



Mine Site Hazard Identification Checklist

Pre-Inspection Planning & Preparation

Ensuring proper resources, personnel, and documentation are available before the inspection begins.

Scheduled Inspection Date

Scheduled Inspection Start Time

Inspection Type

- ☐ Routine
- ☐ Specialized
- ☐ Follow-up

Area/Section to be Inspected

- ☐ Surface
- ☐ Underground
- ☐ Processing Plant
- ☐ Tailings Dam
- ☐ Other (Specify)


Brief Description of Area/Section

Write something...

Personnel Involved

- ☐ Safety Officer
- ☐ Mine Engineer
- ☐ Geologist
- ☐ Superintendent
- ☐ Other (Specify)

Previous Inspection Report (if applicable)

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Ground Control & Slope Stability

Assessment of ground conditions, slope stability, and rock bolting/support systems.

Slope Angle Measurement (Degrees)

Enter a number...

Rock Mass Rating (RMR) Assessment

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very Poor

Support System Type

- ☐ Rock Bolts
- ☐ Shotcrete
- ☐ Steel Sets
- ☐ Mesh
- ☐ None

Rock Bolt Length (Meters)

Enter a number...

Observations Regarding Ground Conditions

Write something...

Signs of Instability Observed?

- ☐ Cracking
- ☐ Shearing
- ☐ Water Ingress
- ☐ Surface Movement
- ☐ None

Attach photos of Slope/Ground

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Ventilation & Air Quality

Evaluation of ventilation systems, monitoring equipment, and air quality parameters.

Airflow Rate (m³/s)

Enter a number...

Carbon Monoxide (CO) Concentration (ppm)

Enter a number...

Methane (CH₄) Concentration (ppm)

Enter a number...

Oxygen (O₂) Concentration (%)

Enter a number...

Ventilation System Status

- ☐ Operational
- ☐ Degraded
- ☐ Malfunctioning

Dust Control Measures in Place

- ☐ Water Spray
- ☐ Ventilation Dilution
- ☐ Enclosure
- ☐ Other

Observations & Comments

Write something...

Last Ventilation System Maintenance Date

Enter date...

Electrical Equipment & Systems

Inspection of electrical installations, machinery, and adherence to safety regulations.

Voltage Level (kV)

Enter a number...

Condition of Cables & Wiring

- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Requires Immediate Repair

Condition of Electrical Panels

- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Requires Immediate Repair

Earth Resistance (Ohms)

Last Inspection Date

Specific Observations/Hazards

Attach Inspection Photos (Optional)

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Mobile Equipment & Vehicle Traffic

Check for proper maintenance, operation, and traffic management procedures for all mobile equipment.

Equipment ID

Equipment Type

- ☐ Loader
- ☐ Truck
- ☐ Dozer
- ☐ Excavator
- ☐ Other

Daily Hours Operated

Enter a number...

Pre-Start Inspection Status

- ☐ Completed
- ☐ Not Completed
- ☐ N/A

Observations & Issues

Write something...

Defects Identified (Select all that apply)

- ☐ Tire Condition
- ☐ Fluid Leaks
- ☐ Brake Function
- ☐ Lights/Signals
- ☐ Horn Function
- ☐ Other

Last Maintenance Date

Enter date...

Operator Signature

Material Handling & Storage

Assessment of ore handling, storage, and transportation procedures, including dust control measures.

Ore Type Being Handled

- ☐ Coal
- ☐ Iron Ore
- ☐ Copper Ore
- ☐ Other (Specify)

Stockpile Volume (m³)

Enter a number...

Dust Control Measures in Place

- ☐ Water Sprays
- ☐ Enclosed Conveyors
- ☐ Dust Suppression Agents
- ☐ Windbreaks
- ☐ None

Condition of Conveyor Belts

- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Not Inspected

Observations regarding stability of material piles

Write something...

Photos of Material Storage Area

 Upload File

Distance to nearest sensitive receptor (m)

Enter a number...

Working at Heights

Evaluation of fall prevention measures, access equipment, and personal protective equipment (PPE) usage.

Working Height (meters)

Enter a number...

Type of Fall Protection Used

- ☐ Guardrails
- ☐ Harness & Lanyard
- ☐ Safety Net
- ☐ Other (Specify in LONG_TEXT)

If 'Other' Fall Protection, please specify:

Write something...

Fall Protection Equipment Condition (Check all that apply)

- ☐ Harness
- ☐ Lanyard
- ☐ Anchor Points
- ☐ Helmet
- ☐ Footwear
- ☐ No issues detected

Last Inspection Date of Fall Arrest Equipment

Enter date...

Inspector Signature

Confined Spaces

Verification of permits, atmospheric testing, and safety procedures for confined spaces.

Confined Space Type

- ☐ Tank
- ☐ Silo
- ☐ Manhole
- ☐ Shaft
- ☐ Other

Reason for Entry

Write something...

Oxygen Level (%)

Enter a number...

Flammable Gas Level (%)

Enter a number...

Hazardous Atmosphere?

- ☐ Yes
- ☐ No

Atmospheric Testing Results

- ☐ Oxygen Deficiency
- ☐ Flammable Atmosphere
- ☐ Toxic Gases
- ☐ No Hazards Detected

Permit Issue Date

Enter date...

Entry Start Time

Permit Issuer Signature

Emergency Preparedness

Review of emergency response plans, communication protocols, and availability of emergency equipment.

Last Emergency Drill Date

Enter date...

