

INCIDENT/ACCIDENT REPORT FORM

NOTE: This report is to be completed in the event of **ANY** occurrence or **NEAR MISS** which may have resulted in a loss producing event. This includes physical injury to employees, contractors or the public and damage to Arafura Resources Limited or other property, or wherever or whenever an insurance claim (of any type) is or maybe made. It must also be completed if a production loss is suffered or is likely.

SECTION 1 Details of Incident/Accident		
Name of Person filling out this form:		
Date & Time of report:		
Location:	<input type="checkbox"/> Perth <input type="checkbox"/> Darwin <input type="checkbox"/> Alice Springs	
Site Manager/Supervisor:		
Incident/Accident Type:	<input type="checkbox"/> H & S <input type="checkbox"/> Operational <input type="checkbox"/> Social Responsibility/Community <input type="checkbox"/> Environmental <input type="checkbox"/> Legal <input type="checkbox"/> Property damage/production loss <input type="checkbox"/> Financial	
Did the incident/accident result in:	<input type="checkbox"/> Personal injury – employee/contractor <input type="checkbox"/> Personal injury – public <input type="checkbox"/> Damage – Arafura property <input type="checkbox"/> Damage – other property <input type="checkbox"/> Near miss report only <input type="checkbox"/> Other (details below)	
Details of person/s involved: (Include full name and contact number)		
Location of incident/accident: (be as precise as possible)		
Property involved: (be as precise as possible)		
Date of incident/accident:	Time of incident/accident:	
Hours into work shift:	Days into shift:	of
Nature of Incident: (clearly describe what was being done or occurred, the sequence of events, area impacted and attach or draw diagram if required)		

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SECTION 2 | Personal Injury (Completed only when personal injury has resulted. If multiple persons injured, fill in additional section for each)

Name of injured person:			
Classification:	<input type="checkbox"/> Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Public
Nature of injury:	<input type="checkbox"/> Abrasion <input type="checkbox"/> Bruise/Contusion <input type="checkbox"/> Burn, Radiation <input type="checkbox"/> Dermatitis <input type="checkbox"/> Fracture <input type="checkbox"/> Inhalation <input type="checkbox"/> Poisoning <input type="checkbox"/> Other:	<input type="checkbox"/> Amputation <input type="checkbox"/> Burn, Chemical <input type="checkbox"/> Burn, Thermal <input type="checkbox"/> Dislocation <input type="checkbox"/> Hernia <input type="checkbox"/> Intrusion/puncture <input type="checkbox"/> Sprain/strain	<input type="checkbox"/> Bite <input type="checkbox"/> Burn, Electrical <input type="checkbox"/> Concussion <input type="checkbox"/> Foreign Body <input type="checkbox"/> Illness <input type="checkbox"/> Laceration <input type="checkbox"/> Effect of exposure
Part of the body injured:	<input type="checkbox"/> Abdomen <input type="checkbox"/> Back <input type="checkbox"/> Eye <input type="checkbox"/> Foot <input type="checkbox"/> Head <input type="checkbox"/> Leg <input type="checkbox"/> Other:	<input type="checkbox"/> Ankle <input type="checkbox"/> Chest <input type="checkbox"/> Face <input type="checkbox"/> Groin <input type="checkbox"/> Hip <input type="checkbox"/> Mouth	<input type="checkbox"/> Arm <input type="checkbox"/> Ear <input type="checkbox"/> Finger <input type="checkbox"/> Hand <input type="checkbox"/> Knee <input type="checkbox"/> Shoulder
Location of injury:	<input type="checkbox"/> Both L & R <input type="checkbox"/> Middle	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Lower <input type="checkbox"/> Upper
Consequence of injury:	<input type="checkbox"/> No treatment <input type="checkbox"/> Hospital	<input type="checkbox"/> First Aid only <input type="checkbox"/> Unknown	<input type="checkbox"/> Medical Practitioner <input type="checkbox"/> Other:
Result of injury:	<input type="checkbox"/> Back to work <input type="checkbox"/> Visit doctor <input type="checkbox"/> Other:	<input type="checkbox"/> Medically restricted <input type="checkbox"/> Hospital	<input type="checkbox"/> Lost time <input type="checkbox"/> Unknown

