

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

THIS REPORT IS FOR: ☐ FALL OF GROUND ☐ ROCKBURST

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
Damage sustained by mine openings:	<input type="checkbox"/> None	<input type="checkbox"/> Single location <input type="checkbox"/> Multiple locations
General description of occurrence:		

WORKERS

At time of incident workers were: <input type="checkbox"/> Underground <input type="checkbox"/> Surface <input type="checkbox"/> No one Working <input type="checkbox"/> Unknown	
Were workers normally required in area: <input type="checkbox"/> Yes <input type="checkbox"/> No	Was access to the area restricted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Were workers in immediate area of damage: <input type="checkbox"/> Yes <input type="checkbox"/> No	To within what distance of the incident were workers present: <input type="checkbox"/> m <input type="checkbox"/> ft
Were there any injuries: <input type="checkbox"/> Yes <input type="checkbox"/> No	Nature of Injuries:

SEISMICITY (FOR ROCKBURSTS ONLY)

Seismic event that most likely triggered damage:	Magnitude:	Coordinates: North East Depth <input type="checkbox"/> m <input type="checkbox"/> ft			
	Apparent seismic source mechanism:	<input type="checkbox"/> Undetermined <input type="checkbox"/> Strain burst <input type="checkbox"/> Pillar burst <input type="checkbox"/> Fault slip			
Magnitude scale: <input type="checkbox"/> Nuttli <input type="checkbox"/> Richter <input type="checkbox"/> Other:	Magnitude of first event:		Magnitude of largest event:		
Event magnitudes:	< 1	1- 2	2- 3	> 3	
Number of events:	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	
Period of time over which events occurred (if more than one):		<input type="checkbox"/> Unknown <input type="checkbox"/> Seconds <input type="checkbox"/> Minutes <input type="checkbox"/> Hours			
Location of major events:		<input type="checkbox"/> Hanging wall <input type="checkbox"/> Footwall <input type="checkbox"/> Ore Zone <input type="checkbox"/> Not Located			
Location determined by:	<input type="checkbox"/> Visual Inspection <input type="checkbox"/> Seismic Monitoring Equipment <input type="checkbox"/> Other Monitoring Equipment				
	<input type="checkbox"/> Estimated <input type="checkbox"/> Not Located				
The Rockburst: <input type="checkbox"/> Triggered a fall of ground <input type="checkbox"/> Displaced material violently <input type="checkbox"/> Was contained by ground support					

