INCIDENT/ACCIDENT REPORT FORM

ARAFURA RESOURCES LIMITED

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:	☐ Perth ☐ Darwin ☐ Alice Springs		
Site Manager/Supervisor:			
Incident/Accident Type:	☐ H & S ☐ Operational ☐ Social Responsibility/Community ☐ Environmental ☐ Legal ☐ Property damage/production loss ☐ Financial		
Did the incident/accident result in:	☐ Personal injury – employee/contractor ☐ Personal injury – public ☐ Damage – Arafura property ☐ Damage – other property ☐ Near miss report only ☐ 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)			

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

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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?	☐ Yes	☐ No	☐ Unknown
If Arafura is owner, details of operator, driver details, licence, ticket number etc.			
If other, owners name, address & phone number:			

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

Contact Type

- ☐ Abnormal Operation
- ☐ Caught between / under
- ☐ Caught In / On
- ☐ Contact With
- ☐ Environmental release
- ☐ Equipment Failure
- ☐ Fall on same Level
- ☐ Fall to lower Level
- ☐ Over stress, Ergonomic
- ☐ Product Contamination
- ☐ Struck against / by
- ☐ Other: ______________________

Injury Class (object flying, falling, etc)

- ☐ Animal / Insects
- ☐ Broken Glass
- ☐ Electrical Current
- ☐ Explosion / Flashback
- ☐ Extreme hot / cold Objects
- ☐ Fall to Ground
- ☐ Falling or flying Objects
- ☐ Fire / Flame
- ☐ Foreign body in eye (dust, dirt, etc)
- ☐ Hand tool or machine in Use
- ☐ Holding or carrying
- ☐ Lifting
- ☐ Machine or machine Parts
- ☐ Mechanical Apparatus
- ☐ Motor Vehicle
- ☐ Moving parts of Machine
- ☐ Object being Handled
- ☐ Reagents
- ☐ Tools - Powered
- ☐ Tools – Non-Powered
- ☐ Weather

Duty Status

- ☐ On duty – at worksite/office
- ☐ On duty – away from
- ☐ Off duty – at worksite/office
- ☐ Off duty – away from
- ☐ Travelling to / from work

Agent of Injury

- ☐ Biological
- ☐ Environmental
- ☐ Equipment - Mobile
- ☐ Equipment - Fixed
- ☐ Flora / Fauna
- ☐ Psychological

Equipment Details

Equipment Type

- ☐ Mobile equipment - Heavy
- ☐ Mobile equipment - Support
- ☐ Mobile equipment – Light (car)
- ☐ Fixed equipment
- ☐ Structure - Buildings
- ☐ Structure - utilities

Type of Loss

- ☐ Downtime
- ☐ Replacement
- ☐ Repair
- ☐ Asset Loss

Equipment Contact

- ☐ Struck By
- ☐ Struck Against
- ☐ Reversed into
- ☐ Flying Rock
- ☐ Caught in /on /between
- ☐ Contact With
- ☐ Burn

Equipment Role

- ☐ Accidental Damage
- ☐ Critical Plant
- ☐ Environmental Damage
- ☐ Foreign Object
- ☐ Human Error
- ☐ Incorrect Parts
- ☐ Maintenance Issue
- ☐ Mechanical Failure
- ☐ Obstruction - Process / Mechanical
- ☐ Operator error
- ☐ Resourcing Issue
- ☐ Secondary Plant Failure
- ☐ Supply Issue

Equipment Ownership

- ☐ Internal
- ☐ External

Environmental Details

Impact Type

- ☐ Death / Destruction
- ☐ Injury / Damage
- ☐ Contamination - Soil
- ☐ Contamination – Aquatic/marine
- ☐ Contamination - Air
- ☐ Data Loss
- ☐ Biodiversity
- ☐ Noise

Fauna/Flora

- ☐ Animals
- ☐ Fish
- ☐ Plants
- ☐ Weeds Introduction

Pollutants

- ☐ Process water
- ☐ Tailings / slurry
- ☐ Concentrate
- ☐ Hydrocarbon
- ☐ Chemical / Reagents
- ☐ Mine waste
- ☐ Dust

Community Relations Details

From	About
☐ Contractors	☐ Operations
☐ Community	☐ Contractors
☐ NGOs	☐ Community
☐ Government	☐ Government
☐ Employees	☐ Employees
☐ Other	☐ Other

Potential of Incident/Injury

- ☐ Fatality
- ☐ Serious (hospitalisation)
- ☐ Minor (medical treatment)
- ☐ First Aid only
- ☐ Injury unlikely

Potential of Cost of Incident
(Loss, damage, business interruption)

- ☐ Catastrophic >$250000
- ☐ Major >$50000
- ☐ Moderate >$10000
- ☐ Minor >$1000
- ☐ Insignificant <$500

SECTION 5 | Recurrence (Always complete)

Exposure: (Approx. frequency of exposure to hazard)	☐ Once a day ☐ More than once a day ☐ More than once a week		☐ More than once a month ☐ More than once a year ☐ Rare event >10 years	
History of past similar incidents:	☐ Frequent	☐ Occasional	☐ Rare	☐ Never
Identify causes of incident: 1. Describe what causative events or factors and secondary causes directly or indirectly contributed to this incident 2. Mode of failure e.g. mechanical failure, system failure, employee error 3. 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:	☐ < $500 ☐ $500 - $2,500	☐ $2,500 - $5,000 ☐ $5,000 - $10,000	☐ $10,000 - $25,000 ☐ ? $25,000	

Signature of Reporter (person filling out this form)

....	....	....
Signature	***Name***	***Date***

SECTION 6 | Management / OSH Rep

Date received:		
Request of more information?	☐ No	☐ Yes – please return to reporter
Approved actions to be taken as mentioned above: (Include detail)		

Signature Management/ OSH Rep

....	....	....
Signature	***Name***	***Date***