

Section A – Identification Data

WV Permit Number <input type="text"/>	MSHA ID Number <input type="text"/>	Check Here If Report Pertains to Contractor <input type="checkbox"/>	WV Contractor ID Number <input type="text"/>
Mine Name <input type="text"/>	Company Name (Injured Persons Employer) <input type="text"/>		County (Mine Location) <input type="text"/>

1. Accident Code – (Enter applicable code – see instructions)

Section B – Complete for Each Immediately Reportable Accident

- | | | | | | | | |
|---|---|--|---|--|---|--|---|
| <input type="checkbox"/> 01 – Death | <input type="checkbox"/> 02 – Serious Injury | <input type="checkbox"/> 03 – Entrapment | <input type="checkbox"/> 04 – Inundation | <input type="checkbox"/> 05 – Gas or Dust Ignition | <input type="checkbox"/> 06 – Mine Fire | <input type="checkbox"/> 07 - Explosives | <input type="checkbox"/> 08 – Roof Fall |
| <input type="checkbox"/> 09 – Outburst | <input type="checkbox"/> 10 – Impounding Dam | <input type="checkbox"/> 11 – Hoisting | <input type="checkbox"/> 12 – Offsite Injury | <input type="checkbox"/> 13 – Injury Requiring Hospitalization | <input type="checkbox"/> 14 – Medical Treatment | | |
| <input type="checkbox"/> 15 – Loss of Consciousness | <input type="checkbox"/> 16 – Inability to Perform Duties | <input type="checkbox"/> 17 – Temporary Assignment | <input type="checkbox"/> 18 – Transfer to Another Job | | | | |

2. Enter the Codes that best describe where Accident/Injury occurred and mining method utilized

<input type="checkbox"/> (a) Surface <u>Location</u>	<input type="checkbox"/> 02 – Surface at Underground Mine	<input type="checkbox"/> 03 – Surface Mine	<input type="checkbox"/> 04 – Auger Operation	<input type="checkbox"/> 05 – Refuse Area	<input type="checkbox"/> 12 – Other/Explain		
	<input type="checkbox"/> 17 – Shops	<input type="checkbox"/> 30 – Tipple, Preparation Plant, etc.	<input type="checkbox"/> 31 – Surface Shaft				
<input type="checkbox"/> (b) Underground <u>Location</u>	<input type="checkbox"/> 01 – Shaft	<input type="checkbox"/> 02 – Slope	<input type="checkbox"/> 03 – Face	<input type="checkbox"/> 04 - Intersection	<input type="checkbox"/> 06 – Other/Explain	<input type="checkbox"/> 07 – Conveyor Entry	<input type="checkbox"/> 08 – Track Entry
<input type="checkbox"/> (c) Mining <u>Methods Utilized</u> (Underground Only)	<input type="checkbox"/> 01 – Longwall	<input type="checkbox"/> 03 - Conventional	<input type="checkbox"/> 05 – Continuous	<input type="checkbox"/> 09 – Continuous W/Remote	<input type="checkbox"/> 10 – Extended Cut Plan		
	<input type="checkbox"/> 11 – Retreat Mining/Pillaring	<input type="checkbox"/> 12 – Continuous Haulage	<input type="checkbox"/> 13 – Multiple				

3. Date of Accident 4. Time of Accident AM PM 5. Time Shift Started AM PM

6. Specific Location/Section:

7. Describe Fully the Conditions Contributing to the Accident and Explain any Injuries that Occurred (Be Specific):

8. Equipment Involved: Type: Manufacturer: Model No.:

9. Name of Witness to Accident/Injury: 10. Number of Reportable Injuries Resulting from this Occurrence:

11. Name of Injured Employee: 12. Certification No.: 13. Sex: Male Female

14. Date of Birth (Month/Day/Year): 15. Social Security No.: (last four digits): 16. Regular Job Title:

17. Check if Injury resulted in permanent disability: (including amputation and permanent disability) 18. What Directly Inflicted Injury: 19. Nature of Injury:

20. Part of Body Injured or Affected (Be Specific):

21. Nature of Medical Treatment Administered/Hospitalization:

22. Employee's Work Activity When Injury Occurred:

23. Personal Protective Equipment In Use When Accident Occurred (check all that apply) 24. Experience in this Job Title Yrs.
 Hard Hat Glasses Gloves Metatarsal Boots 25. Experience at This Mine Yrs.
 26. Total Mining Experience Yrs.

