

	Revision Number	8	Reference Number	Lon-SIR-08
	Amendment	2	Date	18/12/2008
	Document Title	Significant Incident Report		

SIGNIFICANT INCIDENT NOTIFICATION									
<i>Part 1 to be circulated within 24 hrs and completed SIR report to follow within 7 days</i>									
Accident Reference Number:-									
WORKING PLACE: <i>(EBIT, Mine, Shaft, Level, incl. section)</i>									
INCIDENT GROUP	Safety		Health		Environment		Quality		
INCIDENT TYPE									
RELATED FRP									
RELATED AGENT									
SAMRASS REQUIRED?	Yes		No		SAMRASS Number				
INCIDENT DATE:					INCIDENT TIME:				
ACTUAL SEVERITY LEVEL:					POTENTIAL SEVERITY LEVEL:				
NAME/S OF PERSON/S INJURED	PAYROLL NUMBER OF INJURED	OCCUPATION OF INJURED			LONMIN EMPLOYEE Y/N	CONTRACTOR COMPANY NAME			

Monitored

Controlled

PART 1: NOTIFICATION

Description of incident: (Who, What, How, When)

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Photo/Sketch

Description	Photo Taken

Details of Injury: (Nature and extent of injuries/damage/impact)

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Equipment Involved

Equipment Involved
Incident Impact

Immediate Action Taken:

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Date of Investigation :-

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