

**MSHA Form 7000-1
Online Filing Procedures
Prepared August, 2009**

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Form 7000-1 — Accident, Injury, and Illness

A Mine **Accident, Injury, and Illness Form (7000-1)** must be completed for those incidents defined as “accidents, occupational injuries,” or “occupational illnesses.”

Regulations

Section 50.20 of Part 50, Title 30, Code of Federal Regulations (CFR), requires preparing and filing a report with MSHA for each accident, occupational injury, or occupational illness occurring at the mine operation. This includes all accidents, injuries, and illnesses as defined in **Part 50**, whether your employees or a contractor's employees are involved. You must complete and mailed a **Form 7000-1** **within 10 working days** after an accident or occupational injury occurs, or after the diagnosis of an occupational illness.

Penalties for Failure to Report

This report is required by law (**30 USC §813; 30 CFR Part 50**). Failure to report can result in civil action for relief under **30 United States Codes (USC) 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 USC 9820(a)**.

An individual subject to the **Federal Mine Safety and Health Act of 1977 (30 USC 9801 at seq.)**, who 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 five years, *or both* under **30 USC §820(f)**.

Any individual who knowingly and willfully makes a false, fictitious, or fraudulent statement, 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 US can be punished by a *fine* of not more than \$10,000, or *imprisoned* for not more than five years, *or both* under **18 USC 91001**.

Log on to EGOV

30 CFR Part 50.201 requires a complete **Mine Accident, Injury, and Illness Form (7000-1)** for any incidents defined as “accidents,” “occupational injuries,” or “occupational illnesses.” (The definitions of those terms are also located in **30 CFR Part 50.201**.) Create an initial **7000-1 form** when a new accident, occupational injury, or occupational illness occurs.

- To complete the form online, open a web browser window, enter www.MSHA.gov in the address bar, and press enter. The window below opens.



UNITED STATES DEPARTMENT OF LABOR
 Mine Safety and Health Administration - MSHA
 - Protecting Miners' Safety and Health Since 1978

In Focus

From the Assistant Secretary's Desk

What's New?

- Posted 6/2/2014 - FAQs on the Dust Rule
- Posted 6/2/2014 - Accident Report Overview
- Posted 5/29/2014 - Press Release
- Posted 5/28/2014 - Press Release
- Posted 5/23/2014 - Accident Report with Overview
- Posted 5/23/2014 - Fatalgram
- Posted 5/22/2014

Online Tools

- Online Filing/Forms Homepage / Online Filing Help Desk
- Report a Hazardous Condition
- Reportar una condición peligrosa
- Individual MSHA Qualifications and Certifications Info
- MIIN
- Part 50 Reporting
- SCSR Inventory and Report
- MSHA's Digital Library
- Digitized Mine Maps
- Diesel Inventory

Quick Links (Hot Topics)

- Alerts/Hazards
- Crandall Canyon Mine Single Source Page
- Failures of Fittings and Valves in Refuge Alternatives
- Metal/Nonmetal Resource Page
- MSHA's FOIA Page
- MSHA's Help Desk
- Phase-out of CSE SR-100 breathing devices resource page
- Upper Big Branch Mine-South Single Source Page
- Ocenoco M-20 SCSR Notice
- JAHSA - Holmes Mine Rescue Association

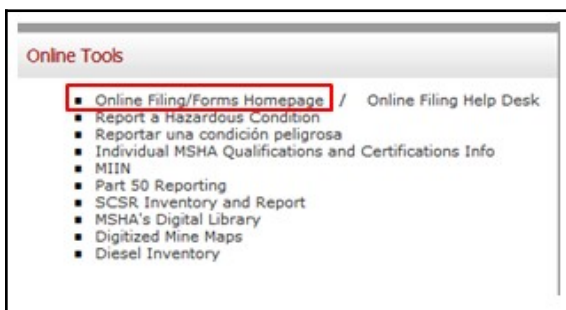
Enforcement

Select Here...

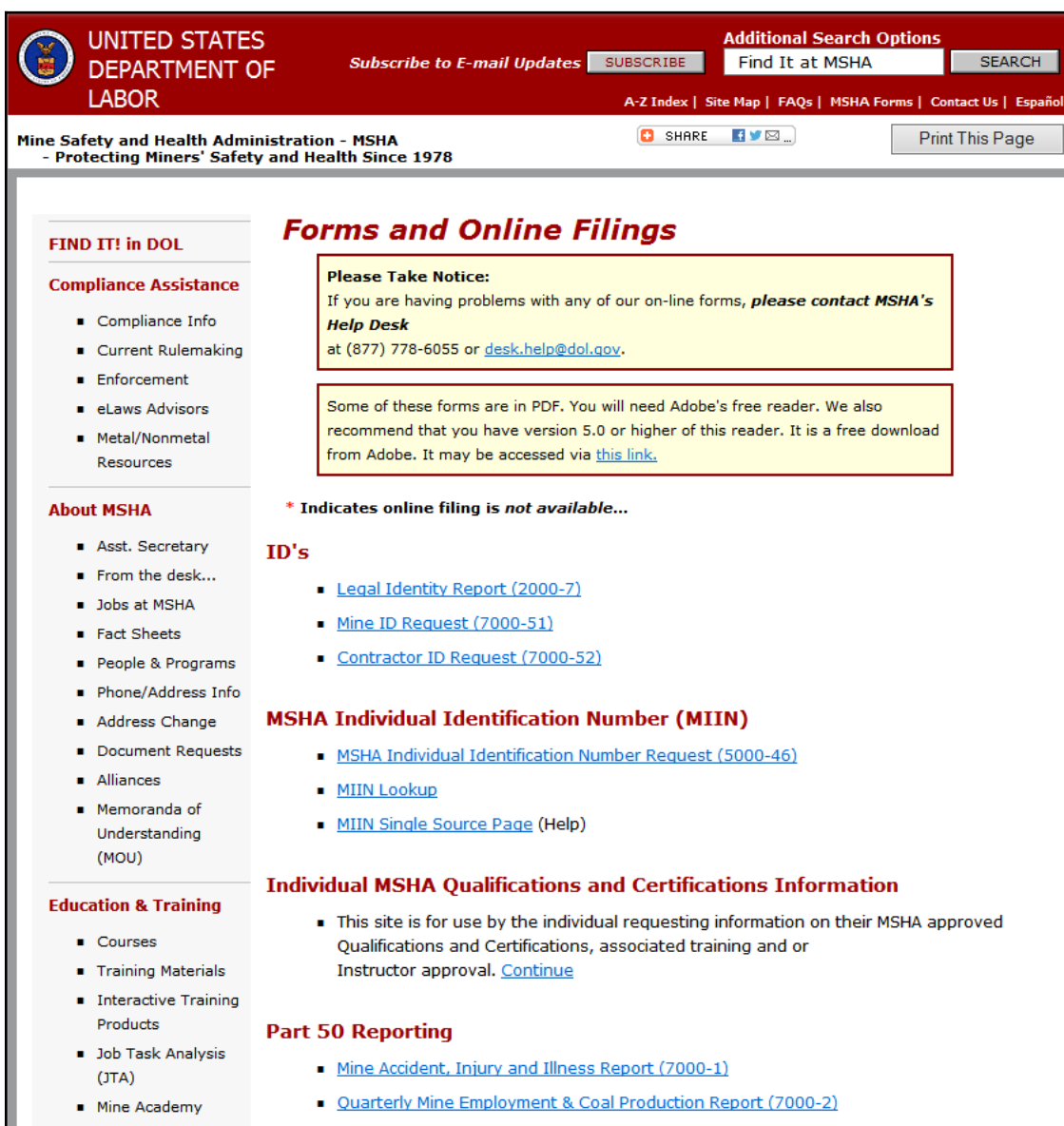
More Information

- Regulations Published this year (2014)
- Title 30 Code of Federal Regulations (30 CFR)
- Comments on Public Rule Making
- Unified Agenda
- Hearing Submissions and Transcripts
- Statutory and Regulatory Single Source Page

2. Log on to the EGOV system under **Online Tools** in the left column, click the **Online Filing/Forms Homepage** link.



3. The window below opens.



- Under **Part 50 Reporting**, click the **Mine Accident, Injury and Illness Report (7000-1)** link.

Part 50 Reporting

- [Mine Accident, Injury and Illness Report \(7000-1\)](#)
- [Quarterly Mine Employment & Coal Production Report \(7000-2\)](#)

- This opens the **MSHA Forms and Online Filings**, shown below.



