



mineral resources

Department:
Mineral Resources
REPUBLIC OF SOUTH AFRICA

ANNUAL MEDICAL REPORT FOR THE YEAR 20

Instructions:

All sections of this form must be completed. Please refer to the Annexure A, B and C when completing this form, noting that the annexure serves as a guide and is not for submission to the Department of Mineral Resources and Energy. A copy of this report must be delivered to the Medical Inspector through the relevant office/s of the Principal Inspector of mines at the regions.

A. MINE DETAILS

| | | | | | | | | | | | |
|--|-----------------|--|--|--|-------------|--|--|--|--|--|--|
| Mine name | | | | | | | | | | | |
| Mining House | | | | | | | | | | | |
| SAMRASS Mine Code | | | | | | | | | | | |
| Main commodity | | | | | | | | | | | |
| Other commodities mined | | | | | | | | | | | |
| Type of mine | Choose an item. | | | | | | | | | | |
| Telephone | | | | | | | | | | | |
| Postal address | | | | | | | | | | | |
| Region | Choose an item. | | | | | | | | | | |
| District | | | | | | | | | | | |
| Health-care facility name | | | | | | | | | | | |
| Occupational Health | Choose an item. | | | | | | | | | | |
| Primary Health Care | Choose an item. | | | | | | | | | | |
| B. EMPLOYER'S WORKFORCE DURING THE CURRENT REPORTING YEAR | | | | | | | | | | | |
| Total employees: | Permanent: | | | | Contractor: | | | | | | |
| Employees exposed to risk: | Permanent: | | | | Contractor: | | | | | | |

| C. OCCUPATIONAL HEALTH HAZARDS ASSOCIATED WITH THE MINING PROCESSES | |
|--|--|
| Physical hazards | |
| Ergonomic/Mechanical hazards | |
| Chemical hazards | |
| Biological hazards | |
| Psychosocial hazards | |
| Other occupational health hazards | |
| D. MEDICAL SURVEILLANCE CONDUCTED DURING THE CURRENT REPORTING YEAR | |
| Number of initial examinations | |
| Number of periodic examinations | |
| Number of exit examinations | |
| E. ANALYSIS OF EXIT MEDICAL EXAMINATIONS CONDUCTED | |
| Number of medical incapacity cases due to: | Occ diseases: Non-occ diseases: |
| LABOUR ISSUES: Retrenchments: | Retirements: Resignations: |
| Other (specify): | |
| Other (specify): | |
| F. BIOLOGICAL MONITORING: | |
| <i>Risk 1</i> | |
| Number of employees monitored | |
| Total exceeding the Biological Exposure Index (BEI) | |
| Comment: | |
| <i>Risk 2</i> | |
| Number of employees monitored | |
| Total exceeding the Biological Exposure Index (BEI) | |
| Comment: | |
| <i>Risk 3</i> | |
| Number of employees monitored | |
| Total exceeding the Biological Exposure Index (BEI) | |

Mine name:

OMP initials:

G: OCCUPATIONAL DISEASES DIAGNOSED, SUBMITTED AND CERTIFIED DURING THE CURRENT REPORTING YEAR

| Occupational Diseases | Number of cases diagnosed during the current reporting year | | | Number of cases submitted during the current reporting year | | | Number of cases certified during the current reporting year | | |
|-----------------------|---|----------------------|-------|---|----------------------|-------|---|----------------------|-------|
| | Permanent employees | Contractor employees | Total | Permanent employees | Contractor employees | Total | Permanent employees | Contractor employees | Total |
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Number of persons whose occupation/s changed as a result of occupational disease/s:

Number of employees that lodged a MHSa Section 20 appeal:

Mine name:

OMP initials:

Briefly elaborate on the programmes/ initiatives implemented to reduce occupational diseases incidents (where applicable):

| | |
|---------------------------------------|--|
| Occupational lung diseases (OLD) | |
| Noise-induced hearing loss (NIHL) | |
| Occupational skin diseases | |
| Platinum salt sensitivity (PSS) | |
| Musculoskeletal disorders (MSD) | |
| Other occupational diseases (specify) | |

Mine name:

OMP initials:

H: NON-COMMUNICABLE DISEASES DIAGNOSED DURING THE CURRENT REPORTING YEAR

| Non-communicable diseases (specify) | Incidence (newly diagnosed cases) | | | Prevalence (existing cases) | | |
|-------------------------------------|--------------------------------------|----------------------|-------|--------------------------------|----------------------|-------|
| | Permanent employees | Contractor employees | Total | Permanent employees | Contractor employees | Total |
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Mine name:

OMP initials:

Briefly elaborate on programmes/ initiatives implemented for the control and management of non-communicable diseases.