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SECTION 3 | Property/Production Loss (Completed only when damage to property/equipment or production loss)

Property/Equipment damaged:	
Identification Number/Asset Number:	
Type of damage/loss caused:	
Cost estimate of loss/damage:	
Is a business interruption claim likely?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If Arafura is owner, details of operator, driver details, licence, ticket number etc.	
If other, owners name, address & phone number:	

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SECTION 4 | Incident Analysis (Completed for ALL reported incidents/near misses)

Contact Type <input type="checkbox"/> Abnormal Operation <input type="checkbox"/> Caught between / under <input type="checkbox"/> Caught In / On <input type="checkbox"/> Contact With <input type="checkbox"/> Environmental release <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Fall on same Level <input type="checkbox"/> Fall to lower Level <input type="checkbox"/> Over stress, Ergonomic <input type="checkbox"/> Product Contamination <input type="checkbox"/> Struck against / by <input type="checkbox"/> Other: _____		<input type="checkbox"/> Reagents <input type="checkbox"/> Tools - Powered <input type="checkbox"/> Tools - Non-Powered <input type="checkbox"/> Weather		Environmental Details															
Injury Class (object flying, falling, etc) <input type="checkbox"/> Animal / Insects <input type="checkbox"/> Broken Glass <input type="checkbox"/> Electrical Current <input type="checkbox"/> Explosion / Flashback <input type="checkbox"/> Extreme hot / cold Objects <input type="checkbox"/> Fall to Ground <input type="checkbox"/> Falling or flying Objects <input type="checkbox"/> Fire / Flame <input type="checkbox"/> Foreign body in eye (dust, dirt, etc) <input type="checkbox"/> Hand tool or machine in Use <input type="checkbox"/> Holding or carrying <input type="checkbox"/> Lifting <input type="checkbox"/> Machine or machine Parts <input type="checkbox"/> Mechanical Apparatus <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Moving parts of Machine <input type="checkbox"/> Object being Handled		Equipment Details Equipment Type <input type="checkbox"/> Mobile equipment - Heavy <input type="checkbox"/> Mobile equipment - Support <input type="checkbox"/> Mobile equipment - Light (car) <input type="checkbox"/> Fixed equipment <input type="checkbox"/> Structure - Buildings <input type="checkbox"/> Structure - utilities		Impact Type <input type="checkbox"/> Death / Destruction <input type="checkbox"/> Injury / Damage <input type="checkbox"/> Contamination - Soil <input type="checkbox"/> Contamination - Aquatic/marine <input type="checkbox"/> Contamination - Air <input type="checkbox"/> Data Loss <input type="checkbox"/> Biodiversity <input type="checkbox"/> Noise															
Duty Status <input type="checkbox"/> On duty - at worksite/office <input type="checkbox"/> On duty - away from <input type="checkbox"/> Off duty - at worksite/office <input type="checkbox"/> Off duty - away from <input type="checkbox"/> Travelling to / from work		Type of Loss <input type="checkbox"/> Downtime <input type="checkbox"/> Replacement <input type="checkbox"/> Repair <input type="checkbox"/> Asset Loss		Fauna/Flora <input type="checkbox"/> Animals <input type="checkbox"/> Fish <input type="checkbox"/> Plants <input type="checkbox"/> Weeds Introduction															
Agent of Injury <input type="checkbox"/> Biological <input type="checkbox"/> Environmental <input type="checkbox"/> Equipment - Mobile <input type="checkbox"/> Equipment - Fixed <input type="checkbox"/> Flora / Fauna <input type="checkbox"/> Psychological		Equipment Contact <input type="checkbox"/> Struck By <input type="checkbox"/> Struck Against <input type="checkbox"/> Reversed into <input type="checkbox"/> Flying Rock <input type="checkbox"/> Caught in /on /between <input type="checkbox"/> Contact With <input type="checkbox"/> Burn		Pollutants <input type="checkbox"/> Process water <input type="checkbox"/> Tailings / slurry <input type="checkbox"/> Concentrate <input type="checkbox"/> Hydrocarbon <input type="checkbox"/> Chemical / Reagents <input type="checkbox"/> Mine waste <input type="checkbox"/> Dust															
		Equipment Role <input type="checkbox"/> Accidental Damage <input type="checkbox"/> Critical Plant <input type="checkbox"/> Environmental Damage <input type="checkbox"/> Foreign Object <input type="checkbox"/> Human Error <input type="checkbox"/> Incorrect Parts <input type="checkbox"/> Maintenance Issue <input type="checkbox"/> Mechanical Failure <input type="checkbox"/> Obstruction - Process / Mechanical <input type="checkbox"/> Operator error <input type="checkbox"/> Resourcing Issue <input type="checkbox"/> Secondary Plant Failure <input type="checkbox"/> Supply Issue		Community Relations Details <table border="1"> <thead> <tr> <th>From</th> <th>About</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Contractors</td> <td><input type="checkbox"/> Operations</td> </tr> <tr> <td><input type="checkbox"/> Community</td> <td><input type="checkbox"/> Contractors</td> </tr> <tr> <td><input type="checkbox"/> NGOs</td> <td><input type="checkbox"/> Community</td> </tr> <tr> <td><input type="checkbox"/> Government</td> <td><input type="checkbox"/> Government</td> </tr> <tr> <td><input type="checkbox"/> Employees</td> <td><input type="checkbox"/> Employees</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> Other</td> </tr> </tbody> </table>		From	About	<input type="checkbox"/> Contractors	<input type="checkbox"/> Operations	<input type="checkbox"/> Community	<input type="checkbox"/> Contractors	<input type="checkbox"/> NGOs	<input type="checkbox"/> Community	<input type="checkbox"/> Government	<input type="checkbox"/> Government	<input type="checkbox"/> Employees	<input type="checkbox"/> Employees	<input type="checkbox"/> Other	<input type="checkbox"/> Other
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<input type="checkbox"/> Government	<input type="checkbox"/> Government																		
<input type="checkbox"/> Employees	<input type="checkbox"/> Employees																		
<input type="checkbox"/> Other	<input type="checkbox"/> Other																		
		Equipment Ownership <input type="checkbox"/> Internal <input type="checkbox"/> External		Potential of Incident/Injury <input type="checkbox"/> Fatality <input type="checkbox"/> Serious (hospitalisation) <input type="checkbox"/> Minor (medical treatment) <input type="checkbox"/> First Aid only <input type="checkbox"/> Injury unlikely															
				Potential of Cost of Incident (Loss, damage, business interruption) <input type="checkbox"/> Catastrophic >\$250000 <input type="checkbox"/> Major >\$50000 <input type="checkbox"/> Moderate >\$10000 <input type="checkbox"/> Minor >\$1000 <input type="checkbox"/> Insignificant <\$500															

