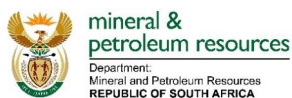


DEPARTMENT OF MINERAL AND PETROLEUM RESOURCES

NO. 8090

23 October 2026

DMPR 482



SAMRASS 1

ACCIDENT AND DANGEROUS OCCURRENCE

NOTE:

- This form must be completed for reportable accidents in terms of Regulation 23.1(a), (b), (c) and (d) as well as dangerous occurrences in terms of Regulation 23.4.
- SAMRASS 2 need not be completed in the event of a dangerous occurrence.
- Attach the SAMRASS 1A, 2, 3, 5, 6, 7 and 8 forms where applicable.

SECTION A: DETAILS OF THE MINE											
Name of the mine:											
Mine code:	Main commodity mined: Select commodity										
SECTION B: PARTICULARS OF THE ACCIDENT OR DANGEROUS OCCURRENCE											
Mine accident or dangerous occurrence number:	<table border="1"> <tr> <th>YEAR</th> <th>REFERENCE NUMBER</th> <th>SHAFT</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	YEAR	REFERENCE NUMBER	SHAFT							
YEAR	REFERENCE NUMBER	SHAFT									
Number of persons fatally injured:	<table border="1"> <tr> <td>Number of persons totally disabled:</td> <td>Number of persons injured:</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Number of persons totally disabled:	Number of persons injured:								
Number of persons totally disabled:	Number of persons injured:										
Date of the accident or dangerous occurrence:	<table border="1"> <tr> <td>Select date</td> <td>Time of the accident or dangerous occurrence:</td> <td>HH</td> <td>:</td> <td>MM</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Select date	Time of the accident or dangerous occurrence:	HH	:	MM					
Select date	Time of the accident or dangerous occurrence:	HH	:	MM							
Location of the accident or dangerous occurrence:	<table border="1"> <tr> <td>Select location</td> <td>Working place:</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Select location	Working place:								
Select location	Working place:										
Name of the working place: [as indicated on the mine plan]	<table border="1"> <tr> <td>Depth below surface:</td> <td>m</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Depth below surface:	m								
Depth below surface:	m										
Description of the accident or dangerous occurrence: [describe how and why the accident occurred]											
Accident classification code:	Dangerous occurrence classification code:										
When did the accident or dangerous occurrence occur?	<table border="1"> <tr> <td>Select option</td> <td>Did the accident or dangerous occurrence happen at a normal workplace?</td> <td>Select yes/no</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Select option	Did the accident or dangerous occurrence happen at a normal workplace?	Select yes/no							
Select option	Did the accident or dangerous occurrence happen at a normal workplace?	Select yes/no									
Were self-contained self-rescuers used? [If yes, complete SAMRASS 1A]	<table border="1"> <tr> <td>Select yes/no</td> <td>Were refuge bays and/or surface assembly points used? [If yes, complete SAMRASS 1A]</td> <td>Select yes/no</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Select yes/no	Were refuge bays and/or surface assembly points used? [If yes, complete SAMRASS 1A]	Select yes/no							
Select yes/no	Were refuge bays and/or surface assembly points used? [If yes, complete SAMRASS 1A]	Select yes/no									
SECTION C: RESPONSIBLE PERSONS											
1ST LEVEL SUPERVISOR											
Surname:	Full name(s):										
Occupation:											
Certificate number:	Identity or passport number:										
2ND LEVEL SUPERVISOR											
Surname:	Full name(s):										
Occupation:											
Certificate number:	Identity or passport number:										

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3RD LEVEL SUPERVISOR				
Surname:		Full name(s):		
Occupation:				
Certificate number:		Identity or passport number:		
4TH LEVEL SUPERVISOR				
Surname:		Full name(s):		
Occupation:				
Certificate number:		Identity or passport number:		
MANAGER				
Surname:		Full name(s):		
Designation:				
Signature:		Date:	Select date	
SECTION D: FOR OFFICIAL USE ONLY				
Regional accident or dangerous occurrence number:		YYYY	R	NNNN I
Date reported:	Select date	Type of the accident or dangerous occurrence:	Select type	
Accident or dangerous occurrence registered by:				
Surname:		Full name(s):		
Date:	Select date	Inquiry type:	Select inquiry type	
Probable cause of accident or dangerous occurrence:			Was there a contravention in opinion of the inspector?	Select yes/no
If yes, what act or regulation were contravened?	Select act/regulation	Administrative fine recommended?		Select yes/no
Inspector of Mines				
Surname:		Full name(s):		
Signature:		Date:	Select date	
Senior Inspector of Mines				
Surname:		Full name(s):		
Signature:		Date:	Select date	
Are criminal proceeding envisaged?				Select yes/no

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**SAMRASS 1A****ADDENDUM ON SELF-CONTAINED SELF-RESCUERS AND REFUGE BAYS**

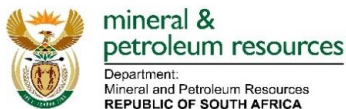
FOR OFFICIAL USE ONLY:	YYYY	R	NNNN	I
Regional accident or dangerous occurrence number:				

SECTION A:	DETAILS OF THE MINE				
Name of the mine:					
Mine code:		Mine accident or dangerous occurrence number:	YEAR	REFERENCE NUMBER	SHAFT
SECTION B: DETAILS OF THE ACCIDENT OR INCIDENT					
Date of the accident or incident:	Select date	Time of the accident or incident:	HH	:	MM
Shift of the accident or incident:	Select shift	Location of the accident or incident:	[as per SAMRASS Codebook]		
SECTION C:	SELF-CONTAINED SELF-RESCUERS				
Number of self-contained self-rescuers:					
Make and model:	MAKE		MODEL		
What prompted the use of self-contained self-rescuers? [provide a brief description]					
Number of self-contained self-rescuers found to be defective during incident:					
Were all affected employees trained within 18 months on the use of self-contained self-rescuers?			Select yes/no		
If yes was selected, indicate the date of the last training:			Select date		
Are records of the training session available?			Select yes/no		
Were monthly emergency drills performed?			Select yes/no		
If yes was selected, provide the date of the last emergency drill:			Select date		
SECTION D:	REFUGE BAYS				
AFFECTED AREA	REFUGE BAY NUMBER	DISTANCE FROM THE AFFECTED AREA	NUMBER OF PERSONS THAT UTILIZED THE REFUGE BAY		
			m		
			m		
			m		
			m		
			m		
			m		

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Number of people moved from the refuge bay to safety:			
Number of reportable casualties:	RECORDED FROM WITHIN THE REFUGE BAY	AMONG THOSE WHO DID NOT USE THE REFUGE BAY	AMONG THOSE WHO COULD NOT REACH THE REFUGE BAY
Did visibility impede evacuation?			Select yes/no
SECTION E:	FORM COMPLETED BY		
Name: <i>[Section 12(1) appointee]</i>			
Signature:		Date:	Select date
Name: <i>[Section 3(1)(a) appointee]</i>			
Signature:		Date:	Select date
SECTION F:	MINE HEALTH AND SAFETY INSPECTORATE		
Name: <i>[Inspector of Mines]</i>			
Signature:		Date:	Select date
Name: <i>[Senior Inspector of Mines (M/E/O)]</i>			
Signature:		Date:	Select date

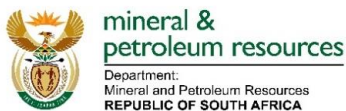
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SAMRASS 2 INJURY REPORT

FOR OFFICIAL USE ONLY:	YYYY	R	NNNN	I
Regional accident or dangerous occurrence number:				