DAMAGE LOCATION #1

DESCRIPTION OF OCCURRENCE

Mine level:		Location:		
This area was: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Abandoned		Coordinates: North East Depth <input type="checkbox"/> m <input type="checkbox"/> ft		
Geological zone: <input type="checkbox"/> H/W <input type="checkbox"/> F/W <input type="checkbox"/> Ore		Rock type:		
The incident occurred in: <input type="checkbox"/> Raise <input type="checkbox"/> Drift/XC <input type="checkbox"/> Pillar <input type="checkbox"/> Shaft <input type="checkbox"/> Ore/waste pass <input type="checkbox"/> Stope <input type="checkbox"/> Other:				
Opening dimensions:		Width:	Length:	Span: Height: <input type="checkbox"/> ft <input type="checkbox"/> m
Damage sustained to:		<input type="checkbox"/> Excavation <input type="checkbox"/> Ground Support <input type="checkbox"/> Equipment <input type="checkbox"/> Unknown		
Associated mining activity: <input type="checkbox"/> Nothing apparent <input type="checkbox"/> Backfilling <input type="checkbox"/> Blasting <input type="checkbox"/> Bolting <input type="checkbox"/> Drilling <input type="checkbox"/> Mucking <input type="checkbox"/> Scaling				
Ore Recovery in Immediate Area:		<input type="checkbox"/> None <input type="checkbox"/> Primary Recovery <input type="checkbox"/> Pillar or Secondary Recovery		
Mining Method: <input type="checkbox"/> None <input type="checkbox"/> Shrinkage <input type="checkbox"/> Cut & Fill <input type="checkbox"/> Post Pillar Cut & Fill <input type="checkbox"/> Undercut & Fill <input type="checkbox"/> Blasthole <input type="checkbox"/> VRM <input type="checkbox"/> Slot & Slash <input type="checkbox"/> Uppers Retreat <input type="checkbox"/> Sublevel Caving <input type="checkbox"/> Block Caving <input type="checkbox"/> Other:				
If pillar sustained damage:		Type:	<input type="checkbox"/> Rib <input type="checkbox"/> Post <input type="checkbox"/> Sill <input type="checkbox"/> Crown <input type="checkbox"/> Other:	
Pillar dimensions:		Height:	Width:	Length: <input type="checkbox"/> m <input type="checkbox"/> ft
Material displaced from: <input type="checkbox"/> Face <input type="checkbox"/> Back <input type="checkbox"/> Wall <input type="checkbox"/> Floor <input type="checkbox"/> Shoulder <input type="checkbox"/> Brow <input type="checkbox"/> Unknown <input type="checkbox"/> Other:				
Material displaced: <input type="checkbox"/> tonnes <input type="checkbox"/> tons	From behind support (uncontained):	From unsupported ground:	Contained by support:	Total:
Damage dimensions:	Length:	Width:	Max. depth: <input type="checkbox"/> m <input type="checkbox"/> ft	
Displaced material:	<input type="checkbox"/> Wedge <input type="checkbox"/> Tabular <input type="checkbox"/> Blocky <input type="checkbox"/> Thin/slabbing <input type="checkbox"/> Irregular <input type="checkbox"/> Shotcrete <input type="checkbox"/> Unknown			
Rockburst damage mechanism:	<input type="checkbox"/> Rock bulking due to fracturing <input type="checkbox"/> Rock ejection due to seismic energy transfer <input type="checkbox"/> Rock fall due to seismic shaking <input type="checkbox"/> Unknown <input type="checkbox"/> Not applicable			
Comments (include description of the triggering mechanism such as drilling and blasting, stress or structural, others): 				
Rock mass characteristics: (choose one only)		<input type="checkbox"/> Massive <input type="checkbox"/> Bedded <input type="checkbox"/> Blocky/Chunks <input type="checkbox"/> Fractured <input type="checkbox"/> Slabbing <input type="checkbox"/> Unknown		
Structural geology and water:		<input type="checkbox"/> Dyke <input type="checkbox"/> Fault/shear <input type="checkbox"/> Contacts <input type="checkbox"/> Steeply dipping joints <input type="checkbox"/> Flat lying joints <input type="checkbox"/> Joint alteration/infilling <input type="checkbox"/> Water		
Fault/dyke description:	Orientation: <input type="checkbox"/> trend/plunge <input type="checkbox"/> dip/dip direction		Thickness: <input type="checkbox"/> m <input type="checkbox"/> ft	
Comments: 				

DAMAGE LOCATION #1

ROCK SUPPORT SYSTEM

Reinforcement	Type	Location		Length	Pattern		Performance								
		Back	Walls		Wide	Long	Failed	Beyond							
Mechanical bolts															
Resin rebars															
Friction stabilizers															
Expandable bolts															
Dynamic bolts															
Cable bolts															
Surface support	Type	Location		Dimension or thickness	Performance										
		Back	Walls		Cracked or bulged	Broken	Failed								
Wire-mesh															
Shotcrete															
Straps															
Other system		Used to support		Performance											
		Back	Walls	Deformed	Broken	Failed									
Backfill Type		Location or Opening Backfilled			Binder Type and Content		Percentage Filled								
Comments Regarding Effectiveness of Support Systems:															
Follow-up Action:															

