

MINE ACCIDENT, INJURY, AND ILLNESS REPORT

MSHA FORM 7000-1

Section 50.20 of Part 50, Title 30, Code of Federal Regulations, requires a report to be prepared and filed with MSHA of each accident, occupational injury, or occupational illness occurring at your operation. The requirement includes all accidents, injuries, and illnesses as defined in Part 50 whether your employees or a contractor's employees are involved. A Form 7000-1 shall be completed and mailed within **ten working days** after an accident or occupational injury occurs, or an occupational illness is diagnosed.

This report is required by law (30 U.S.C. §813; 30 C.F.R. Part 50). Failure to report can result in the institution of a civil action for relief under 30 U.S.C. 9818 respecting an operator of a coal or other mine, and assessment of a civil penalty against an operator of a coal or other mine under 30 U.S.C. 9820(a). An individual who, being subject to the Federal Mine Safety and Health Act of 1977 (30 U.S.C. 9801 **at seq.**) knowingly makes a false statement in any report can be punished by a fine of not more than \$10,000 or by imprisonment for not more than 5 years, or both, under 30 U.S.C. §820.(f). Any individual who knowingly and willfully makes any false, fictitious, or fraudulent statements, conceals a material fact, or makes a false, fictitious, or fraudulent entry, with respect to any matter within the jurisdiction of any agency of the United States can be punished by a fine of not more than \$10,000, or imprisoned for not more than 5 years, or both, under 18 U.S.C. 91001.

REPORTING INSTRUCTIONS

Form 7000-1 consists of four sheets, an original (page 1) and three copies. The original will be mailed to MSHA, Denver Safety and Health Technology Center. The first copy (page 2) will be mailed to the appropriate local MSHA District or Subdistrict Office. Envelopes are included with the forms for mailing to those offices. If the mailed forms do not show return to duty information on an injured employee, complete and mail the second copy (page 3) to MSHA, Denver Safety and Health Technology Center, when the employee returns to regular job **at full capacity** or a final disposition is made on the injury or illness. The third copy (page 4) is to be retained at the mine for a period of **five years**. It is important to remember that a Form 7000-1 is required on each accident as defined in 30 CFR Part 50 whether any person was injured or not. A form is required on each individual becoming injured or ill, even when several were injured or made ill in a single occurrence. The principal officer in charge of health and safety at the mine or the supervisor of the mine area in which the accident, injury, or illness occurred shall be responsible for completing the Form 7000-1. Note: First aid cases (those for which no medical treatment was received, no time was lost, and no restriction of work, motion, or loss of consciousness occurred) need not be reported.

SPECIFIC INSTRUCTIONS

Detailed instructions for completing Form 7000-1 are contained in Part 50. A copy of Part 50 was sent to every active and intermittently active mine and independent mining contractor. If you do not have a copy, you may obtain one from your local MSHA Mine Safety and Health District or Subdistrict Office.

Section A- IDENTIFICATION DATA

Check the report category indicating whether your operation is in the metal/nonmetal mining industry or the coal mining industry.

MSHA ID Number is the number assigned to the operation by MSHA. If you are unsure of your number assignment, contact the nearest MSHA Mine Safety and Health District or Subdistrict Office. Reports on contractor activities at mines must include an MSHA-assigned contractor ID Number as well as the 7-digit operation ID.

Show mine name and company name. Independent contractors should provide the mine name and show the contractor name under "company name."

Section B- COMPLETE FOR EACH ACCIDENT IMMEDIATELY REPORTABLE TO MSHA

Section B is to be completed **only** when your operation has an accident that must be reported **immediately** to MSHA. Circle code 02 "Serious Injury" only if the injury has a reasonable potential to cause death. For additional detail on those specific kinds of accidents see Section 50.10 of Part 50. When it is necessary to complete Section B, circle the applicable accident code; give the name of the investigator (the person heading the investigating team on the accident); show the date the investigation was started; and describe briefly the steps taken to prevent a recurrence of such an accident.

