



Unusual Occurrence Report for Mine Fires
As per OHS Act Section 53

In addition to satisfying the requirements of the Occupational Health & Safety Act the information within will be compiled into an annual report, containing no names, on fire causes and made available to stakeholders as an awareness and prevention tool. For the purpose of this form, a fire is defined as "unexpected sustained flame".

GENERAL

Form with fields for: Company, Address, Mine Name, Mine Address, Location of Incident at Mine, Date of Incident, Time of Incident, Injuries, Describe any injuries, Emergency Procedures.

The following can be completed in a subsequent report if more time is needed. Resend the entire form when completed.

EQUIPMENT/MATERIALS INVOLVED

Form with sections for: For Vehicle Fires (Type of Vehicle, Fuel Type, Vehicle ID, Years of Service, Vehicle Manufacturer, Rebuild info) and For Fixed Plant Fires (Equipment Description, Type/Size/Capacity, If Electrical).

FIRE DETAILS

Please indicate ignition or heat source:

Provide additional detail:
(if applicable)

Please indicate primary fuel source:

Explanation:

Was there any damaged equipment?

How was the fire extinguished? (choose all applicable)

- | | | |
|--|--|---|
| <input type="checkbox"/> Fire Self-extinguished | <input type="checkbox"/> Smothered | <input type="checkbox"/> Municipal Fire Dept. |
| <input type="checkbox"/> Handheld Extinguisher | <input type="checkbox"/> Manual Suppression (Worker Activated) | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Mine Emergency Services | <input type="checkbox"/> Automatic Detection Suppression | |

Describe extinguishing method: (If more than one system used, please identify sequence of use)

Describe incident:

Recommendation to prevent reoccurrence:

List of Attached Documents (if applicable; e.g. vehicle rewiring, engine replacement)

- 1.
- 2.
- 3.

SIGN-OFF

Date Report Completed:	Report Completed by:	Title
(yyyy-mm-dd)		
(yyyy-mm-dd)		
Phone: ()	Fax: ()	E-Mail:

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

- District Office, Mining Health and Safety Program, Ontario Ministry of Labour.

By hitting the "Submit Form" button at the top of this form, you are sending the report to Workplace Safety North.

Or send a copy to:

- Workplace Safety North, 690 McKeown Avenue, PO Box 2050, North Bay, ON, P1B 9P1
Attn: Sam Barbuto
UOMineFires@workplacesafetynorth.ca
[Fax: 705-472-5800](tel:705-472-5800)

The information collected from this form will be assembled into a non-identifying annual report outlining mine fire details. The annual report will made available to stakeholders as an awareness and prevention tool.

To obtain assistance in completing this *Unusual Occurrence Report for Fire*, or for additional information, please contact Sam Barbuto, Health & Safety Specialist, at, (705) 474-7233 ext. 317, or sambarbuto@workplacesafetynorth.ca.