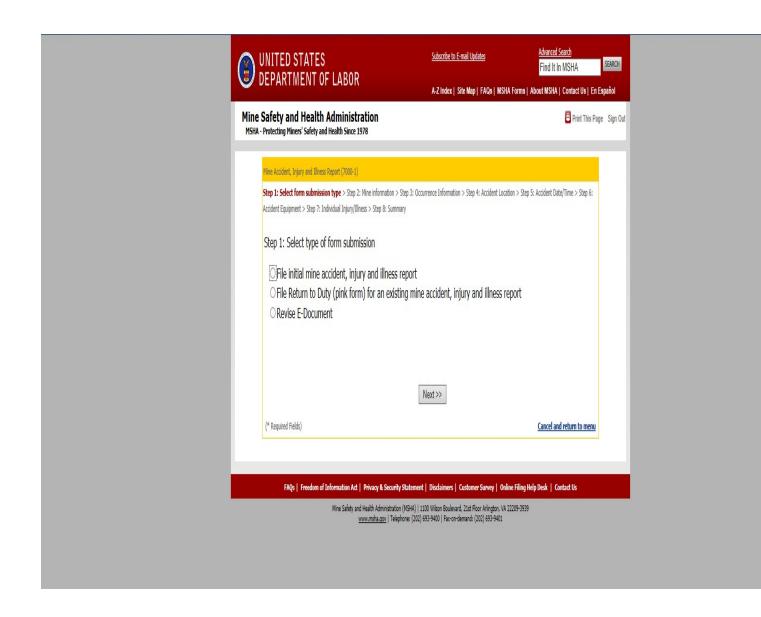
Screen Shots

MSHA Form 7000-1





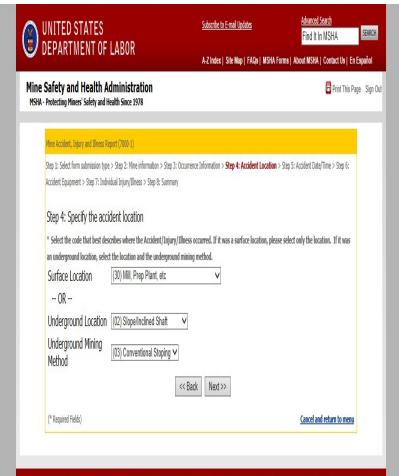


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Mine Accident, Injury a	nd Jilness Report (7000-1)		
	nission type > Step 2: Mine information > Step 3: Occurrence Information > Step 4: Accident Location > Step 5: Acciden tep 7: Individual Injury/Illness > Step 8: Summary	ıt Date/Time > Step 6:	
Step 2: Fill out	Mine information		
* Mine ID	0101401 Retrieve Mine Information		
Mine Name	No 7 Mine		
Company Name	Jim Walter Resources Inc		
Mine Type	Underground		
Coal /Metal	COAL		
* Are you a con	tractor? OYesONo Contractor ID		
* Has there bee that must be in to MSHA?	n an accident ∪Yes○No mediately reported		
Click here to fir	d out what is immediately reportable		
	<< Back Next >>		
(* Required Fields)	<u>Can</u>	cel and return to menu	

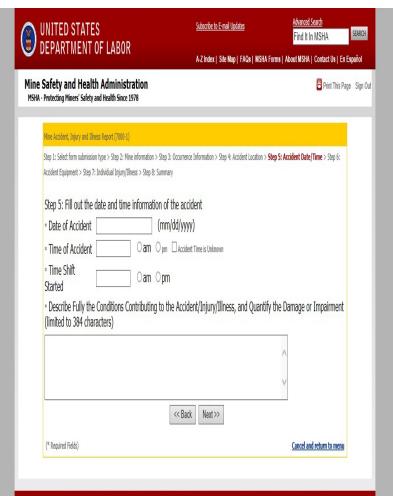
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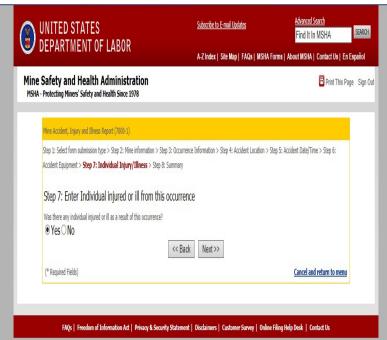
Mine Safety and Health Administration MSHA - Protecting Miners' Safety and Health Since 1978

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Step 1: Select form submission type > Step 2: Mine infor Accident Equipment > Step 7: Individual Injury/Illness	mation > Step 3: Occurrence Information > Step 4: Accident Location > Step 5: Accident Date/Time > Step 6: s > Step 8: Summary
Step 6: Fill out accident equipment in	formation and witness name
If there was equipment involved not involved leave the fields blan	indicate the type, manufacturer and model below. If equipment was k.
Туре	
Manufacturer	Model Number
If there was a witness please ent leave the field blank.	ter the name of that person below. If there was not a witness then
First Name of Witness	
Last Name of Witness	
	<< Back Next >>

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	uipment > Step 7: Individual Injury/Illne				
Individu	lual Information				
	ame of Injured/Ill Employee [
*Last Nar	ame of Injured/Ill Employee [
	our Digits of Social Security				
Number		7			
	ar Job Title [
* Date of		OH-I- OFI-			
Sex Did this		○ Male ○ Female			
death?	is injuly/iiiiess result iii	OYes O No			
* Did this	is injury/illness result in	OYes O No			
permane	ent disability?				
Acciden	nt Information				
	directly inflicted injury or				
illness?	e of injury or illness		7		
	f the body affected				
357(75)		This injury does not inv	olve an occupational illness ∨		
	yee's work activity when	ing nje j and na ni			
injury/illn	lness occurred	9,00			
9,000	ience in this job title	Years	Weeks		
	ience at this mine	Years	Weeks		
* Total m	mining experience	Years	Weeks		
Return t	to Duty Information				
Was this transfers	is person permanently rred or terminated as a	O Yes O No			
	f this occurrence?				
Has the p full capac	person returned to work at (acity?	O Yes O No			
	turned to regular job at full				
capacity terminate	y or was uted/transferred				
Number (r of workdays the person				
did not re	report to the workplace n date of occurrence and				
date the	e person returned to work				
1000	terminated/transferred r of workdays the person				
was restr	tricted on work activity				
	n date of occurrence and e person returned to work				
	terminated/transferred				
			transfer is not available with the submiss y option at the begining of this form when		
i i i i i i i i i i i i i i i i i i i	addition availables four call do this by ser	ecung one recurs to our	y speak at the beginning or this form when	i you are ready.	
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