



mineral resources

Department:
Mineral Resources
REPUBLIC OF SOUTH AFRICA

ANNUAL MEDICAL REPORT FOR THE YEAR 20
(Mine Health and Safety Act, Act No. 29 of 1996 Sec 2(1) and Sec 16)

Instructions:

Please refer to the attached Annexure A and B when completing this form, and note that the annexures are not for submission to the Department of Mineral Resources as they serve as a guide.

PLEASE RETURN THE COMPLETED FORM TO:

The Occupational Medicine Inspector/s in the relevant regional office as listed on Annexure B.

A: MINE DETAILS

Name of Mine:

Mining House:

Region:

SAMRASS Mine Code:

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Address of Mine:

Mine Type: Underground Surface Quarry Brickwork

Commodity (s) mined:

B: PARTICULARS OF OCCUPATIONAL MEDICAL PRACTITIONER

Full name(s):

Surname:

HPCSA No:

Qualifications:

Practice Number:

Full-Time:

Part –Time:

Postal Address:

E-Mail Address:

Contact no:

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Name of Mine

AMR for year

OMP Initials

C: OPERATIONAL RISKS TO HEALTH

Risks associated with the mining processes (List):

D: TYPE OF OCCUPATIONAL HEALTHCARE SERVICES (click/indicate with 'X' where applicable)

OH services:

On-site	Outsourced	Mobile
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PHC:

On-site	Outsourced	Other (Specify)
<input type="checkbox"/>	<input type="checkbox"/>	

Name of Mine

AMR for year

OMP Initials

E: TOTAL NUMBER OF EMPLOYEES AT A MINE DURING THE CURRENT REPORTING YEAR

Mine Employees (incl office employees)	Contract Employees	Total

F: TOTAL NUMBER OF EMPLOYEES SUBJECT TO MEDICAL SURVEILLANCE (except biological monitoring, which must be reported under G below)

Number of Initial Medical Examinations:

Number of Periodical Medical Examinations:

Provide reasons for any increase or decrease in number compared to the previous year:

Number of Exit Medical Examinations:

Number of hours worked by employees subject to medical surveillance:

Name of Mine

AMR for year

OMP Initials

G: BIOLOGICAL MONITORING CONDUCTED, WHERE REQUIRED (e.g. Lead, Mercury, Cyanide, etc)

Risk 1:

(specify risk)

Number of employees monitored:

Number of employees exposed to hazards exceeding Biological Exposure Index (BEI):

Comments:

Risk 2:

(specify risk)

Number of employees monitored:

Number of employees exposed to hazards exceeding Biological Exposure Index (BEI):

Comments:

Risk 3:

(specify risk)

Number of employees monitored:

Number of employees exposed to hazards exceeding Biological Exposure Index (BEI):

Comments:

Name of Mine

AMR for year

OMP Initials

H: ANALYSIS OF EMPLOYEES' HEALTH IN TERMS OF MEDICAL SURVEILLANCE (indicate the total number of employees found unfit based on the category of medical examinations below)

INITIAL MEDICAL EXAMINATIONS

Total number of initials found unfit:

Brief explanation for unfitness:

Total number of employees that lodged section 20 appeals:

PERIODIC MEDICAL EXAMINATIONS

Total number of periodicals found unfit:

Brief explanation for unfitness:

Total number of employees that lodged section 20 appeals:

Name of Mine

AMR for year

OMP Initials

EXIT MEDICAL EXAMINATIONS (provide total number where applicable):

Medical incapacity due to: Occupational disease/illness Non-Occupational disease/illness

Retrenchments:

Retirements:

Resignations:

Labour relations issues:

Other (specify):

Number of employees that lodged section 20 appeals:

Name of Mine

AMR for year

OMP Initials

ANALYSIS OF REPORTED OCCUPATIONAL DISEASES

If there is any increase in the number of occupational diseases reported compared to the previous year, briefly elaborate on the related drivers / contributing factors:

If there is any decrease in the number of occupational diseases reported compared to the previous year, briefly elaborate on the related drivers / contributing factors: (e.g. occupational health programmes and initiatives implemented)

Name of Mine

AMR for year

OMP Initials

K: NON-OCCUPATIONAL DISEASES DURING THE CURRENT REPORTING YEAR (e.g. Diabetes, Hypertension etc. as per the *Guideline: Minimum Standards of Fitness to Perform work on a mine*)

Note: Prevalence is a statistical concept referring to the number of cases of a disease that are present in a particular population at a given time, whereas **incidence** refers to the number of new cases that develop in a given period of time.

Non-Occupational Disease	Incidence (newly diagnosed cases for the current reporting year)			Prevalence (inclusive of the newly diagnosed cases for the current reporting year)		
	Mine Employees	Contractor Employees	Total	Mine Employees	Contractor Employees	Total

Name of Mine

AMR for year

OMP Initials

Briefly elaborate on the initiatives and programmes implemented for the management of non-occupational diseases:

Name of Mine

AMR for year

OMP Initials

L: COMMENTS ON FUTURE DIRECTION OF THE MEDICAL SURVEILLANCE SYSTEM

M: NUMBER OF PERSONS WHOSE OCCUPATION HAS CHANGED AS A RESULT OF:

Occupational disease Occupational accident

N: NUMBER OF PERSONS WHOSE EMPLOYMENT WAS TERMINATED AS A RESULT OF:

Occupational disease Occupational accident

Occupational Medical Practitioner:
(Signature)

Date

Employer:

I _____ (Full Names and Surname) hereby declares that I have seen, read and understand the contents of this Annual Medical Report compiled for the year _____ in terms of Section 16 of the MHSA, and I shall deliver a copy of the report to each of the health and safety committees, or if there is no health and safety committee, the health and safety representatives as well as the Medical Inspector.

Signature: _____

Date

Name of Mine

AMR for year

OMP Initials

USER GUIDE ON ANNUAL MEDICAL REPORT (AMR DMR 165)

NOTE: All fields of this form must be fully completed with the required information

A. MINE DETAILS

- *Name of mine* Complete the name of the mine
- *Mining House* Complete the mining house
- *SAMRASS Mine Code* Complete the SAMRASS Mine code
- *Address of mine* Complete the mine's postal address
- *Mine type* Indicate with "X" to *specify the type of mine*

B. PARTICULARS OF OCCUPATIONAL MEDICAL PRACTITIONER

- *Full name(s)* Provide the OMP's full names
- *Surname* Provide the surname
- *HPCSA* Provide the OMP's professional registration number
- *Qualifications* Provide all the OMP's qualifications as per HPCSA registration
- *Practice No.* Provide the OMP's practice number
- *Full-Time / Part-Time* Indicate with "X" to *specify the OMP's appointment status*
- *Postal address* Provide the OMPs' postal address
- *E-mail address* Provide the OMPs' e-mail address
- *Contact No.* Provide the OMP's contact number

C. OPERATIONAL RISKS TO HEALTH

- List **ALL** the risks associated with the mining processes

D: TYPE OF OCCUPATIONAL HEALTHCARE SERVICES

- *Occupational Healthcare services(OH)* Indicate with "X" where applicable
- *Primary Healthcare services(PHC)* Indicate with "X" where applicable

E: TOTAL NUMBER OF EMPLOYEES AT A MINE DURING THE CURRENT REPORTING YEAR

- *Mine employees including office employees* Provide the total number of all permanent employees including office employees
- *Contractor employees* Provide the total number of all contractor employees
- *Total* Provide the total number of all permanent and contractor employees

F: TOTAL NUMBER OF EMPLOYEES SUBJECT TO MEDICAL SURVEILLANCE (Except Biological Monitoring)

- *Initial medical examinations:* Provide the total of examinations conducted during the calendar year
- *Periodical medical examinations :* Provide the total of examinations conducted and briefly explain any decrease or increase in number compared to the previous year
- *Exit medical examinations:* Provide a total of examinations conducted during the calendar year

G: BIOLOGICAL MONITORING CONDUCTED, WHERE REQUIRED

- Specify each risk and provide the total number of employees monitored and the total number of employees whose results exceeded the Biological Exposure Index (BEI). The information required in this section **must** not include occupational diseases and or any physical agents e.g. dust, noise, etc.