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SHARE



MSHA Forms and Online Filings

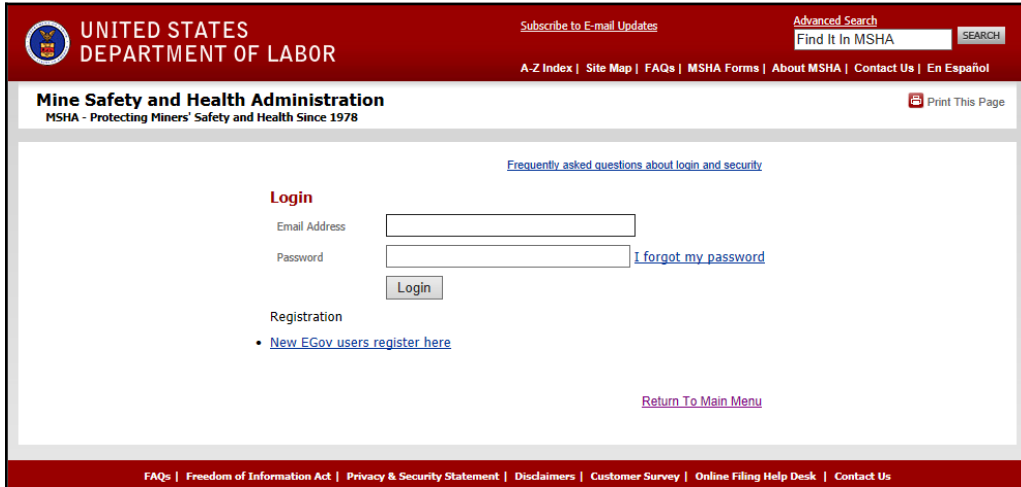
Form number:	MSHA Form 7000-1
Form name:	Mine Accident, Injury and Illness Report
Description:	If an accident, injury or illness occurs at or in conjunction with activity at a mine, mine operators are required to report the circumstances of the incident to MSHA using Form 7000-1.
OMB Control Number and Expiration Date:	1219-0007; 7/31/2014
Filing Options:	<p>Form 7000-1, Mine Accident, Injury and Illness Report can be filed online electronically or the form fill version can be completed, printed (or printed and filled in manually) and sent to MSHA according to the instructions provided below.</p> <p style="text-align: center;"> File online electronically Form fill, print and mail or fax Change online filing registration information </p>
Filing Instructions:	<p>Detailed Instructions for completing Form 7000-1, Mine Accident, Injury and Illness Report Definitions of terms used in Form 7000-1, Mine Accident, Injury and Illness Report</p>

- Under **Filing Options**, click **File Online Electronically**.

Filing Options: Form 7000-1, Mine Accident, Injury and Illness Report can be filed online form fill version can be completed, printed (or printed and filled in manual MSHA according to the instructions provided below

[File online electronically](#)
[Form fill, print and mail or fax](#)
[Change online filing registration information](#)

7. The MSHA **Login** page opens.



8. If you have previously registered, enter your **E-mail Address** and **Password**. You can then begin the filing an initial 7000-1 online.

OR

Register as a new EGOV user by clicking the **New EGOV users register here** link under **Registration**, then following the steps below under **Registration**.

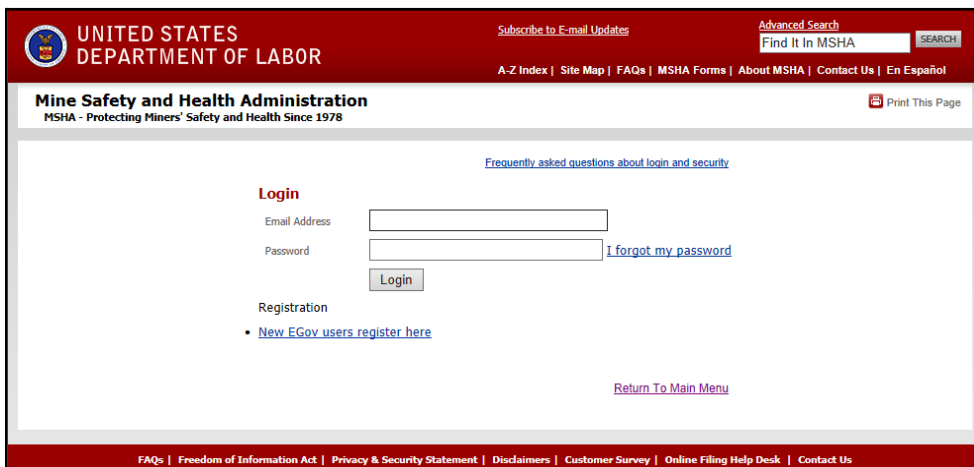
Registration

Register as a new EGOV user by clicking the **New EGOV users register here** link under **Registration**, then following the steps below.

Note:

You only need to register ONCE; however, the registration must be complete, including clicking the link you receive in the confirmation e-mail from MSHA.

1. Click the **New EGOV users register here** link.



2. The window below opens.

Registration Information

<p>Contact Information</p> <p>*Email Address <input style="width: 100%;" type="text"/></p> <p>*Password <input style="width: 100%;" type="password"/></p> <p>*Confirm Password <input style="width: 100%;" type="password"/></p> <p>*First Name <input style="width: 100%;" type="text"/></p> <p>*Last Name <input style="width: 100%;" type="text"/></p> <p>* Title <input style="width: 100%;" type="text"/></p> <p>*Contact Phone <input style="width: 100%;" type="text"/></p> <p>(* Required Fields)</p> <p style="color: red;">Password requirements:</p> <ul style="list-style-type: none"> • Must be 8-15 characters in length • Must contain one uppercase character and one special character (IE;!,&,%,\$,@,#) • Cannot contain any of the following characters (>,<,*) 	<p>Company Information</p> <p>*Company Name <input style="width: 100%;" type="text"/></p> <p>* Street/P.O. Box <input style="width: 100%;" type="text"/></p> <p>*City <input style="width: 100%;" type="text"/></p> <p>*Country <input style="width: 100%;" type="text" value="USA"/></p> <p>*State <input style="width: 100%;" type="text" value="Select a State..."/></p> <p>*Zip Code <input style="width: 100%;" type="text"/></p> <p>*Company Phone <input style="width: 100%;" type="text"/></p>
---	---

3. Enter the following information. Remember, the red asterisk (*) indicates the information is required, and not optional.

Contact Information

- a. ***Email Address** — Enter the e-mail address where you want notifications sent
- b. ***Password** — Must be between from 8 to 15 characters long, containing 1 uppercase and 1 special character. It cannot, however, contain these characters: <, >, or *
- c. ***Confirm Password** — Re-enter the password you chose
- d. ***First Name** — Enter your first name
- e. ***Last Name** — Enter your last name
- f. ***Title** — Enter your title
- g. ***Contact Phone** — Enter your telephone number

Company Information

- a. ***Company Name** — Enter your company name
- b. ***Street/P.O. Box** — Enter your street address or P.O. Box
- c. ***City** — Enter the city
- d. ***Country** — Select your country from the drop down list
- e. ***State** — Enter or select the State from the drop-down list
- f. ***Zip Code**— Enter the ZIP code
- g. ***Company Phone** — Enter your company phone number. For example, this may be a main telephone number, instead of your direct number.

4. When done, click **Register**.

CAUTION!

You **cannot edit** the information once you click **Register**. Therefore, make sure all entries are correct before clicking **Register**.

If the form is incomplete and you click **Register**, you are **not registered** because the form is not complete.

5. The window below opens.

Open your email and click on the link to complete your registration.

An email has been sent to the email address you entered to verify your registration. Once you receive the email you will need to click on the link provided to complete the registration process. You have 48 hours from the time the email was sent to respond and complete your registration. If you do not complete your registration in that time you will need to start the registration process again from the beginning. This browser window does not need to remain open to complete the registration process.

Troubleshooting: If the link sent to your email address does not work highlight the link listed in the email (everything inside of the '<' and '>' brackets) with your mouse and use the ctrl+c command to copy the key to your clipboard. Then place the mouse cursor in the address field of your web browser and use the ctrl+v command to paste the link. You can also use the "cut" and "paste" options on your menu.

If you have questions or concerns please contact the MSHA Help Desk at 1-877-778-6055.

[Return To Main Menu](#)

6. And you will receive an e-mail similar to this one.

From: Amy Parker [amy@parkerohana.com] Sent: Thu 10/11/2007 4:22 PM
To: Hawkins, Melodie - MSHA
Cc:
Subject: Fw: MSHA Online Forms Advisor New Registration Confirmation

----- Forwarded Message -----
From: "user.registration@dol.gov" <user.registration@dol.gov>
To: amy@parkerohana.com
Sent: Thursday, October 11, 2007 4:11:10 PM
Subject: MSHA Online Forms Advisor New Registration Confirmation

Thank you for registering on the MSHA online forms advisor. To complete the registration process please do the following:

1) Click on the link below.

OR

2) Highlight the URL below (everything inside of the '<' and '>' brackets) with your mouse and use the ctrl+c command to copy the key to your clipboard. Then place the mouse cursor in the address field in the web browser and use the ctrl+v command to paste the link.

<http://lakdev3/EGOV.STST.4v7/UserManagement/Login.aspx?SecurityToken=4A7372439A093851061FCA4B05ECF73A>

Important: You must click on the link above within 48 hours for your registration to be successful. If you wait longer than that you will need to start the registration process again.

If you have questions or concerns please contact the MSHA Help Desk at 1-877-778-6055.

7. You are not finished until you click the link in the e-mail. If you do not click the link in the e-mail, your EGOV registration is not complete.

NOTE:

You must click the link in the e-mail within **48 hours** to complete your registration.

Verification

To complete your registration with EGOV, follow the instructions in the e-mail and either click the link or copy and paste the URL to confirm the registration. You have **48 hours** to do this. Failure to respond within 48 hours causes the system disregard your registration.

NOTE:

You must click the link in the e-mail within **48 hours** to confirm your registration.

You can either click the link in your e-mail, or copy-and-paste the URL in the address field of a web browser window. Remember, registration is not complete until you respond to the confirmation e-mail.

8. After clicking the link in your e-mail, the confirmation window below opens.

Thank you for registering on the MSHA online forms advisor.

You have registered with the following email address: mccoys21@yahoo.com

This email address will be used as your login username. To start using the system click on the link below and enter your username and password. Please print this page for your records.

You should find many of the forms you will need to file with MSHA available online. Each form includes detailed instructions in HTML, PDF, or Microsoft Word versions. Filing online will provide you with immediate access to all previous filings. From the Forms and Online Filing menu follow the link under Additional Resources to lookup previous filings. When you file online you do not need to file a paper version of the form. If you choose not to file your form online you can also find printable copies of the forms in PDF versions with instructions on where to send the form.