Section C- COMPLETE FOR EACH REPORTABLE ACCIDENT, INJURY, OR ILLNESS

Section C must be completed on each form submitted to MSHA.

Item 5. If you are reporting an occurrence at a **surface** mine or other **surface** activity, circle the code which best describes the accident location in (a) Surface Location; do not mark any codes in (b) or (c). If you are reporting an occurrence in an **underground** mine, circle the code which best describes the underground location in (b) Underground Location **and** in (c) Underground Mining Method.

Items 6, 7, and 8. Show the date and time of the occurrence and the time the shift started in which the accident/incident occurred or was observed.

Item 9. Describe fully the conditions contributing to the occurrence. Detailed descriptions of the conditions provide the basis for accident and injury analyses which are intended to assist the mining industry in preventing future occurrences. Please see Part 50 for detail on what your narrative should include.

Item 10. If equipment was involved in the occurrence, name the type of equipment, the manufacturer, and the model number of the equipment.

Item 11. If there was a witness to the occurrence, give the name of the witness.

Item 12. If the occurrence resulted in one or more injuries, report the number. A separate report must be made on each injured person.

Item 13. Show the name of the injured person. [Note: In these instructions, "injured person" means a person either injured or ill.]

Item 14. Indicate the sex of the injured person.

Item 15. Show the date of birth of the injured person.

Item 16. Show the last four digits of the injured person's Social Security Number.

Item 17. Give the regular job title of the injured person at the time he was injured.

Item 18. Check this box if the injury or illness resulted in death.

Item 19. Check this box if the injury or illness resulted in a permanent disability. A permanent disability is any injury or occupational illness other than death which results in the loss (or complete loss of use) of any member (or part of a member) of the body, or a permanent impairment of functions of the body, or which permanently and totally incapacitates the injured person from following any gainful occupation.

Item 20. Name the object or substance that directly caused the injury or illness.

Item 21. Report the nature of injury or illness by naming the illness; or for injuries, by using common medical terms such as puncture wound, third degree burn, fracture, etc. For multiple injuries, enter the injury which was the most serious. Avoid general terms such as hurt, sore, sick, etc.

Item 22. Name the part of body with the most serious injury.

Item 23. Occupational illness is any abnormal condition or disorder, other than one resulting from an occupational injury, which falls into the following categories:

Code 21 - Occupational Skin Diseases or Disorders.

Examples: Contact dermatitis, eczema, or rash caused by primary irritants and sensitizers or poisonous plants; oil acne; chrome ulcers; chemical burns or inflammations; etc.

Code 22 - Dust Diseases of the Lungs (Pneumoconioses).

Examples: Silicosis, asbestosis, coal worker's pneumoconiosis, byssinosis, and other pneumoconioses.

Code 23 - Respiratory Conditions Due to Toxic Agents.

Examples: Pneumonitis, pharyngitis, rhinitis, or acute congestion due to chemicals, dusts, gases, or fumes; etc.

Code 24 - Poisoning (Systemic Effects of Toxic Materials).

Examples: Poisoning by lead, mercury, cadmium, arsenic, or other metals, poisoning by carbon monoxide, hydrogen sulfide, or other gases; poisoning by benzol, carbon tetrachloride, or other organic solvents; poisoning by insecticide sprays such as parathion, lead arsenate; poisoning by other chemicals such as formaldehyde, plastics, and resins; etc.

Code 25 - Disorders Due to Physical Agents (Other than Toxic Materials).

Examples: Heatstroke, sunstroke, heat exhaustion and other effects of environmental heat; freezing, frostbite and effects of exposure to low temperatures; caisson disease; effects of ionizing radiation (isotopes, x-rays, radium); effects of nonionizing radiation (welding flash, ultraviolet rays, microwaves, sunburn); etc.

Code 26 - Disorders Associated with Repeated Trauma.

Examples: Noise-induced hearing loss; synovitis, tenosynovitis, and bursitis; Raynaud's phenomena; and other conditions due to repeated motion, vibration, or pressure.