DAMAGE LOCATION #2

DESCRIPTION OF OCCURRENCE

Mine level:		Location:			
This area was: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Abandoned		Coordinates: North East Depth <input type="checkbox"/> m <input type="checkbox"/> ft			
Geological zone: <input type="checkbox"/> H/W <input type="checkbox"/> F/W <input type="checkbox"/> Ore		Rock type:			
The incident occurred in: <input type="checkbox"/> Raise <input type="checkbox"/> Drift/XC <input type="checkbox"/> Pillar <input type="checkbox"/> Shaft <input type="checkbox"/> Ore/waste pass <input type="checkbox"/> Stope <input type="checkbox"/> Other:					
Opening dimensions:		Width:	Length:	Span:	Height: <input type="checkbox"/> ft <input type="checkbox"/> m
Damage sustained to:		<input type="checkbox"/> Excavation <input type="checkbox"/> Ground Support <input type="checkbox"/> Equipment <input type="checkbox"/> Unknown			
Associated mining activity: <input type="checkbox"/> Nothing apparent <input type="checkbox"/> Backfilling <input type="checkbox"/> Blasting <input type="checkbox"/> Bolting <input type="checkbox"/> Drilling <input type="checkbox"/> Mucking <input type="checkbox"/> Scaling					
Ore Recovery in Immediate Area:		<input type="checkbox"/> None <input type="checkbox"/> Primary Recovery <input type="checkbox"/> Pillar or Secondary Recovery			
Mining Method: <input type="checkbox"/> None <input type="checkbox"/> Shrinkage <input type="checkbox"/> Cut & Fill <input type="checkbox"/> Post Pillar Cut & Fill <input type="checkbox"/> Undercut & Fill <input type="checkbox"/> Blasthole <input type="checkbox"/> VRM <input type="checkbox"/> Slot & Slash <input type="checkbox"/> Uppers Retreat <input type="checkbox"/> Sublevel Caving <input type="checkbox"/> Block Caving <input type="checkbox"/> Other:					
If pillar sustained damage:		Type:	<input type="checkbox"/> Rib <input type="checkbox"/> Post <input type="checkbox"/> Sill <input type="checkbox"/> Crown <input type="checkbox"/> Other:		
Pillar dimensions:		Height:	Width:	Length:	<input type="checkbox"/> m <input type="checkbox"/> ft
Material displaced from: <input type="checkbox"/> Face <input type="checkbox"/> Back <input type="checkbox"/> Wall <input type="checkbox"/> Floor <input type="checkbox"/> Shoulder <input type="checkbox"/> Brow <input type="checkbox"/> Unknown <input type="checkbox"/> Other:					
Material displaced: <input type="checkbox"/> tonnes <input type="checkbox"/> tons	From behind support (uncontained):	From unsupported ground:	Contained by support:	Total:	
Damage dimensions:	Length:	Width:	Max. depth:	<input type="checkbox"/> m <input type="checkbox"/> ft	
Displaced material:	<input type="checkbox"/> Wedge <input type="checkbox"/> Tabular <input type="checkbox"/> Blocky <input type="checkbox"/> Thin/slabbing <input type="checkbox"/> Irregular <input type="checkbox"/> Shotcrete <input type="checkbox"/> Unknown				
Rockburst damage mechanism:	<input type="checkbox"/> Rock bulking due to fracturing <input type="checkbox"/> Rock ejection due to seismic energy transfer <input type="checkbox"/> Rock fall due to seismic shaking <input type="checkbox"/> Unknown <input type="checkbox"/> Not applicable				
Comments:					
Rock mass characteristics: (choose one only)		<input type="checkbox"/> Massive <input type="checkbox"/> Bedded <input type="checkbox"/> Blocky/Chunks <input type="checkbox"/> Fractured <input type="checkbox"/> Slabbing <input type="checkbox"/> Unknown			
Structural geology and water:		<input type="checkbox"/> Dyke <input type="checkbox"/> Fault/shear <input type="checkbox"/> Contacts <input type="checkbox"/> Steeply dipping joints <input type="checkbox"/> Flat lying joints <input type="checkbox"/> Joint alteration/infilling <input type="checkbox"/> Water			
Fault/dyke description:	Orientation:	<input type="checkbox"/> trend/plunge <input type="checkbox"/> dip/dip direction		Thickness:	<input type="checkbox"/> m <input type="checkbox"/> ft
Comments:					

DAMAGE LOCATION #2

ROCK SUPPORT SYSTEM

Reinforcement	Type	Location		Length	Pattern		Performance								
		Back	Walls		Wide	Long	Failed	Beyond							
Mechanical bolts															
Resin rebars															
Friction stabilizers															
Expandable bolts															
Dynamic bolts															
Cable bolts															
Surface support	Type	Location		Dimension or thickness	Performance										
		Back	Walls		Cracked or bulged	Broken	Failed								
Wire-mesh															
Shotcrete															
Straps															
Other system		Used to support		Performance											
		Back	Walls	Deformed	Broken	Failed									
Backfill Type		Location or Opening Backfilled			Binder Type and Content		Percentage Filled								
Comments Regarding Effectiveness of Support Systems:															
Follow-up Action:															

