

Standing Dust Committee Information Bulletin

Airborne Dust Control

Planning for Underground Spraying Activities

The Standing Dust Committee (SDC) has recently observed several dust exceedances for workers conducting ventilation control device (VCD) and strata stabilisation spraying activities. On investigation and review, most of these exposures could have been prevented if site setup and task ventilation standards had been more clearly communicated and followed.

When planning spraying activities, many NSW underground coal operations have developed what is commonly referred to as an 'Authority to Spray' or 'Permit to Spray'. These documents underpin good planning and set the standards that support a safe and healthy work environment when conducting these types of tasks.

Poor site setup has been identified as one of the leading contributing factors resulting in unacceptably high dust exposures. Site setup, ventilation requirements and housekeeping standards, as well as construction specifications, should all be considered when developing and/or reviewing your current arrangements.

A review of 2019 dust results showed that 12.5% of workers exceeded the inhalable dust workplace exposure standard when loading product into the hopper or operating the spray nozzle.

The SDC strongly believes all occupational lung disease is 100% preventable.

The intent of this bulletin is to share good practice dust exposure controls and standards currently in use across NSW underground coal mines. Attached information and examples should be considered in conjunction with other relevant hazard and control information identified through site risk assessments. The use of an 'Authority to Spray' or 'Permit to Spray' document is encouraged to ensure that required controls and standards are clearly communicated, validated, documented and reviewed as required.

The following attachments are included in this bulletin:

Attachment 1 – A “good practice considerations” check sheet that can be used to develop and/or review current spraying documentation and processes.

Attachment 2 - Examples of 'Authority to Spray' and 'Permit to Spray' currently in use at NSW coal mines

Attachment 1 – Good practice considerations for developing and/or reviewing product spraying standards

The following checks underpin good planning and set the standards that support a safe and healthy work environment when preparing and conducting product spraying. An accompanied site sketch, detailing ventilation requirements and equipment positioning should also form part of effective planning, communication and dust control.

Suggested documentation check / audit items	Items for consideration during development / review
Site Set Up and Preparation	
Documentation includes spraying product details and PPE requirements	<input type="checkbox"/> <ul style="list-style-type: none">• Detail PPE requirements• Workers have been fit tested and trained in RPE use• Hazards identified i.e. Respirable Crystalline Silica and/or inhalable dust
Documentation includes site set up and product / equipment positioning requirements with pre-spraying sign off / confirmation	<input type="checkbox"/> <ul style="list-style-type: none">• Product and pump positioned as per sketch. Is pump positioned in front of operator in relation to ventilation flow• Pump controls located up-wind• Bag bin such as empty bulk bag available and positioned for 'one touch' disposal of empty bags• Work area hosed down. Roof, ribs and existing structures within 2 metres either side of the installation site hosed down
Documentation includes pre-use pump servicing requirements detailed with pre-spraying sign off / confirmation	<input type="checkbox"/> <ul style="list-style-type: none">• Pump has been serviced and cleaned before use to eliminate preventable dust leakage.• Post maintenance commissioning checks completed including performance testing of equipment• Pump pads checked and replaced if worn.• Spare pads delivered with pump

Suggested documentation check / audit items	Items for consideration during development / review
Site Set Up and Preparation	
Documentation includes operator positioning requirements	<input type="checkbox"/>
Documentation includes operator competency requirements	<input type="checkbox"/>
Ventilation	
Documentation includes clear instruction detailing site setup ventilation standards	<input type="checkbox"/>
In-shift Validation of Controls	
Documentation includes measurable and observable lead indicators to verify ventilation setup is controlling any airborne dust as intended	<input type="checkbox"/>

- No-go area down-wind of pump established
 - Operators trained in pump operation
 - Operators trained in spray nozzle maintenance including how to identify and deal with erosion and wear, corrosion, clogging and caking.
 - Operators trained in identifying all potential dust sources from pump including leakage from seals, shrouds and hoods.
 - Operators fit tested and trained in P2 RPE use
-
- Brattice wings erected as per sketch – to direct fresh air over operators.
 - Is the ventilation setup effectively clearing dust generated from bag handling and at the pump, away from workers breathing zone?
 - Air on return side of nozzle operator set up to report directly into return
-
- Has area been inspected for adequate ventilation. Air velocity over pump is > 0.5m/s
 - Dust generated at nozzle reporting to return airway if possible
 - At start up, visually verify any dust generated at nozzle is adequately clearing – if not, stop and adjust wing.
 - At start up, visually verify any dust generated at pump is adequately clearing – if not, stop and adjust wing.