SECTION A:		DETAILS OF THE MINE			
Name of the mine:					
Date of the accident or dangerous occurrence:	Select date	Mine accident or dangerous occurrence number:	YEAR	REFERENCE NUMBER	SHAFT
SECTION B:		DETAILS OF THE EMPLOYEE			
NOTE: This section does not need to be completed for a dangerous occurrence.					
Surname:			Full name(s):		
INDUSTRY NUMBER:		COMPANY (PF) NUMBER:		IDENTITY OR PASSPORT NUMBER:	
Date of birth:	Select date	Population group:	Select population group		
Country of origin:	Select country	If other was selected, please specify:			
Type of employment:	Select employment	If C was selected, provide the name of the contracting company:			
Gender:	Select gender	Normal occupation of the employee at the time of the accident: [use MISCO list code].			
Total experience in current occupation:	YY	MM	Was the injured carrying out normal duties at the time of the accident?		Select yes/no
DATE FIRST EMPLOYED [current employer]		DATE OF LAST SHIFT		DATE RESUMED WORK	IF FATAL, DATE OF DEATH
Select date		Select date		Select date	Select date
SECTION C:		DETAILS OF THE INJURY			
PLEASE NOTE: This section does not need to be completed for a dangerous occurrence.					
Task performed: [ONLY select an option with a SAMRASS code]	Select task		Activity:	Select activity	
Nature of the injury:	Select nature of injury	Body part injured: [ONLY select an option with a SAMRASS code]		Select body part	
Type of accident of the individual:	Select type			FOR OFFICIAL USE ONLY:	
			Allocated days lost:		



SAMRASS 3

ADDENDUM ON ROCKBURST AND FALL OF GROUND ACCIDENTS

FOR OFFICIAL USE ONLY:	YYYY	R	NNNN	I
Regional accident or dangerous occurrence number:				

SECTION A:		DETAILS OF THE MINE			
Name of the mine:					
Mine code:		Date of the accident or dangerous occurrence:		Select date	
Mine accident or dangerous occurrence number:		YEAR	REFERENCE NUMBER	SHAFT	
Activity:		Cause of the accident:			
Depth below surface:		m	Mining method:		
SECTION B:		DETAILS OF THE ACCIDENT			
B. 1:		Location			
Description of the working place:					
Distance from the face:		m	Distance from panel bottom strike gully:		m
DIMENSIONS OF THE STOPE:					
Strike span:		m	Dip span:		m
			Stog:		m
DIMENSIONS OF OTHER EXCAVATIONS:					
Height:		m	Width:		m
			Length:		m
Distance from reef:		m			
B. 2:		Site description			
Quality of the excavation:					
B. 3:		Temporary support			
TEMPORARY SUPPORT ACCORDING TO THE CODE OF PRACTICE					
Type of support:					
Size of support:		m	Spacing of support:		m
Rows of support:			Distance from face:		m
TEMPORARY SUPPORT OBSERVED AFTER ACCIDENT					
Type of support:					
Size of support:		m	Spacing of support:		m
Rows of support:			Distance from face:		m
B. 4:		Permanent support			
PERMANENT SUPPORT ACCORDING TO THE CODE OF PRACTICE					
Type of support:					
Size of support:		m	Spacing of support:		m
Rows of support:			Distance from face:		m
PERMANENT SUPPORT OBSERVED AFTER ACCIDENT					

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Type of support:					
Size of support:		m	Spacing of support:		m
Rows of support:			Distance from face:		m
B. 5:	Regional support				
REGIONAL SUPPORT ACCORDING TO THE CODE OF PRACTICE					
Type of support:					
Size of support:		m	Spacing of support:		m
REGIONAL SUPPORT OBSERVED AFTER ACCIDENT					
Type of support:					
Size of support:		m	Spacing of support:		m
Comments on support:					
Comments on effective use:					
B. 6:	Instrumentation				
INSTRUMENT		CODE		WARNING SIGNAL	
				Select yes/no	
				Select yes/no	
				Select yes/no	
				Select yes/no	
				Select yes/no	
				Select yes/no	
B. 7:	Geological details				
Reef being mined:	Code:		Description:		
Rock type:		Code:		U.C.S. strength:	MPa
Immediate hanging wall:		MPa	Immediate footwall:		MPa
Relevant geological structure:			Distance from scene to disturbance:		m
Comment on the distance:					
Measured or estimated field stress state:					
B. 8:	Fall of ground				
DIMENSIONS OF THE FALL					
Height:		m	Width:		m
Estimated mass:		kg			
Comment on the boundaries of fall:					
B. 9:	Rockburst				
Total size of the affected area:		m ²	Estimated maximum closure:		

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B. 9.1:	Extent of damage									
Hanging wall damage:			m ²	Footwall damage:					m ²	
Sidewall damage:			m ²	Roof support unit damaged:						
Suspected bursting mechanism:						Suspected mechanism based on:				
Distance between hypocentre and rockburst damage:									m ²	
Presence of comminuted rock: <i>[rock flour]</i>								Select yes/no		
B. 10:	General mine layout									
MINE LAYOUT				CODE			CONTRIBUTE			
							Select yes/no			
							Select yes/no			
							Select yes/no			
							Select yes/no			
							Select yes/no			
							Select yes/no			
SECTION C: SEISMIC EVENT DETAIL										
Reference number:										
Hypocentre:		m	X		m	Y		m	Z	m
Location error:		m	Location magnitude:							
Time:		HH	:	MM	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:						
Displacement:			cm	Duration:				sec		
C. 1:	Seismic moment released									
SEISMIC MOMENT RELEASED				1 WEEK		1 MONTH		AVERAGE		
Per 1 m of face advance:				Nm/m		Nm/m		Nm/m		
Per 1 t of rock output within 300 m radius:										

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SECTION D:		SEISMIC HISTORY [within 300 m radius of the accident/incident scene]								
		HISTORY DETAIL				ML<0	0	ML+2	ML>2	TOTAL
1 DAY BEFORE ACCIDENT	1.	Number of seismic events								
	2.	Energy released: p-wave (J)								
	3.	Energy released: s-wave (J)								
	4.	Seismic moment released (Nm)								
	5.	Static stress drop (Mpa)								
	6.	Maximum energy index (E-obs/E-expec)								
1 WEEK BEFORE ACCIDENT	1.	Number of seismic events								
	2.	Energy released: p-wave (J)								
	3.	Energy released: s-wave (J)								
	4.	Seismic moment released (Nm)								
	5.	Static stress drop (Mpa)								
	6.	Maximum energy index (E-obs/E-expec)								
6 MONTHS BEFORE ACCIDENT	1.	Number of seismic events								
	2.	Energy released: p-wave (J)								
	3.	Energy released: s-wave (J)								
	4.	Seismic moment released (Nm)								
	5.	Static stress drop (Mpa)								
	6.	Maximum energy index (E-obs/E-expec)								

D. 1:	Number of seismic events before the accident or incident		
	1 WEEK	1 MONTH	AVERAGE FOR THE LAST 6 MONTHS
SECTION E:	SUMMARY		
SECTION F:	FORM COMPLETED BY		
Name: [Section 14(1)(b) appointee]			
Signature:		Date:	Select date
Name: [Section 3(1)(a) appointee]			
Signature:		Date:	Select date
SECTION G:	MINE HEALTH AND SAFETY INSPECTORATE		
Name: [Inspector of Mines]			
Signature:		Date:	Select date
Name: [Senior Inspector of Mines (M/E/O)]			
Signature:		Date:	Select date

**SAMRASS 3A****ADDENDUM ON ROCKBURST AND ROCKFALL (UNDERGROUND) ACCIDENTS OR INCIDENTS IN
TABULAR HARD ROCK MINES**

FOR OFFICIAL USE ONLY:	YYYY	R	NNNN	I
Regional accident or dangerous occurrence number:				

