



# GOEDEHOOP STENE

BK/CC

PO BOX/POSBUS 382 CAROLINA 1185

TEL: 013 – 2977 903 / 2977 904

REG. 1997 16622 23

## ACCIDENT 31 MAY 2011

Injured person: S. Ndlovu  
ID no: 750920 5655 080  
Coy no: 261

The injured was busy installing a new Hydraulic cylinder on a crane truck. The cylinder broke and fell to the deck of the truck crushing the injureds finger between the cylinder and deck.

### Steps taken

The workshop personel was retrained in the dangers of lifting and Hydraulic. A new system was put in place for future removal and instalation of Hydraulic cylinders.

Many thanks

JFW Liebenberg  
Manager

**APPENDIX 1  
ACCIDENT AND DANGEROUS OCCURRENCE REPORT FORM  
(SAMRASS 1)**

<b>DEPARTMENT OF MINERALS AND ENERGY</b>																		
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.																		
<b>SECTION A: EMPLOYER DETAILS</b>																		
1. NAME OF MINE GOEDEHOOP STENE																		
2. DME MINE CODE GOEDEHOOP STENE											2	1	9	3				
3. MAIN COMMODITY											C	Y						
<b>SECTION B: ACCIDENT OR DANGEROUS OCCURRENCE DETAILS</b>																		
1. Mine Accident or Dangerous Occurrence Number		YEAR				ACC/DO REF NO				SHAFT								
		2	0	1	2	0	0	0	2	S		S						
2. Number of persons killed											0	0						
3. Number of persons totally disabled											0	0						
4. Number of persons injured											0	1						
5. Date of accident or dangerous occurrence (use YYYY/MM/DD format)											2	0	1	2	0	5	2	2
6. Time of accident or dangerous occurrence											1	2	1	5				
7. Location of accident or dangerous occurrence											0	1						
8. Name of working place											workshop							
9. Depth below surface (in metres)											N/A							
10. Section																		
11. Description of accident or dangerous occurrence in words. Injured was busy fitting a new cylinder to a truck crane when it broke and fell on his right hand ring finger																		
12. Accident classification code											0	3	1	0	A	1		
13. Dangerous Occurrence classification code											D	D	K	1	0	0		
14. Did accident or dangerous occurrence occur during normal working hours or overtime?											Normal							
15. Did accident or dangerous occurrence happen at normal workplace?											Y							
16. Average number of persons at work during the previous month											SURF OPS	LAG	O/CAST	SURF MIN	MARINE			
<b>Section C: Responsible persons</b>																		
NAME		IDENTITY NUMBER/PASSPORT NUMBER				CERTIFICATE No.				OCCUPATION								
1. Manager										Manager								
2. Foreman										Foreman								
3. Level Supervisor																		
4. Level Supervisor																		
Name of Manager		Designation				Signature				Date								
K. LIEBENBERG		Mine Manager								2	0	1	2	0	5	2	3	
<b>SECTION D: FOR USE BY THE DEPARTMENT OF MINERALS AND ENERGY</b>																		
1. REGIONAL ACCIDENT OR DANGEROUS OCCURRENCE NUMBER											0	1	0					
2. DATE REPORTED											Y	Y	Y	Y	M	M	D	D
3. TYPE OF ACCIDENT OR DANGEROUS OCCURRENCE																		
4. ACCIDENT OR DANGEROUS OCCURRENCE REGISTERED BY											Y	Y	Y	Y	M	M	D	D
5. INQUIRY TYPE																		
6. PROBABLE CAUSE OF ACCIDENT OR DANGEROUS OCCURRENCE																		
7. CONTRAVENTION IN INSPECTOR'S OPINION											YES		NO					
8. IF YES, ACT/REGULATION CONTRAVENED																		
9. ADMINISTRATIVE FINE RECOMMENDED?											YES		NO					
10. DATE EVALUATION FORM COMPLETED											Y	Y	Y	Y	M	M	D	D
INSPECTORATE DETAILS		NAME (IN BLOCK LETTERS)				DATE				SIGNATURE								
11. INSPECTOR OF MINES																		
12. SR INSPECTOR OF MINES (MINING)																		
13. SR INSPECTOR OF MINES (EQUIPMENT)																		
14. ARE CRIMINAL PROCEEDINGS ENVISAGED?											YES		NO					

