Queensland mining industry incident report manual

Instructions for completion of on-line incident report and monthly summary

July 2019

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1 Introduction

This manual can be used by Queensland mines and quarries to complete the following online incident forms:

- **Queensland Mining Industry Incident Report (Form 5A)**

    The incident report form is used to report:

    ➢ fatalities

    ➢ high potential incidents (HPIs)

    ➢ diseases

    ➢ lost time injuries (LTIs).

    Please note that an initial notification of the incident must be made to an inspector of mines if a serious accident or high-potential incident occurs at your site or a report of a reportable disease is received.

    An incident report form (Form 5A) must then be completed within one month of the incident occurring (refer to Incident notification flowchart).

    For more information on reporting requirements please refer to the following guidance notes:

    ➢ QGN6: Guidance to metalliferous mines and quarries in reporting serious accidents and high potential incidents

    ➢ QGN7: Guidance to Coal Mines in reporting serious accidents and high potential incidents

- **Queensland Mining Industry Monthly Summary Report**

    The monthly summary report form is used to report injury, illness or disease related information including carry-overs. This includes:

    ➢ worked hours and worker numbers

    ➢ lost time injuries

    ➢ disabling and medical treatment injuries

    ➢ permanent incapacities without lost time

    ➢ lost time and/or days on alternate duties.

    It is important that you submit a monthly summary for every month even if there are no injuries, illnesses or diseases to report[1]. The department also collects the total hours worked at a mine through the monthly summary form.

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[1] If there is no activity on an exploration site for the reporting period, then there is no requirement to submit a monthly report for that period.