SECTION A:	DETAILS OF THE MINE									
Name of the mine:										
Mine code:		Date of the accident or dangerous occurrence:				Select date				
Mine accident or dangerous occurrence number:					YEAR	REFERENCE NUMBER	SHAFT			
Main commodity mined:	Select commodity	Mining method:			Select mining method					
If other was selected, specify:										
Mining direction:	Select mining direction	Primary method of breaking rocks:			Select rock breaking method					
SECTION B:	DETAILS OF THE ACCIDENT OR INCIDENT									
B. 1:	Location									
Name of the working place:										
Location: [as per SAMRASS Codebook]					Accident classification code: [as per SAMRASS Codebook]					
Depth below surface:		m	Distance from face:		m	Distance to gully:			m	
DIMENSIONS OF THE STOPE:										
Strike span:		m	Dip span:		m	Stoping width:			m	
DIMENSIONS OF OTHER EXCAVATIONS:										
Height:		m	Width:		m	Length:			m	
Distance below or above reef:			m							
B. 2:	Site description									
Quality of the excavation:										
B. 3:	Temporary support									
TEMPORARY SUPPORT ACCORDING TO THE CODE OF PRACTICE										
Type of support:										
Size of support:		m	Spacing of support:						m	
Rows of support:			Distance from face:						m	
TEMPORARY SUPPORT OBSERVED AFTER ACCIDENT										
Type of support:										
Size of support:		m	Spacing of support:						m	
Rows of support:			Distance from face:						m	
B. 4:	Permanent support									
PERMANENT SUPPORT ACCORDING TO THE CODE OF PRACTICE										
Type of support:										
Size of support:		m	Spacing of support:						m	
Rows of support:			Distance from face:						m	
PERMANENT SUPPORT OBSERVED AFTER ACCIDENT										
Type of support:										

Size of support:		m	Spacing of support:		m
Rows of support:			Distance from face:		m
B. 5:	Regional support				
REGIONAL SUPPORT ACCORDING TO THE CODE OF PRACTICE					
Type of support:					
Size of support:		m	Spacing of support:		m
REGIONAL SUPPORT OBSERVED AFTER ACCIDENT					
Type of support:					
Size of support:		m	Spacing of support:		m
Comment on support:					
Comment on effective use: <i>[any damage, missing or inadequate support]</i>					
Date of the last support test:					Select date
Classification of the working place according to the Code of Practice: <i>[ground control district]</i>					
Date of last rock engineering report or visit to the area:					Select date
Recommendation(s) of the last rock engineering report: <i>[attach the report]</i>					
B. 6:	Instrumentation				
INSTRUMENT		CODE OF PRACTICE		WARNING SIGNAL	
				Select yes/no	
				Select yes/no	
				Select yes/no	
				Select yes/no	
				Select yes/no	
				Select yes/no	
				Select yes/no	
				Select yes/no	
				Select yes/no	
				Select yes/no	
B. 7:	Geotechnical details				
Reef being mined:	Code:		Description:		
Rock type:	Code:		U.C.S. strength:		MPa
Immediate hanging wall:	MPa	Immediate footwall:	MPa	Reef or ore:	MPa
Relevant geological structure:		Distance from scene to disturbance:			m
Comment on the distance:					
Measured or estimated field stress state:					
B. 8:	Fall of ground				
DIMENSIONS OF THE FALL					
Height:		m	Width:		m
			Length:		m

Estimated mass:		kg
Comment on the boundaries of the fall:		
B. 9:	Rockburst	
Total size of affected area:	m ²	Estimated maximum closure:
EXTENT OF DAMAGE		
Hanging wall:	m ²	Footwall:
Sidewall:	m ²	Roof support unit:
Suspected bursting mechanism:	Suspected mechanism based on:	
Distance between the hypocentre and rockburst damage:		m
Presence of comminuted rock: <i>[rock flour]</i>		Select yes/no
B. 10:	General mine layout	
MINE LAYOUT	CODE	CONTRIBUTE
		Select yes/no
		Select yes/no
		Select yes/no
		Select yes/no
		Select yes/no
		Select yes/no
SECTION C: SEISMIC EVENT DETAILS		
Reference number:		
Hypocentre:	m X m Y m Z m	
Location error:	m	Location magnitude:
Time:	HH : MM	Seismic moment:
Energy radiated: p-wave:	J	Energy radiated: s-wave:
Source radius:	m	Corner frequency:
Static stress drop:	MPa	Dynamic stress drop:
Peak acceleration:	g	Peak velocity:
Displacement:	mm	Duration:
C. 1:	Seismic moment released	
SEISMIC MOMENT RELEASED	1 WEEK	1 MONTH
Per 1 m of face advance:	Nm/m	Nm/m
Per 1 t of rock output within 300 m radius:		

SEISMIC HISTORY [within 300 m radius of the accident or incident scene]				
HISTORY DETAIL	ML<0	0	ML1-2	ML>2
ber of seismic events				
gy released: p-wave (J)				
gy released: s-wave (J)				
nic moment released (Nm)				
σ stress drop (Mpa)				
num energy index (E-obs/E-expec)				
ber of seismic events				
gy released: p-wave (J)				
gy released: s-wave (J)				
nic moment released (Nm)				
σ stress drop (Mpa)				
num energy index (E-obs/E-expec)				
ber of seismic events				
gy released: p-wave (J)				
gy released: s-wave (J)				
nic moment released (Nm)				
σ stress drop (Mpa)				
num energy index (E-obs/E-expec)				

D. 1:	Number of seismic events before the accident or incident		
	1 WEEK	1 MONTH	AVERAGE FOR THE LAST 6 MONTHS
SECTION E:	SUMMARY		
SECTION F:	FORM COMPLETED BY		
Name [Section 14(1)(8) appointee]:			
Signature:		Date:	Select date
Name [Section 3(1)(a) appointee]:			
Signature:		Date:	Select date
SECTION G:	MINE HEALTH AND SAFETY INSPECTORATE		
Name [Inspector of Mines]:			
Signature:		Date:	Select date
Name [Senior Inspector of Mines (M/E/O)]:			
Signature:		Date:	Select date

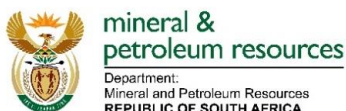
**SAMRASS 3B****ADDENDUM ON ROCKBURST AND ROCKFALL ACCIDENTS OR INCIDENTS IN SURFACE MINES**

FOR OFFICIAL USE ONLY:	YYYY	R	NNNN	I
Regional accident or dangerous occurrence number:				

SECTION A:	DETAILS OF THE MINE									
Name of the mine:										
Mine code:		Date of the accident or dangerous occurrence:				Select date				
Mine accident or dangerous occurrence number:		YEAR		REFERENCE NUMBER		SHAFT				
Main commodity mined:		Select commodity								
SECTION B:	DETAILS OF THE ACCIDENT OR INCIDENT									
B. 1:	Location									
Name of the working place:										
Location: [as per SAMRASS Codebook]		Accident classification code: [as per SAMRASS Codebook]								
Description of the working place:										
Cause of the accident:										
Slope exposed face length:		km	Distance from slope crest:		m	Distance to slope toe:		m		
Dimensions of failure:		Mass:		kg	Height:		m			
		Width:		m	Length:		m			
B. 2:	Site and failure description									
B. 3:	Slope architecture									
NATURE OF THE ACCIDENT OR INCIDENT ACCORDING TO THE CODE OF PRACTICE										
Height of overall slope:		m	Overall slope angle:		°					
Height of stack:		m	Stack angle:		°					
Bench width:		m								
OBSERVED AFTER ACCIDENT										
Height of overall slope:		m	Overall slope angle:		°					
Height of stack:		m	Stack angle:		°					
Bench width:		m								
B. 4:	Slope stability design methods [according to the Code of Practice]									
Which design methods were used?		Select design method								
If other was selected, specify:										
Elaborate on the design method(s):										
Was numerical modelling done for high slopes?		Select yes/no								