Attachment 2 – Examples of ‘Authority to Spray’ and ‘Permit to Sprays’ currently in use at NSW coal mines

Example A

Ventilation Control Device Work Permit				
Date of Permit Issue: _____		Required Completion Date: _____		
Panel : _____		Hdg(s) and CT(s): _____		
1. TYPE OF WORK <input type="checkbox"/> Installation <input type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Adjustment	STOPPING <input type="checkbox"/> Double <input type="checkbox"/> Single <hr style="border-top: 1px dashed black;"/> <input type="checkbox"/> Flexible Sheet <input type="checkbox"/> Shotcrete <input type="checkbox"/> Brick. Type: _____ <input type="checkbox"/> Fibreboard <hr style="border-top: 1px dashed black;"/> <input type="checkbox"/> Generic Plan obtained from Undermanager's Office	2. TYPE OF VENTILATION CONTROL DEVICE SPECIAL <input type="checkbox"/> Regulator <input type="checkbox"/> Bulkhead Seal <input type="checkbox"/> Crem Seal <input type="checkbox"/> Overcast	MACHINE DOORS <input type="checkbox"/> Double <input type="checkbox"/> Single <hr style="border-top: 1px dashed black;"/> <input type="checkbox"/> Standard <input type="checkbox"/> Pneumatic <input type="checkbox"/> Flexi Roller <input type="checkbox"/> Bobcat	OTHER <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> Specific plan obtained from Ventilation Officer.
3. MAN ACCESS <input type="checkbox"/> Man door w/- Relief Slider <input type="checkbox"/> Man door w/- Lever Latch <input type="checkbox"/> Sliding Door <input type="checkbox"/> Prefabricated Airlock <input type="checkbox"/> Not Required	4. SEALING <input type="checkbox"/> Sprayed Shotcrete (MasterRoc) <input type="checkbox"/> Flexible TSL (MasterSeal) <input type="checkbox"/> Plaster <input type="checkbox"/> Packing <input type="checkbox"/> Not Required		5. PRESSURE RATING <input type="checkbox"/> 2 PSI <input type="checkbox"/> 5 PSI <input type="checkbox"/> 7m+ Water <input type="checkbox"/> Other: _____ <input type="checkbox"/> Not Rated	
6. PLAN OF SET-UP FOR SPRAYING <div style="border: 1px solid black; height: 150px; width: 100%; position: relative;"> <div style="position: absolute; top: 10px; right: 10px;"> <input type="checkbox"/> Dust will report to return? <input type="checkbox"/> Areas inbye of spraying will <u>not</u> be affected? <input type="checkbox"/> Activity is on WMS? OR, Undermanager notified? </div> </div>				
TO BE FILLED OUT PRIOR TO COMMENCING WORK <div style="border: 2px solid red; padding: 10px;"> <p>I understand the scope of work that is to be completed under my supervision:</p> <p>Signature: _____ (Deputy / Leading Hand) Date: _____</p> <p>Authority is hereby given to undertake the planned VCD work as per this Permit:</p> <p>Signature: _____ (Ventilation Officer / Authorised Delegate) Date: _____</p> </div>				

Ventilation Control Device Work Permit

Date of Permit Issue: _____ Required Completion Date: _____

Panel : _____ Hdg(s) and CT(s): _____

7. AUDIT OF INSTALLATION STANDARD

Depth gauges fitted to VCD:

	Length	Number
	2psi (100mm)	
	5psi (150mm)	

Y or N

Cross sectional area: _____ m (high)

_____ m (wide)

Details to include location of VCD, thickness of spray (if applicable), size of pipes (if any), condition of roof and ribs and any obvious signs of leakage or damage

PLAN OF THE VCD

TO BE FILLED OUT FOLLOWING THE COMPLETION OF WORK

The VCD work has been completed for this Permit and to site/specific standard:

Signature: _____	Date: _____
PERMIT FORM TO BE RETURNED TO VENTILATION OFFICER	
Signature: _____	Date: _____
Comment: _____	

Survey plans need to be updated in accordance with VCD changes:

ALL WORK IS TO BE CARRIED OUT AS PER SWP OR JSA FOR PARTICULAR JOB

Attachment 2 – Examples of ‘Authority to Spray’ and ‘Permit to Sprays’ currently in use at NSW coal mines

