Significant Incident Report No. 204

Subject: Worker seriously injured by moving parts

Date: 30 July 2014

Summary of incident

A stemming bucket mounted on an integrated tool carrier (ITC) was being used to backfill drill holes. A worker in the area saw that the material from the bucket had stopped flowing. Using hand signals to communicate his intentions to the operator, he approached the machine to examine the discharge outlet on the bucket. The operator remained in the ITC cab with the machine running.

During the examination, the worker placed his hand inside the discharge outlet. The device controlling material flow through the outlet activated and several of the worker's fingers were severed by moving parts.

Direct causes

- The worker's hand was exposed to moving parts in the flow control device.

Contributory causes

- No mechanism was fitted to prevent oversized material from blocking the discharge outlet.
- The flow control device was not isolated.
- Potential pinch points were unguarded.
- There was no procedure for clearing blockages.

Actions required

Mine operators are reminded of the importance of maintaining safe systems of work for tasks carried out near energised plant. They should ensure that:

- all potential pinch points are effectively guarded
- procedures for energy isolation are complied with.

Further information

Visit www.dmp.wa.gov.au/ResourcesSafety for information on occupational safety and health in the resources sector.

This Significant Incident Report was approved for release by the State Mining Engineer on 30 July 2014

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