B. 5:		Pit slope management			
Date of the last visible inspection of crests and faces:		Select date		Date of the last visible inspection of access ramps:	
Are inspections done on foot as well?		Select yes/no		Are survey monitoring systems used?	
Is there regular interaction between geology, survey, planning and/or operations departments at the mine?		Select yes/no		Select yes/no	
Does the mine keep record of failures?		Select yes/no		Are all overhangs removed and access restricted below these?	
What is the standoff distance at crest?			m	What is the standoff distance at the slope base?	
Describe the evacuation procedure(s) in place at the mine:					
Is the landscape flat or steep?				☐	Flat
				☐	Steep
How is water and storm water control done at the mine? <i>[elaborate]</i>					
How is the pit dewatered? <i>[elaborate]</i>					
Was hydro-geological work done at the mine? <i>[elaborate]</i>					
B. 6:		Geotechnical details			
Reef being mined:		Code:		Description:	
STRATIGRAPHIC UNITS					
Rock type-1:		Code:		U.C.S. strength:	MPa
Rock type-2:		Code:		U.C.S. strength:	MPa
Rock type-3:		Code:		U.C.S. strength:	MPa
Tri-axial strength test data results:					
Tensile strength test data results:					
Base friction angle strength data results:					
Describe the geological structures: <i>[dykes/major faults/shear zones]</i>					
Shortest distance from the scene to the disturbance:					m
Measured or estimated field stress state:			Induced fractures:		m
Type and description of the failure:					
Was water involved?					Select yes/no
Dimensions or boundaries: <i>[specify]</i>					
Reference number:		Hypocentre:		m	Estimated maximum closure:
Extent of the damage:					

Hanging wall:		m ²	Footwall:		m ²
Sidewall:		m ²	Roof support unit:		m ²
Suspected bursting mechanism:					
Suspected mechanism based on:					
Distance between hypocentre and rockburst damage:		m ²	Presence of comminuted rock: <i>[rock Flour]</i>	Select yes/no	
B. 9: General mine layout					
Comment on mining configuration, general mine design layout and workplace configuration:					
MINE LAYOUT		CODE		CONTRIBUTE	
				Select yes/no	
				Select yes/no	
				Select yes/no	
				Select yes/no	
				Select yes/no	
				Select yes/no	
SECTION C: SEISMIC EVENT DETAILS					
Reference number:					
Hypocentre:		m	Location error:		Location magnitude:
Time:		HH	:	MM	Seismic moment:
					Nm
SECTION D: SUMMARY					
SECTION E: FORM COMPLETED BY					
Name <i>[Section 14(1)(8) appointee]:</i>					
Signature:				Date:	Select date
Name <i>[Section 13(1)(a) appointee]:</i>					
Signature:				Date:	Select date
SECTION F: MINE HEALTH AND SAFETY INSPECTORATE					
Name <i>[Inspector of Mines]:</i>					
Signature:				Date:	Select date
Name <i>[Senior Inspector of Mines (M/E/O)]:</i>					
Signature:				Date:	Select date

**SAMRASS 3C****ADDENDUM ON ROCKBURST AND FALL OF GROUND ACCIDENTS IN COLLIERIES**

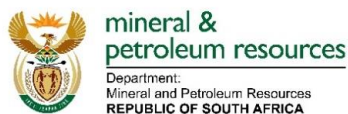
FOR OFFICIAL USE ONLY:	YYYY	R	NNNN	I
Regional accident or dangerous occurrence number:				

SECTION A:	DETAILS OF THE MINE									
Name of the mine:										
Mine code:		Date of the accident or dangerous occurrence:				Select date				
Mine accident or dangerous occurrence number:						YEAR	REFERENCE NUMBER	SHAFT		
Main commodity mined:		Select commodity		Mining method:		Select mining method				
If other was selected, specify:										
Outcome of the accident or incident:		Select outcome		Depth below surface:				m		
Number of seams mined:		Single number:				Seam name:				
		Multiple number:				Seam name:				
SECTION B:	DETAILS OF THE ACCIDENT OR INCIDENT									
B. 1:	Location									
Name of the working place:										
Location of the accident or incident:		Select location								
If other was selected, specify:										
Cause of the accident or incident:		Select cause				Activity:		Select activity		
If other was selected, specify:										
Description of working place:										
Distance from the face:				m						
B. 2:	Site description									
		HEIGHT (M)		WIDTH (M)		OTHER [specify]				
Prescribed excavation dimension		Select excavation dimension		Select excavation dimension						
Actual excavation dimension:		Select excavation dimension		Select excavation dimension						
Excavation method:		Select excavation method								
B. 3:	Fall of ground									
Area of failure:		Select failure area				If other was selected, specify:				
Type of failure:		☐ Supported		☐ Unsupported						
DIMENSIONS OF THE FALL:										
HEIGHT		WIDTH		LENGTH		AREA		VOLUME		
m		m		m		m ²		m ³		

Boundaries of the fall:			
Damage to the support?	Select yes/no	Number of units damaged:	
Suspected bursting mechanism?			Select yes/no
If yes was selected, specify the suspected mechanism based on:			
B. 4:	SUPPPORT DESCRIPTION		
TEMPORARY SUPPORT ACCORDING TO THE CODE OF PRACTICE			
Type of support:	Select type of support	If other was selected, specify:	
Support spacing:	Select support spacing	Rows of support:	Select row of support
Distance from last line of support:	Select distance		
TEMPORARY SUPPORT OBSERVED AFTER THE ACCIDENT			
Type of support:	Select type of support	If other was selected, specify:	
Support spacing:	Select support spacing	Rows of support:	Select row of support
Distance from last line of support:	Select distance		
Comment on the effective use of temporary support:			
B. 5:	Permanent or systematic support		
PERMANENT SUPPORT ACCORDING TO THE CODE OF PRACTICE			
Type of support:	Select type of support	If other was selected, specify:	
Type of anchor:	Select type of anchor	If other was selected, specify:	
Tendon length:	Select tendon length	m	If other was selected, specify:
Tendon diameter:	Select tendon diameter	mm	If other was selected, specify:
Spacing between rows of support:	Select row spacing	If other was selected, specify:	
Number of support units per row:	Select support units per row	If other was selected, specify:	
Distance from face:	Select distance from face	m	If other was selected, specify:
PERMANENT SUPPORT OBSERVED AFTER ACCIDENT			
Type of support:	Select type of support	If other was selected, specify:	
Type of anchor:	Select type of anchor	If other was selected, specify:	
Tendon length:	Select tendon length	m	If other was selected, specify:

Tendon diameter:	Select tendon diameter	mm	If other was selected, specify:
Spacing between rows of support:	Select row spacing		If other was selected, specify:
Number of support units per row:	Select support units per row		If other was selected, specify:
Distance from face:	Select distance from face	m	If other was selected, specify:
Comment on the effective use of permanent support:			
B. 6:	Regional support		
REGIONAL SUPPORT ACCORDING TO THE CODE OF PRACTICE			
Type of support:	☐	Barrier pillars	☐ In panel pillars
Safety factors:	Select in barrier pillars		Select in panel pillars
Was the safety factor calculated according to Salamon and Munro formula?			Select yes/no
If no was selected, indicate the safety factor calculation used:			
FORMULAE PARAMETERS UTILISED		OTHER FORMULAE UTILISED	
Pillar strength:	$\sigma = k \frac{w^{0.46}}{h^{0.66}}$	<i>Where:</i> w = pillar width h = pillar height H = mining depth B = bord width K = in situ average strength of m^3 of coal – seam or area specific <i>E.g.</i> · Vaal Basin coal -4.5 MPa or · Highveld Coalfields -7.2 MPa	
Pillar stress	$L = 0.025H \frac{(w+B)^2}{w^2}$		
Safety factor:	$SF = \frac{\sigma}{L}$		
REGIONAL SUPPORT OBSERVED AFTER ACCIDENT			
Type of support:	☐	Barrier pillars	☐ In panel pillars
Safety factors:	Select in barrier pillars		Select in panel pillars
Was the safety factor calculated according to Salamon and Munro formula?			Select yes/no
Comment on pillar condition:			Select pillar condition
If other was selected, specify:			
Comment on the effective use of regional support:			
B. 7:	Instrumentation		
Tell tale:	Present:	Warning signal:	
		Select yes/no	Select yes/no
Feeler gauge:	Inspection:	GAPS (de-lamination) identified:	
		Select yes/no	Select yes/no