1.1 Incident notification flowchart

```
┌─────────────────────────┐   ┌─────────────────────────┐   ┌─────────────────────────┐
│ Medical treatment injury/│   │      Lost time          │   │ High Potential Incident/│
│    Disabling injury      │   │     (not HPI/SA)        │   │    Serious Accident     │
│  Permanent incapacity    │   │                         │   │   Reportable Diseases   │
│   without lost time      │   │                         │   │                         │
└─────────────────────────┘   └─────────────────────────┘   └─────────────────────────┘
            │                             │                             │
            │                             │                             ▼
            │                             │           ┌─────────────────────────────────┐
            │                             │           │ SSE to notify inspector as soon  │
            │                             │           │ as practicable after becoming    │
            │                             │           │ aware of incident or a reportable│
            │                             │           │ disease (refer to QGN6 and QGN7  │
            │                             │           │ for more specific timeframes and │
            │                             │           │ other requirements)              │
            │                             │           └─────────────────────────────────┘
            │                             │                             │
            │                             │                             ▼
            │                             │           ┌─────────────────────────────────┐
            │                             │           │  Written notification to inspector│
            │                             │           │  within 24 hours (fatality) or   │
            │                             │           │  otherwise 48 hours              │
            │                             │           └─────────────────────────────────┘
            │                             │                             │
            │                             ▼                             ▼
            │              ┌─────────────────────────┐  ┌─────────────────────────────────┐
            │              │ Within 1 month submit   │  │ Within 1 month submit Form 5A   │
            │              │ Form 5A                 │  │ and, if required by regulation,  │
            │              │                         │  │ forward investigation report to  │
            │              │                         │  │ inspector                        │
            │              └─────────────────────────┘  └─────────────────────────────────┘
            │                             │                             │
            ▼                             ▼                             ▼
┌─────────────────────────────────────────────────────────────────────────────────────┐
│                           Submit monthly summary report                               │
└─────────────────────────────────────────────────────────────────────────────────────┘
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1.2 Incident report form (Form 5A)

The table below provides the incident types included on the incident report form and their definitions.

Table 1: Incident types on Form 5A

Incident type	Definition
Fatal	An injury that results in the death of a person.
High Potential[2,3] lost time	An event, or series of events, that causes or has the potential to cause a significant adverse effect on the safety or health of a person. It results in the absence from work for at least one full day or shift at any time after the injury occurred.
High Potential no lost time	An event, or series of events, that causes or has the potential to cause a significant adverse effect on the safety or health of a person. It results in no lost time. *For example:* • *a ventilation failure causing a dangerous accumulation of methane or other gas.*
Lost time	Lost time injury means an injury resulting in an injured person being unable to work the next day or a longer period, whether they are rostered to work or not.

Table 2: Other definitions

Term	Definition
Serious Accident[4]	An accident resulting in the death of a person or a person being admitted to hospital as an inpatient for the injury.
Reportable diseases[5]	Reportable disease means a disease prescribed by regulation that must be reported under section 198 of the *Coal Mining Safety and Health Act 1999* and section 195 of the *Mining and Quarrying Safety and Health Act 1999.*

Note:
• *Commuting injuries are not required to be reported via Form 5A but you must notify an inspector if they occur. These will be recorded as non-reportable injuries. Commuting injuries are injuries occurring during travel while not on duty. This would normally include travel:*
  o *between home and the workplace*
  o *during recess period*
  o *to technical school for training associated with the worker's employment*
  o *for medical treatment for a workplace injury.*

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[2] *Please refer to section 198 of the Coal Mining Safety and Health Act 1999 and schedule 1C, schedule 1 and schedule 2 of the Coal Mining Safety and Health Regulation 2017.*

[3] *Please refer to section 195 of the Mining and Quarrying Safety and Health Act 1999 and schedule 1, schedule 1A and schedule 2 of the Mining and Quarrying Safety and Health Regulation 2017.*

[4] *Please refer to section 16 of the Coal Mining Safety and Health Act 1999 and section 17 of the Mining and Quarrying Safety and Health Act 1999.*

