



# Government Gazette Staatskoerant

REPUBLIC OF SOUTH AFRICA  
REPUBLIEK VAN SUID-AFRIKA

*Regulation Gazette*

**No. 10262**

*Regulasiekoerant*

**Vol. 591**

**Pretoria, 12 September 2014**

**No. 37980**

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**CONTENTS****INHOUD**

<i>No.</i>	<i>Page No.</i>	<i>Gazette No.</i>	<i>No.</i>	<i>Bladsy No.</i>	<i>Koerant No.</i>
<b>GOVERNMENT NOTICES</b>			<b>GOEWERMENSKENNISGEWINGS</b>		
<b>Health, Department of</b>			<b>Gesondheid, Departement van</b>		
<i>Government Notices</i>			<i>Goewermenskennisgewings</i>		
R. 701 Mine Health and Safety Act (29/1996): Correction Notice: Regulations relating to Occupational Health.....	4	37980	R. 701 Mine Health and Safety Act (29/1996): Correction Notice: Regulations relating to Occupational Health.....	4	37980
R. 702 do.: Regulations relating to forms.....	8	37980	R. 702 do.: Regulations relating to forms.....	8	37980
<b>Justice and Constitutional Development, Department of</b>			<b>Justisie en Staatkundige Ontwikkeling, Departement van</b>		
<i>Government Notice</i>			<i>Goewermenskennisgewing</i>		
R. 700 Justices of the Peace and Commissioners of Oaths Act (16/1963): Designation of Commissioners of Oaths under section 6 .....	20	37980	R. 700 Justices of the Peace and Commissioners of Oaths Act (16/1963): Designation of Commissioners of Oaths under section 6 .....	20	37980

**IMPORTANT ANNOUNCEMENT****Closing times *PRIOR TO PUBLIC HOLIDAYS* for  
GOVERNMENT NOTICES, GENERAL NOTICES,  
REGULATION NOTICES AND PROCLAMATIONS****2014**

*The closing time is 15:00 sharp on the following days:*

- ▶ **18 September**, Thursday, for the issue of Friday **26 September 2014**
- ▶ **11 December**, Thursday, for the issue of Friday **19 December 2014**
- ▶ **15 December**, Monday, for the issue of Wednesday **24 December 2014**
- ▶ **19 December**, Friday, for the issue of Friday **2 January 2015**

Late notices will be published in the subsequent issue, if under special circumstances, a late notice is accepted, a double tariff will be charged

The copy for a **SEPARATE Government Gazette** must be handed in not later than three calendar weeks before date of publication

**BELANGRIKE AANKONDIGING****Sluitingstye *VOOR VAKANSIEDAE* vir  
GOEWERMENTS-, ALGEMENE- & REGULASIE-  
KENNISGEWINGS ASOOK PROKLAMASIES****2014**

*Die sluitingstyd is stiptelik 15:00 op die volgende dae:*

- ▶ **18 September**, Donderdag, vir die uitgawe van Vrydag **26 September 2014**
- ▶ **11 Desember**, Donderdag, vir die uitgawe van Vrydag **19 Desember 2014**
- ▶ **15 Desember**, Maandag, vir die uitgawe van Woensdag **24 Desember 2014**
- ▶ **19 Desember**, Vrydag, vir die uitgawe van Vrydag **2 Januarie 2015**

Laat kennisgewings sal in die daaropvolgende uitgawe geplaas word. Indien 'n laat kennisgewing wel, onder spesiale omstandighede, aanvaar word, sal 'n dubbeltarief gehef word

Wanneer 'n **APARTE Staatskoerant** verlang word moet die kopie drie kalenderweke voor publikasie ingedien word

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## GOVERNMENT NOTICES GOEWERMENTSKENNISGEWINGS

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### DEPARTMENT OF HEALTH DEPARTEMENT VAN GESONDHEID

No. R. 701

12 September 2014

### MINE HEALTH AND SAFETY ACT, 1996 (ACT NO 29 OF 1996)

#### CORRECTION NOTICE

#### REGULATIONS RELATING TO OCCUPATIONAL HEALTH

I **S SHABANGU**, Minister of Mineral Resources, under section 98 (1) of the Mine Health and Safety Act, 1996 (Act No. 29 of 1996) and after consultation with the Council, hereby amends Chapter 11 of the Regulations in terms of the Mine Health and Safety Act, as set out in the in the Schedule.



