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**AIDS HELPLINE: 0800-123-22 Prevention is the cure**

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**CONTENTS • INHOUD**

*No.* *Page* *Gazette*  
*No.* *No.* *No.*

**GOVERNMENT NOTICE**

**Minerals and Energy, Department of**

*Government Notice*

R. 134 Mine Health and Safety Act (29/1996): Regulations..... 3 22055

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## GOVERNMENT NOTICE

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### DEPARTMENT OF MINERALS AND ENERGY

No. R. 134

9 February 2001

#### REGULATIONS UNDER THE MINE HEALTH AND SAFETY ACT, 1996 (ACT No. 29 OF 1996)

In terms of section 98 (1) (t) of the Mine Health and Safety Act, 1996 (Act No. 29 of 1996), I, Phumzile Mlambo-  
Ngcuka, Minister of Minerals and Energy, hereby make the Regulation in the Schedule.

**P. MLAMBO-NGCUKA**

**Minister of Minerals and Energy**

**SCHEDULE****CHAPTER 23****ACCIDENTS AND DANGEROUS OCCURENCES****ACCIDENTS TO BE REPORTED**

23.1 The *employer* must report to the *Principal Inspector of Mines* in the manner prescribed in this chapter any accident at the *mine* that results in:

- (a) the death of any *employee*;
- (b) an injury, to any *employee*, likely to be fatal;
- (c) unconsciousness, incapacitation from heatstroke or heat exhaustion, oxygen deficiency, the inhalation of fumes or poisonous gas, or electric shock or electric burn accidents of or by any *employee* and which is not reportable in terms of paragraph (d).
- (d) an injury which either incapacitates the injured *employee* from performing that *employee's* normal or a similar occupation for a period totaling 14 days or more, or which causes the injured *employee* to suffer the loss of a joint, or a part of a joint, or sustain a permanent disability,
- (e) an injury, other than injuries referred to in paragraph (d), which incapacitates the injured *employee* from performing that *employee's* normal or a similar occupation on the next calendar day.

23.2 (1) An accident referred to in paragraph (a), (b) or (c) of regulation 23.1 must be reported immediately by the quickest means available and must be

confirmed without delay on Forms SAMRASS 1 and 2 prescribed in Chapter 21.

- 23.2 (2) An accident referred to in paragraph (d) of regulation 23.1 must, after the accident becomes reportable, be reported within three days on Forms SAMRASS 1 and 2 prescribed in Chapter 21.
- 23.2 (3) The Form SAMRASS 9 must be submitted on a monthly basis for all persons not having returned to work at the time of submitting SAMRASS 2 on a monthly basis.
- 23.2 (4) An accident referred to in paragraph (e) of regulation 23.1 must be reported without delay on a monthly basis, on Form SAMRASS 4 prescribed in Chapter 21
- 23.3 (1) Where the death of an *employee*, referred to in regulation 23.1(a) is related to a rockburst or fall of ground, the duly completed Form SAMRASS 3, prescribed in Chapter 21, for such rockburst or fall of ground must be forwarded by the *employer* to the *Principal Inspector of Mines* within 14 days of such death.
- 23.3 (2) When an injury results in the death of the injured *employee* after the report in terms of regulation 23.1 (b), (c), (d) or (e) has been given or when a slight injury, which was not reportable, results in the death of the injured *employee*, or when general sepsis or tetanus develops as a result of an injury, the *employer* must immediately report it to the *Principal Inspector of Mines* and without delay submit amended Form SAMRASS 1 prescribed in Chapter 21.
- 23.3. (3) Where the injury of a person referred to in regulation 23 (1) or a dangerous occurrence referred to in regulation 23.4 (o), is related to the use of explosives, in addition to Form SAMRASS 1, the duly completed Form

SAMRASS 5, prescribed in Chapter 21, must be forwarded by the *employer* to the *Principal Inspector of Mines* within 14 days of such occurrence.

