:
EMPLOYEE/CONTRACTOR/GENERAL PUBLIC:
CURRENT STATUS:

NAME:
INJURIES:
EMPLOYEE/CONTRACTOR/GENERAL PUBLIC:

CURRENT STATUS:

Other Details:

Part 3: Mobilisation Of Emergency Services And Other Initial Actions

Section 78B

Have Police Been Notified? NO

Are SIMTARS Services Required / No NO

Are Other DNR&M Inspectorate Branches Required / Been Informed?

Explosives Branch Required? NO Informed? NO

Gas & Petroleum Branch Required? NO Informed? NO

Has The Site Been Made Safe? YES

Explanatory comment (if any):

Is The Site Effectively Isolated To Preserve Evidence? YES

Explanatory comment (if any): Site released to mine for investigation

Other Actions Taken By Mine / Quarry (if any):

Instruction To Be Given To Mine / Quarry

eg SUBMIT BASIC DETAILS BY FAX ASAP:

Other Instruction Or Advice Given (if any):

Part 4: Communication To The Inspectorate

NATURE OF THE EVENT: Emergency Coal Mine Disaster or Multiple Fatalities

ACTIONS REQUIRED: REFER EMERGENCY PROCEDURES MANUALS, Coal Emergency

Duty Officer Ph: 3237 1696

REFERRED TO:

DATE:

TIME:

NATURE OF THE EVENT: Section 78B

ACTIONS REQUIRED: HAND TO INSPECTOR

REFERRED TO:

DATE:

TIME:

NATURE OF THE EVENT: Incident

ACTIONS REQUIRED: ADVISE INSPECTOR

REFERRED TO:

DATE:

TIME:

NATURE OF THE EVENT: Complaint

ACTIONS REQUIRED: ADVISE INSPECTOR

REFERRED TO:

DATE:

TIME:



**MOUNT ISA
MINES**

FRM - 111101.5

18th March, 2011

Hermann Fasching
Mines Inspector
Department of Employment, Economic Development and Innovation
P O Box 334
MOUNT ISA QLD 4825
Fax (07) 47437165



Dear Sir / Madam,

RE: Notification of Serious Accident, High Potential Incident, Lost Time Injury or Reportable Incident.

In accordance with s195.(1) and s259.(1) of the *Mining and Quarrying Safety and Health Act 1999*, I hereby advise that a Section 78B has occurred at the Section Of Road Between The GFM Haul Road And The QR Terminal on ML 8058. This location forms part of the Mount Isa Mines Ltd - Copper Mine and is under the control of Steve de Kruijff as the Site Senior Executive.

This incident has been reported in our internal system – Incident Number 127178 and notification has been sent to the Safety & Health Department in order for the Qld Mining Industry Incident Report Form to be initiated in addition to our internal reporting requirements.

Details of the incident are included on the following page.

Yours sincerely,

49-Sch4

Matthew Cain
ACTING MANAGER - CONTINUOUS IMPROVEMENT

Division Copper	Site Mount Isa	Department: Refinery, Port and Logistics
Location of Incident: section of road between the GFM Haul Road and the QR Terminal		Date and Time of Incident: 16/03/11 at 22.00 hrs
Type of Incident: <input type="checkbox"/> Section 78B <input checked="" type="checkbox"/> Environment <input checked="" type="checkbox"/> Property / Equipment <input type="checkbox"/> Complaints <input type="checkbox"/> Security <input type="checkbox"/> Near Hit <input type="checkbox"/> Business Risk		Level of Incident: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 Xstrata plc <input type="checkbox"/> Critical Incident <input checked="" type="checkbox"/> High Potential Risk Incident
Type of Injury (if applicable): <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 5px auto;">Section 78B</div>		BSafe Number: 127178
<input type="checkbox"/> Xstrata <input checked="" type="checkbox"/> Contractor Contracting Company (if applicable): CRT Group		
Description of Incident: A Contractor was transporting copper anode to the QR terminal via the on-site haul road. As he neared the QR terminal the vehicle tracked to the left hand side of the road and rolled over. The truck operator received treatment for		Travel (Journey) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Preliminary Findings/Causes of Incident: Truck deviating from roadway		
Actual Consequences (injuries/environment/property equipment/financial impact): <div style="border: 1px solid black; padding: 2px; display: inline-block;">Section 78B</div> damage to truck cab and trailer and minor release of diesel fuel		
Potential Consequences (injuries/environment/property equipment/financial impact): <div style="border: 1px solid black; padding: 2px; display: inline-block;">Section 78B</div>		
Person/s Involved (Name & Pay Number): <div style="border: 1px solid black; padding: 2px; display: inline-block;">s. 78B(2) Privacy</div>		
Witnesses (Name & Pay Number): N/A		
Immediate Action/s Taken: <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">Section 78B</div> Area was barricaded DEEDI notified		
External Notification: DEEDI		
Media Attention: N/A		
Manager: Merv Sharkey	Superintendent: Robbie Bethune	Supervisor: David McDonald
Investigation Team: Matthew Cain, Merv Sharkey, Tony Buchbach, Margot Healy, David Mc Donald, Adam Kuzmanovic		