Other:		Select yes/no		Select yes/no	
B. 8:		Geological details			
Seam mined:			Select seam mined		
If mixed was selected, specify:					
Immediate roof:		Select immediate roof		Relative geological structure:	
Shortest distance from scene to disturbance:		m		Influence on stability:	
Measured estimated field stress state:				Select influence	
B. 9:		General comments or summary			
SECTION C:		FORM COMPLETED BY			
Name: [Section 14(1)(8) appointee]					
Signature:				Date: Select date	
Name: [Section 3(1)(a) appointee]					
Signature:				Date: Select date	
SECTION D:		MINE HEALTH AND SAFETY INSPECTORATE			
Name: [Inspector of Mines]					
Signature:				Date: Select date	
Name: [Senior Inspector of Mines (M/E/O)]					
Signature:				Date: Select date	

**SAMRASS 3D****ADDENDUM ON ROCKBURST AND ROCKFALL ACCIDENTS OR INCIDENTS IN MASSIVE ORE BODIES**

FOR OFFICIAL USE ONLY:	YYYY	R	NNNN	I
Regional accident or dangerous occurrence number:				

SECTION A:	DETAILS OF THE MINE										
Name of the mine:											
Mine code:		Date of the accident or dangerous occurrence:				Select date					
Mine accident or dangerous occurrence number:					YEAR	REFERENCE NUMBER			SHAFT		
Main commodity mined:	Select commodity			Mining method:			Select mining method				
If other was selected, specify:											
Primary method of breaking rocks:	Select rock breaking method										
SECTION B:	DETAILS OF THE ACCIDENT OR INCIDENT										
B. 1:	Location										
Name of the working place:											
Location: [as per SAMRASS Codebook]					Accident classification code: [as per SAMRASS Codebook]						
Depth below surface:		m									
Standard dimensions of the affected excavation:				Height		m		Width		m	
Date of the last blast in the vicinity:		Select date		Time of the last blast in the vicinity:				HH		MM	
Age of the excavation:		YY	MM	Shift in which the accident happened?				Select shift			
History of falls of ground during the previous 12 months in the working place? [description of the events]											
NUMBER OF FATALITIES, INJURIES AND DANGEROUS OCCURRENCES AT THE WORKING PLACE DURING THE PAST 12 MONTHS:											
Fatally injured:				Injured:				Dangerous occurrences:			
Geological features which could be related to the accident or incident:								Select feature			
If other was selected, specify:											
Short description of the details of the accident:											
B. 2:	Site description										
Comment on the quality of the excavation: [mining parameters, pillars, geological features]											
B. 3:	Temporary support										
TEMPORARY SUPPORT ACCORDING TO THE CODE OF PRACTICE											
Type of support:											
Size of support:		m		Spacing of support:				m			
Rows of support:				Distance from face:				m			
TEMPORARY SUPPORT OBSERVED AFTER ACCIDENT											

Type of support:					
Size of support:		m	Spacing of support:		m
Rows of support:			Distance from face:		m
B. 4:	Permanent support				
PERMANENT SUPPORT ACCORDING TO THE CODE OF PRACTICE					
Type of support:					
Size of support:		m	Spacing of support:		m
Rows of support:			Distance from face:		m
PERMANENT SUPPORT OBSERVED AFTER ACCIDENT					
Type of support:					
Size of support:		m	Spacing of support:		m
Rows of support:			Distance from face:		m
B. 5:	Regional support				
REGIONAL SUPPORT ACCORDING TO THE CODE OF PRACTICE					
Type of support:					
Size of support:		m	Spacing of support:		m
REGIONAL SUPPORT OBSERVED AFTER ACCIDENT					
Type of support:					
Size of support:		m	Spacing of support:		m
Comments on support:					
Comments on effective use of regional support:					
Date of last support test:			Select date		
Classification of working place according to the Code of Practice: [ground control district]					
Date of the last rock engineering report or visit to the area:			Select date		
Recommendation(s) of the last rock engineering report: [attach the report]					
B. 6:	Instrumentation				
INSTRUMENT		CODE		WARNING SIGNAL	
				Select yes/no	
				Select yes/no	
				Select yes/no	
				Select yes/no	
				Select yes/no	
				Select yes/no	
				Select yes/no	
				Select yes/no	
				Select yes/no	
				Select yes/no	
B. 7:	Geological details				
Reef being mined:	Code:		Description:		
Rock type:		Code:		U.C.S. strength:	MPa
Immediate hanging wall:		MPa	Immediate footwall:	MPa	Reef:
Relevant geological structure:				Distance from scene to disturbance:	m

Comments on distance:										
Measured or estimated field stress state:										
B. 8: Fall of ground										
Dimensions of fall:		Height:		m	Width:		m	Length:		m
Estimated mass:									kg	
Boundaries of fall:										
Comment on the fall of ground:										
Comment on mining configuration, general mine design layout and workplace configuration:										
B. 9: General mine layout										
MINE LAYOUT				CODE			CONTRIBUTE			
							Select yes/no			
							Select yes/no			
							Select yes/no			
							Select yes/no			
							Select yes/no			
							Select yes/no			
SECTION C: FORM COMPLETED BY										
Name [Section 14(1)(8) appointee]:										
Signature:							Date:		Select date	
Name [Section 3(1)(a) appointee]:										
Signature:							Date:		Select date	
SECTION D: MINE HEALTH AND SAFETY INSPECTORATE										
Name [Inspector of Mines]:										
Signature:							Date:		Select date	
Name [Senior Inspector of Mines (M/E/O)]:										
Signature:							Date:		Select date	

Oil & Gas Petroleum Resources

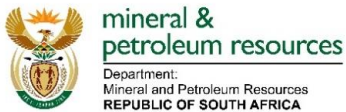
Petroleum Resources
OF SOUTH AFRICA

SAMRASS 4 1-13 DAY INJURIES

used on this form are specified in the SAMRASS Codebook.