**MS. S SHABANGU**

**MINISTER OF MINERAL RESOURCES**

#### SCHEDULE

#### CHAPTER 11

#### OCCUPATIONAL HEALTH

#### Amendment of Chapter 11 of the regulations

#### Chapter 11 of the regulations is hereby amended by:-

1. The substitution for regulation 11.8 of the following regulation:

## 11.8 REPORTING OF OCCUPATIONAL DISEASES

11.8 (1) The employer must report to the Principal Inspector of mines any of the following occupational diseases within 30 days from the date of diagnosis as a result of working in the mines:

- (a) Occupational lung diseases;
- (b) Other occupational diseases as covered by the Compensation for Occupational Injuries and Diseases Act, 1993 (Act no. 130 of 1993) as amended ("**COIDA**"); or Occupational Diseases in the Mines and Works Act, 1973 (Act no. 78 of 1973) as amended ("**ODMWA**");
- (c) Noise Induced Hearing Loss (when Percentage Loss of Hearing (PLH) shift is 5% or more);
- (d) Other illnesses that may impact on the health and safety of employees, as determined through instructions by the Chief Inspector of mines.

11.8 (2) In reporting the reportable occupational diseases listed in Regulation 11.8(1) using the form DMR 231 Health Incident Report (HIR) Form, the following must be considered.

### (a) Occupational lung diseases

#### (i) Silicosis and Coal Worker's Pneumoconiosis (CWP)

A radiological diagnosis of silicosis or coal-workers' pneumoconiosis that takes into account:

- (i)(a) History of significant exposure to airborne silica or coal dust; and
- (i)(b) Chest X-ray consistent with silicosis or coal-workers' pneumoconiosis, or

(i)(c) Lung tissue pathology consistent with silica or coal-workers' pneumoconiosis exposure where history has been done at post mortem.

(ii) **Cardio-respiratory Tuberculosis**

Tuberculosis affecting the respiratory organs and/or the heart muscles:

(ii)(a) Where an employee was exposed and contracted the disease while performing risk work at a mine; or

(ii)(b) Within 12 months after leaving employment.

**(b) Other Occupational Lung Diseases**

These include other occupational lung diseases with significant correlation with the risk in that particular mine which are also compensable under "**ODMWA**" or "**COIDA**".

**(c) Noise Induced Hearing Loss**

This includes an impairment of hearing as a result of exposure to excessive noise at a mine with;

(i) PLH shift of more than or equal to 5% from the baseline audiometry; and

(ii) PLH shift of more than 5% where baseline audiometry is unknown or regarded as zero.

**(d) Other Illnesses**

Other illnesses that may impact on the health and safety of employees, as determined through instructions by the *Chief Inspector of Mines*. These may include lifestyle diseases such as diabetes, hypertension etc.

- 11.8 (3) Occupational diseases referred to in Regulation 11.8(1)(a), (b) and (c) must be reported on a prescribed form to the *Principal Inspector of Mines* within 30 days from the date of diagnosis; and other illnesses referred to in Regulation 11.8.1(d) based on an instruction from the *Chief Inspector of Mines*.

No. R. 702

12 September 2014

**MINE HEALTH AND SAFETY ACT, 1996 (ACT NO 29 OF 1996)****REGULATIONS RELATING TO FORMS**

I **S SHABANGU**, Minister of Mineral Resources, under section 98 (1) (x) of the Mine Health and Safety Act, 1996 (Act No. 29 of 1996) and after consultation with the Council, hereby amends Chapter 21 of the Regulations in terms of the Mine Health and Safety Act, as set out in the in the Schedule.

  
**S SHABANGU****MINISTER OF MINERAL RESOURCES****SCHEDULE****REGULATIONS AMENDMENTS****CHAPTER 21****FORMS****Amendment of Chapter 21 of the regulations**

Chapter 21 of the regulations is hereby amended by addition of the following form:

1.DMR 231:



DMR 231



mineral resources  
Department:  
Mineral Resources  
REPUBLIC OF SOUTH AFRICA

## HEALTH INCIDENT REPORT (HIR)

### Instructions:

1. Please refer to the attached Annexure A, B, C, D and E when completing this form;
2. These Annexures serve as a guide and are not for submission to the Department of Mineral Resources.