- 23.3 (4) Where the injury of a person referred to in regulation 23 (1) or a dangerous occurrence referred to in regulation 23.4 (f) is related to fires, in addition to Form SAMRASS 1, the duly completed Form SAMRASS 6, prescribed in Chapter 21, must be forwarded by the *employer* to the *Principal Inspector of Mines* within 14 days of such occurrence.
- 23.3 (5) Where the injury of a person referred to in regulation 23 (1) or a dangerous occurrence referred to in regulation 23.4 (b) is related to a subsidence in a coal mine, in addition to Form SAMRASS 1, the duly completed Form SAMRASS 7, prescribed in Chapter 21, must be forwarded by the *employer* to the *Principal Inspector of Mines* within 14 days of such occurrence.
- 23.3 (6) Where the injury of a person referred to in regulation 23 (1) is related to heat stroke or heat exhaustion, in addition to Form SAMRASS 1, the duly completed Form SAMRASS 8, prescribed in Chapter 21, must be forwarded by the *employer* to the *Principal Inspector of Mines* within 14 days of such occurrence.

## **DANGEROUS OCCURRENCES TO BE REPORTED**

- 23.4 The *employer* must report to the *Principal Inspector of Mines* in the manner prescribed in this Chapter any of the following dangerous occurrences at the *mine*-

### **(a) ROCKBURSTS AND FALLS OF GROUND**

An extensive rockburst or fall of ground causing the following damage underground –

- (i) At least 10 linear metres of working face has been severely damaged and choked and will require re-establishment and re-supporting, or be abandoned;
- (ii) At least 25m<sup>2</sup> of working area has been severely damaged and choked rendering support units ineffectual and will have to be re-established and re-supported or be abandoned;
- (iii) At least 10 linear metres of gully has been restricted with rock clearly recently displaced from the hanging wall and gully sidewalls;
- (iv) At least 10 linear metres continuous or 30 linear metres cumulative of access ways of tunnel or travelling way has been severely damaged and will require rehabilitation or be abandoned;
- (v) At least 10 m<sup>2</sup> of roof or 5m<sup>3</sup> of rock has been displaced from the roof of the mining cavity or excavation;
- (vi) At least 10m<sup>3</sup> of rock has been freshly displaced from pillars or tunnel sidewalls.

#### **(b) CAVING**

Any unplanned or uncontrolled caving, side wall or slope failure or subsidence in the ground or workings, causing damage to the surface, which may pose a significant risk to the safety of persons at a *mine*.

#### **(c) FLOW OF BROKEN ROCK**

Any unplanned or uncontrolled flow of broken rock, mud or slimes in the workings of a *mine* which may pose a significant risk to the safety of persons at a *mine*.

**(d) BREAKDOWN OF MAIN VENTILATION FAN**

Breakdown of any main ventilation fan.

**(e) POWER FAILURE**

Any power failure occurring in the underground workings of a *mine*, which poses a significant risk to the health, or safety of persons at a *mine*.

**(f) FIRES AND EXPLOSIONS**

Any ignition or explosion of gas or dust, or any fire related to mining activities or any indication or recrudescence of fire or spontaneous combustion at or in a *mine*.

**(g) FLAMMABLE GAS**

The presence of flammable gas exceeding one comma four parts per hundred by volume in the general atmosphere at a *mine*, or any portion of a *mine*:

- (i) if such flammable gas is detected for the first time; or
- (ii) the first time such flammable gas is again detected after not having been detected therein for a continuous period of three months.

**(h) WINDING PLANTS**

- (i) Running out of control of winding-engine, winding drum or conveyance;
- (ii) Fracture or failure of any essential part of the winding-engine, fracture or failure of any safety device used in connection with the winding equipment;
- (iii) Fracture, failure or serious distortion of winding rope, fracture, failure or serious distortion of any connection between the winding rope and the drum or between the winding rope and the conveyance and any other load suspended from or attached to such rope; fracture, failure or failure or



serious distortion of any connection between conveyances or between a conveyance and any suspended or attached load, fracture of guide rope or its connections, fracture of balance or tail rope or its connections;

- (iv) Fracture or failure of winding or balance sheave; fracture or failure of any essential part of the headgear or other sheave support;
- (v) Jamming or accidental overturning of conveyance; conveyance or its load fouling shaft equipment; jamming of crosshead;
- (vi) Derailing of conveyance;
- (vii) Conveyance, bridle, frame or crosshead accidentally leaving guides;
- (viii) Fracture or failure of the braking system or of any critical parts thereof;
- (ix) Failure to activate when required of any safety catches and/or arresting devices or activation of any safety catches and/or arresting devices when not required;
- (x) Failure to activate when required of any overwinding prevention device or activation of such device when not required;
- (xi) Any overwind or over-run of the conveyance to an extent which may have endangered persons or may have caused damage to the winding equipment;
- (xii) Failure of depth indicator.