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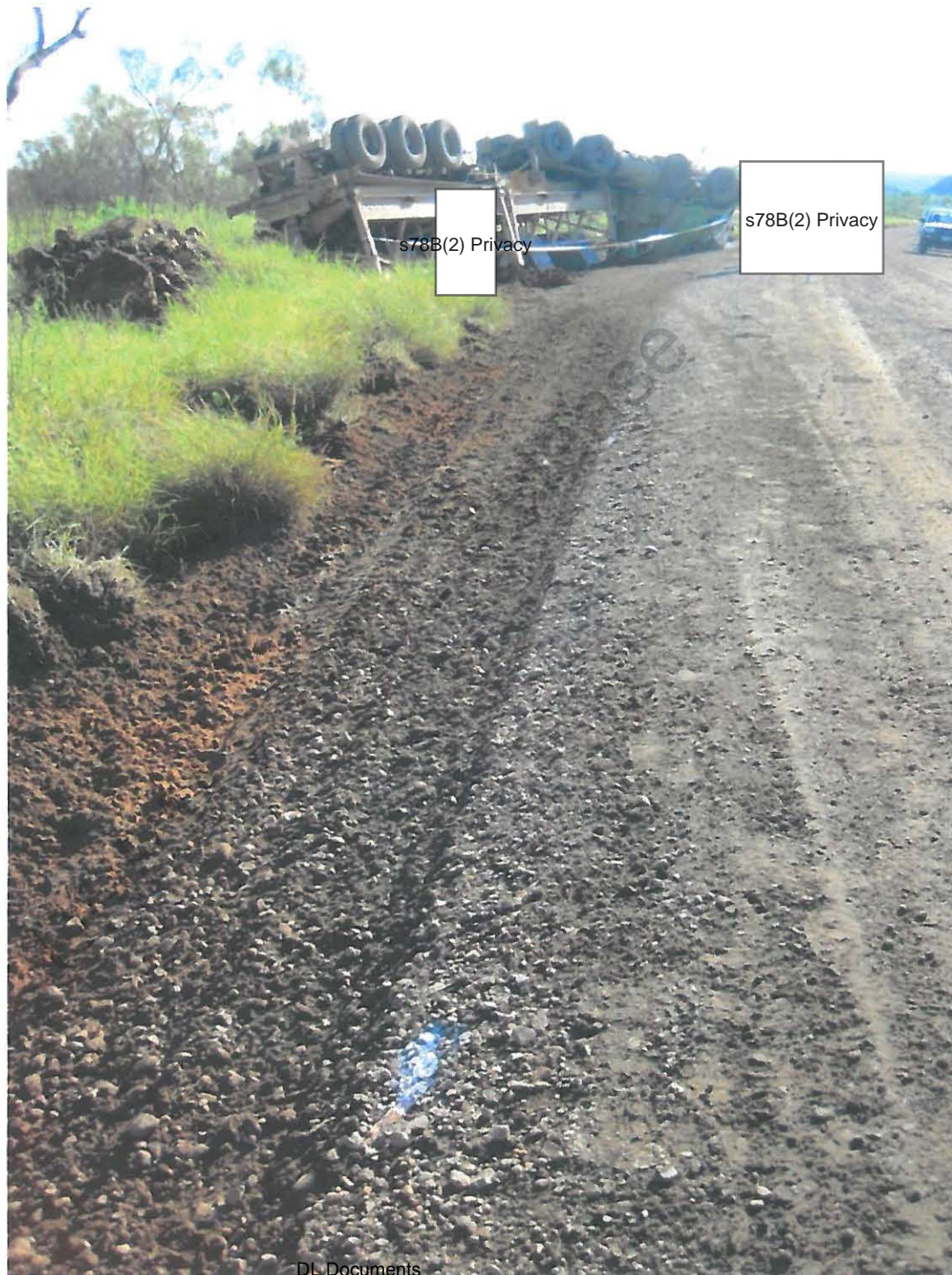
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