DETAILS OF THE PERSONS INJURED															
										Mine code:				Month:	
	EMPLOYEE 1			EMPLOYEE 2			EMPLOYEE 3			EMPLOYEE 4					
	Select date			Select date			Select date			Select date			Select d		
	YEAR	REFERENCE NUMBER	SHAFT	YEAR	REFERENCE NUMBER	SHAFT	YEAR	REFERENCE NUMBER	SHAFT	YEAR	REFERENCE NUMBER	SHAFT	YEAR		
Number:															
Name of the injured:															
	Select gender			Select gender			Select gender			Select gender			Select g		
	Select date			Select date			Select date			Select date			Select d		
	Select date			Select date			Select date			Select date			Select d		
Int:															
Int:															
	Select nature of injury			Select nature of injury			Select nature of injury			Select nature of injury			Select n		
[SAMRASS code]:	Select body part			Select body part			Select body part			Select body part			Select b		

	Select activity	Select activity	Select activity	Select activity	Select a
FORM COMPLETED BY					
intee]					
				Date:	Select date
ointee]					
				Date:	Select date
MINE HEALTH AND SAFETY INSPECTORATE					
				Date:	Select date
Mines (M/E/O)]					
				Date:	Select date



SAMRASS 5

ADDENDUM ON EXPLOSIVES

FOR OFFICIAL USE ONLY:

Regional accident or dangerous occurrence number:

YYYY

R

NNNN

I

NOTE: Complete a form for each accident involving explosives and attach this form to the SAMRASS 1-form

SECTION A: DETAILS OF THE MINE		
Name of the mine:		
Mine code:	Mine accident or dangerous occurrence number: YEAR REFERENCE NUMBER SHAFT	
SECTION B: DETAILS OF THE ACCIDENT OR INCIDENT		
B 1: Location		
Date of the accident or dangerous occurrence:	Select date Time of the accident or dangerous occurrence: HH : MM	
Location of the accident or dangerous occurrence:	Select location	
Name of the working place: <i>[as indicated on the mine plan]</i>	Working place:	
Depth below surface:	m	
B 2: Cause of the accident or explosion		
During which step in the process did the incident occur: <i>[primary or secondary]</i>		
B 3: Type of explosives		
Type of explosives: <i>[mark one or more]:</i>	1 Ammonium nitrate fuel oil	☐
	2 Boosters	☐
	3 Bulk explosives <i>[ammonium nitrate emulsion or suspension and gels]</i>	☐
	4 Cartridge explosives <i>[water gel or emulsion]</i>	☐
	5 Detonating cord	☐
	6 Directional charges <i>[bolder busters, block buster and cone or pillow packs]</i>	☐
	7 Gunpowder	☐
	8 Rock breaking cartridge	☐
	9 Other	☐
If other was selected, specify:		

Supplier of explosives: <i>[list one or more]</i>	SUPPLIER NAME		TRANSPORT PERMIT NUMBER	
B 4: Type of initiating system				
DETONATION		CENTRALISED DELAYS ACCIDENTAL DETONATION		
Type of detonator: <i>[mark one or more]:</i>	1	Non-electric <i>[shock tube]</i>	☐	
	2	Electric <i>[instantaneous electric detonators, stats safe electric detonators, etc.]</i>	☐	
	3	Electronic detonators	☐	
	4	Detonating relays	☐	
	5	Igniters	☐	
	6	Other	☐	
If other was selected, specify:				
Supplier of detonators: <i>[list one or more]</i>	SUPPLIER NAME		TRANSPORT PERMIT NUMBER	
Method of priming:		Select method	Primer:	Select primer
If other was selected, specify:				
Length of cartridge or booster:		mm	Diameter of cartridge or booster:	mm
Length of shothole:		mm	Diameter of shothole:	mm
Method used to detect or identify misfires: <i>[elaborate]</i>				
Method of making safe (dealing or treating misfires): <i>[elaborate]</i>				
Primary or secondary blasting used:		Select blasting used	Secondary blasting method:	Select blasting method
If other was selected, specify:				
B 5: Experience and qualification of blasters <i>[hard rock, colliery, open cast and surface]</i>				
APPOINTED MINER				
TYPE OF CERTIFICATE		CERTIFICATE NUMBER		DATE ISSUED
				Select date
				Select date
				Select date
Experience of appointed miner:				YY MM

APPOINTED MINER OR BLASTING ASSISTANT			
TYPE OF CERTIFICATE	CERTIFICATE NUMBER		DATE ISSUED
			Select date
			Select date
			Select date
Experience of appointed miner or blasting assistant:		YY	MM
B 6:	General: Internal		
Initiating method: <i>[shot explode, blasting system or centralised blasting]</i>			
Explosives Standard Operating Procedure(SOP): <i>[Brief description including joint health and safety committee approval, manufacturer and suppliers' participation]</i>			
Drill and blasting design: <i>[Brief description including powder factor, type of stemming, hole spacing burden, mass, drilling and measured depth, and charging]</i>			
B 7:	General: External <i>[community-based complaints]</i>		
Impact of surface blasting:			
Ground vibration:			
Air blast:			
Fly rock:			
Principal Inspector's permission for blasting within 500m:			

Principal Inspector's permission to mine within 100m:			
Mandatory Code of Practice – Minimum Standards:			
SECTION C: FORM COMPLETED BY			
Legally appointed explosives personnel			
INITIAL AND SURNAME	DESIGNATION	SIGNATURE	DATE
1 ST LEVEL SUPERVISOR			Select date
2 ND LEVEL SUPERVISOR			Select date
3 RD LEVEL SUPERVISOR			Select date
4 TH LEVEL SUPERVISOR			Select date
Legally appointed line manager			
INITIAL AND SURNAME	DESIGNATION	SIGNATURE	DATE
1 ST LEVEL SUPERVISOR			Select date
2 ND LEVEL SUPERVISOR			Select date
3 RD LEVEL SUPERVISOR			Select date
4 TH LEVEL SUPERVISOR			Select date
SECTION D: MINE HEALTH AND SAFETY INSPECTORATE			
Inspector of Mines			
Surname:		Full name(s):	
Signature:			Date: Select date
Senior Inspector of Mines [Mining/Equipment/Hygiene]			
Surname:		Full name(s):	
Signature:			Date: Select date



SAMRASS 6 ADDENDUM ON FIRES

FOR OFFICIAL USE ONLY:	YYYY	R	NNNN	I
Regional accident or dangerous occurrence number:				

SECTION A:	DETAILS OF THE MINE			
Name of the mine:				
Mine accident or dangerous occurrence number:			YEAR	REFERENCE NUMBER
Mine code:		Date of accident or dangerous occurrence:		Select date
SECTION B:	DETAILS OF ACCIDENT OR DANGEROUS OCCURRENCE			
B 1:	Location			
Name of the working place or site of fire:				
Description of the working place or site of fire:				
Location of the accident: [as per SAMRASS Codebook]		Classification code: [as per SAMRASS Codebook]		
B 2:	Sequence of events [fire incident]			
Date the fire was detected:		Select date	Time the fire was detected:	
			HH	MM
			:	
Initial fire detection indicator:	Select indicator	Means of detection:	Select indicator	
If other was selected, specify:				
Time the emergency was declared:		HH	:	MM
What was burning?				
Probable cause(s):				
Number of rescue teams or surface fire responders called out:		Number of rescue teams or surface fire responders dispatched:		
Was the burning area sealed off?				Select yes/no
Time taken to extinguish the fire:		DD	:	HH
				MM
Date the fire was extinguished:		Select date		
How was the fire extinguished?				

Reportable casualties:	FATALLY INJURED	DISABLED	INJURED
Were persons endangered?			Select yes/no
Were self-contained self-rescuers used? <i>[If yes was selected, complete a SAMRASS 1A]</i>			Select yes/no
Were refuge bays and/or surface assembly points used? <i>[If yes was selected, complete a SAMRASS 1A]</i>			Select yes/no
SECTION C:	FORM COMPLETED BY		
Name: <i>[Section 12(1) appointee]</i>			
Signature:		Date:	Select date
Name: <i>[Section 3(1)(a) appointee]</i>			
Signature:		Date:	Select date
SECTION D:	MINE HEALTH AND SAFETY INSPECTORATE		
Name: <i>[Inspector of Mines]</i>			
Signature:		Date:	Select date
Name: <i>[Senior Inspector of Mines (M/E/O)]</i>			
Signature:		Date:	Select date



**mineral &
petroleum resources**
Department:
Mineral and Petroleum Resources
REPUBLIC OF SOUTH AFRICA

SAMRASS 7

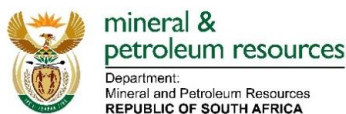
ADDENDUM ON SUBSIDENCES IN COAL MINES

FOR OFFICIAL USE ONLY:	YYYY	R	NNNN	I
Regional accident or dangerous occurrence number:				