#### **(i) LIFTS AND ELEVATORS**

- (i) Fracture or failure of any essential part of the driving or operating machinery, fracture or failure of any safety device used in connection with lifts or elevators.

- (ii) Fracture or distortion of the lift or elevator rope, fracture or failure of attachments of such rope.
- (iii) Fracture or failure of any sheave or of the shaft or shaft bearing of such sheave.
- (iv) Jamming of car or counterpoise.
- (v) Fracture or failure of braking system or of any critical parts thereof.
- (vi) Failure to activate when required of any safety catches and/or arresting devices or activation of any safety catches and/or arresting devices when not required.

#### **(j) OBJECTS FALLING DOWN SHAFTS**

Any object falling down the shaft or any other incident which necessitates the inspection of the shaft.

#### **(k) EMERGENCY OR RESCUE PROCEDURES**

- (i) Any failure of breathing apparatus whilst deployed.
- (ii) The use of emergency escape apparatus, procedures or rescue mechanisms, or the rescue from entrapment, associated with mining or related activities, of any *employee*.

#### **(l) SELF PROPELLED MOBILE MACHINERY**

Any self-propelled mobile machine running out of control which may pose significant risk to the safety of persons at a *mine*.

**(m) BOILERS AND PRESSURE VESSELS**

Fracture or failure of any part of a boiler or safety device of a boiler or pressure vessel which may have endangered persons.

**(n) CHAIRLIFTS**

(i) Fracture or failure of any part or safety device of a chairlift installation which may have endangered persons or may have caused damage to such chairlift installation.

(ii) Fracture or failure of any essential part of the driving machinery.

(iii) Fracture failure or serious distortion of any rope or chain forming part of a chairlift installation.

**(o) EXPLOSIVES**

(i) Any unauthorised or accidental ignition or detonation of explosives.

(ii) Any exposure of persons to blasting fumes which is not reportable in terms of regulation 23.1.

(iii) Any detonation of explosives which may pose a significant risk to the safety of persons.

23.5 A dangerous occurrence referred to in regulation 23.4 must be reported immediately by the quickest means available and must be confirmed without delay on Form SAMRASS 1 prescribed in Chapter 21.

23.6 Every *employer* must ensure that a system is in place whereby the *employer* is informed, as soon as is practicable after its occurrence, of any accident or dangerous occurrence, which is reportable in terms of this Chapter.

- 23.7 (i) Every *employer* must keep and maintain a record in which the particulars of all accidents and dangerous occurrences, which are required to be reported in terms of this Chapter, must be recorded without delay.
- (iii) The record contemplated in Regulation 23.7(i) in respect of all accidents or dangerous occurrences must be kept and maintained for two years from the time that the accident or dangerous occurrence becomes reportable.

**SCHEDULE****CHAPTER 10****PLACE OF AN ACCIDENT TO BE LEFT UNDISTURBED**

- 10.1(1) When an accident causes the immediate death of any *employee*, the place where the accident occurred must not, without the consent of the *Principal Inspector of Mines*, be disturbed or altered before such place has been inspected by an *Inspector* or any other person authorised under section 49(4) by the *Chief Inspector of Mines*.
- 10.1(2) Regulation 10.1(1) does not apply if:
- (a) such disturbance or alteration is unavoidable to prevent further accidents, to remove fatalities and injured *employees* or to rescue *employees* from danger; or
  - (b) the discontinuance of work at such place would seriously impede the working of the *mine*.
- 10.1(3) Despite regulation 10.1 (1), work may be resumed at the place where the accident occurred if such *inspector* or other person authorised by the *Chief Inspector of Mines* fails to inspect the place within three days after notice of the accident has been given.

**RIGHT TO ATTEND INSPECTION IN LOCO**

- 10.2 Any *employee* having a material interest in an accident referred to in paragraph 10.1(1) as well as that *employee's* representative may attend any inspection in loco conducted by an *inspector* but such attendance is at their own risk. In case such *employee* is, by reason of death or the severity of his/her injuries, unable to appoint any representative to attend the inspection in loco, the relatives, or in their absence the fellow *employees*, of such *employee* may appoint such representative

**SCHEDULE****CHAPTER 21**

DME 132

(SAMRASS 1)