Time of Last Emergency Drill

Emergency Drill Type (Fire, Rescue, Evacuation)

- ☐ Fire
- ☐ Rescue
- ☐ Evacuation
- ☐ Other

Number of Participants in Last Drill

Enter a number...

Drill Observations & Feedback

Write something...

Communication System Functionality (OK, Needs Repair, Out of Service)

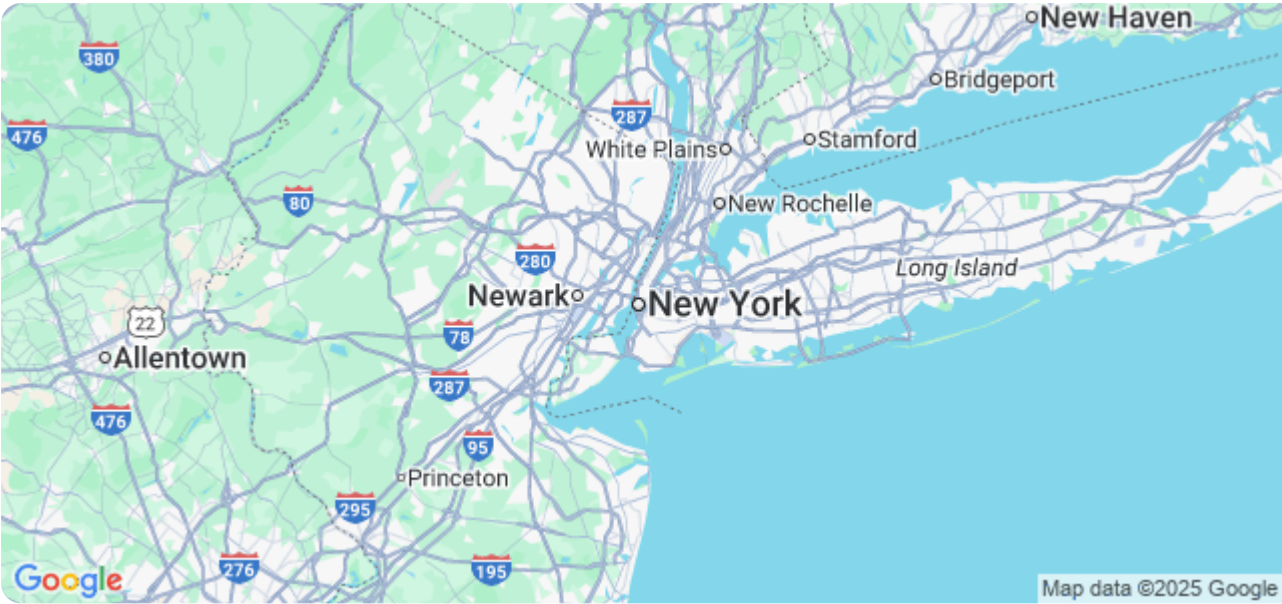
- ☐ OK
- ☐ Needs Repair
- ☐ Out of Service

Emergency Response Plan Document

 Upload File

Location of First Aid Station

 [Set My Current Location](#)



Housekeeping & Environmental Management

Assessment of housekeeping practices, waste management, and environmental impact mitigation.

Dust Suppression Water Usage (m³)

Enter a number...


Waste Segregation Compliance

- ☐ Fully Compliant
- ☐ Partially Compliant
- ☐ Not Compliant

Observations on Surface Water Management

Write something...

Photos of Waste Storage Areas

 Upload File

Spill Response Equipment Availability

- ☐ Available and Functional
- ☐ Available but Needs Maintenance
- ☐ Not Available

Noise Level Measurements (dB)

Enter a number...

Personal Protective Equipment (PPE)

Verification of PPE usage and condition for all personnel.

Required PPE Observed on Personnel (Check all that apply)

- ☐ Hard Hat
- ☐ Safety Glasses/Goggles
- ☐ High-Visibility Vest
- ☐ Steel-Toed Boots
- ☐ Gloves
- ☐ Hearing Protection
- ☐ Respirator
- ☐ Other (Specify)

If 'Other' PPE is required, please specify:

Write something...

Condition of Hard Hats (Overall)

- ☐ Good
- ☐ Fair
- ☐ Poor - Requires Replacement

Number of Personnel Observed without Required PPE

Enter a number...

Details regarding any PPE deficiencies observed (e.g., damage, improper fit)

Write something...

Inspector Signature

Training & Competency

Confirmation of personnel training and competency for assigned tasks.

Task-Specific Training Completed?

- ☐ Yes
- ☐ No
- ☐ Not Applicable

Date of Last Training Session

Training Duration (Hours)

Training Topics Covered (Select all that apply)

- ☐ Ground Control
- ☐ Ventilation
- ☐ First Aid
- ☐ Equipment Operation
- ☐ Hazard Communication
- ☐ Confined Space Entry

Trainer Name

Write something...

Comments/Observations Regarding Competency

Write something...

Review & Corrective Actions

Documentation of findings, proposed corrective actions, and follow-up verification.

Summary of Findings

Write something...

Severity Rating (1-5, 1=Minor, 5=Critical)

Enter a number...

Proposed Corrective Actions

Write something...

Target Completion Date

Enter date...

Assigned Responsibility (Person/Team)

- ☐ Mine Manager
- ☐ Engineering Team
- ☐ Safety Department
- ☐ Maintenance Crew
- ☐ Other (Specify)

Notes/Comments

Write something...

Inspector Signature

Date of Review

Enter date...