A logo for mineral and petroleum research

AI-generated content may be incorrect.

**SAMRASS 1 (APPENDIX 1)**

ACCIDENT AND DANGEROUS OCCURRENCE

|  |
| --- |
| INSTRUCTION: 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. |

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| ***SECTION A: EMPLOYER DETAILS*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of mine |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mine code | | | |  | | | |  | |  | | | |  | | | | Main commodity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |
| ***SECTION B: ACCIDENT OR DANGEROUS OCCURRENCE DETAILS*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mine accident or dangerous occurrence number | | | | | | | | | | | | | | | | | | | | YEAR | | | | | | | | | | | | | | | | | | | | ACC /DO REF NO | | | | | | | | | | | | | | | | | | | | | | | | Shaft | | | | | | | |
| Y | | | | | | | Y | | | | | Y | | | | Y | | | | N | | | | | | N | | | | | | N | | | | | | | N | | | | | S | | | | S | | | |
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| Number of persons killed | | | | | | | | | |  | | | |  | | | | Date of accident or dangerous occurrence | | | | | | | | | | | | | | | | | | | | | Y | | | Y | | | | | | Y | | | | Y | | | | | M | | | | M | | | | D | | | | D | | |
| Number of persons totally disabled | | | | | | | | | |  | | | |  | | | |  | | |  | | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  | | |
| Number of persons injured | | | | | | | | | |  | | | |  | | | |
| Time of accident or dangerous occurrence | | | | | | | | | | | | | | | H | | | | H | | | | | | | M | | | | M | | | | Location of accident or dangerous occurrence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
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| Name of working place | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Depth below surface |  | | | | | | | | | | | m | | | | | Section | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description of accident or dangerous occurrence in words: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Accident classification code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  | |
| Dangerous occurrence classification code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  | |
| Did accident or dangerous occurrence occur during normal working hours or overtime? | | | | | | | | | | | | | | | | | Normal | | | | | O/Time | | | | | | | Did accident or dangerous occurrence happen at normal workplace? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Y | | | | N | |
|  | | | | |  | | | | | | |  | | | |  | |
| ***SECTION C: RESPONSIBLE PERSONS*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | **Identity Number/Passport Number** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Certificate NO.** | | | | | | | | | | | | | | | | | | **Occupation** | | | | | | | | | | | | | | | | |
| **1st Level Supervisor** | |  | | |  | |  | |  | |  | |  | | |  |  | | | |  | | |  | | | |  | | |  | |  | |  | |  |  | | |  | | | |  | |  | | |  | | |  |  | | | | | | | | | | | | | | | | | |
| **2nd Level Supervisor** | |  | | |  | |  | |  | |  | |  | | |  |  | | | |  | | |  | | | |  | | |  | |  | |  | |  |  | | |  | | | |  | |  | | |  | | |  |  | | | | | | | | | | | | | | | | | |
| **3rd Level Supervisor** | |  | | |  | |  | |  | |  | |  | | |  |  | | | |  | | |  | | | |  | | |  | |  | |  | |  |  | | |  | | | |  | |  | | |  | | |  |  | | | | | | | | | | | | | | | | | |
| **4th Level Supervisor** | |  | | |  | |  | |  | |  | |  | | |  |  | | | |  | | |  | | | |  | | |  | |  | |  | |  |  | | |  | | | |  | |  | | |  | | |  |  | | | | | | | | | | | | | | | | | |
| NAME OF MANAGER | | DESIGNATION | | | | | | | | | | | | | | | | | | | | | SIGNATURE | | | | | | | | | | | | | | | | | | | | DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | Y | | | | Y | | | Y | | | | | Y | | | | M | | | M | | | | D | | | | D |
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| ***SECTION D: FOR USE BY THE DEPARTMENT OF MINERAL AND PETROLEUM RESOURCES*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Regional accident or dangerous occurrence number | | | | | | | | | | | | | | | | | | | | | | Y | | | Y | | Y | | | Y | | | | R | | | N | | N | | N | | I | |
|  | | |  | |  | | |  | | | |  | | |  | |  | |  | |  | |
| Date reported | | Y | Y | Y | | | Y | | | M | | | M | | | D | D | Type of accident or dangerous occurrence | | | | | | | | | | | | |  | | | | | | | | | | | | | |
|  |  |  | | |  | | |  | | |  | | |  |  |
| Accident or dangerous occurrence registered by | | | | | Name | | | | | | | | | | | | | | | | | | Date | | | | Y | | Y | | | | Y | | | Y | | M | | M | | D | | D |
|  | | | | | | | | | | | | | | | | | |  | |  | | | |  | | |  | |  | |  | |  | |  |
| Inquiry type |  | | | | | | | Probable cause of accident or dangerous occurrence | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Contravention in inspector’s opinion | | | | | | | | | Y | | | N | | | If yes, act/regulation contravened | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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| Administrative fine recommended? | | | | | | | | | Y | | N | | | Date evaluation form completed | | | | | | | | | | | | | Y | | Y | | | | Y | | | Y | | M | | M | | D | | D |
|  | |  | | |  | |  | | | |  | | |  | |  | |  | |  | |  |
| **Inspectorate details** | | | | | | **Name (in block letters)** | | | | | | | | | | | | | **Date** | | | | | | | | | | | | | | | | | | **Signature** | | | | | | | |
| Inspector of mines | | | | | |  | | | | | | | | | | | | |  | |  | | |  | |  |  |  | | | |  | | |  | |  | | | | | | | |
| Senior inspector of mines (mining) | | | | | |  | | | | | | | | | | | | |  | |  | | |  | |  |  |  | | | |  | | |  | |  | | | | | | | |
| Senior inspector of mines (mining equipment) | | | | | |  | | | | | | | | | | | | |  | |  | | |  | |  |  |  | | | |  | | |  | |  | | | | | | | |
| Administrative fine recommended? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Y | | N | |
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