Code 29 - All Other Occupational Illnesses.

Examples: Infectious hepatitis, malignant and benign tumors, all forms of cancer, kidney diseases, food poisoning, histoplasmosis; etc.

Item 24. Describe what the employee was doing when he or she became injured or ill.

Items 25, 26, and 27. Show the number of weeks (or years and weeks) of experience of the injured person at the job title (indicated in Item 17), at your operation, and his/her total mining experience.

Section D - RETURN TO DUTY INFORMATION

Section D is to be completed in full when all return-to-duty information is available. If the information is not available within **ten working days** after a reportable occurrence, then the first two pages are sent to MSHA without Section D being completed; PAGE 3 is then mailed to DSHTC- with full information **when the data are available**. Until all the items are answered and the report sent to DSHTC-DMIS, the occurrence remains an open case.

Item 28. If the injured person was transferred or terminated as a result of the injury or illness, check the box and answer items **29, 30, and 31**.

Item 29. Show the date that the injured person returned to his regular job at full capacity or was transferred or terminated. This date should indicate when the count of days away from work and/or days of restricted work activity have stopped.

Item 30. Show the number of workdays 1/ the injured person did not report to his place of employment, i.e., number of days away from work.

Item 31. Show the number of workdays the injured person was on restricted work activity; do not include days away from work reported in Item 30.

At the bottom of the form, show the name of the person who completed the form; the date the report was prepared; and the telephone number where the person who completed the form may be reached.

1/ Note: The number of lost workdays should not include the day of injury or onset of illness, or any days on which the employee was not previously scheduled to work even though able to work, such as holidays or plant closures. Diagnosis of an "occupational illness or disease" under Part 50 does not automatically mean a disability or impairment for which the miner is eligible for compensation, nor does the Agency intend for an operator's compliance with Part 50 to be equated with an admission of liability for the reported illness or disease. If a chest x-ray for a miner with a history of exposure to silica or other pneumoconiosis-causing dusts is rated at 1/0 or above, utilizing the International Labor Office (ILO) classification system, it is MSHA's policy that such a finding is, for Part 50 reporting, a diagnosis of an occupational illness, in the nature of silicosis or other pneumoconiosis and, consequently, reportable to MSHA.

DEFINITIONS

(1) "Coal or other mine" means (a) an area of land from which minerals are extracted in nonliquid form or, if in liquid form, are extracted with workers underground, (b) private ways and roads appurtenant to such area, and (c) lands, excavations, underground passageways, shafts, slopes, tunnels and workings, structures, facilities, equipment, machines, tools, or other property including impoundments, retention dams, and tailings ponds, on the surface or underground, used in, or to be used in, or resulting from, the work of extracting such minerals from their natural deposits in nonliquid form, or if in liquid form, with workers underground, or used in, or to be used in, the milling of such minerals, or the work of preparing coal or other minerals, and includes custom coal preparation facilities. In making a determination of what constitutes mineral milling for purposes of this Act, the Secretary shall give due consideration to the convenience of administration resulting from the delegation to one Assistant Secretary of all authority with respect to the health and safety of miners employed at one physical establishment.

(2) "Operator" means any owner, lessee, or other person who operates, controls, or supervises a coal or other mine or any designated independent contractor performing services or construction at such mine.

(3) "Occupational injury" means any injury to a worker which occurs at a mine for which medical treatment is administered, or which results in death, loss of consciousness, inability to perform all job duties on any day after an injury, or transfer to another job.

(4) "Occupational illness" means an illness or disease of a worker which may have resulted from work at a mine or for which an award of compensation is made.

(5) "Medical treatment" means treatment, other than first aid, administered by a physician or by a registered medical professional acting under the orders of a physician.