If you have questions or concerns please contact the MSHA Help Desk at 1-877-778-6055.

[Click here to login and begin using the site.](#)

[If you have an E-Authentication ID, click here](#)

9. Once you have completed the EGOV registration, you can begin filing your forms online.
10. Click the **Click here to login and begin using the site** link to begin filing your forms and information online.

NOTE:

If the e-mail address used in the registration needs changed, contact **MSHA's Help Desk** at **1-877-778-6055**; 6 AM - 8 PM Eastern Time, Monday through Friday.

Multiple Filers

If your company has multiple filers and needs more than one person to access the online forms, contact **MSHA's Help Desk** at the numbers above and give them the e-mail addresses you need linked together so they can see each other's forms.

Once you have registered, received your confirmation e-mail, and click on the link contained in it, you can begin filing your forms online.

Create Initial Form

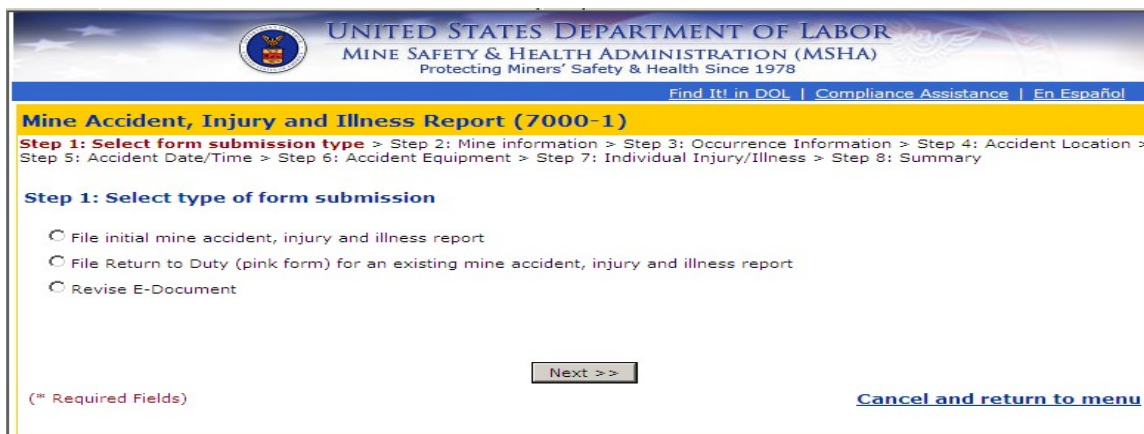
There are eight steps to file an initial injury form online. At each window in the EGOV system, you are told which step you are on as listed below.

1. **Step 1: Select type of form submission;**
2. **Step 2: Fill out mine information Enter the Mine Information;**
3. **Step 3: Fill out the accident information;**
4. **Step 4: Specify the accident location;**
5. **Step 5: Accident Date/Time;**
6. **Step 6: Fill out accident equipment information and witness information; and**
7. **Step 7: Enter Individuals injured or ill from this occurrence**
8. **Step 8: Summary**

CAUTION!

If you spent more than 20 minutes on a page, the system automatically logs you off due to inactivity. If this occurs, you will have to log back in and begin again.

The top of the page has all eight steps listed, and the step you are currently working on is in **red**. Each step also has its title (step description) in blue at the top of its page, as shown below.



We discuss each step in detail below.

NOTES:

Any field with an asterisk (*) is **required**.

The form is not case-sensitive, so you may use upper- or lower-case letters. However, the information is transferred to MSHA *exactly* as you entered it.


1. Step 1: Select Type of Form Submission

Click the button by the type of submission you are creating, **File initial mine accident, injury, and illness report**, **File Return to Duty Report (pink form) for an existing mine accident, injury, and illness report**, or a **Revise E-Document**.

For this section, we will only discuss how to submit an original 7000-1 form. If you need to file a [Return to Duty Report](#), please see that section.

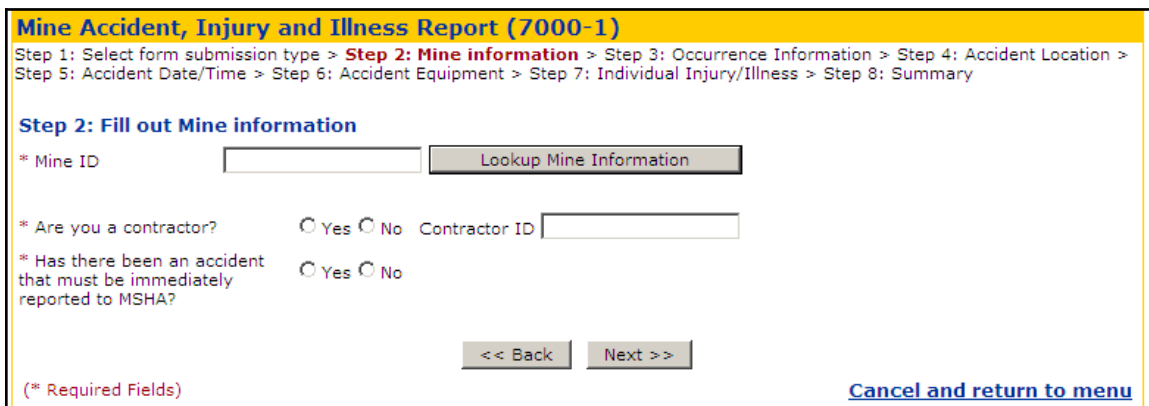
CAUTION!
If you did not file the original 7000-1 online, you cannot file the **Return to Duty** online.

Select **File initial mine accident, injury and illness report**, then click **Next**.



2. Step 2: Fill out Mine Information

The window below opens. Enter the following information.



*** Mine ID** – Enter the Mine ID for where the event took place. To lookup mine information, enter the **Mine ID** then click **Lookup Mine Information**. The **Mine Name**, **Operator Name**, **Location**, and **Type** all appear below the **Mine ID**.

NOTE:
The **Lookup Mine Information** button is *not* designed to search for valid Mine IDs. You must know the Mine ID before continuing.

*** Are you a contractor?** — Select **Yes** or **No**. If you select **Yes** you must then enter your **Contractor ID**.

***Has there been an accident that must be immediately reported to MSHA?** Select **Yes** or **No**. Selecting **Yes** sends you to **Step 3**, while selecting **No** sends you to **Step 4**.

Click **Next**.

3. Step 3: Fill out Accident Information

TIP:
Remember, you only see this window if you have selected **“Immediately Reportable”** in **Step 2**.

The window below opens. Enter the following information.

Name of Investigator — Enter the full name of the investigator. (This is the person at the company *not* an MSHA Inspector.)

Date Investigation Started —Enter the date the investigation for this event started (format: **MMDDYYYY**).

Steps Taken to Prevent Recurrence — Enter a description of steps taken to prevent a recurrence of the event.

Select the Accident Code from the drop-down list shown to the right.

Click **Next**.

4. Step 4: Specify the Accident Location

The window below opens. Enter the following information.

Mine Accident, Injury and Illness Report (7000-1)

Step 1: Select form submission type > Step 2: Mine information > Step 3: Occurrence Information > **Step 4: Accident Location** > Step 5: Accident Date/Time > Step 6: Accident Equipment > Step 7: Individual Injury/Illness > Step 8: Summary

Step 4: Specify the accident location

* Select the code that best describes where the Accident/Injury/Illness occurred. If it was a surface location, please select only the location. If it was an underground location, select the location and the underground mining method.

Surface Location

-- OR --

Underground Location

Underground Mining Method

Select the code that best describes where the Accident/Injury/Illness occurred.

*** Surface Location OR Underground Location** — Select the location from the appropriate drop-down list, describing where the event occurred. This is the description within the overall mine site, and not necessarily the designation of the mine itself as surface or underground.

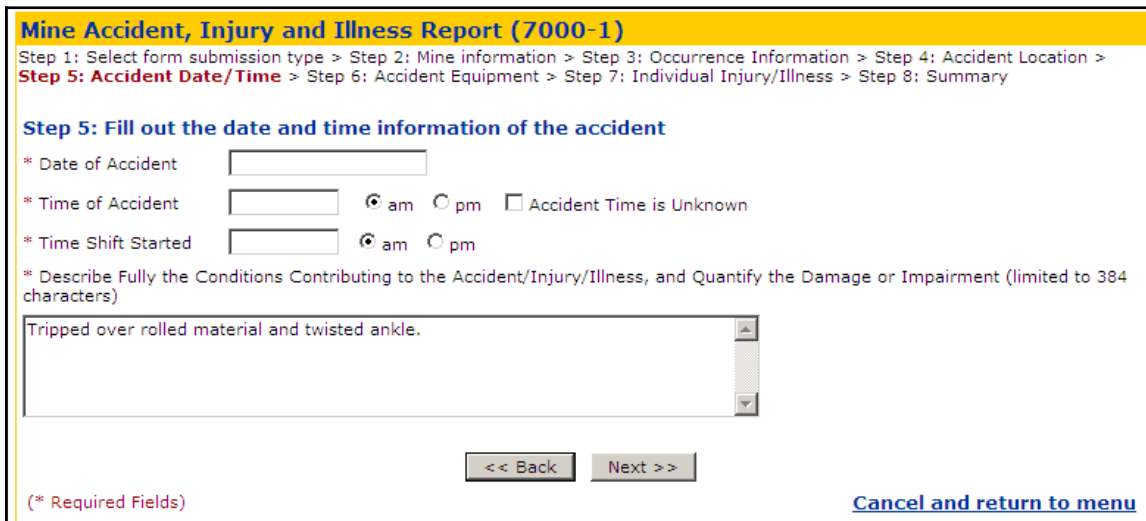
Underground Mining Method — If you select **Underground** as the location, you should select the underground mining method from the drop-down list. (However, this is optional.)

