Mine Accident, Injury and Illness Report

U.S. Department of Labor

Mine Safety and Health Administration

Approved For Use Through 04/30/2008 OMB Number 1219-0007

• Section A - Identification Data

MSHA ID Number | Contractor ID | Report Catagory: ◯ Metal/Nonmetal Mining ◯ Coal Mining | ☐ Check here if report pertains to contractor

Mine Name | Company Name

• Section B - Complete for Each Reportable Accident Immediately Reported to MSHA

1. Accident Code (circle applicable code - see instructions) ◯ 01 - Death ◯ 02 - Serious Injury ◯ 03 - Entrapment ◯ 04 - Inundation ◯ 05 - Gas or Dust Ignition ◯ 06 - Mine Fire ◯ 07 - Explosives ◯ 08 - Roof Fall ◯ 09 - Outburst ◯ 10 - Impounding Dam ◯ 11 - Hoisting ◯ 12 - Offsite injury

2. Name of Investigator | 3. Date Investigation Started (Month / Day / Year) | 4. Steps Taken to Prevent Recurrence of Accident

• Section C - Complete for Each Reportable Accident, Injury or Illness

5. Circle the Codes Which Best Describe Where Accident/Injury/Illness Occurred (see instructions)

(a) Surface Location: ◯ 02 Surface at Underground Mine ◯ 30 Mill, Preparation Plant, etc. ◯ 03 Strip/Open Pit Mine ◯ 04 Surface Auger Operation ◯ 05 Culm Bank/Refuse Pile ◯ 06 Dredge Mining ◯ 12 Other Surface Mining ◯ 17 Independent Shops (with own MSHA ID) ◯ 99 Office Facilities

(b) Underground Location: ◯ 01 Vertical Shaft ◯ 02 Slope/Inclined Shaft ◯ 03 Face ◯ 04 Intersection ◯ 05 Underground Shop/Office ◯ 06 Other

(c) Underground Mining Method: ◯ 01 Longwall ◯ 02 Shortwall ◯ 03 Conventional Stoping ◯ 05 Continuous Mining ◯ 06 Hand ◯ 07 Caving ◯ 08 Other

6. Date of Accident (Month / Day / Year) | 7. Time of Accident • am • pm | 8. Time Shift Started • am • pm | 7 | 8

9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment

10. Equipment Involved | Type | Manufacturer | Model Number | 10 | MAN

11. Name of Witness to Accident/Injury/Illness | 12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence

13. Name of Injured/Ill Employee | 14. Sex • Male • Female | 15. Date of Birth (Month / Day / Year) | 12 | 14

16. Last Four Digits of Social Security Number | 17. Regular Job Title | • 18. Check if this Injury/Illness resulted in death. ☐ | • 19. Check if Injury/Illness resulted in permanent disability (include amputation, loss of use, & permanent total disability. ☐ | 16 | 17 | 18 | 19

20. What Directly Inflicted Injury or Illness? | 21. Nature of Injury or Illness | 20 | 21

22. Part of Body Injured or Affected | 23. Occupational Illness (circle applicable code - see instructions) ◯ 21 Occupational Skin Diseases ◯ 22 Dust Diseases of the Lungs ◯ 23 Respiratory Conditions (toxic agents) ◯ 24 Poisoning (toxic Materials) ◯ 25 Disorders (physical agents) ◯ 26 Disorders (repeated trauma) ◯ 29 Other | 22 | 24

24. Employee's Work Activity When Injury or illness Occurred

Experience	Years	Weeks
25. Experience in This Job Title		
26. Experience at This Mine		
27. Total Mining Experience		

• Section D - Return to Duty Information

• 28. Permanently Transferred or Terminated (if checked, complete items 29,30, &31) ☐

29. Date Returned to Regular Job at Full Capacity (or item 28) (Month / Day / Year)

Answer 30 & 31 when case is closed

30. Number of Days Away from Work (if none, enter 0)

31. Number of Days Restricted Work Activity (if none, enter 0)

Person Completing Form (name) | Title

Date This Report Prepared (month, Day, year) | Area Code and Telephone Number

MSHA Form 7000-1, Feb 00 (revised)

For Official Use Only

Degree
Accident Type
Accident Class
Scheduled Charge
Keyword

Reset Form