[5] *On the current form reportable diseases can be reported as a high potential incident.*

Table 3: Type of Injuries on Form 5A

Type of Injury	Definition
Permanent incapacity	A permanent incapacity is any work-related injury, illness or disease that leads to one or more of the following outcomes: • the complete loss, or permanent loss of use, of any member or part of the body • any permanent impairment of any member or part of the body, regardless of any pre-existing incapacity of that member or part • any permanent impairment of physical/mental functioning, regardless of any pre-existing impaired physical or mental functioning • a permanent transfer to a different job • termination of employment due to work-related injury, illness or disease. *Note:* • *If, at the time of the incident, it is known whether the injury, illness or disease will result in a permanent incapacity, it should be submitted on Form 5A.* • *The annual collection of permanent incapacity data will pick up any cases for the reporting year including those diagnosed after submission of Form 5A and those that are **not** a result of a lost time injury. However, for more accurate reporting mines should be reporting permanent incapacities through the online incident form or monthly summary report form.*

1.3 Monthly summary report form

The table below provides the incident types included on the monthly summary report form and their definitions.

Table 4: Incident types for monthly summary report

Incident type	Definition
Medical Treatment Injury	Medical treatment means treatment by a doctor or registered nurse beyond first aid and does not involve any lost time or alternate duties. *Note:* • *Medical treatment injuries do not require time off beyond the date of the injury. Examples of medical treatment injuries include:* ➢ *stiches, sutures (including butterfly adhesive dressing);* ➢ *removal of foreign objects embedded in an eye or in a wound (not small splinters);* ➢ *treatment of fractures;* ➢ *treatment of second or third degree burns.* • *First aid injuries which require minor first aid treatment should not be reported as medical treatment injuries. Examples of first aid injuries include:* ➢ *dressing of a minor cut;* ➢ *treatment of minor (first degree) burn* ➢ *removal of a splinter from a finger.*
Disabling Injury/Restricted Work Injury	A work-related injury or disease that results in a worker being unable to fully perform their regular job any time after the day or shift on which the injury occurred, regardless of whether or not the person is rostered to work. Either light or alternate duties are performed or hours are restricted.
Lost time Injury	Refer to *Table 1: Incident types on Form 5A*
Permanent incapacity without lost time	Refer to *Table 3: Types of injuries on Form 5A*

1.4 Submitting forms

The incident report form (Form 5A) must be submitted within one month of the incident occurring. The monthly summary report form must be completed within 30 days of the end of each month.

To submit an online form please follow the link below:

https://www.business.qld.gov.au/industries/mining-energy-water/resources/safety-health/mining/accidents-incidents/report-notify.

Once you have submitted a form, a copy will be sent to your email address as well as the local regional office and the head office of the Mines Inspectorate.

1.5 Changing details after submission of form

If you need to change any details of the form after submission, you can email your local regional office (refer to Table 5 below).

You should include the following details in your email:

- incident report number (Form 5A) or receipt number for monthly summary report
- changes required
- reason for changes.

Table 5 - Local regional offices email address

South region	mirsouthern@dnrme.qld.gov.au
Rockhampton	mirrockhampton@dnrme.qld.gov.au
Mackay	mirmackay@dnrme.qld.gov.au
Mount Isa	mirmtisa@dnrme.qld.gov.au
Townsville	mirtownsville@dnrme.qld.gov.au
Head office	mineSafetyStats@dnrme.qld.gov.au

Note:
- *Depending on the changes required, you may be asked to re-submit the report.*

2 Submitting an incident report form

1. Go to the following link:

   https://www.business.qld.gov.au/industries/mining-energy-water/resources/safety-health/mining/accidents-incidents/report-notify

2. Click on **Submit an incident report**.

Online incident forms

You must submit an incident form following your verbal notification and whenever an incident is confirmed as a lost time/disabling incident, disease or high-potential incident. You must also submit a monthly summary report at the end of each calendar month.

The Queensland mining industry reporting manual (PDF, 964KB) has instructions to help you complete the online incident forms.

| Submit an incident report | Submit a monthly summary report |

3. Once the incident report form is open, enter details for 'Option 1: Log New Incident Report'.

    Option 2 allows you to retrieve an existing incident report form that has not been submitted yet (see step 4).

Form 5A - Queensland mining industry incident report form

Choose one of the options below

Option 1: Log New Incident Report	
If you just want to create a new Incident Report, start here.	
Your full name	
Your Email address	
Retype Email address	
Position	
Mine ID	
Save and Start	

Option 2: Retrieve Existing Incident Report	
Report No	ⓘ
Password	ⓘ
Continue	

Click **Save and Start**.

Note:
- *Throughout the form, fields that are mandatory will be displayed in red when you click 'Save and Continue' if they are not filled in. You will not be able to proceed until you have entered data in these fields.*

4. Once you have entered the initial details of the report, a report number and password will be displayed on each screen and sent to you via an email. These details can be used to complete the report at a later time (see Option 2 in step 3). Please note that the saved report will remain active for **only seven days** after which it will be deleted from the system.

Form 5A - Queensland mining industry incident report form

Start | 1. Type of incident | 2. Mine details | 3. Incident details | 4. Injured person details | 5. Incident causes | Finish

The following Report No. and Password have been emailed to you. These details can be used to load and complete this report at a later time, if required.

Note:
The saved report remains active in the system for 7 days only.
After 7 days (or after the report has been successfully submitted) the saved report will be deleted from the system.

Report No: 139854

Password: yfpxz

5. Enter details for type of incident (refer to *Table 1: Incident types on Form 5A).*

For serious accidents, high potential incidents and reportable diseases you must notify the inspectorate as per QGN6 and QGN7 guidelines. Date of notification must be included here.

Form 5A - Queensland mining industry incident report form

Start | 1. Type of incident | 2. Mine details | 3. Incident details | 4. Injured person details | 5. Incident causes

Incident type: 20 - High potential lost time [nmsf: 33] (Code: 103 - Electrical NOC (not otherwise classified

The following Report No. and Password have been emailed to you. These details can be used to load and complete this report at a later time, i

Note:
The saved report remains active in the system for 7 days only.
After 7 days (or after the report has been successfully submitted) the saved report will be deleted from the system.

Report No: 139923

Password: ov0t4

This is an approved form under section 281 of the *Coal Mining Safety and Health Act 1999* and section 261 of the *Mining and Quarrying Safety*

	Type of incident	
Q1	Type of incident	<-- select one --> / Fatal / High potential lost time / High potential no lost time / Lost time
Q2	Summary/title of incident (e.g. Electrical shock while repairing generator, or Vehicle collision at cutthrough, etc.	
	Incident Classification	<-- select one -->
	Breakdown	<-- select one -->
	Sub-Breakdown	<-- select one -->
	Breakdown Classification	<-- select one -->
	Detailed Classification	<-- select one -->
	Compensation ID	If unknown use 999999
	Mechanism	<-- select one -->
	Sub-Mechanism	<-- select one -->
	For serious accidents or high potential incidents (refer comments above)	
Q3	Previously notified to inspectorate	◉ No ○ Yes
	If yes, date of notification	(dd/mm/yyyy)
		Save and Continue Reset

Note:

- *For question 2, if you cannot find an appropriate incident classification, enter as much detail as possible in the summary/title of the incident (e.g. chronic obstructive pulmonary disease).*

Once you have entered all the data, click **Save and Continue**.

6. Enter the mine details and where the incident occurred.

Form 5A - Queensland mining industry incident report form

Start ➡ 1. Type of incident ➡ 2. Mine details ➡ 3. Incident details ➡ 4. Injured person details ➡ 5. Incident causes ➡ Finish

Incident type: 30 - High potential no lost time [nmsf: 35] (Code: 109 - Gas ignition [nmsf: 3818]) Not previously notified.

The following Report No. and Password have been emailed to you. These details can be used to load and complete this report at a later time, if required.

Note:
The saved report remains active in the system for 7 days only.
After 7 days (or after the report has been successfully submited) the saved report will be deleted from the system.

Report No: 139853

Password: 9g0bg

	Mine details	
Q4	Mine/quarry code	
	Mine/quarry name	**Grasstree Mine**
Q5	Mine type	○ Coal surface ○ Metalliferous surface ○ Quarry ○ Coal underground ○ Metalliferous underground ○ Exploration - Coal ○ Exploration - Metalliferous ○ Other
	If other, please specify	
Q6	Company contact	
	Contact phone (10 digits, starting with 02, 03, 04, 07, or 08)	
Q7	Where in the mine did this incident occur? (please supply a written description)	
	Did the incident occur on the surface or underground?	○ Surface ○ Underground
	Worksite code	<-- select one -->
		Save and Continue Reset

Note:

- *For question 7, you can include local terminology for your records, for example Ramp 4 South or 9 East Section, but also provide one of the general location descriptions as follows:*

Buildings	Office, bathroom, crib room (mobile or fixed), laboratory
Roads (on lease)	Access road, haul road, ramp (into pit)
Stock and soil piles	ROM, ore stockpile, untreated product coal stockpile, treated product coal stockpile, spoil pile, waste dump
Workshops etc.	Main, bucket, electrical, field, light vehicles, preparation plant
Other surface locations	Open cut pit, overburden, breaker station, dump station, dam, electric substation, preparation/wash plant, car/truck, heavy equipment, park, train/rail loadout, washdown slab, explosives area, concentrator, smelter, tailings dam.
Underground locations	Coal face – continuous miner method (inbye of boot end), coal face – longwall method, development heading, stop, decline, crib room, conveyor roadway, return roadway, supply roadway, workshop, shaft.

- *Include as much detail as possible to adequately describe the location, for example shovel site on overburden bench, rather than just shovel site and electrical workshop in preparation plant rather than just preparation plant.*

7. Enter incident details. If the exact time of the incident is unknown, for example if a foreign body lodged in the eye sometime during a shift, enter an estimated time, for example half way through the shift. Please note that time should be indicated using 24 hour clock. For diseases please enter date and time of when it was first reported.

	Incident details	
Q8	Date of incident	[ ] 🗓 (dd/mm/yyyy)
Q9	Time of incident	[ ] Hrs [ ] Mins (24 hr clock)
Q10	Time shift started	[ ] Hrs [ ] Mins (24 hr clock)
		☐ Shift started on previous day to incident
	Shift duration (had accident not occurred)	[ ] Hrs [ ] Mins (24 hr clock)
	Number of complete shifts/days worked (in current shift cycle) prior to accident	[ ] days
	Number of days in shift cycle (days on + days off)	[ ] days
	Number of days **rostered** off prior to starting current shift cycle	[ ] days
	Total hours worked in 24 hour period prior to accident, including travel time	[ ] hours
	Travel Time on the day of the incident	[ ] hours [ ] mins
	Total travel time in current roster period up to and including day of incident	[ ] hours [ ] mins
	Roster Pattern	[ ]
Q11	Date of first full working day lost (if applicable)	[ ] 🗓 (dd/mm/yyyy)
Q12	Primary equipment/tool involved in incident (include make and model)	[ ]
	Primary equipment code	<-- select one --> ▾
Q13	Describe how exactly did the incident occur (include the name of any particular chemical, product, process or equipment)	[ ]
Q14	What hazard/s have been identified from this incident?	[ ]
	Hazard code	<-- select one --> ▾

Note:
- *For question 10, note the following:*

Time shift started	If a person is on pre-shift inspection, enter the time they started the inspection. If a person was injured in the second half of a double shift, enter the time they started the first shift.
Number of complete shifts/days worked (in current shift cycle) prior to accident	For example if the worker is working a 6 day-on/4 day-off roster and the incident occurred on the fifth day of the six day work cycle, then 4 is entered (4 complete shift/days worked before accident on the fifth shift/day)
Number of days in shift cycle (days on + days off)	For example if a worker is on a 6 day-on/4 day-off roster, the number of days in the shift cycle is 10. But if a worker is on a 7 day on/7 shifts off, 7 nights on/7 shifts off roster then the shift cycle is 28.

Number of days rostered off prior to starting current shift cycle	For example if the worker is working a six day-on/four day-off roster, the number entered is 4. Should a person be returning from leave (say 30 days) and be injured in the first period of 'work on', the number entered should be the number of days rostered that would have been taken at the end of the 'work on' cycle i.e. 4.
Total hours worked in 24 hour period prior to accident, including travel time	Includes time worked in current shift as well as travel time to/from work and any work hours in prior shifts in the preceding 24 hours before the accident.
Travel Time on the day of the incident	Number of hours the injured person travelled to work on the day of the incident. For example, if a worker drives from their home to the airport, flies to Mackay, drives from Mackay to Moranbah, calls into camp for food and then begins their shift, then the travel time would include the time it took from leaving home to the beginning of the shift.
Total travel time in current roster period up to and including day of incident	Number of hours the injured person travelled to and from work during their current roster period, up to and including the day of the incident.
Rostered pattern	Pattern of the roster the injured person was working at the time of the incident (for example, night shift – 6 on/4 off).

- *For example, if the rostered pattern is 'night shift 6 days on / 4 days off' and the accident occurred on the 5th day:*
  - *number of complete shift/days worked prior to accident = 4*
  - *number of days in shift cycle = 10*
  - *number of days rostered off prior to accident = 4.*

- *For question 11, the date of first full working day lost does not apply to 'high potential no lost time' incidents. It cannot be left blank if applicable and cannot be the date of the incident.*

- *For question 12, the primary or most significant piece of equipment/tool involved should be described here. Please note that for dozers you will need to specify whether they are rubber tyred or tracked and for dump trucks you will need to specify whether they are belly, highway, rear or underground.*

- *For question 13, describe how the incident occurred, comprising the sequence of events leading up to, and including the incident as well as the name of any particular chemical, product, process or equipment involved. The description should also contain what may have happened unexpectedly. This entails what was **exceptional** about this event which led to it becoming an 'incident' rather than an eventful occurrence, and how the injury was actually sustained. For example, while the worker tried to avoid a rock fall from the roof, he fell to the ground and used his right arm to break his fall. Bruising to this arm resulted from the worker landing on the rough ground of the floor (scattered rock pieces).*

8. Enter injured person's details. Please ensure you use the legal name, not a nickname or shortened name and verify correctness of spelling. The injured person's name must be identical when completing the monthly summary report.

Injured person details		
Q15	Surname	
Q16	Date of birth	▥ (dd/mm/yyyy)
Q17	First name and initial	
Q18	Gender	<-- select one --> ∨
Q19	Employee number	
Q20	Work activity at time of incident (or disease exposure)	
	Work Activity - Major Group	<-- select one --> ∨
	Work Activity - Occupation	<-- select one --> ∨
	Work Activity - Sub-Major Group	<-- select one --> ∨
	Work Activity - Minor Group	<-- select one --> ∨
	Work Activity - Unit Group	<-- select one --> ∨
Q21	Type of employee	<-- select one --> ∨
	If Contractor, please specify company name	
	Job Type	<-- select one --> ∨
	Street Address	Address 1 Address 2 Post Code Suburb State Phone Fax Mobile Email

Note:
- *Injured person details are not required for 'High potential no lost time'.*
- *For Question 17, please ensure that if the worker has an initial in their name it is entered here as well as in any subsequent monthly reports. It is important to be consistent in all reporting.*
- *For Question 21, please refer to the following definitions:*

Casual	An employee engaged by the mine as their services are required.
Contractor	All contractors to the mine. Please provide contractor's company name (Note: Contractor refers to an individual employee of the contracting company)
Full time	All full time employees of the operator

Other	Includes visitors or persons who are not mine employees or contractors.
Part-time	All part-time employees of the operator.

Postal Address	**Address 1** **Address 2** **Post Code** **Suburb** **State** **Phone** **Fax** **Mobile** **Email**

9. Enter description of actual personal damages.

	Description of actual personal damage	
Q22	Nature of injury/disease	<-- select one -->
	Sub-Nature	<-- select one -->
	Body Location	<-- select one -->
	Body Sub-Location	<-- select one -->
	Body Classification	<-- select one -->
Q23	Description of personal damage	
	Is this a permanent incapacity?	○ Yes ○ No
		Save and Continue Reset

Note:

- *If more than one injury or disease is reported, the most serious injury or disease should be selected. This is the injury or disease that is likely to have the most serious effect on the person's life firstly in terms of reducing life expectancy and then in terms of interference with normal activities and lifestyle.*
- *Similarly the body parts selected should correspond to the part of the body affected by the most serious injury or disease. If more than one part of the body has suffered a serious injury or disease, then the appropriate multiple location should be identified.*
- *For incidents where the actual location of the injury/diseases is vague, for example 'overcome by fumes', try to ascertain the body parts affected or the parts that were treated.*
- *If, at the time of the incident, it is known whether the injury, illness or disease will result in a permanent incapacity, it should be noted in question 23.*

10. Click **Save and Continue**.

11. Enter incident causes.

	Incident causes		
Q24	What happened leading up to the injury/incident/disease? Describe in terms of the following possible cause factors		
	Organisational		
	Codes: please select at least 1, and up to 3 applicable codes from these lists.	1. <-- select one --> 2. <-- select one --> 3. <-- select one -->	
	Task/environment conditions		
	Codes: please select at least 1, and up to 3 applicable codes from these lists.	1. <-- select one --> 2. <-- select one --> 3. <-- select one -->	
	Individual/team actions		
	Codes: please select at least 1, and up to 3 applicable codes from these lists.	1. <-- select one --> 2. <-- select one --> 3. <-- select one -->	
	Absent/failed defences		
	Codes: please select at least 1, and up to 3 applicable codes from these lists.	1. <-- select one --> 2. <-- select one --> 3. <-- select one -->	

	Preventative action	
Q25	Give details of any control measures/actions being considered and/or implemented to prevent recurrences	
		Save and Continue Reset

Note:
- *Describe the incident in terms of all relevant contributing factors (organisational factors, task/environment conditions, individual/team actions and absent or failed defences). These factors should be considered as the root causal factors that led to the incident occurring.*
- *Select from the drop down lists in each of the corresponding causal factor categories. If entering more than one code per category, the codes should be entered in order of greatest to least significance in contributing to the incident. Unfortunately, only the top three causal factors per category can be recorded.*
- *Preventative actions need to be meaningful e.g., improving an engineering or administrative control. Review of documents is not a meaningful preventative action or control.*

12. Click **Save and Continue**.

13. Click **Show report preview** to view details you have just entered prior to submitting the incident report.

   If you want to change any of the details, use the links at the top of the form to go to the page you want to change. Once you make the desired changes, click **Save and Continue**.

   To return to this page at any time, click on the 'Finish' link at the top of the form.

14. Once you are happy with the details, enter any feedback and click **Submit this incident report**. Please wait while your report submission is processing.

15. After your report is submitted, an incident report number will be displayed on the screen and you will receive an email with details of the report.

16. If any of the details are incorrect you can email your local regional office and include the following details (refer to *section 1.5 Changing details after* submission):
   - incident report number (Form 5A)
   - changes required
   - reasons for resubmission.

   Note:
   - *Depending on the changes required, you may be asked to re-submit the report.*

3 Submitting a monthly summary report

1. Go to the following link:

   https://www.business.qld.gov.au/industries/mining-energy-water/resources/safety-health/mining/accidents-incidents/report-notify

2. Click on **Submit a monthly summary report**

3. Once the monthly incident summary form is open, enter details for 'Option 1: Log New Monthly incident Summary Form'. Click **Save and Start**.

   Option 2 allows you to retrieve existing monthly incident summary reports that have not been submitted yet (see step 4).

   Note:
   - *Only one monthly incident summary form for each mine should be submitted (do not submit summaries for different sections in a mine).*
   - *The average number of workers at the mine site can be calculated using the following formula:*

   $$Average\ number\ of\ workers = \frac{Sum\ of\ worker\ numbers\ each\ day\ of\ the\ reporting\ period}{Number\ of\ days\ in\ the\ reporting\ period}$$

Monthly incident summary form

Choose one of the options below

Option 1: Log New Monthly Incident Summary Report	
If you just want to create a new Monthly Incident Summary Report, start here.	
Your full name	
Your Email address	
Retype Email address	
Position	
Mine ID	
Summary Period	
Month/Year	N/A ∨ N/A ∨
Hours Worked this Period	
By employees *up to 7 digit number e.g. 1234567.12*	
By contractors *up to 7 digit number e.g. 1234567.12*	
Average Number of Workers	
Employees *up to 7 digit number e.g. 1234567.12*	ℹ
Contractors *up to 7 digit number e.g. 1234567.12*	ℹ
Save and Start	

Option 2: Retrieve Existing Monthly Incident Summary Report	
Report No	ℹ
Password	ℹ
Logon	

4. Once you have entered the initial details of the report, a report number and password will be displayed on each screen and sent to you via an email. These details can be used to complete the report at a later time (see Option 2 in step 3). Please note that the saved report will remain **active for only seven days** after which it will be deleted from the system.

Monthly incident summary form
Start ➡ 1. Number of incidents ➡ 2. Medical treatments ➡ 3. New lost time injuries ➡ 4. Carry over lost time injuries ➡ 5. New disabling injuries ➡ 6. Carry over disabling injuries ➡ 7. Re-opening claims ➡ Finish

Summary period: Nov 2018 - Grasstree Mine

The following Report No. and Password have been emailed to you. These details can be used to load and complete this report at a later time, if required.

Note:
The saved report remains active in the system for 7 days only.
After 7 days (or after the report has been successfully submitted) the saved report will be deleted from the system.

Report No: 045789

Password: 14i7k

5. Enter the number of:

- medical treatment injuries plus permanent incapacities without lost time

- new and carry-over lost time injuries

- new and carry over disabling injuries

- re-opening claims.

Refer to *Table 4: Incident types for monthly summary report*.

Number of incidents

Please enter the number of each type of treatments, injuries or claims that have occured at your mine in the period specified above.

Description	Qty
Number of **medical treatments** for this period (see note 1)	0 ⌄
Number of **new lost time injuries** for this period (see note 2)	0 ⌄
Number of **carry over lost time injuries** from previous period/s. List original incident form number (see note 3)	0 ⌄
New disabling injuries for this period (see note 2)	0 ⌄
Number of **carry over disabling injuries** from previous period/s (see note 3).	0 ⌄
Number of **re-opening claims**	0 ⌄

Note:
- *For all lost time injuries you must ensure you have already submitted an incident report (Form 5A) and you have the original incident report number.*

6. Enter the total number of fatalities, permanent incapacities, lost time injuries, days lost, disabling injuries, days on restricted duties, medical treatment injuries and total number of incidents for employees and contractors.

Description	Employees	Contractors
Fatalities *whole number e.g. 5*		
Permanent Incapacities *whole number e.g. 5*		
Lost Time Injuries *whole number e.g. 5*		
Number of Days Lost *up to 7 digit number e.g. 1234567.12*		
Restricted Duties Injuries *whole number e.g. 5*		
Number of Days on Restricted Duties *up to 7 digit number e.g. 1234567.12*		
Medical Treatment Injuries *whole number e.g. 5*		
Total Number of Incidents *whole number e.g. 5*		

Note:
- *The fields cannot be left blank, enter 0 if applicable.*
- *A lost day represents a lost whole day for the purposes of recording - the actual duration of the shift is irrelevant. The day of the injury is not counted.*
- *On a roster arrangement e.g. 6 days on – 4 days off, one whole day lost should be counted for each day lost on which the worker was scheduled to work.*
- *Total number of lost time injuries includes carry-over lost time injuries.*
- *Total number of restricted duties injuries includes carry-over restricted duties injuries.*
- *Total number of incidents includes total number of lost time injuries, total number of restricted duties injuries and total number of medical treatment injuries.*

7. Enter details of medical treatments and permanent incapacities without lost time for this period (add 'Permanent Incapacity' in the brief description for a permanent incapacity without lost time. If an injury is both a medical treatment and a permanent incapacity without lost time, add 'Permanent Incapacity and Medical Treatment' in the brief description). Please ensure spelling of the worker's name is correct.

Medical treatments for this period

List all medical treatments during this period.

No.	Surname	First name and initial	Brief description of personal damage
1			

Save and Continue

8. Click **Save and Continue**.

9. Enter details for new lost time injuries for the period specified. Please ensure spelling of the worker's name is correct and it matches what you have entered on the incident report form (Form 5A). In the 'First name and initial' field please enter any initials that were entered on Form 5A.