Mine name:

OMP initials:

| I: (a) DEATHS DUE TO WORK- RELATED DISEASES | | | |
|--|----------------------------|-----------------------------|--------------|
| Work-related diseases (specify) | Permanent employees | Contractor employees | Total |
| | | | |
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| I: (b) NATURAL DEATHS | | | |
| Medical condition (specify) | Permanent employees | Contractor employees | Total |
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Mine name:

OMP initials:

| J: APPOINTED OCCUPATIONAL MEDICAL PRACTITIONER | |
|---|---|
| Full names | |
| Surname | |
| HPCSA number | |
| Qualifications | |
| Appointment status | Choose an item. |
| Contact number | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| E-mail address | |
| Signature | |
| Date | Click here to enter a date. |
| K: EMPLOYER / MINE MANAGER | |
| Full names | |
| Surname | |
| Contact number | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Email address | |
| Signature | |
| Date | Click here to enter a date. |

Mine name:

OMP initials:

EXPLANATORY NOTES ON THE DMR 165 ANNUAL MEDICAL REPORT

The purpose of the explanatory notes is to provide information/clarity to the OMP on the completion of the DMR 165 Form. All sections of this form must be fully completed with the required information

A: MINE DETAILS

| | |
|----------------------------------|---|
| Mine name | provide the full name of the mine |
| Mining House | provide full details of the mining house / owner |
| Mine Code | provide the four/five-digit mine code as assigned by the DMR |
| Main commodity | <i>provide details of the main commodity for the mine</i> |
| Other commodities | <i>provide details of other commodities that are mines</i> |
| Type of mine | mark with "X" to indicate if the mine is an underground or opencast/surface operation |
| Telephone no. | <i>provide the telephone number of the mine</i> |
| Postal address | <i>provide the full postal address of the mine</i> |
| Region | <i>click to choose an item</i> |
| District | <i>provide details of the district in the jurisdiction of the mine</i> |
| Health-care facility name | <i>provide name of the health-care facility of the mine</i> |
| Occupational Health | <i>mark with "X" to indicate if the occupational health centre is in-house or outsourced</i> |
| Primary Health Care | <i>mark with "X" to indicate if the primary health care service is in-house or outsourced</i> |

B: EMPLOYER'S WORKFORCE DURING THE CURRENT REPORTING YEAR

| | |
|----------------------------------|--|
| Total employees | <i>provide the total number of all permanent and contractor employees</i> |
| Permanent | <i>provide the total number of employees in this category (including office employees)</i> |
| Contractor | <i>provide the total number of employees in this category</i> |
| Employees exposed to risk | <i>indicate the total number of employees exposed to risk</i> |
| Permanent | <i>indicate the number of employees in this category</i> |
| Contractor | <i>indicate the number of employees in this category</i> |

C: OCCUPATIONAL HEALTH HAZARDS OF MINING AND ASSOCIATED PROCESSES

Note: Provide the information where applicable:

| | |
|--|--|
| Physical hazards | <i>provide details (e.g. dust, noise, ionizing radiation, etc.)</i> |
| Ergonomic/Mechanical hazards | <i>provide details (e.g. vibration, repetitive movements, postural, etc.).</i> |
| Chemical hazards | <i>provide details (e.g. noxious gases & fumes, diesel particulate matter, metals, etc.)</i> |
| Biological hazards | <i>provide details (e.g. bacteria, fungi, viral, etc.)</i> |
| Psychosocial hazards | <i>provide details (e.g. shift work, poor work-life balance, long working hours, long distance labour commuting, poor living conditions, lack of support network due to isolation from family & friends, sexual harassment, bullying, psychological harassment (mobbing), job insecurity, excessive workload, poor remuneration, etc.)</i> |
| Other occupational health hazards | <i>list any other relevant hazards, (e.g. fatigue etc.)</i> |

