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EXPLANATORY NOTES ON:

How to complete the DMPR 142-form

when lodging a Section 20 Medical Appeal in terms
of the Mine Health and Safety Act, 1996 (Act 29 of 1996) as amended

This explanatory note aims to guide the individual [appellant] on the completion of the DMPR 142-form to ensure that all required information is captured correctly and that all supporting documentation is attached.

SECTION A: Particulars of the employer

The mine is the employer at the time that the appellant was declared unfit to perform work.

- NAME OF THE MINE: This is the official name of the mine.
- CONTACT NUMBER OF THE MINE: This is the telephone number of the mine.
- MINE CODE: This is the number allocated to the mine by the Department of Mineral and Petroleum Resources.
- TYPE OF MINE: Select the type of mine from the drop-down list provided e.g. underground or surface operations.
- COMMODITY MINED: Select the commodity that is mined from the drop-down list provided e.g. gold or manganese.
- IF 'OTHER MINES' WERE SELECTED, SPECIFY THE COMMODITIES MINED: If '*other mines*' were selected as the commodity mined, provide the specific commodity or commodities mined which is not specified in the above drop-down list [e.g. sand].
- REGION: Select the regional office of the Department of Mineral and Petroleum Resources from the drop-down list provided based on the location of the mine.
- DISTRICT: Provide the municipal district in which the mine is located.

SECTION B: Particulars of the employee

The appellant should use their passport number if they are not a South African citizen.

- SURNAME: This is the surname of the employee [appellant].
- INITIAL(S): These are the initial(s) of the employee [appellant].
- FULL NAME(S): These are the full name(s) of the employee [appellant].
- TITLE: This is the title of the employee [appellant].
- OCCUPATION: This is the job that the employee [appellant] is or was doing when the employee [appellant] was declared unfit to perform work at the mine specified in section A.
- IDENTITY OR PASSPORT NUMBER: Provide the identity number if the employee [appellant] is a South African citizen or the passport number if the employee [appellant] is a foreign national.
- EMPLOYEE NUMBER: This is the number that was allocated to the employee [appellant] by the mine while employed at the mine as specified in section A.
- LANDLINE: This is the telephone number of the employee [appellant].
- MOBILE: This is the mobile [cellular] number of the employee [appellant].
- EMAIL: This is the email address of the of the employee [appellant].

SECTION C: Particulars of the employee representative

The employee representative is a person chosen by the appellant.

- **SURNAME:** This is the surname of the employee representative.
- **INITIAL(S):** These are the initial(s) of the employee representative.
- **FULL NAME(S):** These are the full name(s) of the employee representative.
- **TITLE:** This is the title of the employee representative.
- **LANDLINE NUMBER:** This is the telephone number of the employee representative.
- **MOBILE NUMBER:** This is the a mobile [cellular] number of the employee representative.
- **EMAIL:** This is the email address of the employee representative.

SECTION D: Particulars of the Occupational Medical Practitioner [OMP]

The date declared unfit is the date in the Certificate of Fitness [COF] indicating when the appellant was determined as unfit to perform any category of work at a mine.

- **SURNAME:** This is the surname of the OMP.
- **INITIAL(S):** These are the initial(s) of the OMP.
- **FULL NAME(S):** These are the full name(s) of the OMP.
- **TITLE:** This is the title of the OMP.
- **LANDLINE NUMBER:** This is the telephone number of the OMP.
- **MOBILE NUMBER:** This is the a mobile [cellular] number of the OMP.
- **EMAIL:** This is the email address of the OMP.

SECTION E: Reason for the appeal

The individual lodging the appeal can only choose ONE of the options provided in the form, not both options.

- **OPTION 1:** When the employee [appellant] was declared unfit to perform any category of work at the mine [listed in section A] by the OMP and this should be lodged within 30 days of the decision of the OMP.
- **OPTION 2:** When the employee [appellant] uses a finding in the exit certificate – based on the exit certificate itself – and this should be lodged within 90 days of the exit.
- **DOES THE APPELLANT HAVE AN UNDERLYING CONDITION?** Select *'yes'* or *'no'* from the drop-down list provided.
- **IF 'YES', SPECIFY:** If *'yes'* was selected above, the employee [appellant] should specify the medical condition.

SECTION F: Consent

Consent is given to the Medical Inspector of Mines to access medical information and investigate the circumstances associated with the appeal.

- **SIGNAURE:** The signature by the individual [appellant] lodging the appeal acknowledges that the information in the form is correct and without this signature, the appeal cannot be processed.
- **DATE:** This is the date that the appeal form was completed by the individual [appellant] lodging the appeal.

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