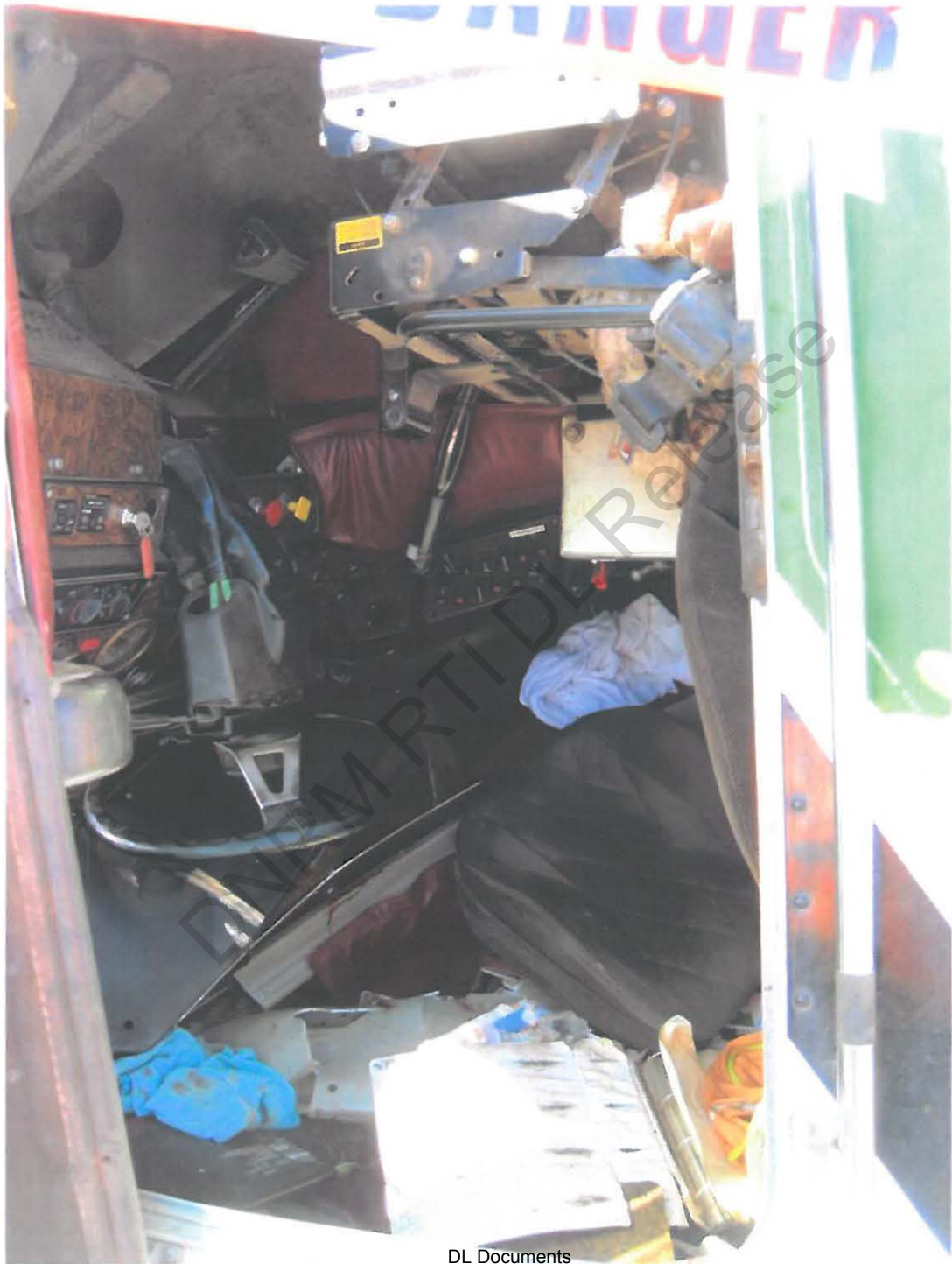
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QUEENSLAND MINING INDUSTRY INCIDENT REPORT FORM