Example B

IF VENTILATION NOT AS PER PLAN STOP AND INVESTIGATE		
SPRAYING PRODUCTS AT:		
	SPRAYING INSTRUCTIONS:	
	AFFECTED AREAS:	
PLANNING CHECKLIST		
Is activity on daily plan?	YES / NO	If No requires UM approval
Will Ventilation be maintained to roadway after spraying?	YES / NO	
Will access to returns be maintained (sufficient distribution of airlocks)?	YES / NO	
Does this change require an update to the mine plan?	YES / NO	If Yes send completed form to Surveyors.
VENTILATION QUANTITIES – if not as per plan stop and investigate.		
Location	Planned (m ³ /s)	Actual (m ³ /s)
AUTHORITY TO SPRAY (Ventilation Officer / Under-Manager / Manager / Ventilation Specialist to sign authorisation)		
Name	Signature	Position Date
UNDERGROUND CHECKLIST		
Control notified of spraying & affected areas	YES / NO	
Mining Supervisor Conducted inspection prior to spraying	YES / NO	
Site cleaned up at end of task	YES / NO	
Attached Audit sheet Complete	YES / NO	
AUTHORITY TO SPRAY (Mining Supervisor on shift)		
Name	Signature	Date

Attachment 2 – Examples of ‘Authority to Spray’ and ‘Permit to Sprays’ currently in use at NSW coal mines

Example C

Location:	Date/Time:		
Name:	Signature:		
Process	Yes	No	Notes
Pump Prestart Completed			
Has area been hosed down to minimize are dust			
Has area been inspected for adequate ventilation			
Is ancillary fan in operation and effecting ventilation flow to work area			
Is Pump out of Duckbill and positioned in front of operator in relation to ventilation flow			
Is product positioned to behind or beside operator in relation to the ventilation flow			
Is bag bin being used			
Has set up procedures and guidelines been followed			
Dust shroud and bag MUST be fitted on pump before commencing spraying.			
Set up Sketch:			

Attachment 2 – Examples of ‘Authority to Spray’ and ‘Permit to Sprays’ currently in use at NSW coal mines

Example D

Tool Box Talk	
Author:	
Position:	Ventilation Officer
Date:	
Tool Box Talk to be Delivered by:	Undermanager
Tool Box Talk to be Delivered to:	All Underground Persons
Topic:	Permit to Spray
<p>All</p> <p>Effective immediately a Permit to Spray process is being implemented for underground spraying works. This process is to ensure adequate provisions are being made for the management of dust produced from the spraying activities and the task is communicated appropriately. Moving forward no spraying works are to occur without a Permit</p> <p>The process is as below:</p> <p>Step 1: Process coordinator plans the task and how the dust will be managed</p> <p>Step 2: The proposed works is reviewed by the VO or UM to ensure adequate provisions for ventilation and dust management</p> <p>Step 3: Undermanager on shift informed of planned spraying works and authorises task to occur on shift</p> <p>Step 4: Deputy inspects work group and confirms ventilation arrangements are in place (as per the permit) and verifies that dust produced will be adequately managed during spraying activities.</p> <p>Step 5: Work group confirms appropriate documentation is reviewed/completed before undertaking the task</p> <p>Step 6: Upon task completion, workgroup returns ventilation arrangements back to pre-spraying configuration</p> <p>Step 7: Permit returned to VO</p> <p>This document is available on Sharepoint and the process will be added to the Ventilation Arrangement Principal Control Plan in the coming days.</p>	

Permit to Spray

Location of Spraying Activities:_____

Proposed Date of Spraying Activities:_____

Product: ☐ Plaster ☐ Other: _____

Diagram of Location and Ventilation Arrangements:

A blank sheet of graph paper with a grid pattern. The grid consists of small squares formed by thin gray lines. There are 20 columns and 15 rows of squares. A thicker vertical line runs down the left side, creating a margin. A thicker horizontal line runs across the top, creating a header space. The entire page is white with black borders on the top, bottom, and right sides.**Person Making Request (Person Completing this Form):**

Name: _____ Date _____ Sign: _____

Approval of above Ventilation Arrangements (Ventilation Officer or Undermanager):

Name: _____ Date _____ Sign: _____

Comments:

Permit reviewed and works approved to proceed on shift (Shift Undermanager):

Name: _____ Date _____ Sign: _____

Ventilation arrangements verified as in place, confirmation that any dust produced by spraying activities will be adequately managed and spraying operations authorised to commence (Deputy):

Name: _____ Date: _____ Sign: _____

☐ Pump pre-use completed ☐ SWMS/Procedure Reviewed

Completion - Ventilation arrangements returned to normal status (post spraying):

Name: _____ Date _____ Sign: _____

Completed forms to be returned to the Ventilation Officer for Filing