Note:
If you entered a **Surface Location** *do not* enter an **Underground Mining Method**.

Click **Next**.

5. Step 5: Accident Date/Time

The window below opens. Enter the following information.



- a. *** Date of Accident** — Enter the date the event occurred (format: **MMDDYYYY**). If this is an illness, use the date the illness was diagnosed, or lost work time began.
- b. *** Time of Accident** — Enter the time of day the accident occurred (format: HH:MM) and select either AM or PM. If the specific time is unknown enter 9999.
- c. *** Time Shift Started** — Enter the time the shift started during which the event occurred (format: HH:MM) and select either the AM or PM indicator. If the specific time is unknown or left blank, enter 9999.
- d. *** Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment** — In this text field, enter up to 384 characters describing the conditions of the event. Include the complete step-by-step sequence of events leading to the incident, and a description of any property damage.

This detailed description helps provide the basis for accident and injury analyses, which are intended to assist the mining industry in preventing future occurrences. Please refer to **CFR Part 50** for more detailed information about what your narrative should include.

Remember, narratives are available for public viewing. Therefore, **do not include employee names in the narrative**. Instead, generic terms such as Employee, Coworker, and so forth.

- e. Click **Next**.

6. Step 6: Fill out accident equipment information and witness information

The window below opens. Enter the information below. If there was equipment involved, indicate the type, manufacturer, and model. If equipment was not involved, leave the fields blank.

Mine Accident, Injury and Illness Report (7000-1)

Step 1: Select form submission type > Step 2: Mine information > Step 3: Occurrence Information > Step 4: Accident Location > Step 5: Accident Date/Time > **Step 6: Accident Equipment** > Step 7: Individual Injury/Illness > Step 8: Summary

Step 6: Fill out accident equipment information and witness name

If there was equipment involved indicate the type, manufacturer and model below. If equipment was not involved leave the fields blank.

Type

Manufacturer Model Number

If there was a witness please enter the name of that person below. If there was not a witness then leave the field blank.

Name of Witness

(* Required Fields) [Cancel and return to menu](#)

- a. **Equipment Type** – Enter the type of equipment involved.
- b. **Manufacturer** – Enter the manufacturer of the equipment.
- c. **Model Number** – Enter the model number of the equipment.
- d. **Name of Witness** – Enter the name(s) of any witness(es)
- e. Click **Next**.

7. Step 7: Enter Individuals injured or ill from this occurrence.

The window below opens. Select either **Yes** or **No** to the question: **Were there any individuals injured or ill as a result of this occurrence?**

Mine Accident, Injury and Illness Report (7000-1)

Step 1: Select form submission type > Step 2: Mine information > Step 3: Occurrence Information > Step 4: Accident Location > Step 5: Accident Date/Time > Step 6: Accident Equipment > **Step 7: Individual Injury/Illness** > Step 8: Summary

Step 7: Enter Individuals injured or ill from this occurrence

Were there any individuals injured or ill as a result of this occurrence?

Yes No

(* Required Fields) [Cancel and return to menu](#)

Select **No** if there were no injuries or illnesses, and click **Next**. You are taken to the [Summary](#) page to review your document.

Select **Yes** if there were any injuries or illness resulting from this occurrence and click **Next**.

The window below opens. It has three sections, which we have shown individually.

Mine Accident, Injury and Illness Report (7000-1)

Step 1: Select form submission type > Step 2: Mine information > Step 3: Occurrence Information > Step 4: Accident Location > Step 5: Accident Date/Time > Step 6: Accident Equipment > **Step 7: Individual Injury/Illness** > Step 8: Summary

Individual Information

* Name of Injured/Ill Employee

* Last Four Digits of Social Security Number

* Regular Job Title

* Date of Birth

* Sex Male Female

* Did this injury/illness result in death? Yes No

* Did this injury/illness result in permanent disability? Yes No

Individual Information (first section)

- i. * **Name of Injured/Ill Employee** —Enter the name of person injured or made ill.
- ii. * **Last Four Digits of Social Security Number** — Enter the last four digits of this person’s Social Security Number.
- iii. * **Regular Job Title** — Enter the persons job title. Do not confuse their title with the work activity occurring during the event. For example, a Mechanic who is injured while driving a front-end loader still has the job title of Mechanic.
- iv. * **Date of Birth** — Enter their birth date (format: MMDDYYYY).
- v. **Sex** — Select either **Male** or **Female**.
- vi. * **Did this injury/illness result in death?** — Select either **Yes** or **No** for whether this event directly led to a fatality.

Note:
Select **No** for deaths from natural causes, such as fatal heart attacks, strokes, and so forth.

- vii. * **Did this injury/illness result in permanent disability?** — Select either **Yes** or **No**. A permanent disability is any injury or occupational illness other than death that results in the partial or complete loss of use of any member (partial member) of the body, or a permanent impairment of body functions, or which permanently and totally incapacitates the injured person from following any gainful occupation.

Accident Information (second section)

Enter the following information in the **Accident Information** section.

Accident Information	
* What directly inflicted injury or illness?	<input type="text"/>
* Nature of injury or illness	<input type="text"/>
* Part of the body affected	<input type="text"/>
* Occupational Illness	<input type="text" value="This injury does not involve an occupational illness"/>
* Employee's work activity when injury/illness occurred	<input type="text"/>
* Experience in this job title	<input type="text"/> Years <input type="text"/> Weeks
* Experience at this mine	<input type="text"/> Years <input type="text"/> Weeks
* Total mining experience	<input type="text"/> Years <input type="text"/> Weeks

- viii. * **What directly inflicted injury or illness?** — Enter object or substance that directly caused the injury or illness.
- ix. * **Nature of injury or illness** — Enter the nature of the injury/illness that occurred as a result of this event. Describe the principal physical characteristics using common medical terms, such as puncture wound, third-degree burn, and so forth. If more than one injury/illness occurred, enter the most severe one. If no one injury/illness is more severe than the others enter **multiple injuries**.
- x. * **Part of the body affected** — Enter the part of the body affected. If it is more than one body part, enter the one most severely affected. If no one body part is affected more than the others, enter **multiple**.
- xi. * **Occupation Illness** — The default setting for this field is **This injury does not involve an occupational illness**. If the injured person has an occupational illness, select it from the list.
- xii. * **Employee's work activity when injury/illness occurred** — Enter the activity the person was performing when the event occurred.
- xiii. * **Experience in this job title** — Enter the number of **Years** (0-99) and/or **Weeks** (0-51) this person has worked in this job title.
- xiv. * **Experience at this mine** — Enter the number of **Years** (0-99) and/or **Weeks** (0-51) this person has worked at this mine.
- xv. * **Total mining experience** — Enter the number of **Years** (0-99) and/or **Weeks** (0-51) this person has worked in all mining operation(s) (cumulative experience in the field).

Return to Duty Information (third section)

Enter the following information in the **Return to Duty Information** only if the person has returned to full duty *without restrictions*.

Return to Duty Information

Was this person permanently transferred or terminated as a result of this occurrence? Yes No

Has the person returned to work at full capacity? Yes No

Date returned to regular job at full capacity or was terminated/transferred

Number of workdays the person did not report to the workplace between date of occurrence and date the person returned to work or was terminated/transferred

Number of workdays the person was restricted on work activity between date of occurrence and date the person returned to work or was terminated/transferred

If the person has not returned to work or information on the termination or transfer is not available with the submission today it must be updated when the information is available. You can do this by selecting the Return To Duty option at the beginning of this form when you are ready.

- xvi. **Permanently Transferred or Terminated** —Select **Yes** or **No**. This must be a direct result of the event.
- xvii. **Return to work at full capacity** — Select **Yes** or **No**.
If you answered **No**, click **Next**.

If you choose **Yes** answer the remaining questions in this section, then click **Next**.
- xviii. **Date Returned to Regular Job** —Select **Yes** or **No**.
Enter the date this person returned to work at full capacity without restrictions (format: MMDDYYYY). If they were transferred or terminated as a result of this incident, enter the transfer or termination date here.
- xix. **Number of Days Away from Work** —Enter the number of days (0-9999).
This should reflect the number of days this person would have worked, but could not as a result of this event. It should not include the actual day of the injury, or days the employee would not normally have worked (e.g. weekends, holidays, days on which the mine was not operating).
- xx. **Number of Days Restricted Work Activity** — Enter the number of days (0-9999).
This number should include the number of days this person worked a permanent job at less than full-time or could not perform all aspects of the job. It should also include the number of days this person was assigned to another job on a temporary basis.
- xxi. When finished, click **Next**.
- xxii. The window below opens. This window gives you the opportunity to enter another person who may have been injured in the same incident without having to

fill out all of the previous information. If there was only one person injured or ill click **Next**.