### PLEASE RETURN THE COMPLETED FORM TO:

The Medical Inspector; Occupational Health Chief Directorate, DMR, Trevenna Campus, private Bag X59, ARCADIA, 0007; C/o Regional Inspectors of Medicine

### A. DETAILS OF EMPLOYER

Name of Mine:

SAMRASS Code:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mine Code:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mine Address:

### B. PERSONAL DETAILS OF THE AFFECTED EMPLOYEE

Surname:

Name(s):

Date of birth:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Gender:

Male:

☐

Female:

☐

South African ID number/ Passport number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Industry number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Pension Fund number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TEBA number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

COY number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Occupation:

U/G

Surface

Date of death (If applicable):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

C. DETAILS OF DISEASE (Mark with "X" on the specific disease)	
1	Alcoholism
2	Alzheimer's Disease
3	Asthma
4	Bipolar Disorder
5	Cancer
6	Chronic Kidney Disease
7	Chronic Liver Disease
8	Chronic Obstructive Pulmonary Disease
9	Chronic Pain
10	Chronic Skin Disease
11	Chronic Urinary Disease
12	Chronic Venous Disease
13	Chronic Wound
14	Depression
15	Diabetes
16	Disability
17	Drug Abuse
18	Epilepsy
19	Heart Disease
20	Hypertension
21	Hyperlipidemia
22	Hyperuricemia
23	Hypothyroidism
24	Immune System Disease
25	Infectious Disease
26	Intestinal Disease
27	Joint Disease
28	Liver Disease
29	Lung Disease
30	Mental Disease
31	Musculoskeletal Disease
32	Nerve Disease
33	Obesity
34	Oral Disease
35	Other

[illegible]


**D. DETAILS OF SUBMISSION FOR COMPENSATION (Mark with "X" whether applicable)**

Is the disease compensable?

☐ Yes☐ No

Date submitted:

--	--	--	--	--	--	--	--

Was death caused by the reported disease/s?

☐ Yes☐ No

Employment status changed:

☐ Yes☐ No

If yes,

--	--	--	--	--	--	--	--

state date:

Is the disease reportable  
to:DoL Compensation  
Commissioner☐

MBOD

☐

RMA

☐

Compensation/claim number (If applicable):

### **E. EMPLOYMENT HISTORY RECORD (start with recent employment history)**

**F. GENERAL DETAILS****Person submitting the form:**

Surname:

Full Name(s):

Contact No.

--	--	--	--	--	--	--	--	--	--

Date:

--	--	--	--	--	--	--	--

---

Signature (person submitting)**Occupational Medical Practitioner:**

Surname:

Full Name(s):

HPCSA No:

Contact No.

--	--	--	--	--	--	--	--	--	--

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

## INTRODUCTION

The Health Incident Report (HIR) has been developed from recommendations of GEN 501 to generate centralised database to record the occurrence of occupational diseases in the South African mining industry, together with the morbidity and mortality of such diseases.

The database is used by the Mine Health and Safety Inspectorate for research purposes. This research helps to identify and classify problem areas in occupational disease management, so that appropriate preventative measures can be implemented. The occupational diseases database has been designed with an attached user guideline/procedure and the data-input form for completion by Occupational Medical Practitioners (OMPs) in the mining industry in submitting details of disease occurrences.

The Health Incident Report occupational diseases system uses the same list of mines as SAMRASS, the intention being to standardise data on disease incidents for administrative simplicity, as well as for statistical purposes.

Normal medical ethics must apply to confidentiality of personal and medical data. An employee consent form is attached as an annexure (Annexure B). There is a legal obligation to notify certain diseases, such as tuberculosis, to the authorities for protection of the community. In such a case, the common good has to override personal interests. But, as mentioned, access to the detailed data must be restricted in order to prevent violation of personal privacy rights.

The system is not designed to record clinical details of a disease occurrence; the main purpose of the data is to address the lack of information on the prevalence of occupational diseases in the mining industry. The nature of the data is designed to facilitate subsequent statistical analysis of masses of cases, rather than an in-depth clinical analysis of any specific case. This is to enable corrective measures to be prioritised and monitored. The document was developed in consultation with representatives from State, Labour and Employer.