NOTE: Complete a form for each subsidence and attach all to the SAMRASS 1-form

SECTION A:		DETAILS OF THE MINE			
Name of the mine:					
Mine accident or dangerous occurrence number:		YEAR	REFERENCE NUMBER	SHAFT	
Mine code:		Date of the accident or dangerous occurrence:		Select date	
Mining method:		Maximum depth of the subsidence:		m	
Ventilation plan grid reference:		Influence on underground workings:			
MINING PARAMETERS		PLANNED MINING PARAMETERS		ACTUAL MINING PARAMETERS	
Road width:		m		m	
Mining height:		m		m	
Pillar centres:		m		m	
Pillar size:		m		m	
Barrier pillar:		m		m	
Safety factor:		m		m	
Panel width:		m		m	
Panel roads:		m		m	
Percentage overmined:				%	
Geology:					
Seam:					
Influence on structures:					
Action to be taken:					

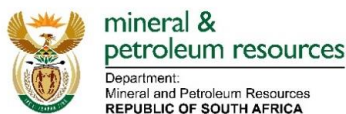
SECTION B:	FORM COMPLETED BY		
Name: <i>[Section 12(1) appointee]</i>			
Signature:		Date:	Select date
Name: <i>[Section 3(1)(a) appointee]</i>			
Signature:		Date:	Select date
SECTION C:	MINE HEALTH AND SAFETY INSPECTORATE		
Name: <i>[Inspector of Mines]</i>			
Signature:		Date:	Select date
Name: <i>[Senior Inspector of Mines (M/E/O)]</i>			
Signature:		Date:	Select date

**SAMRASS 8****ADDENDUM ON HEAT STROKE / HEAT EXHAUSTION**

FOR OFFICIAL USE ONLY:	YYYY	R	NNNN	I
Regional accident or dangerous occurrence number:				

SECTION A:	DETAILS OF THE MINE					
Name of the mine:						
Mine code:		Mine accident or dangerous occurrence number:	YEAR	REFERENCE NUMBER	SHAFT	
SECTION B:	PERSONAL DETAILS					
Surname:			First name:			
Occupation: <i>[as per SAMRASS Codebook]</i>			Length of time worked in area:	HH	MM	
				:	:	
SECTION C:	PREVIOUS THERMAL EXPOSURE HISTORY					
Does the affected employee have a thermal exposure history?			Select yes/no		If yes was selected, provide the history below:	
CURRENT OCCUPATION						
Occupation: <i>[as per SAMRASS Codebook]</i>			Period worked:	YY	MM	
FIRST PREVIOUS OCCUPATION						
Name of the mine:				YY	MM	
Occupation: <i>[as per SAMRASS Codebook]</i>			Period worked:			
SECOND PREVIOUS OCCUPATION						
Name of the mine:				YY	MM	
Occupation: <i>[as per SAMRASS Codebook]</i>			Period worked:			
If no was selected, elaborate or comment:						
SECTION D:	HEAT STRESS ACCLIMATISATION					
Did the employee undergo heat acclimatisation?			Select yes/no			
If yes was selected, provide the method of acclimatisation on the mine:						
Was the acclimatisation period evaded in any way?			Select yes/no			
Details regarding the dates, temperature and mass responses during the acclimatisation procedure to be obtained from the acclimatisation centre:			ACCLIMATISATION DETAILS			
			TIME TAKEN		TEMPERATURE	
			HH	:		MM
			:	:	:	°C
			:	:	:	°C
Date of most recent occupational hygiene report of the area concerned:			Select date			

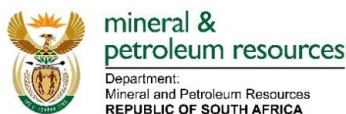
SECTION E:		FORM COMPLETED BY	
Name: <i>[Section 13(3) appointee]</i>			
Signature:		Date:	Select date
Name: <i>[Section 12(1) appointee]</i>			
Signature:		Date:	Select date
Name: <i>[Section 3(1)(a) appointee]</i>			
Signature:		Date:	Select date
SECTION F:		MINE HEALTH AND SAFETY INSPECTORATE	
Name: <i>[Inspector of Mines]</i>			
Signature:		Date:	Select date
Name: <i>[Senior Inspector of Mines (M/E/O)]</i>			
Signature:		Date:	Select date

**SAMRASS 8A****ADDENDUM ON HEAT STROKE / HEAT EXHAUSTION (OCCUPATIONAL HYGIENE)**

FOR OFFICIAL USE ONLY:	YYYY	R	NNNN	I
Regional accident or dangerous occurrence number:				

SECTION A:		DETAILS OF THE MINE					
Name of the mine:							
Mine code:		Main commodity mined:		Select commodity			
Mine accident or dangerous occurrence number:		YEAR	REFERENCE NUMBER	SHAFT			
Date of the accident:		Select date	Time of the accident:		HH	:	MM
Shift of the accident:		Select shift	Did accident occur at the normal working place?		Select yes/no		
SECTION B:		PERSONAL DETAILS OF EMPLOYEE					
Surname		Name					
Identity or passport number:		Industry number:					
Date of birth:		Select date	Age:	Gender:	Select gender		
SECTION C:		HEAT STRESS MANAGEMENT					
Is heat stress management standard available?		Select yes/no	Are safe work practices in place as per Thermal Stress Mandatory Code of Practice?		Select yes/no		
Do work practices cater for zoning of areas?		Select yes/no	Do work practices cater for transferring between areas?		Select yes/no		
Was affected persons transferred between zones?		Select yes/no	Date of last audit of heat tolerance screening (HTS) centre before the accident:		Select date		
Are the training records (including induction records) on thermal stress of the injured available?		Select yes/no					
SECTION D:		ENVIRONMENTAL CONDITIONS OF THE WORKING PLACE					
D.1:		Workplace records on the day of accident					
Supervisor 1:	Normal working place	Wet bulb:	°C	Dry bulb:	°C		
Supervisor 2:	Outside normal working place	Wet bulb:	°C	Dry bulb:	°C		
The following measurements must be taken at the scene by qualified occupational hygiene or mine environmental control personnel subsequent to the heat exhaustion or heat stroke incident or accident							
ENVIRONMENTAL MEASUREMENTS		MINE STANDARD		MEASUREMENT			
Date on which the readings were taken:		Select date					
Average wet kata (underground):		Mil. Cal/cm ² /s		Mil. Cal/cm ² /s			
Average specific cooling power of the air (underground):							
Average wet bulb temperature (both):		°C		°C			
Average dry bulb temperature (both):		°C		°C			
Workplace relative humidity (both):		%		%			
Globe wet bulb temperature:		°C		°C			
Quantity of air volume available (underground):		m ³ /s		m ³ /s			
Stop work wet bulb temperature (both):		°C		°C			
Stop work dry bulb temperature (both):		°C		°C			
Average face velocity (underground):		m/s		m/s			
Average face velocity per m ² in dev ends (underground):		m/s		m/s			

What is the method of ventilation? (both)							
Distance of drinking water to the working place:						m	
Travelling time from the station to the working place:						HH	MM
Travelling distance from the station to the working place:						m	
Mode of transport from the station to the working place <i>[underground only]</i> :							
Name of the qualified occupational hygiene or mine environmental control personnel who took the measurements:							
Was the accident reported to the Principal Inspector of Mines by the quickest means available?						Select yes/no	
Date and time the incident or accident was reported to the Department:							
Date:		Select date		Time:		HH	MM
						:	
SECTION E:		FORM COMPLETED BY					
Name: <i>[Section 12(1) appointee]</i>							
Signature:					Date:		Select date
Name: <i>[Section 3(1)(a) appointee]</i>							
Signature:					Date:		Select date
SECTION F:		MINE HEALTH AND SAFETY INSPECTORATE					
Name: <i>[Inspector of Mines]</i>							
Signature:					Date:		Select date
Name: <i>[Senior Inspector of Mines (M/E/O)]</i>							
Signature:					Date:		Select date