78192

(Approved by Chief Inspectors of Mines under Section 281 of the Coal Mining Safety and Health Act 1999 and Section 261 of the Mining and Quarrying Safety and Health Act 1999.)

TYPE OF INCIDENT

1. Section 78B

2. SUMMARY/TITLE OF INCIDENT (eg Electrical shock whilst repairing generator, Vehicle collision at cutthrough , etc)
A contractor was transporting copper anode to the QR Terminal via the on-site haul road. As he neared the QR Terminal the vehicle tracked to the left hand side of the road & rolled over.

MINE DETAILS

3. MINE / QUARRY NAME: REFINERY, PORT & LOGISTICS
Finance & Administration

4. MINE TYPE: COAL SURFACE COAL UNDERGROUND
 METALLIFEROUS SURFACE METALLIFEROUS UNDERGROUND
 QUARRY EXPLORATION OTHER (_____)

5. COMPANY CONTACT: MERV SHARKEY Ph: 07 4781 8210

6. WHERE IN THE MINE DID THIS INCIDENT OCCUR: CONTAINER PARK HAUL ROAD WORKSITE CODE: 199
 SURFACE UNDERGROUND

INCIDENT DETAILS

7. DATE OF INCIDENT (DDMMYYYY): 16032011

8. TIME OF INCIDENT (24 HOUR CLOCK): 2200

9. TIME SHIFT STARTED (24 HOUR CLOCK): 1800 SHIFT DURATION (HOURS:MINUTES) 1200

NO. OF COMPLETE SHIFTS/DAYS WORKED (IN CURRENT SHIFT CYCLE) PRIOR TO ACCIDENT 02 NO. OF DAYS IN SHIFT CYCLE 07

NO. OF DAYS ROSTERED OFF PRIOR TO STARTING CURRENT SHIFT CYCLE 02 TOTAL HOURS WORKED IN 24 HR PERIOD PRIOR TO ACCIDENT, INCLUDING TRAVELLING TIME: 2200

10. DATE OF FIRST FULL WORKING DAY LOST (if applicable) (DDMMYYYY):

11. PRIMARY EQUIPMENT/TOOL INVOLVED IN INCIDENT (INCLUDE MAKE & MODEL)
DESCRIPTION: PRIME MOVER & SEMI TRAILER PRIMARY EQUIPMENT CODE: 089

12. DESCRIBE HOW EXACTLY DID THE INCIDENT OCCUR (INCLUDE THE NAME OF ANY PARTICULAR CHEMICAL, PRODUCT, PROCESS OR EQUIPMENT)
A CONTRACTOR WAS TRANSPORTING COPPER ANODE TO THE QR TERMINAL VIA THE ON-SITE HAUL ROAD AS HE NEARED THE QR TERMINAL THE VEHICLE TRACKED TO THE LEFT HAND SIDE OF THE ROAD AND ROLLED OVER.

13. WHAT HAZARD/S HAVE BEEN IDENTIFIED FROM THIS INCIDENT:
HAZARDS INCLUDE: AWARENESS OF SPEED LIMITS; CONTRACTOR COMPLIANCE TO TRAINING; VEHICLE CENTRE OF GRAVITY AND LOAD SHIFT.

INJURED PERSON DETAILS (if applicable)

14. SURNAME: _____ 15. DATE OF BIRTH (DDMMYYYY):

16. FIRST NAME AND INITIAL: _____ 17. GENDER: M F

18. EMPLOYEE NUMBER: _____

19. WORK ACTIVITY AT TIME OF INCIDENT: _____ OR DISEASE/EXPOSURE

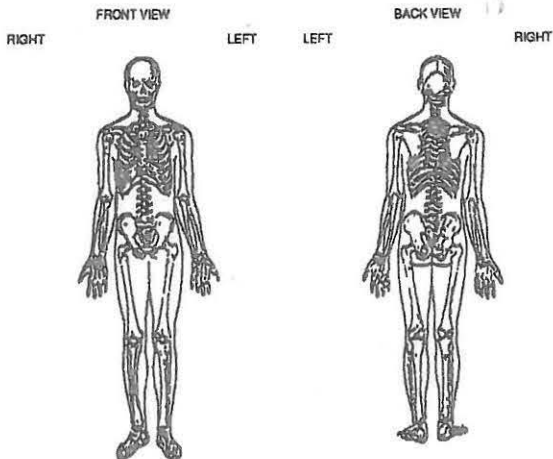
20. TYPE OF EMPLOYEE FULL TIME PART TIME CONTRACTOR OTHER

COMPANY NAME: _____

DESCRIPTION OF ACTUAL PERSONAL DAMAGE (if applicable)