The following aspects were taken into account:

- **Simplification**

An important consideration in the revision process was to design the reporting system without adding to the workload for the mines. With this in mind, codes which are consistent with industry reporting to Rand Mutual Assurance have been incorporated with SAMRASS reporting.

- **Content**

The choice and definition of variables to be reported, statistical measures and categories and groups for which statistics are reported, were revisited.

The new system has also been designed to conform to international standards and to facilitate comparison with other statistics.

- **Accuracy and Consistency**

Coding structures should be consistent with previous code sets so that history is not lost and should be readily understood by persons completing the prescribed forms.

- **Accessibility**

Statistics will be published in the Mine Health and Safety Inspectorate (MHSI) Annual Report and disseminated. Graphs, diagrams and explanatory notes will be used.

- **Uses**

Statistics will be presented, illustrating the situation and trends within the different mining sectors.

- **Common Vocabulary**

The intention of this document is to ensure that all mines make use of the same terminology regarding disease reporting.

## Annexure B

**Employee Consent Form**

I \_\_\_\_\_ (full names and surname) understand that my personal information regarding disease and employment will be sent as regulated to the Health Incident report database and may be used for purposes of reporting of occupational disease in mines and research.

I have been informed that confidentiality will be maintained in terms of Section 15 of the Mine Health and Safety Act, 1996, as amended.

\_\_\_\_\_  
Employee  
(Signature)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Occupational Medical Practitioner  
(Signature)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Witness1  
(Signature)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Witness2  
(Signature)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



## Annexure C

## USER GUIDELINE ON HEALTH INCIDENT REPORT (HIR)

### A. DETAILS OF EMPLOYER

- *Name of mine:* The name of the mine must be filled in.
- *SAMRASS Code:* The Mine's SAMRASS code must be filled in.
- *Mine Code:* The Mine's SAMRASS code must be filled in.
- *Mine Address:* The Mine's postal address must be filled in.

### B. PERSONAL DETAILS OF THE AFFECTED EMPLOYEE

Supply **ALL** available information on personal details.

U/G and surface Indicate the employee's designated working area

### C. DETAILS OF DISEASE

- *Date diagnosed:* The date when the employee was diagnosed, e.g. DD/MM/YYYY.
- *Disease:* Indicate with an "X" which disease/s the employee has been diagnosed with.

#### D. DETAILS OF SUBMISSION FOR COMPENSATION

- |                                      |  |
|--------------------------------------|--|
| • <i>Submitted for compensation:</i> | Mark with "X" if a compensation claim has been submitted.  |
| • <i>Date Submitted:</i>             | Date on which the compensation claim was submitted.  |
| • <i>Disease Caused Death:</i>       | State whether the employee died as a result of the disease.  |
| • <i>Employment Status Changed:</i>  | State if the employee's occupation has changed as a result of the disease.   |
| • <i>Date:</i>                       | Indicate the date from which the employee's employment status has changed.   |
| • <i>Compensation Houses/ Bodies</i> | Indicate which institution handled the compensation claim eg:<br>Rand Mutual Assurance, Compensation Commissioner or<br>Medical Bureau for Occupational Diseases |
| • <i>Compensation /claim number</i>  | Indicate the compensation/claim number   |

**E. WORK AND / EXPOSURES THAT LED TO THE DISEASE**

Supply **ALL** available information on the affected employee's work and work exposures.

**F. EMPLOYMENT HISTORY RECORD:**

Supply **ALL** information

**G. GENERAL DETAILS:**

Supply **ALL** information and sign the form where indicated

**Annexure D****USER GUIDELINE ON HEALTH INCIDENT REPORT (HIR)****LIST OF ACRONYMS**

PTB	Pulmonary tuberculosis
SIL+TB	Silico-tuberculosis
MDR-TB	Multidrug-resistant tuberculosis
XDR-TB	Extensively drug-resistant tuberculosis
SIL	Silicosis
ASB	Asbestosis
CWP	Coal Workers' pneumoconiosis
COAD	Chronic obstructive airway disease
NIHL	Noise-induced hearing loss