Mine Accident, Injury and Illness Report (7000-1)

Step 1: Select form submission type > Step 2: Mine information > Step 3: Occurrence Information > Step 4: Accident Location > Step 5: Accident Date/Time > Step 6: Accident Equipment > **Step 7: Individual Injury/Illness** > Step 8: Summary

Step 7: Enter Individuals injured or ill from this occurrence

SSN	Full Name		
5555	Todd Helton	Delete	Edit

8. Step 8: Summary

A summary window similar to the one below following will appear:

Mine Accident, Injury and Illness Report (7000-1)

Step 1: Select form submission type > Step 2: Mine information > Step 3: Occurrence Information > Step 4: Accident Location > Step 5: Accident Date/Time > Step 6: Accident Equipment > Step 7: Individual Injury/Illness > **Step 8: Summary**

Mine information [Edit](#)

Mine ID: 48-00977
 Mine Name: Black Thunder
 Mine Type: Surface/ Coal
 Company Name: Thunder Basin Coal Company Llc

Occurrence information [Edit](#)

Injury/Illness Location: Underground - (04) Intersection
 Underground Mining Method: (01) Longwall

Accident Date: 10/3/2007 Accident Time: 1:34 PM
 Time Shift Started: 9:30 AM

Conditions Contributing to the Accident/Injury/Illness
 While observing mining a piece of rock fell and struck ee on left shoulder causing a cut that required 10 stitches.
 Name of Witness: Joe Horn
 Number of People Affected: 1

Individual Illness/Injury information [Edit](#)

Name: Todd Helton	Last Four SSN: 5555
Regular Job Title: Shuttle Driver	Date of Birth: 10/5/1933
Sex: Male	
What inflicted Injury/Illness: Fall of Rock	Nature of Injury/Illness: Cut/Laceration
Part of Body Affected: Shoulder	Result in Death?: No
Result in Disability?: No	Occupational Illness Code:
Work Activity when Injured: Observer	
Experience at Job Title: 22 Years and 7 Weeks	
Experience at Mine: 3 Years and 2 Weeks	
Total Experience: 34 Years and 14 Weeks	

[Cancel and return to menu](#)

This is your last opportunity to review the form and make any needed corrections. Click the appropriate **Edit** link in each section to edit that section. When finished click the **Submit this form to MSHA** button.

A window similar to the one below opens.

Mine Accident, Injury and Illness Report (7000-1)			
<p>The E-Document Number for this submission is # 730401. This number is your confirmation that MSHA has received your filing. This form has been submitted to MSHA, Office of Injury and Employment. Please print a copy of this form for your records.</p>			
Mine information			
Mine ID	48-00977		
Mine Name	Black Thunder		
Mine Type	Surface/ Coal		
Company Name	Thunder Basin Coal Company Llc		
Occurrence information			
Injury/Illness Location	Underground - (04) Intersection		
Underground Mining Method	(01) Longwall		
Accident Date	10/3/2007	Accident Time	1:34 PM
Time Shift Started	9:30 AM		
Conditions Contributing to the Accident/Injury/Illness			
While observing mining a piece of rock fell and struck ee on the left shoulder and left foot. EE suffered a cut to Left shoulder that required 10 stitches and a fractured left foot.			
Name of Witness	Joe Horn		
Number of People Affected	1		
Individual Illness/Injury information			
Name	Todd Helton	Last Four SSN	5555
Regular Job Title	Driver	Date of Birth	10/5/1953
Sex	Male	Nature of Injury/Illness	Cut/Laceration
What inflicted Injury/Illness	Fall of Rock	Result in Death?	No
Part of Body Affected	Shoulder	Occupational Illness Code	
Result in Disability?	No		
Work Activity when Injured	Observer		
Experience at Job Title	22 Years and 7 Weeks		
Experience at Mine	3 Years and 2 Weeks		
Total Experience	34 Years and 14 Weeks		
Submission			
Submitted by Shelly McCoy on 9/19/2008		Phone Number (303) 231-5512	
<input type="button" value="Submit this form to MSHA"/>			
Return To Menu			

The **E**Document Number for this submission appears in **bold red** type at the top of this window. This is the unique number assigned by MSHA for every form submission created. It will also tell you that your form has been submitted to MSHA, Office of Injury and Employment Information (OIEI).

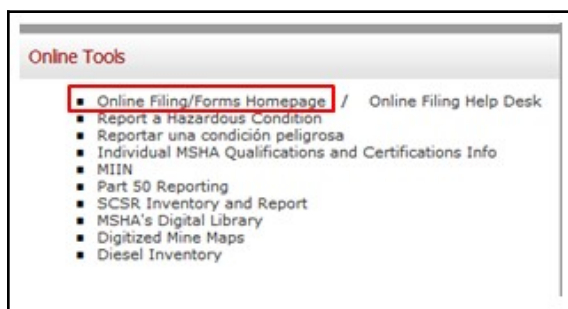
Do not click the **Submit this form to MSHA** button as it will only bring up a screen telling you the form has already been submitted to MSHA.

To return to the main menu click the **Return to menu** link. From there, you can enter another **7000-1** or enter a **Return to Work** form.

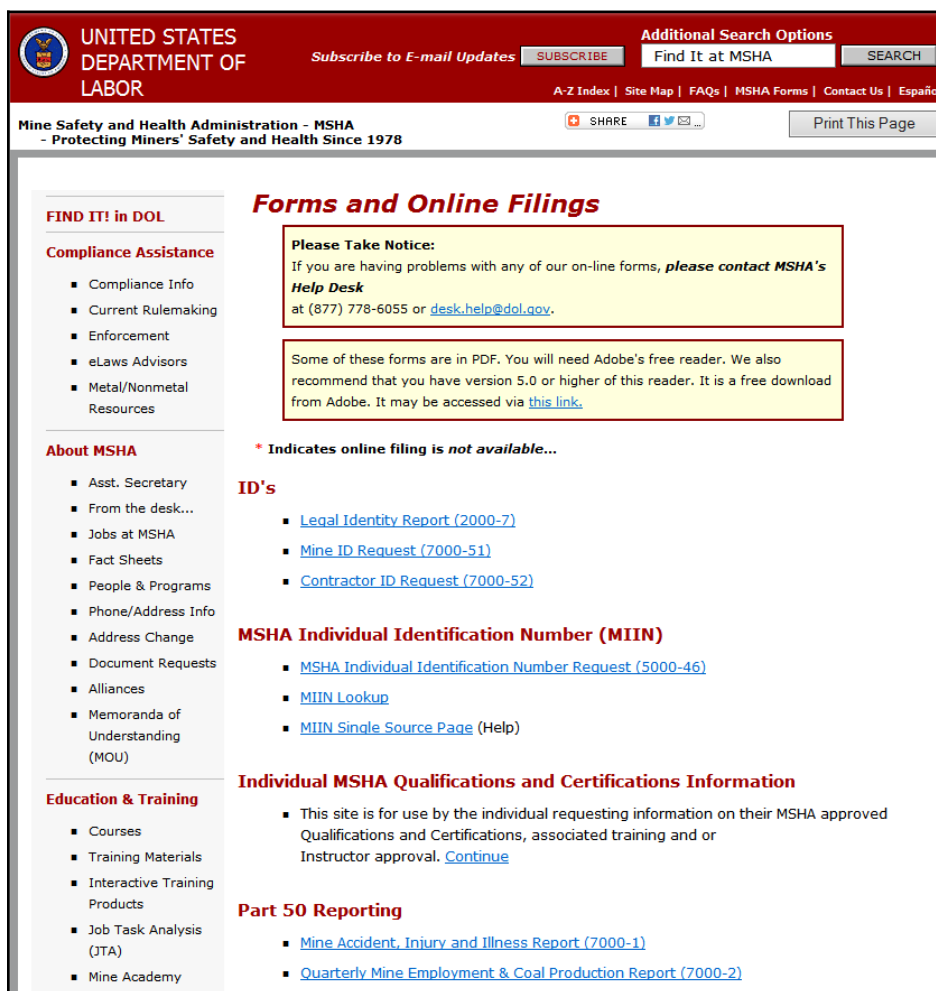
Review Previously Filed Accident, Injury, and Illness

You may want to review previously file forms. If they were filed online, you can view them online. It will show the user all the forms they have entered into the system since its inception based on the information entered. To do this, follow the steps below.

1. From MSHA’s web page, click the **Forms/Online Filing** link.



2. The following window appears.



- From the **Forms and Online Filings** page, scroll down and under **Additional Resources**, click the **Lookup previously filed forms** link.

Certificates of Achievement in Safety

- [Submit verification information online or verify your eligibility](#)

Additional Resources

- [For help with problems using online filing](#)
- [Lookup previously filed forms.](#)
- [Change online filing registration information.](#)
- [Frequently asked questions about login and security.](#)
- [PC 7014 Report on 30 CFR Part 50](#)

MSHA is making this publication available on-line for the convenience of the mining community. It is intended to assist our stakeholders when filing MSHA Forms 7000-1 Mine Accident, Injury and Illness Report and 7000-2 Quarterly Mine Employment and Coal Production Report.

It is important that adequate information be supplied so that MSHA can properly analyze accident, injury and illness data. These reports are used by MSHA to evaluate and develop standards and programs that benefit the industry.

This circular is intended to be informational and provide support to our stakeholders. It is not intended to take the place of the requirements and policies of MSHA.

Privacy Statement

- [Privacy Statement](#)

NOTE:
 Anyone can enter a Mine ID or Contractor ID and have forms returned. However, unless you were the original filer or have been linked as a multiple filer you will not be able to review the forms.

- A window similar to the following will then appear.

5. Log on with your EGOV user **Email Address** and **Password**.
6. From the **Forms** page on the www.MSHA.gov site, under **Additional Resources** near the bottom, click the **Lookup Previously filed Forms** link.
7. The window below opens.

Lookup Previously Filed Forms

Please choose a method to lookup a previously filed form. Only forms filed on this site are available for viewing.

Lookup all forms that I have filed (excludes 7000-2 forms)

Lookup all forms for a mine id (excludes 7000-2 forms)

Lookup all forms for a contractor id (excludes 7000-2 forms)

Lookup only 7000-2 for a Mine Id

Lookup only 7000-2 for a Contractor Id

Mine or Contractor ID (if you want to lookup by mine or contractor)

[Cancel and return to menu](#)

8. Select **Lookup all forms that I have filed**.
You can also look at forms based on **Mine ID** or **Contractor ID**.
9. Click the **Lookup Previously filed Submissions** button.