78192

21. LOCATION OF ACTUAL PERSONAL DAMAGE : INDICATE TYPE OF DAMAGE AT EACH SITE



- AM TRAUMATIC AMPUTATION, INCL. LOSS OF EYEBALL
BU BURN
CA CANCERS AND OTHER NEOPLASMS
CO DISEASE OF CIRCULATORY SYSTEM (INCL. HEART DISEASE, HYPERTENSION)
CO CONTUSION WITH INTACT SKIN SURFACE AND CRUSHING INJURY (EXCL. THOSE WITH FRACTURE)
DE DERMATITIS AND OTHER ECZEMA
DF DEAFNESS
DI DISLOCATION
EC EFFECTS OF WEATHER, EXPOSURE AND OTHER EXTERNAL CAUSES NOT ELSEWHERE CLASSIFIED (INCL. ELECTROCUTION)
FB FOREIGN BODY
FR FRACTURE (EXCL. VERTEBRAL COLUMN)
FV FRACTURE OF VERTEBRAL COLUMN WITH OR WITHOUT SPINAL CORD LESION
HE HERNIA
IC INTRACRANIAL INJURY, INCL. CONCUSSION
II INTERNAL INJURY OF CHEST, ABDOMEN AND PELVIS
MD DISORDERS OF MUSCLES, TENDONS AND OTHER SOFT TISSUE (INCL. TENOSYNOVITIS, BURSTITIS)
ME MENTAL/EMOTIONAL (EG. STRESS)
NI INJURY TO NERVES OR SPINAL CORD WITHOUT EVIDENCE OF SPINAL BONE INJURY
OW OPEN WOUND NOT INVOLVING TRAUMATIC AMPUTATION
PO POISONING AND TOXIC EFFECTS OF SUBSTANCES
PD DISEASE OF RESPIRATORY SYSTEM (INCL. ASTHMA, PNEUMOCONIOSIS)
SS SPRAIN/STRAIN
SU SUPERFICIAL INJURY (EG. ABRASION)
OT OTHER

PRINCIPAL INJURY TYPE (REFER CODES - ABOVE RIGHT): [] [] BODY LOCATION CODE: [] []

22. DESCRIPTION OF PERSONAL DAMAGE: IS THIS A PERMANENT INCAPACITY? YES [] NO []

INCIDENT CAUSES

23. WHAT HAPPENED LEADING UP TO THE INJURY/INCIDENT/DISEASE? DESCRIBE IN TERMS OF THE FOLLOWING POSSIBLE CAUSAL FACTORS:-

ORGANISATIONAL CODES: 1) [1][1][0] 2) [] [] [] 3) [] [] []
INSUFFICIENT TRAINING FOR NEW CONTRACTORS BY CONTRACTING COMPANY

TASK/ENVIRONMENT CONDITIONS: CODES: 1) [3][0][4] 2) [] [] [] 3) [] [] []
HIGH CENTRE OF GRAVITY EXISTS WHEN TRAILER LOADED WITH ANODE

INDIVIDUAL/TEAM ACTIONS: CODES: 1) [2][0][2] 2) [] [] [] 3) [] [] []
THE OPERATORS DRIVING LINE WAS CLOSE TO THE LEFT HAND EDGE FOR SOME DISTANCE BEFORE THE VEHICLE LEFT THE ROAD

ABSENT OR FAILED DEFENSES: CODES: 1) [4][2][1] 2) [] [] [] 3) [] [] []
ABSENT SIGNAGE OR ROADSIDE REFLECTORS DEMARCATING THE EDGE OF THE ROAD

PREVENTATIVE ACTION

24. GIVE DETAILS OF ANY CONTROL MEASURES/ACTIONS BEING CONSIDERED AND/OR IMPLEMENTED TO PREVENT REOCCURENCES:

INSTALL SIGNAGE AND ROAD REFLECTORS; AUDIT CONTRACTOR FOR ACCREDITATION COMPLIANCE (SMS); CONDUCT ENGINEERING REVIEW ON CENTRE OF GRAVITY AND LOAD SECURING

SIGNATURE: 49-Sch4 for M. UIRAKI DATE: 12-4-11
(SITE SENIOR EXECUTIVE OR DELEGATE)

Grid of boxes for signature verification or recording.

Inspector/Inspection Officer - Name: Signed:
Entered By: