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| Queensland Government | Mackay District OfficeP.O. Box 1801, MACKAY QLD 4740Phone: (07) 4967 1450, Fax: (07) 4953 2761 |
| Mine Name | File No. | Operator | Activity Type | Region Activity Date |
| North Goonyella | 8,550  | Peabody (Bowen) Pty Ltd | SafeGuardSystems Audit | Central 14/03/2014 |

Vision: Our Industries Free of Safety and Health Incidents

# Mine Record Entry

This report forms part of the Mine Record under s68 of the Coal Mining Safety and

Health Act 1999- It must be placed in the Mine Record and displayed on Safety Notice Boards.

Note that inspection or audit activities conducted by the Mines Inspectorate are based upon sample techniques. It remains the primary responsibility of Mine Personnel to identify hazards, and risks associated with Operations and ensure those risks are at an acceptable level.

A safeguard audit was conducted at North Goonyella mine from the 10th - 14th of March. Following the entry meeting, on the 10th of March, and over the time from the 10th to 14th of March interviews were conducted with various people and physical observations made of the processes in use at the mine. The subject areas of Combustible Dust Management, Management Structure, CHPP operations, Risk management, Spontaneous Combustion management and Ventilation Management were examined in detail.

Nine mandatory corrective actions were identified and are described as:

o The Challenge Test system needs to be reviewed. Challenge Test is not being consistently transmitted, enforced or championed. It is not effective.

e Review the Management Structure so that it is derived through a risk management process so that it is clear the positions in the management structure have ownership of hazards.

* Develop a Training Needs Analysis for the positions in the Management Structure.
* Ensure the JSEA process, as required by the NGC SHMS, is applied consistently .e.g 2x

JSEA's that dealt with rear conveyor sparking problem, show inappropriate controls (promise for action rather than control). The potential for harm ought to have required consultation with senior management or else have been elevated above JSEA level.

e There must be only one SHMS in operation at the mine. The same element of the system may be described differently by a number of documents. It is an opportunity to review and consolidate the total SHMS.

e Implement a process whereby HPl's that are reported under section 198 of the Act are investigated and a report prepared of the incident as per section 201 (l)(a)&(b).

* Implement a system of auditing of the documented system for Spontaneous Combustion and Ventilation.
* Review the consultation process for risk assessment and ensure the correct cross section of the work force is included where required.
* Inspect and service all pressure relieve devices (PRD's) on pressure vessels in

accordance with AS 3788 or better as determined by Level 3 Risk Assessment.

Twelve recommended corrective actions were identified and are described as:

* Ensure consistent and effective application of Management of Change and risk assessment processes, as demanded in all system documentation. Do as you say you will do.

e Ventilation Officer reporting through Technical Services Mgr from a budgetary view point and not UMM. This has implications for mine ventilation planning.

o Periodic site wide alcohol testing has never been done as required in the MOP

 Truly random alcohol testing to be conducted. Samples are more likely to be selected from surface crews. Opportunity to introduce truly random sampling process

 Individuals are required to sign off on the "Cardinal Rules" . Require individuals to also sign of on the SHMS.

 Develop a formal process for assessing the competencies of CMW's before they are appointed e.g the VO is appointed but there is no evidence of an assessment of competency.

 Develop a formal system for conducting, reviewing and using the information generated by the BBRA.

 KPl's for senior management should also include responsibility for specific documents within the SHMS and the need to keep them within review date.

 Implement feedback mechanism of actions completed from hazard reports, PIMS, ICAMs etc.

 Appoint a position in the management structure as document controller to correct the many document control issues.

 Develop emergency sealing infrastructure in the underground mine, including the ventilation shaft.

 Provide documents in accessible places for CMW's.

A telephone conference was conducted by the lead auditor with the SSE, with the UMM present in the room at the mine,on the evening of the 13th of March where the Site Senior Executive, Mr Mike Carter, to the proposed Mandatory and Recommended corrective actions. (A further face to face meeting between the SSE and the Lead Auditor was conducted at the Mary St Office on Monday 17th March where the SSE signed off on all Mandatory and Recommended corrective actions).

An exit meeting was conducted on the morning of the 14th March at 8:00am and was attended by the audit team and the following Carborough Downs personnel:

Michael Webber, Mark Scully, Samantha McGrath, Trevor Oyston, Colin Nevins, Rick Mead, John Smith, Marhdus Uys, Elizabeth Marnane, Marek Romanski, Steve Jones, Shane Apps.

A presentation was conducted by the lead auditor Mr Albury explaining the process of the audit and a summary of the findings.

The audit report will be forwarded to the mine within 21 days. This report will form part of the mine record.

Inspector Dobson will continue to monitor the follow up actions.

The audit team recognise the assistance provided by the mine in the conduct of the audit and offer our appreciation for that assistance.

Russell Albury

Lead Auditor

Inspector of Mines

Central Region