D: MEDICAL SURVEILLANCE CONDUCTED DURING THE CURRENT REPORTING YEAR

| | |
|--|--|
| Number of initial examinations | <i>provide the total number of examinations conducted in this category</i> |
| Number of periodic examinations | <i>provide the total number of examinations conducted in this category</i> |
| Number of exit examinations | <i>provide the total number of examinations conducted in this category</i> |

E: ANALYSIS OF EXIT MEDICAL EXAMINATIONS CONDUCTED

Number of medical incapacity cases due to:

| | |
|----------------------------------|---|
| Occupational diseases | <i>provide the total number of employees in this category</i> |
| Non-occupational diseases | <i>provide the total number employees in this category</i> |

Labour issues:

| | |
|------------------------|---|
| Retrenchments | <i>provide the total number of employees in this category</i> |
| Retirements | <i>provide the total number of employees in this category</i> |
| Resignations | <i>provide the total number of employees in this category</i> |
| Other (specify) | <i>provide any other details and specify totals</i> |

F: BIOLOGICAL MONITORING

| | |
|----------------------------------|---|
| Risk | <i>indicate the risk (e.g. Lead, Manganese, Cyanide, etc.)</i> |
| Total employees monitored | <i>provide the total number in this category</i> |
| Total exceeding the (BEI) | <i>provide the total number in this category</i> |
| Comments | <i>provide any information on each risk reported, where necessary</i> |

G: OCCUPATIONAL DISEASES DIAGNOSED, SUBMITTED AND CERTIFIED DURING THE CURRENT REPORTING YEAR

Note: ILO defined occupational diseases as diseases acquired during work, and according to medical science having been triggered by exposure at work significantly higher than that of the average population and classified by legislation as such.

Number of cases diagnosed during the current reporting year:

| | |
|-----------------------------|---|
| Permanent employees | <i>provide the total number of occupational diseases in this category</i> |
| Contractor employees | <i>provide the total number of occupational diseases in this category</i> |
| Total | <i>provide the total number of occupational diseases for permanent and contractor employees</i> |

Number of persons whose occupation/s changed as a result of occupational disease/s:

Provide the total number of employees for the current reporting year, if any

Number of employees that lodged a MHSA Section 20 appeal:

Provide the total number of employees for the current reporting year, if any

Note: The OMP should specify the occupational disease/s and not use the ICD 10 Codes or acronyms (e.g. PN, PN/OAD, PN/TB, PTB, etc.)

The OMP should not leave this section blank but indicate with “Zero” or “Nil” if there are no occupational diseases to be reported.

The OMP should briefly elaborate on the programmes in places and initiatives implemented towards reducing the incidence of the following occupational disease/s classification groups below (where applicable):

- *Occupational lung diseases (OLD)*
- *Noise-induced hearing loss (NIHL)*
- *Occupational skin diseases*
- *Platinum salt sensitivity (PSS)*
- *Musculoskeletal disorders (MSD)*
- *Other occupational diseases*

H: NON-COMMUNICABLE DISEASES DIAGNOSED DURING THE CURRENT REPORTING YEAR

Note: The OMP should exclude HIV and TB cases, which must be reported on the DMR 164 Form

This section should not be left blank. The OMP should specify the non-communicable disease/s and indicate with “Zero” or “Nil” if there are no cases to be reported. The OMP should provide a full diagnosis and not report cases as Vision, BMI, Glucose, Cholesterol, BP, etc.