DIFFERENCES BETWEEN MEDICAL TREATMENT AND FIRST AID

Medical treatment includes, but is not limited to, the suturing of any wound, treatment of fractures, application of a cast or other professional means of immobilizing an injured part of the body, treatment of infection arising out of an injury, treatment of bruise by the drainage of blood, surgical removal of dead or damaged skin (debridement), amputation or permanent loss of use of any part of the body, treatment of second and third degree burns. Procedures which are diagnostic in nature are not considered by themselves to constitute medical treatment. Visits to a physician, physical examinations, x-ray examinations, and brief hospitalization for observations, where no evidence of injury or illness is found and no medical treatment given, do not in themselves constitute medical treatment. However, if scheduled workdays are lost because of hospitalization, the case must be reported. Procedures which are preventative in nature also are not considered by themselves to constitute medical treatment. Tetanus and flu shots are considered preventative in nature. First aid includes any one-time treatment and follow-up visit for the purpose of observation of minor scratches, cuts, burns, splinters, etc. Ointments, salves, antiseptics, and dressings to minor injuries are considered to be first aid.

(1) **Abrasions**

(i) First aid treatment is limited to cleaning a wound, soaking, applying antiseptic and nonprescription medication, and bandaging on the first visit and follow-up visits limited to observation including changing dressing and bandages. Additional cleaning and application of antiseptic constitutes first aid where it is required by work duties that soil the bandage.

(ii) Medical treatment includes examination for removal of imbedded foreign material, multiple soakings, whirlpool treatment,

treatment of infection, or other professional treatments and any treatment involving more than a minor spot-type injury. Treatment of abrasions occurring to greater than full skin depth is considered medical treatment.

(2) **Bruises**

(i) First aid treatment is limited to a single soaking or application of cold compresses, and follow-up visits if they are limited only to observation.

(ii) Medical treatment includes multiple soakings, draining of collected blood, or other treatment beyond observation.

(3) **Burns, Thermal and Chemical** (resulting in destruction of tissue by direct contact).

(i) First aid treatment is limited to cleaning or flushing the surface, soaking, applying cold compresses, antiseptics or nonprescription medications, and bandaging on the first visit, and follow-up visits restricted to observation, changing bandages, or additional cleaning. Most first degree burns are amenable to first aid treatment.

(ii) Medical treatment includes a series of treatments including soaks, whirlpool, skin grafts, and surgical debridement (cutting away dead skin). Most second and third degree burns require medical treatment.

(4) **Cuts and Lacerations**

(i) First aid treatment is the same as for abrasions except the application of butterfly closures for cosmetic purposes only can be considered first aid.

(ii) Medical treatment includes the application of butterfly closures for noncosmetic purposes, sutures (stitches), surgical debridement, treatment of infection, or other professional treatment.

(5) **Eye Injuries**

(i) First aid treatment is limited to irrigation, removal of foreign material not imbedded in eye, and application of nonprescription medications. A precautionary visit (special examination) to a physician is considered as first aid if treatment is limited to above items, and follow-up visits if they are limited to observation only.

(ii) Medical treatment cases involve removal of imbedded foreign objects, use of prescription medications, or other professional treatment.

(6) **Inhalation of Toxic or Corrosive Gases**

(i) First aid treatment is limited to removal of the worker to fresh air or the one-time administration of oxygen for several minutes.

(ii) Medical treatment consists of any professional treatment beyond that mentioned under first aid and all cases involving loss of consciousness.

(7) **Splinters and Puncture Wounds**

(i) First aid treatment is limited to cleaning the wound, removal of foreign object(s) by tweezers or other simple techniques, application of antiseptics and nonprescription medications, and bandaging on the first visit. Follow-up visits are limited to observation including changing of bandages. Additional cleaning and applications of antiseptic constitute first aid where it is required by work duties that soil the bandage.

(ii) Medical treatment consists of removal of foreign object(s) by physician due to depth of imbedment, size or shape of object(s), or location of wound. Treatment for infection, treatment of a reaction to tetanus booster, or other professional treatment, is considered medical treatment.

(8) **Sprains and Strains**

(i) First aid treatment is limited to soaking, application of cold compresses, and use of elastic bandages on the first visit. Follow-up visits for observation, including re-applying bandage, are first aid.

