



Safety Regulation System

Status Report | Area: Exploration

Notifications

** denotes mandatory **

Reporting Details

Information

In accordance with Regulation 675W of the Work Health and Safety (Mines) Regulations 2022.

Reporting Period

Quarter*: _____ Year _____

Company Details

Company*: _____

Location*: _____

Commodity Processed*: _____

Form completed by

Surname: _____ Given Name(s): _____

Position: _____

Phone: _____ Mobile: _____

Fax: _____ Email: _____

Operations

Operations*: _____

Employment Status - Surface

Total Company Workers (A)

Avg No. Workers*: _____

Total Hours Worked*: _____

Total Contractor Workers (B)

Avg No. Workers*: _____

Total Hours Worked*: _____

Total Company + Contractor Workers (A + B)

Avg No. Workers*: _____

Total Hours Worked*: _____

Incidents and Injuries / Illnesses

Incident Summary

Number of relevant incidents*	<input type="checkbox"/>	The total number of relevant incidents occurring during the quarter to which the report relates.
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Injury / Illness Summary

Number of lost time injuries*	<input type="checkbox"/>	The total number of relevant incidents that resulted in the inability of a worker to work for 1 day or more (not including the incident day) during the quarter to which the report relates.
Number of days lost from work*	<input type="checkbox"/>	The total number of days (not including the incident day) lost from work by workers during the quarter to which the report relates as a result of relevant incidents.
Number of restricted injuries*	<input type="checkbox"/>	The total number of workers placed on restricted duties during the quarter to which the report relates as a result of relevant incidents.
Number of days for restricted duties*	<input type="checkbox"/>	The total number of days on which workers carried out restricted duties during the quarter to which the report relates as a result of relevant incidents.
Number of treatment injuries*	<input type="checkbox"/>	The total number of injuries and illnesses of workers arising from relevant incidents that required medical treatment during the quarter to which the report relates, but did not result in the inability of a worker to work for 1 day or more (not including the incident day).
Number of deaths*	<input type="checkbox"/>	The total number of deaths that occurred during the quarter to which the report relates as a result of relevant incidents.

Work Status Timeline

Work Status (Reporting Period xxx)

Reference ID	Surname	Given Name(s)	Accident	Work Status	Start	End	A	L

Levy Hours

Information

In accordance with Regulation 32 of the Mines Safety & Inspection Levy Regulations 2010, the principal employer at a mine must report the total number of hours worked in the period.

Levy Hours

Total Hours Worked by Workers*: _____

Other Information

Information