**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
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							

SECTION C: RESPONSIBLE PERSONS																						
NAME					IDENTITY NUMBER/PASSPORT NUMBER					CERTIFICATE No.					OCCUPATION							
1 <sup>ST</sup> LEVEL SUPERVISOR																						
2 <sup>ND</sup> LEVEL SUPERVISOR																						
3 <sup>RD</sup> LEVEL SUPERVISOR																						
4 <sup>TH</sup> LEVEL SUPERVISOR																						
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. Inquiry 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																						
12. Senior inspector of mines (mining)																						
13. Senior inspector of mines (mining equipment)																						
14. Are criminal proceedings envisaged?															Yes		No					

DME 200

(SAMRASS 2)



**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). 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.

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	S	S								
Date of accident or dangerous occurrence (use YYYY/MM/DD format)											Y	Y	Y	Y	Y	M	M	D	D	
Regional accident or dangerous occurrence number											Y	Y	Y	Y	Y	R	N	N	N	I
<b>SECTION E: EMPLOYEE'S DETAILS</b>																				
<b>NOTE: THIS SECTION NEED NOT BE COMPLETED FOR A DANGEROUS OCCURRENCE ACCIDENT</b>																				
1. Surname																				
2. Full first names																				
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																				
13. Total experience in current occupation											Y	Y	M	M						
14. Was injured carrying out normal duties at time of accident?											Y	N								



15. Date first employed with current employer (use YYYY/MM/DD format)	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
<b>SECTION F: INJURY DETAILS</b>								
<b>THIS SECTION NEED NOT BE COMPLETED FOR A DANGEROUS OCCURRENCE ACCIDENT</b>								
1. Task: (person injured or killed while performing)								
2. Activity: (injured 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)								

DME 136

(SAMRASS 3)



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

<b>A. DETAILS OF MINE</b>												
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>B. DETAILS OF ACCIDENT</b>												
<b>B.1. LOCATION</b>												
DESCRIPTION OF WORKING PLACE												
DISTANCE FROM FACE (m)												
DISTANCE FROM PANEL BOTTOM STRIKE GULLY (m)												
DIMENSIONS OF STOPE	STRIKE SPAN (m)					DIPSPAN (m)				STOPPING (m)		
DIMENSIONS OF OTHER EXCAVATIONS	HEIGHT (m)					WIDTH (m)				LENGTH (m)		
DISTANCE FROM REEF (m)												
<b>B.2. SITE DESCRIPTION</b>												
QUALITY OF EXCAVATION:												
<b>B.3. TEMPORARY SUPPORT</b>												
<b>B.3.1. ACCORDING TO CODE OF PRACTICE</b>												
TYPE OF SUPPORT												
SIZE OF SUPPORT (m)												
SPACING OF SUPPORT (m)												



<b>B.6. INSTRUMENTATION</b>												
INSTRUMENT							CODE		WARNING SIGNAL			
									YE	NO		
									YE	NO		
									YE	NO		
									YE	NO		
									YE	NO		
									YE	NO		
<b>B.7. GEOLOGICAL DETAILS</b>												
REEF BEING MINED				CODE:				DESCRIPTION:				
							ROCK TYP	COD	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>B.8. FALL OF GROUND</b>												
DIMENSIONS OF FALL				HEIGHT (m)				WIDTH (m)		LENGT (m)		
BOUNDARIES OF FALL												
<b>B.9. ROCKBURST</b>												
TOTAL SIZE OF AFFECTED AREA (m <sup>2</sup> )						ESTIMATED MAXIMUM CLOSURE						
<b>B.9.1 EXTENT OF DAMAGE</b>												
HANGING WALL DAMAGE (m <sup>2</sup> )												
FOOTWALL DAMAGE (m <sup>2</sup> )												
SIDEWALL DAMAGE (m <sup>2</sup> )												
ROOF SUPPORT UNITS DAMAGED												
SUSPECTED BURSTING MECHANISM												
SUSPECTED MECHANISM BASED ON												
DISTANCE BETWEEN HYPOCENTRE AND ROCKBURST DAMAGE (m)												
<b>B.10. GENERAL MINE LAYOUT</b>												
MINE LAYOUT							CODE		CONTRIBUT			
									YES	NO		
									YES	NO		
									YES	NO		
									YES	NO		
									YES	NO		
									YES	NO		
<b>C. SEISMIC EVENT DETAIL</b>												

