

**SAMRASS 1 (APPENDIX 1)**

ACCIDENT AND DANGEROUS OCCURRENCE

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| 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 |
|  |  |  |  |  |  |  |  |  |  |
| 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 |  |
|  |  |  |  |
| Name of working place  |  |
| Depth below surface |  | m | Section |       |
| Description of accident or dangerous occurrence in words: |
|  |
| 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 |  |
|  |  |
| 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 |
|  |  |