(ii) Medical treatment includes a series of hot and cold soaks, use of whirlpools, diathermy treatment, or other professional treatment.

Mine Accident, Injury and Illness Report



▶ **Section A - Identification Data**

MSHA ID number	Contractor ID	Report Category <input type="checkbox"/> Metal/Nonmetal Mining <input type="checkbox"/> Coal Mining	Check here if report pertains to contractor <input type="checkbox"/>
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 4. Steps taken to prevent recurrence of accident

month	day	year
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▶ **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 Stopping 05 - Continuous Mining 06 - Hand 07 - Caving 08 - Other

6. Date of accident 7. Time of accident am 8. Time shift started am
 pm pm

month	day	year
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9. Describe fully the conditions contributing to the accident/injury/illness, and quantify the damage or impairment _____

10. Equipment involved Type Manufacturer Model number

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
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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)

20. What directly inflicted injury or illness? 21. Nature of injury or illness

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

24. Employee's work activity when injury or illness occurred	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align:left;">Experience</th> <th style="text-align:center;">Years</th> <th style="text-align:center;">Weeks</th> </tr> <tr> <td>25. Experience in this job title</td> <td></td> <td></td> </tr> <tr> <td>26. Experience at this mine</td> <td></td> <td></td> </tr> <tr> <td>27. Total mining experience</td> <td></td> <td></td> </tr> </table>	Experience	Years	Weeks	25. Experience in this job title			26. Experience at this mine			27. Total mining experience			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align:left;">Answer 30 & 31 when case is closed</th> </tr> <tr> <td style="width:50%; vertical-align: top;">28. Permanently transferred or terminated (if checked, complete items 29, 30, and 31) <input type="checkbox"/></td> <td style="width:50%; vertical-align: top;">29. Date returned to regular job at full capacity (or item 28)</td> </tr> <tr> <td style="width:50%; vertical-align: top;">30. Number of days away from work (if none, enter 0)</td> <td style="width:50%; vertical-align: top;">31. Number of days restricted work activity (if none, enter 0)</td> </tr> </table>	Answer 30 & 31 when case is closed		28. Permanently transferred or terminated (if checked, complete items 29, 30, and 31) <input type="checkbox"/>	29. Date returned to regular job at full capacity (or item 28)	30. Number of days away from work (if none, enter 0)	31. Number of days restricted work activity (if none, enter 0)
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▶ **Section D - Return to Duty Information**

Person completing form (name) Title

Date this report prepared (month, day, year) Area code and phone number

For official use only

Degree _____

Accident Type _____

Accident Class _____

Scheduled Charge _____

Keyword _____

7
8

10
Man

12
14
16
17
18
19
20
21
22
24

Mine Accident, Injury and Illness Report



▶ **Section A - Identification Data**

MSHA ID number	Contractor ID	Report Category <input type="checkbox"/> Metal/Nonmetal Mining <input type="checkbox"/> Coal Mining	Check here if report pertains to contractor <input type="checkbox"/>
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
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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 Stopping 05 - Continuous Mining 06 - Hand 07 - Caving 08 - Other

6. Date of accident

month	day	year
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7. Time of accident am pm

8. Time shift started am pm

9. Describe fully the conditions contributing to the accident/injury/illness, and quantify the damage or impairment _____

10. Equipment involved Type Manufacturer Model number

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
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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)

20. What directly inflicted injury or illness?

21. Nature of injury or illness

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

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**

Answer 30 & 31 when case is closed

28. Permanently transferred or terminated (if checked, complete items 29, 30, and 31)

29. Date returned to regular job at full capacity (or item 28)

month	day	year
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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 phone number

For official use only

Degree _____

Accident Type _____

Accident Class _____

Scheduled Charge _____

Keyword _____

Mine Accident, Injury and Illness Report



▶ **Section A - Identification Data**

MSHA ID number	Contractor ID	Report Category <input type="checkbox"/> Metal/Nonmetal Mining <input type="checkbox"/> Coal Mining	Check here if report pertains to contractor <input type="checkbox"/>
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
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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 Stopping 05 - Continuous Mining 06 - Hand 07 - Caving 08 - Other