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SECTION 5 | Recurrence (Always complete)

Exposure: (Approx. frequency of exposure to hazard)	<input type="checkbox"/> Once a day	<input type="checkbox"/> More than once a month		
	<input type="checkbox"/> More than once a day	<input type="checkbox"/> More than once a year		
	<input type="checkbox"/> More than once a week	<input type="checkbox"/> Rare event > 10 years		
History of past similar incidents:	<input type="checkbox"/> Frequent	<input type="checkbox"/> Occasional	<input type="checkbox"/> Rare	<input type="checkbox"/> Never
Identify causes of incident:	<ol style="list-style-type: none"> Describe what causative events or factors and secondary causes directly or indirectly contributed to this incident Mode of failure e.g. mechanical failure, system failure, employee error Causes of those failures 			
Immediate action taken to prevent recurrence: (temporary, immediate risk reducing measures)				
Recommended actions to prevent recurrence: (permanent, risk reducing actions)				
Estimated cost required to prevent recurrence:	<input type="checkbox"/> < \$500	<input type="checkbox"/> \$2,500 - \$5,000	<input type="checkbox"/> \$10,000 - \$25,000	
	<input type="checkbox"/> \$500 - \$2,500	<input type="checkbox"/> \$5,000 - \$10,000	<input type="checkbox"/> ? \$25,000	

Signature of Reporter (person filling out this form)

..... Signature Name Date
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SECTION 6 | Management / OSH Rep

Date received:	
Request of more information?	<input type="checkbox"/> No <input type="checkbox"/> Yes – please return to reporter
Approved actions to be taken as mentioned above: (Include detail)	

Signature Management/ OSH Rep

..... Signature Name Date
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