REFERENCE NUMBER											
HYPOCENTRE (m)			X	Y	Z						
LOCATION ERROR (m)						LOCATION MAGNITUDE					
TIME			H	H	M	M	SEISMIC MOMENT (Nm)				
ENERGY RADIATED: P-WAVE (J)						ENERGY RADIATED: S-WAVE (J)					
SOURCE RADIUS (m)						CORNER FREQUENCY (Hz)					
STATIC STRESS DROP (MPa)						DYNAMIC STRESS DROP (Mpa)					
PEAK ACCELERATION (g)						PEAK VELOCITY (cm/sec)					
DISPLACEMENT (cm)						DURATION (sec)					
<b>C.1. SEISMIC MOMENT RELEASED</b>			1 WEEK			1 MONTH			AVERAGE		
PER 1m OF FACE ADVANCE (Nm/m)											
PER 1t OF ROCK OUTPUT WITHIN 300m RADIUS											
<b>D. SEISMIC HISTORY</b>											
WITHIN 300m RADIUS OF SENE OF THE ACCIDENT					MAGNITUDE						
HISTORY DETIAL					< 0	0 - 1	1 - 2	> 2	TOTAL		
1 Day before Accident	1. NUMBER OF SEISMIC EVENTS										
	2. ENERGY RELEASED: P-WAVE (J)										
	3. S-WAVE (J)										
	4. SEISMIC MOMENT RELEASED (Nm)										
	5. STATIC STRESS DROP (Mpa)										
	6. MAX. ENERGY INDEX (E-obs/E-expec)										
1 Week before Accident	1. NUMBER OS SEISMIC EVENTS										
	2. ENERGY RELEASED: P-WAVE (J)										
	3. S-WAVE (J)										
	4. SEISMIC MOMENT RELEASED (Nm)										
	5. STATIC STRESS DROP (MPa)										
	6. MAX. ENERGY INDEX (E-obs/E-expec)										
6 Month before Accident	1. NUMBER OS SEISMIC EVENTS										
	2. ENERGY RELEASED: P-WAVE (J)										
	3. S-WAVE (J)										
	4. SEISMIC MOMENT RELEASED (Nm)										
	5. STATIC STRESS DROP (MPa)										
	6. MAX. ENERGY INDEX (E-obs/E-expec)										
<b>D.1. BEFORE ACCIDENT</b>											
1 WEEK			1 MONTH			AVERAGE FOR LAST 6 MONTH					
<b>E. COMPLETED BY</b>											
NAME		SIGNATURE				DATE					
DESIGNATION		MANAGER'S SIGNATURE				DATE					



DME 133

(SAMRASS 5)



**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	N	I
---	---	---	---	---	---	---	---	---	---	---

MINE NAME	
MINE'S ACCIDENT OR DANGEROUS OCCURENCE NUMBER	Y Y Y Y N N N N shaft no.
TYPE OF EXPLOSIVES	
SUPPLIER 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	Y Y M M
CAUSE OF EXPLOSION	

DME 134

(SAMRASS 6)



**DEPARTMENT: MINERALS AND ENERGY**

**FIRE**

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

MINE NAME														
MINE'S ACCIDENT OR DANGEROUS OCCURENCE NUMBER		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			DISABLED			INJURED							
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: .....								



DME135

(SAMRASS 7)



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 NUMBER	Y	Y	Y	Y	N	N	N	Shall	No				
DATE DETECTED	Y	Y	/	M	M	/	D	D					
MINING METHOD													
MAXIMUM DEPTH OF SUBSIDENCE (m)													
VENTILATION PLAN GRID REFERENCE													
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													
GEOLOGY													
SEAM													
INFLUENCE ON STRUCTURES													
ACTION TO BE TAKEN													
IOM SIGNATURE: .....													DATE: .....

DME 137

(SAMRASS 8)



**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 NO    Y | Y | Y | Y | R | N | N | N | N | I

A. PERSONAL DETAILS																
NAME OF MINE																
MINE'S ACCIDENT OR DANGEROUS OCCURENCE NUMBER							Y	Y	Y	Y	N	N	shaft no.			
SURNAME					FIRST NAME											
OCCUPATION					LENGTH OF TIME WORKED IN AREA			H	H	:	M	M	:	S	S	
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					
DETAILS REGARDING DATES, TEMPERATURE AND MASS RESPONSES DURING THE ACCLIMATIZATION PROCEDURE, TO BE OBTAINED FROM THE ACCLIMATIZATION CENTRE										ACCLIMATIZATION DETAILS						
										TIME TAKEN				TEMPERATURE		
										H	H	:	M	M		
										H	H	:	M	M		
										H	H	:	M	M		
D. SYMPTOMS, ETC																
SIGN OF ILLNESS										YES	NO					

