Mine Accident, Injury and Illness Report

U.S. Department of Labor

Mine Safety and Health Administration



Approved For Use Through 09/30/2002 OMB Number 1219-0007 Section A - Identification Data MSHA ID Number Contractor ID Report Catagory Check here if report pertains to contractor Coal Mining Metal/Nonmetal Mining 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 07 - Explosives 08 - Roof Fall 06 - Mine Fire 04 - Inundation 05 - Gas or Dust Ignition 10 - Impounding Dam 11 - Hoisting 12 - Offsite injury 09 - Outburst 3. Date Investigation Started 2. Name of Investigator 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) 02 Surface at Underground Mine 30 Mill. Preparation Plant. etc. 03 Strip/Open Pit Mine 04 Surface Auger Operation (a) Surface Location: 17 Independent Shops (with own MSHA ID) 99 Office Facilities 05 Culm Bank/Refuse Pile 06 Dredge Mining 12 Other Surface Mining (b) Underground Location: 02 Slope/Inclined Shaft 03 Face 04 Intersection 05 Underground Shop/Office 06 Other 01 Vertical Shaft 06 Other 06 Hand (c) Underground Mining Method: 02 Shortwall 03 Conventional Stoping 05 Continuous Mining 07 Caving 01 Longwall 7. Time of Accident • am 8. Time Shift Started . am 6. Date of Accident Month 9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment Model Number Manufacturer 10. Equipment Involved 10 Type MAN 11. Name of Witness to Accident/Injury/Illness 12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence 13. Name of Injured/III Employee 14. Sex 15. Date of Birth 12 Month Year Male 14 Female 16. Last Four Digits of Social 17. Regular Job Title 18. Check if this 19. Check if Injury/Illness 16 Security Number Injury/Illness resulted in permanent disability 17 resulted in death. (include amputation, loss of use, 18 & permanent total disability. 19 21. Nature of Injury or Illness 20. What Directly Inflicted Injury or Illness? 20 21 23. Occupational Ilness (circle applicable code - see instructions) 22. Part of Body Injured 22 21 Occupational Skin Diseases or Affected 22 Dust Diseases of the Lungs 23 Respiratory Conditions (toxic agents) 24 24 Poisoning (toxic Materials) 25 Disorders (physical agents) 26 Disorders (repeated trauma) 29 Other 24. Employee's Work Activity When Years Weeks Experience For Official Use Only Injury or illness Occurred 25. Experience in This Job Title Degree 26. Experience at This Mine Accident Type Total Mining Experience Accident Class Section D - Return to Duty Information 30. Number of 31. Number of Days 28. Permanently Transferred or 29. Date Returned to Regular Job at Scheduled Charge Restricted Work Terminated (if checked, Full Capacity (or item 28) Days Away from Keyword complete items 29,30, &31) Activity (if none, Work (if none, Month Day enter 0) enter 0) Person Completing Form (name) Title Date This Report Prepared (month, Day, year) Area Code and Telephone Number MSHA Form 7000-1, July 91 (revised)