H: ANALYSIS OF EMPLOYEES' HEALTH IN TERMS OF MEDICAL SURVEILLANCE

- Provide the totals on all unfit employees at initial, periodical and exit medical examinations as per Part F and G of the AMR. Provide a breakdown of the total number of diseases/illness that resulted in unfitness

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

Provide **only** the total number(s) of reported occupational diseases. **No** ICD 10 Codes must be used.

- Do not leave this section blank. If there are no occupational diseases to be reported, indicate in an appropriate manner of any presence or absence of reported occupational diseases
- Provide a brief explanation to elaborate on the related drivers or contributing factors if there is any decrease or increase on reported occupational diseases compared to the previous reporting year

J: FATALITIES DUE TO OCCUPATIONAL DISEASES

Indicate total number of fatalities for the current reporting year

- *Mine employees* Provide the total number of all deceased permanent employees
- *Contractor employees* Provide the total number of all deceased contractor employees
- *Total* Provide the total number of all deceased permanent and contractor employees

K: NON-OCCUPATIONAL DISEASES DURING THE CURRENT REPORTING YEAR

Provide **only** the total number(s) of reported non-occupational diseases

- Do not leave this section blank. If there are no non-occupational diseases to be reported, indicate in an appropriate manner of any presence or absence of reported non-occupational diseases
- Briefly explain on the initiatives and programmes implemented for the management of non-occupational diseases

L: COMMENTS ON FUTURE DIRECTION OF THE MEDICAL SURVEILLANCE SYSTEM

- Briefly elaborate on any current and planned improvement strategy

M: NUMBER OF PERSONS WHSE OCCUPATION HAS CHANGED

Provide **only** the total number(s) of affected employees

N: NUMBER OF PERSONS WHOSE EMPLOYMENT HAS BEN TERMINATED

Provide **only** the total number(s) of affected employees

Note:

- The Annual Medical Report DMR 165 form is a statutory document in terms of Regulation 11.2 and Section 16 of the Mine Health and Safety Act (MHSA), Act No 29 of 1996, as amended.
- This report must be compiled, signed by the appointed OMP and given to the Employer.
- The employer / manager must sign in acknowledgement of receipt of the AMR and deliver a copy of the report to each of the health and safety committees, or if there is no health and safety committee, the health and safety representatives; and the Medical Inspector.

MHSI Regional Offices - Contact Details

Region	Telephone No	Fax No	Postal Address
Eastern Cape	041 396 3900	041 4842044	Private Bag X6076 PORT ELIZABETH 6000
Free State	057 391 1300	057 3576003	Private Bag X33 WELKOM 9460
Gauteng	011 358 9700	011 3396910	Private Bag X5 BRAAMFONTEIN 2017
KwaZulu-Natal	031 335 9600	031 3055803	Private Bag X54307 DURBAN 4000
Limpopo	015 287 4736	086 7101626	Private Bag X 9467, POLOKWANE 0699
Mpumalanga	013 653 0500	013 6561474	Private Bag X7279, EMALAHLENI 1035
Northern Cape	053 807 1700	053 8071761	Private Bag X6093 KIMBERLY 8300
North West-Klerksdorp	018 464 1631	018 4874394	Private Bag A1 KLERKSDORP 2570
North West-Rustenburg	014 594 9240	014 5949260	P O BOX 150 TLHABANE 0390
Western Cape	021 427 1000	086 7101748	Private Bag X9 ROGGE BAY 8012