

UNUSUAL OCCURRENCE REPORT FOR GROUND/FALL/ROCKBURST (SURFACE MINE)

GENERAL

Company incident code:	<input type="checkbox"/> Internal Report	<input type="checkbox"/> Reportable Incident (see Section 4 of Ontario Regulation 420/21)	
Company:	Mine:	Address:	
Date:	<input type="checkbox"/> Unknown	Time discovered:	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Unknown
	Time of occurrence:	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Unknown	
General description of occurrence:			

WORKERS

At the time of Incident Workers were:	<input type="checkbox"/> In the Mine	<input type="checkbox"/> No one Working	<input type="checkbox"/> Unknown
Were Workers in the Immediate Area:	<input type="checkbox"/> Yes <input type="checkbox"/> No	To within what distance of the Incident were Workers Present: <input type="checkbox"/> ft <input type="checkbox"/> m	
Workers Normally Required in the Area:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was access to the area restricted? <input type="checkbox"/> Yes <input type="checkbox"/> no	
Were there any Injuries:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nature of Injuries:	

DESCRIPTION OF OCCURRENCE

Location:	<input type="checkbox"/> Single bench <input type="checkbox"/> Multiple benches
Damage Sustained to:	<input type="checkbox"/> Excavation <input type="checkbox"/> Ground Support <input type="checkbox"/> Equipment <input type="checkbox"/> Unknown Depth: <input type="checkbox"/> ft <input type="checkbox"/> m
Area is in:	<input type="checkbox"/> Overburden <input type="checkbox"/> Waste <input type="checkbox"/> Ore Area is: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Abandoned
Pertinent slope information (depth of overburden, bench height, number of benches, overall pit slope angle, etc.):	
Material Displaced From: <input type="checkbox"/> Mining face <input type="checkbox"/> Wall <input type="checkbox"/> Unknown <input type="checkbox"/> Other:	
Total Material Displaced: <input type="checkbox"/> Unknown <input type="checkbox"/> Weight: tons/tonnes Maximum depth of failure: <input type="checkbox"/> ft <input type="checkbox"/> m	
Comments:	
Rock/Soil Types:	
Displaced Material Description: <input type="checkbox"/> Wedge <input type="checkbox"/> Tabular <input type="checkbox"/> Blocky <input type="checkbox"/> Irregular <input type="checkbox"/> Thin/Slabbing <input type="checkbox"/> Granular <input type="checkbox"/> Unknown	
Rock Mass Characteristics: <input type="checkbox"/> Massive <input type="checkbox"/> Blocky/Chunks <input type="checkbox"/> Bedded <input type="checkbox"/> Fractured <input type="checkbox"/> Slabbing <input type="checkbox"/> Weak <input type="checkbox"/> Unknown	

Structural Geology and Water: Dyke Fault/Slip Contact Steeply dipping joints Flat lying joints water

Comments:

Fault/Dyke Description:
(Orientation, thickness, etc.)

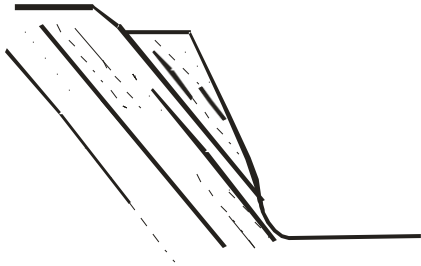
Failure Mode: Plane Wedge Toppling Circular Other

Comments:

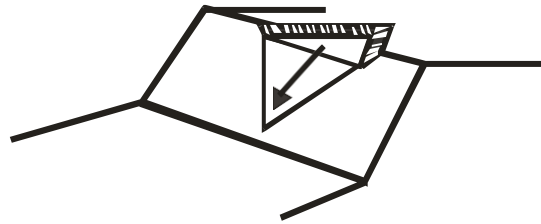
Associated Mining Activity: Blasting Mucking Drilling Scaling Installing reinforcement/support
 Nothing Apparent

Comments:

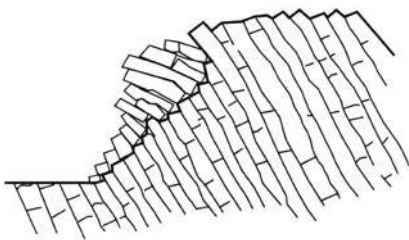
Other Comments (e.g., weather at time of incident, slope drainage, slope monitoring, etc.):



Plane failure



Wedge failure



Toppling failure



Circular failure

ROCK SUPPORT SYSTEM

Reinforcing Element	Type	Location	Length	Pattern		Performance	
				Wide	Long	Failed	Beyond
Cable bolts							
Resin rebars							

Surface support	Type	Location	Dimension or thickness	Performance		
				Cracked or bulged	Broken	Failed
Wire-mesh						
Shotcrete						
Straps						

Comments Regarding Effectiveness of Support Systems:

Follow-up Action:

ATTACHMENTS

Please, provide a list of attached documents (e.g., photos, mine plans, etc.) if applicable.

SIGN-OFF

Date Report Completed	Name of Person Completing Report	Title
Phone: ()	Fax: ()	E-Mail:

Title	Name	Signature	Date

Please call the Ministry of Labour, Immigration, Training and Skills Development call centre at 1-877-202-0008.

If this is a reportable incident, please report online to:

- Using the above information, complete the Ministry of Labour, Immigration, Training and Skills Development Form: [Report of a workplace fatality, injury, illness or incident](https://forms.mgcs.gov.on.ca/en/dataset/on00276) (https://forms.mgcs.gov.on.ca/en/dataset/on00276). More information available at [Reporting incidents and illnesses webpage](https://www.ontario.ca/page/reporting-workplace-incidents-and-illnesses#section-6) (https://www.ontario.ca/page/reporting-workplace-incidents-and-illnesses#section-6)

Please send a copy of the report to:

- Senior Specialist Ground Control, Workplace Safety North, 690 McKeown Avenue, PO Box 2050, North Bay, Ontario P1B 9P1 GCS@workplacesafetynorth.ca (Alternate address: PhilipDirige@workplacesafetynorth.ca)

To obtain a copy of the *Guidelines for completing the Unusual Occurrence Report for Groundfall/Rockburst*, or for additional information, please contact WSN’s Senior Specialist Ground Control, (705) 474-7233 GCS@workplacesafetynorth.ca