## Annexure E

## MHSI Regional Offices - Contact List

Region	Work Telephone	Work Fax	Postal Address
Eastern Cape	041 396 3940	041 373 8171	Private Bag X6076 PORT ELIZABETH 6000
Free State	057 391 1371/3	057 352 2270	Private Bag X33 WELKOM 9460
Gauteng	011 358 9776	011 339 6910	Private Bag X5 BRAAMFONTEIN 2017
KwaZulu-Natal	031 335 9626	031 305 5803	Private Bag X54307 DURBAN 3000
Limpopo	015 287 4705	015 287 4740	Private Bag X9467 POLOKWANE 0700
Mpumalanga	013 653 0500	013 690 2390	Private Bag X7279 WITBANK 1035
Northern Cape	053 807 1735	053 807 1761	Private Bag X6093 KIMBERLY 8300
North West-Klerksdorp	018 487 9867	018 487 9836	Private Bag A1 KLERKSDORP 2570
North West-Rustenburg	014 594 9240	086 750 2127	P O BOX 150 TLHABANE 0390
Western Cape	012 427 1004	021 427 1047	Private Bag X9 ROGGE BAY 8012

**DEPARTMENT OF JUSTICE AND CONSTITUTIONAL DEVELOPMENT  
DEPARTEMENT VAN JUSTISIE EN STAATKUNDIGE ONTWIKKELING**

**No. R. 700****12 September 2014**

**DESIGNATION OF COMMISSIONERS OF OATHS UNDER SECTION 6 OF THE JUSTICES OF THE PEACE  
AND COMMISSIONERS OF OATHS ACT, 1963 (ACT NO. 16 OF 1963)**

I, Tshililo Michael Masutha, Minister of Justice and Constitutional Development, acting under section 6 of the Justices of the Peace and Commissioners of Oaths Act, 1963 (Act No. 16 of 1963), hereby amend Government Notice No. R. 903 of 10 July 1998, as set out in the Schedule.

**SCHEDULE**

**Definition**

1. In this Government Notice, "the Notice" means Government Notice No. R. 903 of 10 July 1998, as amended by Government Notice Nos. R. 1687 of 24 December 1998, R. 950 of 6 August 1999, R. 1317 of 12 November 1999, R. 1510 of 24 December 1999, R. 1511 of 24 December 1999, R. 1180 of 17 November 2000, R. 301 of 6 April 2001, R. 847 of 14 September 2001, R. 1365 of 21 December 2001, R. 1366 of 21 December 2001, R. 515 of 22 April 2002, R. 211 of 14 February 2003, R. 401 of 28 March 2003, R. 402 of 28 March 2003, R. 942 of 4 July 2003, R. 943 of 4 July 2003, R. 947 of 4 July 2003, R. 1233 of 5 September 2003, R. 411 of 2 April 2004, R. 645 of 28 May 2004, R. 184 of 11 March 2005, R. 1003 of 26 October 2007, R. 112 of 8 February 2008, R. 1017 of 26 September 2008, R. 1321 of 12 December 2008, R. 1149 of 11 December 2009, R. 153 of 5 March 2010, R. 732 of 20 August 2010, R. 542 of 2 August 2013, R. 909 of 29 November 2013 and R. 546 of 11 July 2014.

**Substitution of item 61C in Schedule to the Notice**

2. Item 61C in the Schedule to the Notice is hereby substituted with the following:

"61C. South African Institute of Tax Professionals:

Chartered Tax Advisor (SA), Master Tax Professional (SA) and General Tax Professional (SA)."

**Substitution of item 61B in Schedule to the Notice**

3. Item 61B in the Schedule to the Notice is hereby substituted with the following:

"61B. South African Institute of Professional Accountants:

Professional Accountant (SA), Professional Tax Practitioner (SA) and Professional Tax Specialist (SA)."

**Substitution of item 29B in the Schedule to the Notice**

4. Item 29B in the Schedule to the Notice is hereby substituted with the following:

"29B. Institute of Certified Bookkeepers and Accountants:

Certified Technical Financial Accountant (SA) and Certified Financial Accountant (SA)."



**T M MASUTHA, MP (Adv)  
MINISTER OF JUSTICE AND CORRECTIONAL SERVICES**







**NOTICE – CHANGE OF TELEPHONE NUMBERS: GOVERNMENT PRINTING WORKS**

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The new numbers are as follows:

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- Advertising : 012 748 6205/6206/6207/6208/6209/6210/6211/6212
- Publications Enquiries : 012 748 6052/6053/6058 [GeneralEnquiries@gpw.gov.za](mailto:GeneralEnquiries@gpw.gov.za)
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- Creditors : 012 748 6246/6274

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