10. The window below opens showing you all of the forms you have filed.

U.S. Department of Labor
 Mine Safety and Health Administration
 Protecting Miners' Safety and Health Since 1978

www.msha.gov [Advanced Options](#) | [Help](#)

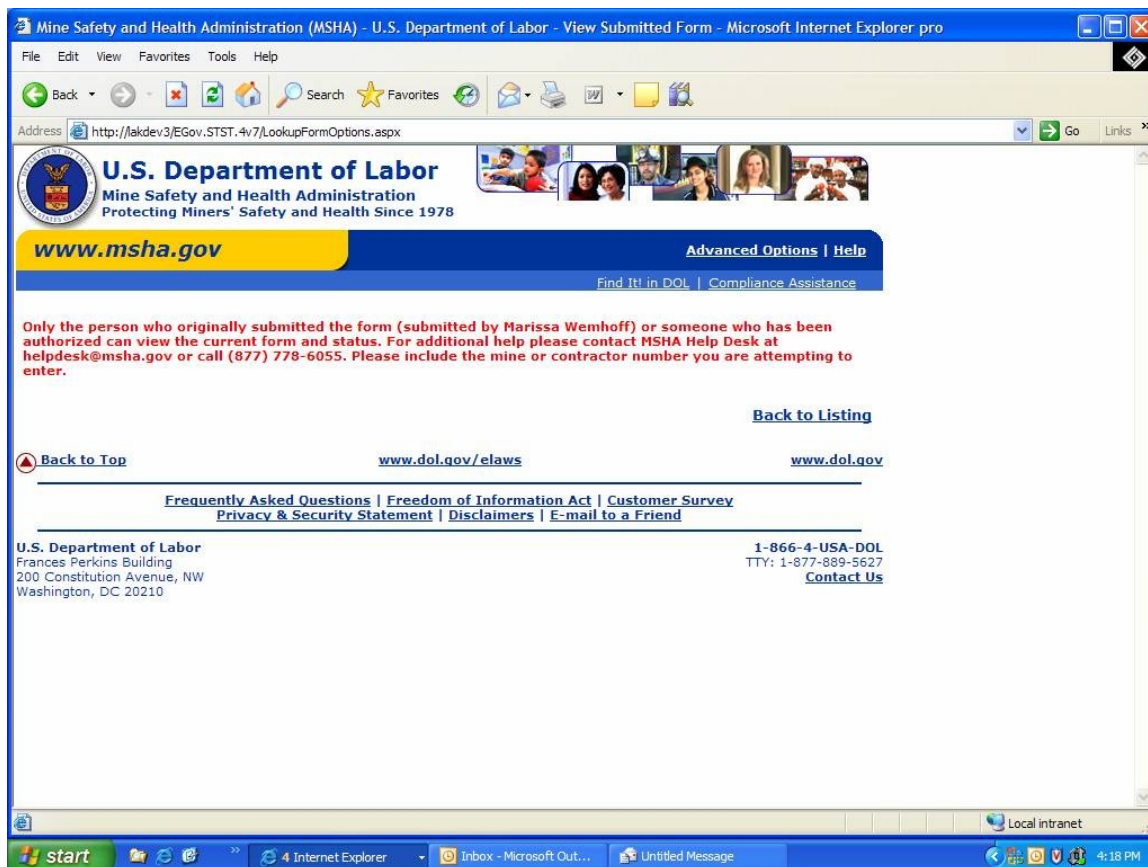
Find It! in DOL | [Compliance Assistance](#)

Lookup Previously Filed Forms
 Below is a listing of the forms filed for the Mine ID 1001900. To view a form click on the E-Document number.

E-Document Number	Submission Date	Form Type	Mine Id/Contractor Id
1011	10/8/2003	7000-2	1001900
5897	1/9/2004	7000-2	1001900
12910	4/2/2004	7000-2	1001900
49358	7/1/2004	7000-2	1001900
88707	10/6/2004	7000-2	1001900
125125	1/6/2005	7000-2	1001900
160015	4/1/2005	7000-2	1001900
205146	7/8/2005	7000-2	1001900
249656	10/13/2005	7000-2	1001900
282363	1/13/2006	7000-2	1001900
318553	4/13/2006	7000-2	1001900
375595	7/25/2006	7000-2	1001900
407243	10/25/2006	7000-2	1001900
418322	1/5/2007	7000-2	1001900
453294	4/6/2007	7000-2	1001900
489848	7/13/2007	7000-2	1001900
521279	10/1/2007	7000-1	1001900
521280	10/1/2007	7000-1	1001900

[Back To Lookup Options](#)

11. If you click a form to view that you did not file, you will see the warning message below.



Create Return to Duty

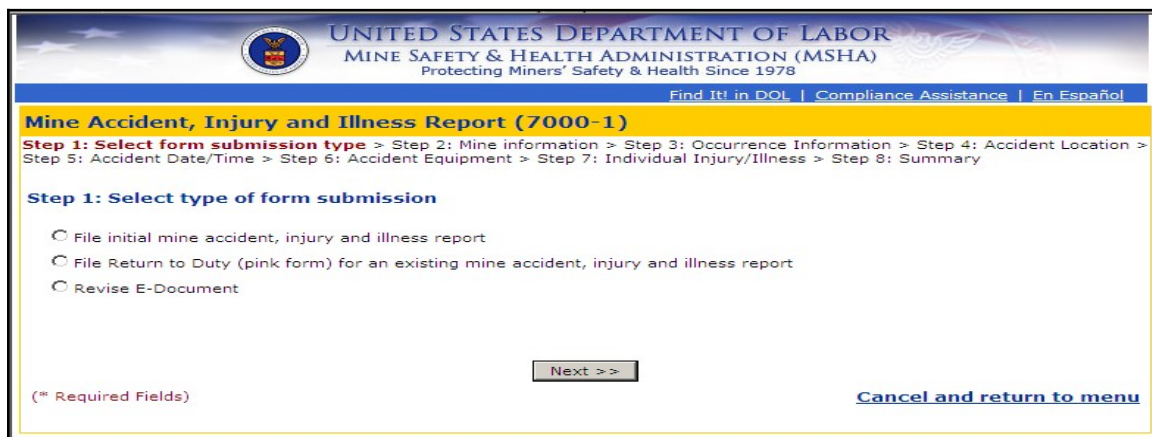
Fully complete this form when all return-to-duty information is available. If you know the employee has returned to work without restrictions at the time you are filing the original 7000-1 you can complete the **Return to Work** fields on the 7000-1 form itself, otherwise you will need to complete the **Return to Work** version here.

CAUTION!

If you did not file the original 7000-1 online, you cannot file the return to work online. You can only file the **Return to Work** online if the original 7000-1 was filed online.

To create a **7000-1 Return to Work** form, follow the steps below.

1. Select whether this is an initial mine accident, injury, and illness report or a **Return to Duty Report**.
2. **STEP 1: Select type of form submission**
Select **File Return to Duty** and click the **Next** button.



The screenshot shows the MSHA 7000-1 form interface. At the top, it says "UNITED STATES DEPARTMENT OF LABOR MINE SAFETY & HEALTH ADMINISTRATION (MSHA) Protecting Miners' Safety & Health Since 1978". Below that is a navigation bar with "Find It! in DOL | Compliance Assistance | En Español". The main heading is "Mine Accident, Injury and Illness Report (7000-1)". A breadcrumb trail reads: "Step 1: Select form submission type > Step 2: Mine information > Step 3: Occurrence Information > Step 4: Accident Location > Step 5: Accident Date/Time > Step 6: Accident Equipment > Step 7: Individual Injury/Illness > Step 8: Summary". The current step is "Step 1: Select type of form submission". There are three radio button options: "File initial mine accident, injury and illness report", "File Return to Duty (pink form) for an existing mine accident, injury and illness report", and "Revise E-Document". A "Next >>" button is at the bottom center. A note says "(* Required Fields)". A link "Cancel and return to menu" is at the bottom right.

3. The window below opens.



The screenshot shows the MSHA 7000-1 form interface at Step 2. The heading is "Mine Accident, Injury and Illness Report (7000-1)". The breadcrumb trail is: "Step 1: Select form submission type > Step 2: Mine information > Step 3: Occurrence Information > Step 4: Accident Location > Step 5: Accident Date/Time > Step 6: Accident Equipment > Step 7: Individual Injury/Illness > Step 8: Summary". The current step is "Step 2: Fill out Mine information". There is a label "* Mine ID" followed by a text input field and a "Lookup Mine Information" button. Below the input field are "<< Back" and "Next >>" buttons. A note says "(* Required Fields)". A link "Cancel and return to menu" is at the bottom right.

4. Step 2: Fill Out Mine Information

Enter the ***Mine ID** (required even if the case involves a contractor), and click **Next**. A window similar to the one below opens.

Mine Accident, Injury and Illness Report (7000-1)			
<p>Below are the names of all the individuals from this mine that do not have return to duty information on file at MSHA. Please click on the name of an individual for which you wish to file return to duty information. <small>NOTE: This list shows outstanding return to duty information only for those reports originally filed electronically.</small></p>			
Name of Injured or Ill Person	E-Document Number	Contractor ID	Submission Date
Yazzie	443908	M144	2/27/2007
Clifford	506409	9GU	8/14/2007
Speitz	517336	VM3	10/5/2007
Imberj	538521	VM3	11/2/2007
Lownds	543184	9GU	12/12/2007
Christy	551532		1/9/2008
Gotfredson	571166	ZC7	2/4/2008
Round	578962	CJ4	3/24/2008
Osborne	579099	2ZU	3/25/2008
Todd Helton	730401		9/19/2008

NOTE:

After the OIEI office receives your materials (paper or online), it has eight (8) days to process it. If you need to process the **Return to Work** within that time, contact the OIEI office and they will try and process your forms immediately. Then the **Return to Work** should be available the next day.