LENGTH OF TIME WORKED BEFORE COLLAPSE										H	H	:	M	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)														
<b>E. TREATMENT</b>														
DATE TAKEN							TIME TAKEN					TEMPERATURE		
Y	Y	/	M	M	/	D	D	H	H	:	M	M		
Y	Y	/	M	M	/	D	D	H	H	:	M	M		
Y	Y	/	M	M	/	D	D	H	H	:	M	M		
Y	Y	/	M	M	/	D	D	H	H	:	M	M		
Y	Y	/	M	M	/	D	D	H	H	:	M	M		
<b>F. WORKING AREA</b>														
WET KATA READING														
WET BULB READING														
DRY BULB READING														
AVERAGE WET BULB READING														
AVERAGE DRY BULB READING														
AIR QUANTITY														
AIR VELOCITY														
AVERAGE QUANTITY														
AVERAGE VELOCITY														
MEANS OF VENTILATION														





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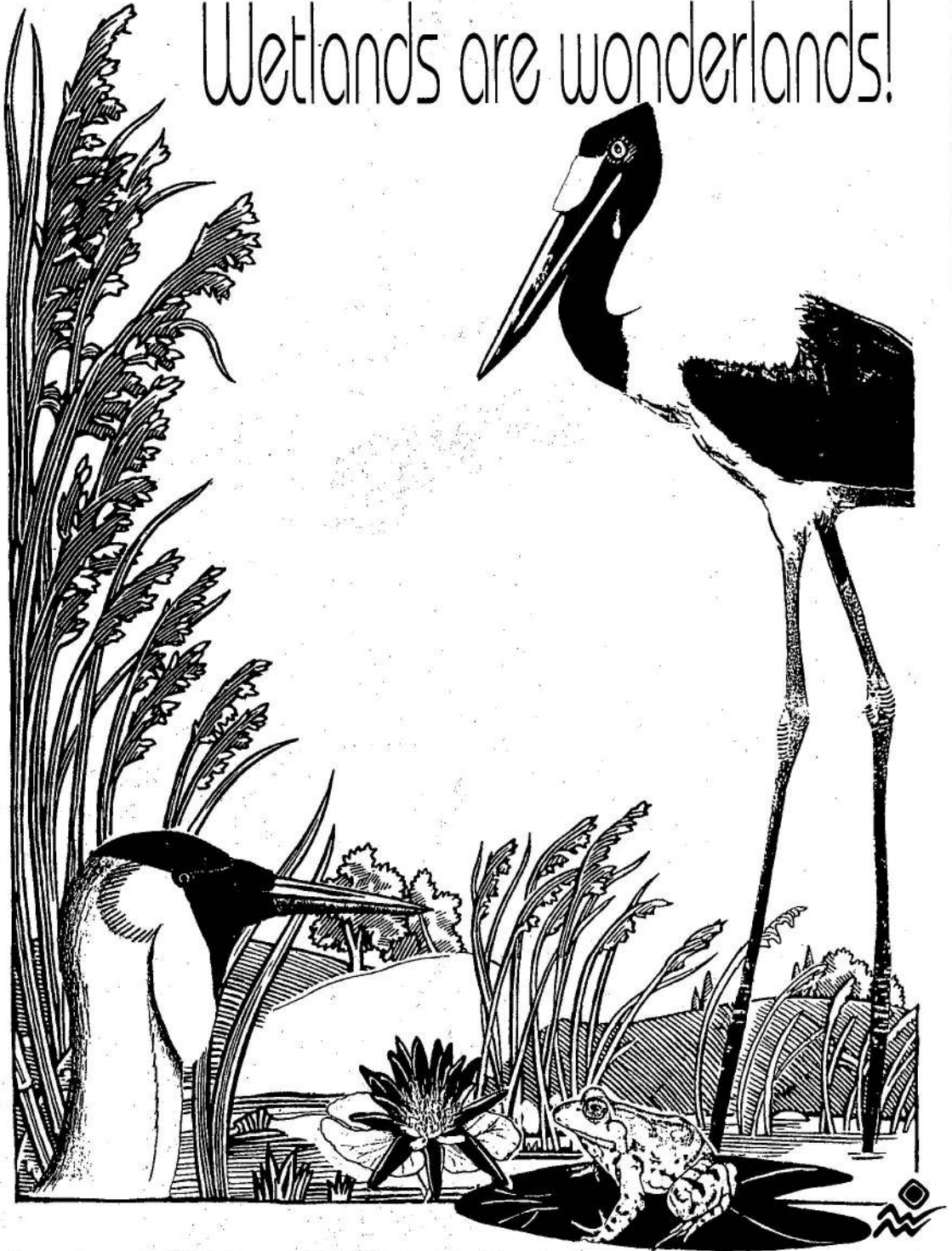
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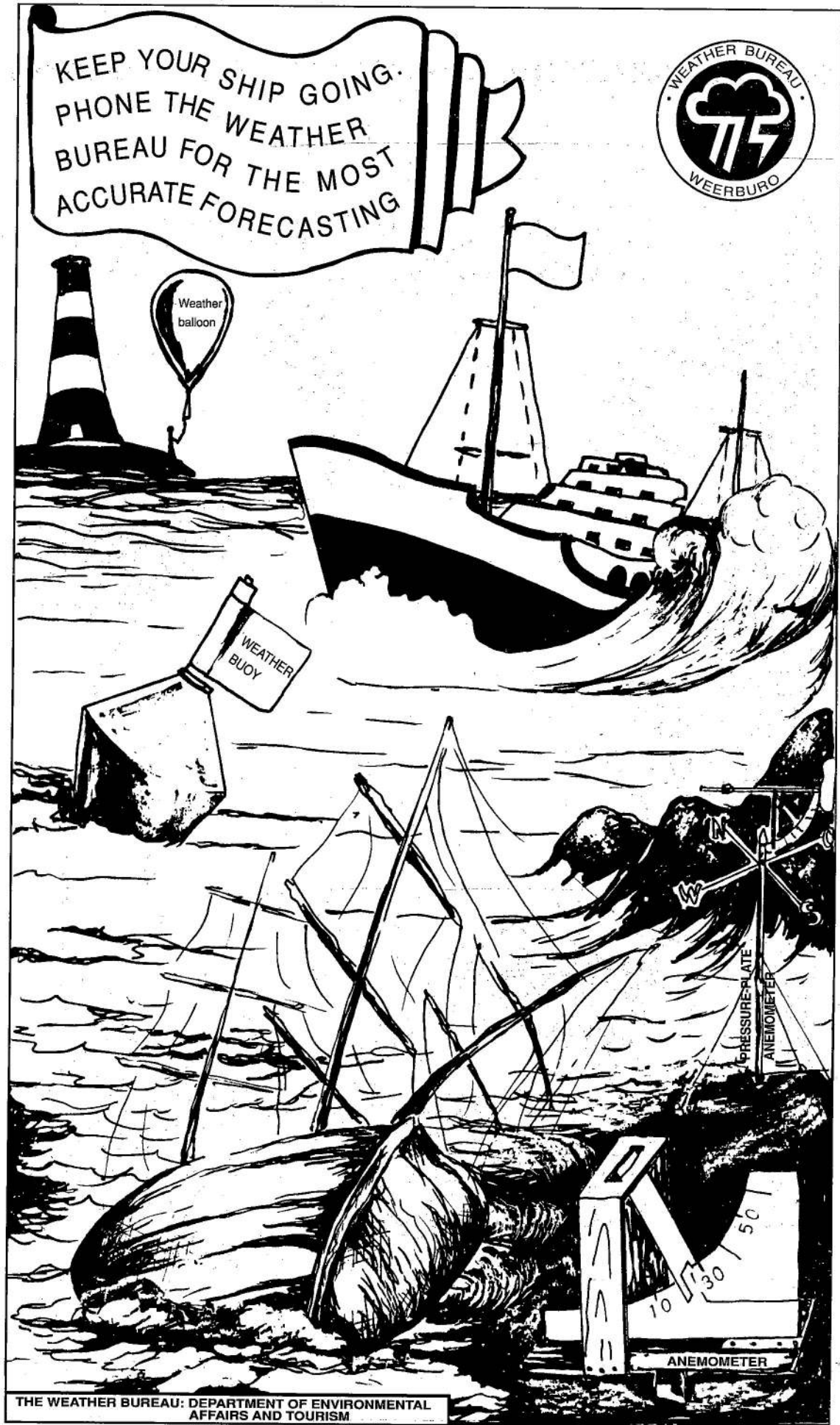
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Wetlands are wonderlands!



Department of Environmental Affairs and Tourism



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