6. Date of accident

month	day	year
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7. Time of accident am pm

8. Time shift started am pm

9. Describe fully the conditions contributing to the accident/injury/illness, and quantify the damage or impairment _____

10. Equipment involved Type Manufacturer Model number

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
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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)

20. What directly inflicted injury or illness?

21. Nature of injury or illness

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23. Occupational illness (circle applicable code - see instructions)
 21 - Occupational Skin Diseases 22 - Dust Diseases of the Lungs 23 - Respiratory Conditions (Toxic Agents)
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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**

Answer 30 & 31 when case is closed

28. Permanently transferred or terminated (if checked, complete items 29, 30, and 31)

29. Date returned to regular job at full capacity (or item 28)

month	day	year
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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 phone number

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Degree _____

Accident Type _____

Accident Class _____

Scheduled Charge _____

Keyword _____

Mine Accident, Injury and Illness Report



Section A - Identification Data

MSHA ID number	Contractor ID	Report Category <input type="checkbox"/> Metal/Nonmetal Mining <input type="checkbox"/> Coal Mining	Check here if report pertains to contractor <input type="checkbox"/>
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
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2. Name of investigator

3. Date investigation started

month	day	year
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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
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(c) Underground Mining Method: 01 - Longwall 02 - Shortwall 03 - Conventional Stopping 05 - Continuous Mining 06 - Hand 07 - Caving 08 - Other

6. Date of accident

month	day	year
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7. Time of accident am pm

8. Time shift started am pm

9. Describe fully the conditions contributing to the accident/injury/illness, and quantify the damage or impairment

10. Equipment involved Type Manufacturer Model number

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
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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)

20. What directly inflicted injury or illness?

21. Nature of injury or illness

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

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

Answer 30 & 31 when case is closed

28. Permanently transferred or terminated (if checked, complete items 29, 30, and 31)

29. Date returned to regular job at full capacity (or item 28)

month	day	year
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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 phone number

For official use only

Degree _____

Accident Type _____

Accident Class _____

Scheduled Charge _____

Keyword _____

PRIVACY ACT NOTICE FOR MINE ACCIDENT, INJURY AND ILLNESS REPORTS

GENERAL

This notice is given as required by Public Law 93-579 (Privacy Act of 1974) December 31, 1974, to the operators of mines providing personal information on injury and illness reports and accident investigations.

AUTHORITY

The authority to collect this information is Section 103 of Public Law 91-173, as amended by Public Law 95-164.

PURPOSE AND USE OF INFORMATION

The information collected will be used to help determine the cause of accidents, injuries, illnesses and fatalities associated with metal and nonmetallic and coal mining. The information will also be used with the intent to prevent and reduce future accidents, injuries, fatalities and illnesses.

EFFECTS OF NON-DISCLOSURE

You are required to furnish the information. Without it, MSHA may not be able to help prevent miners and other workers from becoming similarly hurt or ill in the future.

INFORMATION REGARDING PERSONAL IDENTIFICATION UNDER PUBLIC LAW 93-579 SECTION 7(b)

MSHA asks for the last 4 digits of the social security number under authority of Section 103 of Public Law 91-173, as amended by Public Law 95-164. This personal identification, which is not unique to any individual, helps MSHA establish the accuracy and usefulness of the information from injury and illness records.

BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instruction, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This is a mandatory collection of information as required by 3 CFR 50.20. The information is used to establish injury, accident or illness files used to measure the levels of injury experience and identify those areas most in need of improvement. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Program Evaluation and Information Resources, Mine Safety and Health Administration, U.S. Department of Labor, Room 2301, 1100 Wilson Boulevard, Arlington, VA 22209-3939, and to the Office of Management and Budget, Paperwork Reduction Project (1219-0007), Washington, D.C. 20503.

Persons are not required to respond to this collection of information unless it displays a currently valid control number.