- You will be provided with a list of forms that have open **Return to Work** sections. Select a specific record by clicking the **Name of Injured** or **E Document Number** link for that record. If the **Return to Work** information was completed on the original 7000-1, that accident will not appear on the list. Additionally, if the accident resulted in death or was an accident only, it will not appear in the list.

6. The following **Return to Duty** screen opens:

Return to Duty Information

Was this person permanently transferred or terminated as a result of this occurrence? Yes No

Date returned to regular job at full capacity or was terminated/transferred:

Number of workdays the person did not report to the workplace between date of occurrence and date the person returned to work or was terminated/transferred:

Number of workdays the person was restricted on work activity between date of occurrence and date the person returned to work or was terminated/transferred:

The form below is the latest version of this Accident and Injury Form MSHA has on file. Amendments or changes made by MSHA personnel based on additional information from the mine operator or contractor are reflected in the form.

Mine information

Mine ID	48-00977	Contractor ID	
Mine Name	Black Thunder	Company Name	
Mine Type	Surface/ Coal		
Company Name	Thunder Basin Coal Company Llc		

Reported accident information

Name of Investigator		Investigation Start	
Preventative Steps		Accident Code	(08) Roof Fall

Occurrence information

Injury/Illness Location Underground - (04) Intersection

Underground Mining Method (01) Longwall

Accident Date	10/3/2007	Accident Time	1:34 PM
Time Shift Started	9:30 AM		

Conditions Contributing to the Accident/Injury/Illness

While observing mining a piece of rock fell and struck ee on the left shoulder and left foot. EE suffered a cut to Left shoulder that required 10 stitches and a fractured left foot.

Name of Witness Joe Horn

Number of People Affected 1

Individual Illness/Injury information

Name	Todd Helton	Last Four SSN	5555
Regular Job Title	Driver	Date of Birth	10/5/1953

7. Enter or update the following information in the (gray) **Return to Work Information** section at the top of this window:

a. **Was this employee terminated or permanently transferred?**

Click **Yes** or **No** for whether this person was terminated or permanently transferred as a result of this event.

- b. **Date returned to job at full capacity/or terminated**
 If you selected **No** then enter the date (format: MMDDYYYY) this person returned to work in their full capacity without restrictions.

 If you selected **Yes** enter the date (format: MMDDYYYY) this termination/transfer occurred.
 - c. **Number of workdays the person did not report**
 Enter number of *work* days this person did not report to work at all (0-9999).
 - d. **Number of workdays the person was restricted**
 Enter the number of *work* days that this person did report to work, but in a restricted capacity (0-9999).
8. Complete the **Return to Work Information** then click the **Update Return to Work Information** button.
 9. Your form has not yet been submitted to MSHA. Click the correct name from the list available (may only be one name.)
 A window similar to the one below opens.

MSHA requires a separate 7000-1 submission for each injured or ill person. If the information is correct, submit the form to MSHA by clicking the button at the bottom of the form.

Return to Duty Copy			
Mine information			
Mine ID	48-00977	Contractor ID	
Mine Name	Black Thunder	Company Name	
Mine Type	Surface/ Coal		
Company Name	Thunder Basin Coal Company Llc		
Reported accident information			
Name of Investigator		Investigation Start	
Preventative Steps		Accident Code	(08) Roof Fall
Occurrence information			
Injury/Illness Location	Underground - (04) Intersection		
Underground Mining Method	(01) Longwall		
Accident Date	10/3/2007	Accident Time	1:34 PM
Time Shift Started	9:30 AM		
Conditions Contributing to the Accident/Injury/Illness			
While observing mining a piece of rock fell and struck ee on the left shoulder and left foot. EE suffered a cut to Left shoulder that required 10 stitches and a fractured left foot.			
Name of Witness	Joe Horn		
Number of People Affected	1		
Individual Illness/Injury information			
Name	Todd Helton	Last Four SSN	5555
Regular Job Title	Driver	Date of Birth	10/5/1953
Sex	Male		
What inflicted Injury/Illness	Fall of Rock	Nature of Injury/Illness	Cut/Laceration
Part of Body Affected	Shoulder	Result in Death?	No
Result in Disability?	No	Occupational Illness Code	
Work Activity when Injured	Observer	Termination/Transfer Date	10/10/2007
Experience at Job Title	22 Years and 7 Weeks	Days before terminated/transferred	5 Updated
Experience at Mine	3 Years and 2 Weeks	Days on restriction before termination/transfer	0 Updated
Total Experience	34 Years and 14 Weeks		
Submission			
Submitted by Shelly McCoy on 9/19/2008		Phone Number (303) 231-5512	
<input type="button" value="Submit this form to MSHA"/>			

10. Notice the **Return to Work Date, Days before returned to work, and Days on restriction** all have **Updated** in red next to them.

Your form still has not been submitted to MSHA, and you can still correct errors. Click the name link to make corrections. When done, click Submit this form to MSHA to submit the form.

11. The following window opens.

MSHA requires a separate 7000-1 submission for each injured or ill person. If the information is correct, submit the form to MSHA by clicking the button at the bottom of the form.

The E-Document Number for this submission is #730401. This number is your confirmation that MSHA has received your filing. This form has been submitted to MSHA, Office of Injury and Employment. Please [click here](#) to view a printer friendly version of this form.

Return to Duty Copy			
Mine information			
Mine ID	48-00977	Contractor ID	
Mine Name	Black Thunder	Company Name	
Mine Type	Surface/ Coal		
Company Name	Thunder Basin Coal Company Llc		
Reported accident information			
Name of Investigator		Investigation Start	
Preventative Steps		Accident Code	(08) Roof Fall
Occurrence information			
Injury/Illness Location	Underground - (04) Intersection		
Underground Mining Method	(01) Longwall		
Accident Date	10/3/2007	Accident Time	1:34 PM
Time Shift Started	9:30 AM		
Conditions Contributing to the Accident/Injury/Illness			
While observing mining a piece of rock fell and struck ee on the left shoulder and left foot. EE suffered a cut to Left shoulder that required 10 stitches and a fractured left foot.			
Name of Witness	Joe Horn		
Number of People Affected	1		
Individual Illness/Injury information			
Name	Todd Helton	Last Four SSN	5555
Regular Job Title	Driver	Date of Birth	10/5/1953
Sex	Male		
What inflicted Injury/Illness	Fall of Rock	Nature of Injury/Illness	Cut/Laceration
Part of Body Affected	Shoulder	Result in Death?	No
Result in Disability?	No	Occupational Illness Code	
Work Activity when Injured	Observer	Termination/Transfer Date	10/10/2007
Experience at Job Title	22 Years and 7 Weeks	Days before terminated/transferred	5
Experience at Mine	3 Years and 2 Weeks	Days on restriction before termination/transfer	0
Total Experience	34 Years and 14 Weeks		
Submission			
Submitted by Shelly McCoy on 9/19/2008		Phone Number (303) 231-5512	

12. As you will notice the **E-Document Number** for this submission appears in **red**. The status now indicates **Submitted** and provides you with a **Ref #**. The form also now has a red banner that reads **Return to Duty Copy**.

Your form has been submitted to MSHA, Office of Injury and Employment Information (OIEI).

13. To file another Return to Work Document user must return to main page.

Revise E-Document

Select this option when a form has been completed and submitted to MSHA, but has not yet been processed by MSHA. This option is available for electronically submitted 7000-1 and 7000-1 (RTW) forms.

CAUTION!

If you did not file the original 7000-1 or 7000-1 (RTW) online, you cannot revise either the 7000-1 or 7000-1 RTW online.

To revise a **7000-1** or **7000-1 Return to Work** form, follow the steps below.

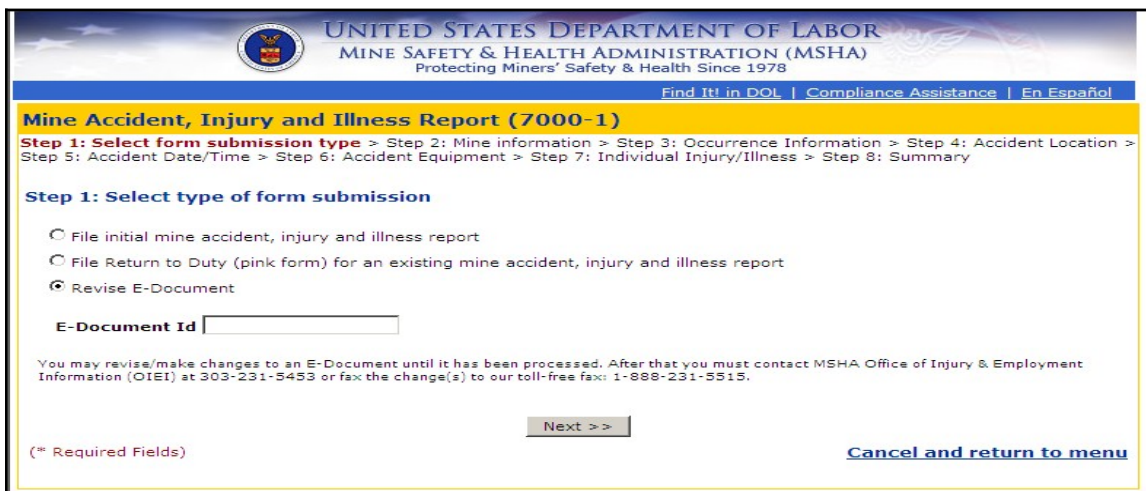
1. Select **Revise E-Document**.