DAMAGE LOCATION #3

DESCRIPTION OF OCCURRENCE

Mine level:		Location:			
This area was: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Abandoned		Coordinates: North East Depth <input type="checkbox"/> m <input type="checkbox"/> ft			
Geological zone: <input type="checkbox"/> H/W <input type="checkbox"/> F/W <input type="checkbox"/> Ore		Rock type:			
The incident occurred in: <input type="checkbox"/> Raise <input type="checkbox"/> Drift/XC <input type="checkbox"/> Pillar <input type="checkbox"/> Shaft <input type="checkbox"/> Ore/waste pass <input type="checkbox"/> Stope <input type="checkbox"/> Other:					
Opening dimensions:		Width:	Length:	Span:	Height: <input type="checkbox"/> ft <input type="checkbox"/> m
Damage sustained to:		<input type="checkbox"/> Excavation <input type="checkbox"/> Ground Support <input type="checkbox"/> Equipment <input type="checkbox"/> Unknown			
Associated mining activity: <input type="checkbox"/> Nothing apparent <input type="checkbox"/> Backfilling <input type="checkbox"/> Blasting <input type="checkbox"/> Bolting <input type="checkbox"/> Drilling <input type="checkbox"/> Mucking <input type="checkbox"/> Scaling					
Ore Recovery in Immediate Area:		<input type="checkbox"/> None <input type="checkbox"/> Primary Recovery <input type="checkbox"/> Pillar or Secondary Recovery			
Mining Method: <input type="checkbox"/> None <input type="checkbox"/> Shrinkage <input type="checkbox"/> Cut & Fill <input type="checkbox"/> Post Pillar Cut & Fill <input type="checkbox"/> Undercut & Fill <input type="checkbox"/> Blasthole <input type="checkbox"/> VRM <input type="checkbox"/> Slot & Slash <input type="checkbox"/> Uppers Retreat <input type="checkbox"/> Sublevel Caving <input type="checkbox"/> Block Caving <input type="checkbox"/> Other:					
If pillar sustained damage:		Type:	<input type="checkbox"/> Rib <input type="checkbox"/> Post <input type="checkbox"/> Sill <input type="checkbox"/> Crown <input type="checkbox"/> Other:		
Pillar dimensions:		Height:	Width:	Length:	<input type="checkbox"/> m <input type="checkbox"/> ft
Material displaced from: <input type="checkbox"/> Face <input type="checkbox"/> Back <input type="checkbox"/> Wall <input type="checkbox"/> Floor <input type="checkbox"/> Shoulder <input type="checkbox"/> Brow <input type="checkbox"/> Unknown <input type="checkbox"/> Other:					
Material displaced: <input type="checkbox"/> tonnes <input type="checkbox"/> tons	From behind support (uncontained):	From unsupported ground:	Contained by support:	Total:	
Damage dimensions:	Length:	Width:	Max. depth:	<input type="checkbox"/> m <input type="checkbox"/> ft	
Displaced material:	<input type="checkbox"/> Wedge <input type="checkbox"/> Tabular <input type="checkbox"/> Blocky <input type="checkbox"/> Thin/slabbing <input type="checkbox"/> Irregular <input type="checkbox"/> Shotcrete <input type="checkbox"/> Unknown				
Rockburst damage mechanism:	<input type="checkbox"/> Rock bulking due to fracturing <input type="checkbox"/> Rock ejection due to seismic energy transfer <input type="checkbox"/> Rock fall due to seismic shaking <input type="checkbox"/> Unknown <input type="checkbox"/> Not applicable				
Comments:					
Rock mass characteristics: (choose one only)		<input type="checkbox"/> Massive <input type="checkbox"/> Bedded <input type="checkbox"/> Blocky/Chunks <input type="checkbox"/> Fractured <input type="checkbox"/> Slabbing <input type="checkbox"/> Unknown			
Structural geology and water:		<input type="checkbox"/> Dyke <input type="checkbox"/> Fault/shear <input type="checkbox"/> Contacts <input type="checkbox"/> Steeply dipping joints <input type="checkbox"/> Flat lying joints <input type="checkbox"/> Joint alteration/infilling <input type="checkbox"/> Water			
Fault/dyke description:	Orientation:	<input type="checkbox"/> trend/plunge <input type="checkbox"/> dip/dip direction		Thickness:	<input type="checkbox"/> m <input type="checkbox"/> ft
Comments:					

DAMAGE LOCATION #3

ROCK SUPPORT SYSTEM

Reinforcement	Type	Location		Length	Pattern		Performance	
		Back	Walls		Wide	Long	Failed	Beyond
Mechanical bolts								
Resin rebars								
Friction stabilizers								
Expandable bolts								
Dynamic bolts								
Cable bolts								
Surface support	Type	Location		Dimension or thickness	Performance			
		Back	Walls		Cracked or bulged	Broken	Failed	
Wire-mesh								
Shotcrete								
Straps								
Other system		Used to support		Performance				
		Back	Walls	Deformed	Broken	Failed		
Backfill Type		Location or Opening Backfilled			Binder Type and Content		Percentage Filled	
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>).
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