Note:
- *Ensure you have already lodged an incident report form (Form 5A) and you have been supplied with a system generated incident report number.*

New lost time injuries for this period
List all new cases of company employees and contractors off during this period.

No.	Incident form No.	Surname	First name and initial	Brief description of personal damage	Date of first full working day lost	No. of working days lost this period	Date of 1st day on alt. duties	Days this period on alt. duties	Still off work?	Incapacity type	Workcover Ref No.
1					(dd/mm/yyyy)	1 ∨	(dd/mm/yyyy)	N/A ∨	Yes ∨	Temp ∨	

Save and Continue

10. Click **Save and Continue**.

11. Enter details of carry over lost time injuries for the period specified. Please ensure spelling of the worker's name is correct.

    Please continue to enter details of this injury as a 'carry over lost time injury' in future monthly reports until the worker returns to full pre-injury duties or is terminated. This will allow any days on alternate duties as a result of this injury to be counted against the same incident.

    Note:
    - *If it is a carry-over lost time injury, ensure that you have already reported the lost time injury in the previous monthly summary report. Otherwise please re-submit the previous month's report with the lost time injury included.*
    - *Do not submit a new disabling injury for a lost time injury with alternate duties days.*
    - *Please refer to the following for the "Still off work" field:*
      - *Yes – the worker is still totally incapacitated*
      - *No – the person has returned to full pre-injury duties*
      - *Alt – the person will continue participating in an alternate duties program*
      - *Terminate – the person has terminated.*

Carry over lost time injuries from previous period/s. List original incident form number
List carry over incidents from the previous period.

No.	Incident form No.	Surname	First name and initial	Brief description of personal damage	Date of first full working day lost	No. of working days lost this period	Days this period on alt. duties	Still off work?	Incapacity type	Workcover Ref No.
1					(dd/mm/yyyy)	0 ∨	0 ∨	Yes ∨	Temp ∨	

Save and Continue

12. Click **Save and Continue**.

13. Enter details of new disabling injuries for the period specified. Please ensure spelling of the worker's name is correct.

    Note:
    - *If the disabling injury is a result of a lost time injury please enter details in 'carry over lost time injury'.*
    - *If the injured person will continue to be on alternate duties the following month please ensure that you select 'Alt Duties' in the 'Still off work?' field.*

New disabling injuries
List all new cases of company employees and contractors off during the work period.

No.	Surname	First name and initial	Brief description of personal damage	Date of 1st day on alt. duties	Days this period on alt. duties	Still off work?	Incapacity type	Workcover Ref No.
1				(dd/mm/yyyy)	N/A ∨	Yes ∨	Temp ∨	

Save and Continue

14. Click **Save and Continue**.

15. Enter details of carry over disabling injuries for the period specified. Please ensure spelling of the worker's name is correct.

    Note:

    - *If it is a carry-over disabling injury, ensure that you have already reported the disabling injury in the previous monthly summary report. Otherwise please re-submit the previous month's report with the disabling injury included.*
    - *If the injured person will continue to be on alternate duties the following month please ensure that you select 'Alt Duties' in the 'Still off work?' field.*

16. Click **Save and Continue**.

17. Enter details of re-opening claims for the period specified. Please ensure spelling of the worker's name is correct.

18. Click **Save and Continue**.

19. Click **Show report preview** to view details you have just entered prior to submitting the report.

    If you want to change any of the details, click on the links at the top of the page to go to the specific injury page. Once you make the desired changes, click Save and Continue.

    To return to this page, click on the 'Finish' link at the top of the page.

20. Once you are happy with the details, enter any feedback and click **Submit this monthly incident summary report**. Please wait while your report submission is processing.

21. After your report is submitted, a receipt number will be displayed on the screen and you will receive an email with details of the report.

Monthly incident summary report.

Submission details

Receipt number: 045810

- For the period: **May 2019**

22. If any of the details are incorrect you can email your local regional office and include the following details (refer to *section 1.5 Changing details after submission of form*):

- receipt number for monthly summary report
- changes required
- reasons for resubmission.

Note:
- *Depending on the changes required, you may be asked to re-submit the report.*

4 Reports and statistics

Data collected from mine and quarry sites is available for download from the department's website and can be used by industry to improve safety and health management systems and processes.

Examples of different types of reports and statistics available on the website include injuries breakdown and trend graphs.

Additional reports may be provided upon request. Please note that confidentiality restrictions apply to the release of some data such as details on individual workers.

For more information visit http://dnrme.qld.gov.au or email minesafetystats@dnrme.qld.gov.au.