



# UNITED STATES DEPARTMENT OF LABOR

Mine Safety and Health Administration (MSHA)

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REPORT**

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# Mine Accident, Injury and Illness Report

Form ID: 7000-1

## 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.

Control ID: 1219-0007

Expiration Date: January 31, 2021

## Filing Options:

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.

[File online electronically](#)

[Form fill, print and mail or fax](#)

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Filing Instructions:

[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](#)

Form 7000-1, Mine Accident, Injury and Illness Report is a four-part, color-coded form. ***If filing online, copies will be sent electronically to the appropriate offices.***

If you are using the form fill option, make four copies of the completed form and mail or fax as follows:

Copy 1: Original (White) should be sent to:

MSHA PEIR-Office of Injury and Employment Information  
P.O. Box 25367  
Denver, Colorado 80225-0367

OFFICE: 1-303-231-5453

FAX: 1-888-231-5515

Copy 2: Return to Duty Report (Pink) should be sent to above address only after the employee has returned to full duty or been transferred or terminated. Please write Pink at the top and complete Section D - Return to Duty Information.

Note: It is not necessary to send in the Pink copy if Section D is completed on the original 7000-1.

**Copy 3: should be sent to your Local MSHA District Office (Yellow)**

[District office contact information for coal mines](#)

[District office contact information for metal/nonmetal mines](#)

(If sending via fax, please use black ink and do not send a copy of the same form via regular mail unless requested to do so.)

Note: Please write "Yellow" at the top of this copy

Copy 4: should be retained at the mine (or nearest mine office) for five years.

Contact Information:

Questions regarding this form should be directed to MSHA at

(877) 778-6055 or [desk.help@dol.gov](mailto:desk.help@dol.gov)

Privacy Notice:

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, 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 30 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, 201 12th Street South, Suite 401 Arlington, VA 22202-5450, 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.

- [See MSHA's Site Privacy Policy](#)
- [See DOL's Privacy Policy](#)

Legal Authority:

[30 CFR 50.20](#)

Burden Statement:

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, 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 30 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 Mine Safety and Health Administration, U.S. Department of Labor, Office of Standards, Regulations and Variances, 201 12th Street South, Suite 401 Arlington, VA 22202-5450. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

Online Filing:

[File Online](#)



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[www.msha.gov](http://www.msha.gov)  
TTY 202-693-9400

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