**SAMRASS 8 B****ADDENDUM ON HEAT STROKE / HEAT EXHAUSTION (OCCUPATIONAL MEDICINE)**

FOR OFFICIAL USE ONLY:	YYYY	R	NNNN	I
Regional accident or dangerous occurrence number:				

SECTION A:	DETAILS OF THE MINE				
Name of the mine:					
Mine code:		Main commodity mined:	Select commodity		
Mine accident or dangerous occurrence number:		YEAR	REFERENCE NUMBER	SHAFT	
Date of accident:	Select date	Time of accident:	HH	MM	
			:		
Shift of accident:	Select shift				
SECTION B:	PERSONAL DETAILS OF EMPLOYEE				
Surname:		Name:			
Identity or passport number:		Industry number:			
Date of birth:	Select date	Age:	Gender:	Select gender	
Did the affected employee have a valid certificate of fitness?	Select yes/no	If yes was selected, provide the date of the certificate of fitness:	Select date		
If there was no valid certificate of fitness, provide reasons:					
Are there training records (including induction records) on thermal stress of the injured available?				Select yes/no	
SECTION C:	HEAT STRESS MANAGEMENT				
HEAT TOLERANCE SCREENING (HTS)					
Did the affected employee undergo HTS?	Select yes/no	If yes was selected, date of the HTS ?	Select date		
If no HTS was done, provide reasons:					
At which mine or centre was HTS done?					
Did the employee pass the last HTS at first attempt?				Select yes/no	
If no was selected, provide reasons:					
Oral temperature before HTS:		°C	Oral temperature after HTS:		
Starting date of HTS:	Select date	Date of official conclusion of HTS:	Select date		
Name of the supervisor during period of HTS:					
Occupation of the supervisor: [as per SAMRASS Codebook]					

Is a heat stress standard available?	Select yes/no	Are safe work practices in place as per the Code of Practice?	Select yes/no
Do work practices cater for zoning of areas?	Select yes/no	Do work practices cater for transferring between areas?	Select yes/no
Was the affected person transferred between zones?	Select yes/no		
SECTION D:	SIGNS AND SYMPTOMS OF THE AFFECTED EMPLOYEE AT THE TIME OF THE ACCIDENT OR DANGEROUS OCCURENCE		
Did the affected employee display any signs and symptoms of heat stroke?			Select yes/no
If yes was selected, specify the signs and symptoms:			
Did the affected employee display any signs and symptoms of heat exhaustion?			Select yes/no
If yes was selected, specify the signs and symptoms:			
SECTION E:	MEDICAL CONDITIONS OF THE AFFECTED EMPLOYEE		
Does the affected employee have any medical conditions?			Select yes/no
If yes was selected, specify the medical conditions:			
Is the affected employee under current medical treatment?			Select yes/no
If yes was selected, specify the medical treatment:			
Is the affected employee under current medical treatment?	Select yes/no	If yes was selected, provide the date of the last incident:	Select date
If yes was selected, specify the details of last heat exhaustion incident:			
Does the affected employee have history of heat exhaustion?	Select yes/no	If yes was selected, provide the date of the last incident:	Select date
If yes was selected, specify the details of last heat stroke incident:			

Body Mass Index (BMI):	Weight:	kg	Height:	m	BMI:	kg/m ²
DETAILS OF THE PERSON WHO ATTENDED TO THE AFFECTED EMPLOYEE:						
Name:			Surname:			
Mobile number:			Landline number:			
Email address:						
Does this person have a valid first aid certificate?	Select yes/no	Are there paramedic services available on the mine?			Select yes/no	
Specify the type of primary first aid and treatment given:						
Body temperature of the affected employee when they were found:		°C	Was potable water available at time of incident?	Select yes/no		
Did the affected employee drink water before the incident?	Select yes/no		Was the employee unconscious at the time of incident?	Select yes/no		
RESPONSE TIME BY THE EMERGENCY MEDICAL SERVICES:						
Time taken to patient:	HH	:	MM	Time taken to definitive care:	HH	MM
Were blood samples taken before IV therapy?					Select yes/no	
If no was selected, state the reasons:						
If yes was selected, provide date:					Select date	
Were blood samples taken after IV therapy?					Select yes/no	
If no was selected, state the reasons:						
If yes was selected, provide date:					Select date	
DETAILS OF PERSON WHO TOOK BLOOD SAMPLES:						
Name:			Surname:			
Mobile number:			Landline number:			
Email address:						
BLOOD SAMPLES TAKEN AND TEST RESULTS:						
Muscle enzymes		ALT		Myoglobin		
Chloride		AST		Magnesium		
Calcium		Urea		CK		
Lactose dehydrogenase		CO ₂		Urea and creatine		
Potassium		Sodium				
Was the affected employee hospitalised?	Select yes/no	Did the affected employee receive IV therapy?			Select yes/no	
Body temperature of affected employee at the time of admission:		°C	Was the incident reported to mine management?			Select yes/no
If yes was selected, date reported to mine management:	Select date	Was incident report to Principal Inspector of Mines by quickest means available?			Select yes/no	

Occupational Medical Practitioner (OMP) or medical officer's final diagnosis: <i>[attach report]</i>			
Status of the Section 11(5) investigation as required by Mine Health and Safety Inspectorate:			Select status
SECTION F: FORM COMPLETED BY			
Name of attending OMP or medical officer:			
Employment Status of attending Occupational Medical Practitioner or Medical Office:			Select status
Signature:		Date:	Select date
Name: <i>[Section 13(3)(a)(i) appointee]</i>			
Signature:		Date:	Select date
Name: <i>[Section 3(1)(a) appointee]</i>			
Signature:		Date:	Select date
SECTION G: MINE HEALTH AND SAFETY INSPECTORATE			
Name: <i>[Inspector of Mines]</i>			
Signature:		Date:	Select date
Name: <i>[Senior Inspector of Mines (M/E/O)]</i>			
Signature:		Date:	Select date

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SAMRASS 9

REPORT ON DATE RESUMED WORK

NOTE:

This form must be completed monthly in respect of **ALL** injured persons who returned to work during the particular month.
The completed form must be submitted to the regional office of the Mine Health and Safety Inspectorate with reference to the location of the mine.

SECTION A: DETAILS OF THE PERSONS RETURNING TO WORK												
Name of the mine:		Mine code:			Month:			Select month				
		EMPLOYEE 3			EMPLOYEE 4			EMPLOYEE 5				
Date of accident or dangerous occurrence:		Select date			Select date			Select date				
Mine accident number:		YEAR	REFERENCE NUMBER	SHAFT	YEAR	REFERENCE NUMBER	SHAFT	YEAR	REFERENCE NUMBER	SHAFT		
Identity or passport number:												
Industry number:												
Name and surname of the injured:												
Gender:		Select gender			Select gender			Select gender				
Date off work:		Select date			Select date			Select date				
Date returned to work:		Select date			Select date			Select date				
SECTION B: FORM COMPLETED BY												
Name: [Section 13(3) appointee]												
Signature:		Date: Select date										
Name: [Section 3(1)(a) appointee]												

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Signature:		Date:	Select date
SECTION C:	MINE HEALTH AND SAFETY INSPECTORATE		
Name: <i>[Inspector of Mines]</i>			
Signature:		Date:	Select date
Name: <i>[Senior Inspector of Mines (MEO)]</i>			
Signature:		Date:	Select date

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