The screenshot shows the MSHA website header with the logo and text: "UNITED STATES DEPARTMENT OF LABOR MINE SAFETY & HEALTH ADMINISTRATION (MSHA) Protecting Miners' Safety & Health Since 1978". Below the header is a navigation bar with links: "Find It! in DOL | Compliance Assistance | En Español". The main content area is titled "Mine Accident, Injury and Illness Report (7000-1)" and contains a breadcrumb trail: "Step 1: Select form submission type > Step 2: Mine information > Step 3: Occurrence Information > Step 4: Accident Location > Step 5: Accident Date/Time > Step 6: Accident Equipment > Step 7: Individual Injury/Illness > Step 8: Summary". Under "Step 1: Select type of form submission", there are three radio button options: "File initial mine accident, injury and illness report", "File Return to Duty (pink form) for an existing mine accident, injury and illness report", and "Revise E-Document". At the bottom of the form area, there is a "Next >>" button, a note "(** Required Fields)", and a link "Cancel and return to menu".

STEP 1: Select type of form submission

Select **Revise E-Document** from the list.

2. Click **Next**.

UNITED STATES DEPARTMENT OF LABOR
MINE SAFETY & HEALTH ADMINISTRATION (MSHA)
Protecting Miners' Safety & Health Since 1978

Find It! in DOL | Compliance Assistance | En Español

Mine Accident, Injury and Illness Report (7000-1)

Step 1: Select form submission type > Step 2: Mine information > Step 3: Occurrence Information > Step 4: Accident Location > Step 5: Accident Date/Time > Step 6: Accident Equipment > Step 7: Individual Injury/Illness > Step 8: Summary

Step 1: Select type of form submission

File initial mine accident, injury and illness report

File Return to Duty (pink form) for an existing mine accident, injury and illness report

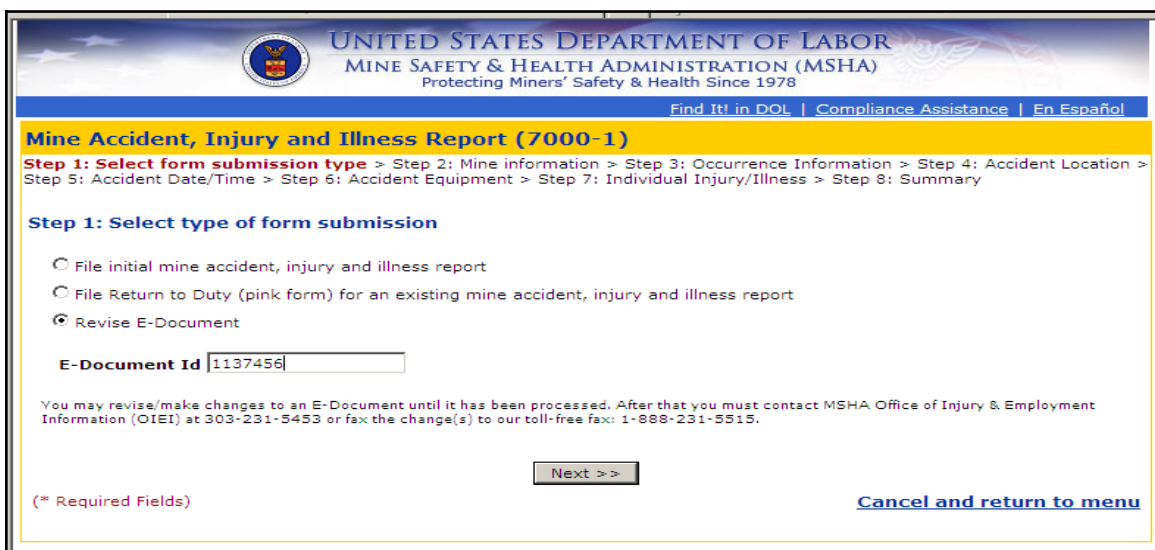
Revise E-Document

E-Document Id

You may revise/make changes to an E-Document until it has been processed. After that you must contact MSHA Office of Injury & Employment Information (OIEI) at 303-231-5453 or fax the change(s) to our toll-free fax: 1-888-231-5515.

Next >>

(* Required Fields) [Cancel and return to menu](#)

3. The **E-Document ID** field appears. Enter the **E-Document Number** and click **Next**.

UNITED STATES DEPARTMENT OF LABOR
MINE SAFETY & HEALTH ADMINISTRATION (MSHA)
Protecting Miners' Safety & Health Since 1978

Find It! in DOL | Compliance Assistance | En Español

Mine Accident, Injury and Illness Report (7000-1)

Step 1: Select form submission type > Step 2: Mine information > Step 3: Occurrence Information > Step 4: Accident Location > Step 5: Accident Date/Time > Step 6: Accident Equipment > Step 7: Individual Injury/Illness > Step 8: Summary

Step 1: Select type of form submission

File initial mine accident, injury and illness report

File Return to Duty (pink form) for an existing mine accident, injury and illness report

Revise E-Document

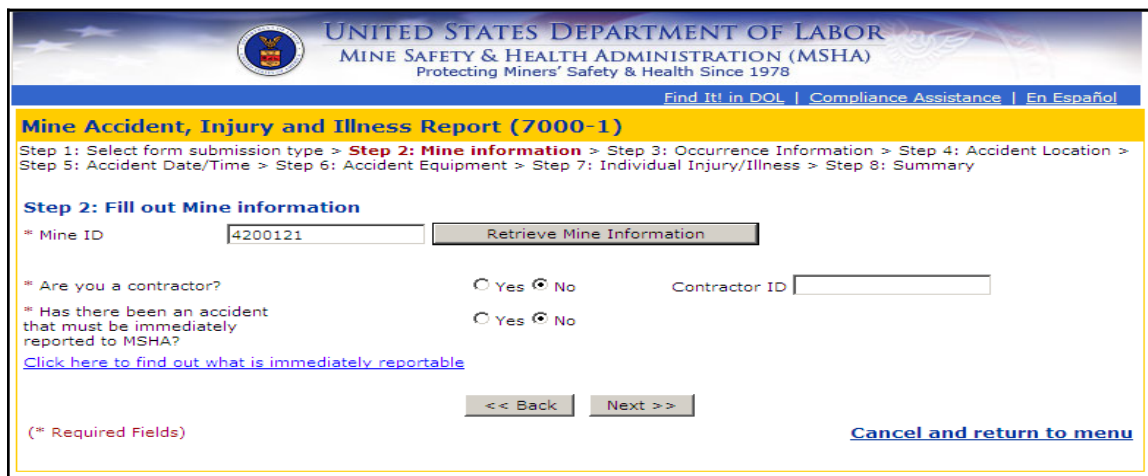
E-Document Id

You may revise/make changes to an E-Document until it has been processed. After that you must contact MSHA Office of Injury & Employment Information (OIEI) at 303-231-5453 or fax the change(s) to our toll-free fax: 1-888-231-5515.

Next >>

(* Required Fields) [Cancel and return to menu](#)

- The window below opens showing **Step 2: Fill out Mine Information**.



The screenshot shows the MSHA Form 7000-1 interface. At the top, it displays the United States Department of Labor logo and the text "MINE SAFETY & HEALTH ADMINISTRATION (MSHA) Protecting Miners' Safety & Health Since 1978". Below this is a navigation bar with links for "Find It! in DOL", "Compliance Assistance", and "En Español". The main heading is "Mine Accident, Injury and Illness Report (7000-1)". A breadcrumb trail indicates the current step: "Step 1: Select form submission type > **Step 2: Mine information** > Step 3: Occurrence Information > Step 4: Accident Location > Step 5: Accident Date/Time > Step 6: Accident Equipment > Step 7: Individual Injury/Illness > Step 8: Summary". The "Step 2: Fill out Mine information" section contains the following fields and controls:

- * Mine ID:
- * Are you a contractor? Yes No Contractor ID:
- * Has there been an accident that must be immediately reported to MSHA? Yes No
- [Click here to find out what is immediately reportable](#)
- Navigation buttons: - Footer: (* Required Fields) [Cancel and return to menu](#)

- From this point forward, the system returns to **Steps 2 through 8** in the [Create Initial Form](#) section or **Steps 5 through 13** in the [Create Return to Duty](#) section.
- When finished click the **Submit this form to MSHA** button.

A window similar to the one below opens.

Mine Accident, Injury and Illness Report (7000-1)			
<p>The E-Document Number for this submission is # 1137456. This number is your confirmation that MSHA has received your filing. This form has been submitted to MSHA, Office of Injury and Employment. Please print a copy of this form for your records.</p>			
Mine information			
Mine ID	42-00121		
Mine Name	Deer Creek Mine		
Mine Type	Underground/ Coal		
Company Name	Energy West Mining Company		
Occurrence information			
Injury/Illness Location	Underground - (04) Intersection		
Underground Mining Method	(01) Longwall		
Accident Date	11/10/2009	Accident Time	1:30 PM
Time Shift Started	7:00 AM		
Conditions Contributing to the Accident/Injury/Illness			
Test of ERevise			
Number of People Affected	1		
Individual Illness/Injury information			
Name	John Snow	Last Four SSN	4872
Regular Job Title	Mechanic	Date of Birth	10/14/1986
Sex	Male		
What inflicted Injury/Illness	Fall of Rock	Nature of Injury/Illness	Fracture
Part of Body Affected	Right Arm	Result in Death?	No
Result in Disability?	No	Occupational Illness Code	
Work Activity when Injured	shuttle car driver		
Experience at Job Title	4 Years and 10 Weeks		
Experience at Mine	2 Years and 0 Weeks		

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