Incidence (newly diagnosed cases) and Prevalence (existing cases):

| | |
|-----------------------------|---|
| Permanent employees | <i>provide the total number of non-communicable diseases in this category</i> |
| Contractor employees | <i>provide the total number of non-communicable diseases in this category</i> |
| Total | <i>provide the total number of non-communicable diseases for permanent and contractor employees</i> |

The OMP should briefly elaborate on the programmes / initiatives implemented for the control and management of non-communicable diseases (NCDs)

I: (a) DEATHS DUE TO DUE TO WORK- RELATED DISEASES AND (b) NATURAL DEATHS

Note: “Natural Deaths” means deaths that are due entirely to natural diseases, and are not precipitated by any other event.

| | |
|-----------------------------|--|
| Permanent employees | <i>provide the total number of deaths for permanent employees</i> |
| Contractor employees | <i>provide the total number of deaths for contractor employees</i> |
| Total | <i>provide the total number of deaths for permanent and contractor employees</i> |

The OMP should specify the occupational diseases and or medical condition/s that resulted in death/s:

J: APPOINTED OCCUPATIONAL MEDICAL PRACTITIONER (OMP)

| | |
|---------------------------|---|
| Full names | <i>provide the full names of appointed OMP</i> |
| Surname | <i>provide the surname of appointed OMP</i> |
| HPCSA number | <i>provide the HPCSA number of appointed OMP</i> |
| Qualifications | <i>provide full details of appointed OMPs qualifications</i> |
| Appointment status | <i>mark with “X” to indicate if OMP is engaged full-time or part-time</i> |
| Contact number | <i>provide details of appointed OMPs contact number</i> |
| E-mail address | <i>provide details of appointed OMPs email-address</i> |
| Signature | <i>appointed OMP to sign the report</i> |
| Date | <i>click to enter a date that the OMP compiled the report</i> |

K: EMPLOYER / MINE MANAGER

| | |
|------------------------------|--|
| <i>Full names</i> | <i>provide the full names of employer / mine manager</i> |
| <i>Surname</i> | <i>provide the surname of employer / mine manager</i> |
| <i>Contact number</i> | <i>provide details of employer / mine manager</i> |
| <i>E-mail address</i> | <i>provide details of employer / mine manager's email-address</i> |
| <i>Signature</i> | <i>employer / mine manager to sign the report</i> |
| <i>Date</i> | <i>click to enter a date that employer/ manager received and signed the report</i> |

ABBREVIATIONS AND ACRONYMS

| | |
|---------------------|--|
| AMR | <i>Annual Medical Report</i> |
| BEI | <i>Biological Exposure Index</i> |
| BP | <i>Blood Pressure</i> |
| HIV | <i>Human immunodeficiency virus</i> |
| HPCSA | <i>Health Professions Council of South Africa</i> |
| MHSA | <i>Mine Health and Safety Act</i> |
| MSD | <i>Musculoskeletal disorders</i> |
| NCDs | <i>Non-communicable diseases</i> |
| NIHL | <i>Noise-induced hearing loss</i> |
| OCC DISEASES | <i>Occupational diseases</i> |
| OLD | <i>Occupational lung diseases</i> |
| OMP | <i>Occupational Medical Practitioner</i> |
| PSS | <i>Platinum salt sensitivity</i> |
| TB | <i>Tuberculosis</i> |
| SAMRASS | <i>South African Mines Reportable Accidents Statistical System</i> |

DMRE (MHSI) Regional Offices Contact List

| Region | Work telephone No. | Postal Address |
|-----------------------|---------------------------|---|
| Eastern Cape | 041 403 6640 | Private Bag X6076 PORT ELIZABETH 6000 |
| Free State | 057 391 1372 | Private Bag X33 WELKOM 9460 |
| Gauteng | 011 358 9776 | Private Bag X5 BRAAMFONTEIN 2017 |
| KwaZulu-Natal | 031 335 9626 | Private Bag X54307 DURBAN 4000 |
| Limpopo | 015 287 4705 | Private Bag X 9467 POLOKWANE 0700 |
| Mpumalanga | 013 653 0514 | Private Bag X7279 WITBANK 1035 |
| Northern Cape | 053 807 1735 | Private Bag X6093 KIMBERLY 8300 |
| North West-Klerksdorp | 018 464 4316 | Private Bag A1 KLERKSDORP 2570 |
| North West-Rustenburg | 014 594 9240 | P O BOX 150 TLHABANE 0390 |
| Western Cape | 021 427 1004 | Private Bag X9 ROGGE BAY 8012 |