Other Personal Safety Equipment (Please Specify)

Section D – Return to Duty Information

Answer Questions 29, 30 when case is closed

27. Permanently Transferred or Terminated, (If checked, please complete questions 29 & 30) 28. Date Returned to Regular Job at Full Capacity (Month, Day, Year)

29. Number of Days Away from Work (If none, enter 0): 30. Number of Days Restricted Work Activity (If none, enter 0)

Person Completing Form (Please Print Name and Title) Signature

Date this Report Prepared. (Month, Date, Year) Phone Number (Area Code) Email Address

Only completed forms will be accepted. Completed forms must be received within 10 working days. Incomplete forms will not be accepted, they will be considered invalid and will be returned.

MINE ACCIDENT AND INJURY REPORT

MINE OPERATORS:

IT IS IMPERATIVE THAT THIS DOCUMENT BE COMPLETED IN ITS ENTIRETY. A THOROUGH, ACCURATE DESCRIPTION OF EACH REPORTABLE ACCIDENT IS ESSENTIAL IF A MEANINGFUL AND RESPONSIBLE ANALYSIS OF ACCIDENT / INJURY DATA IS TO BE ACCOMPLISHED. INCOMPLETE FORMS WILL BE RETURNED. YOUR COOPERATION AND ASSISTANCE ARE GREATLY APPRECIATED.

TITLE 36 - SERIES 19

36-19-4.1 – IF AN ACCIDENT AS DEFINED IN 3.2 OR A SERIOUS PERSONAL INJURY AS DEFINED IN 3.3 OCCURS AN OPERATOR SHALL IMMEDIATELY CONTACT THE DISTRICT INSPECTOR OR THE REGIONAL INSPECTOR AT LARGE FROM THE REGIONAL OFFICE OF MINERS' HEALTH, SAFETY AND TRAINING FOR THE AREA WHERE THE MINE IS LOCATED.

36-19-4.2 – WHENEVER LOSS OF LIFE OR PERSONAL INJURY WHICH IS DETERMINED BY THE ATTENDING PHYSICIAN TO HAVE A REASONABLE POTENTIAL TO CAUSE DEATH SHALL OCCUR BY REASON OF ANY ACCIDENT OR OCCUPATIONAL INJURY IN OR ABOUT ANY COAL MINE, IT SHALL BE THE DUTY OF THE OPERATOR, AGENT, SUPERINTENDENT OR MINE FOREMAN TO WITHIN TWENTY-FOUR (24) HOURS REPORT THE SAME IN WRITING TO THE DIRECTOR OF THE OFFICE OF MINERS' HEALTH, SAFETY AND TRAINING.

36-19-4.3 – WHENEVER ANY ACCIDENT OCCUPATIONAL INJURY OCCURS IN OR ABOUT ANY COAL MINE TO ANY EMPLOYEE OR PERSON CONNECTED WITH THE MINING OPERATION, WHICH DOES NOT RESULT IN DEATH OR INJURY WITH A REASONABLE POTENTIAL TO CAUSE DEATH, THE OPERATOR, AGENT, MINE SUPERINTENDENT OR MINE FOREMAN SHALL, WITHIN TEN (10) WORKING DAYS, REPORT THE SAME IN WRITING TO THE DIRECTOR OF THE OFFICE OF MINERS' HEALTH, SAFETY & TRAINING AND UPON REQUEST, TO THE MINER'S REPRESENTATIVE WITHIN TWENTY-FOUR (24) HOURS OF SUBMITTAL, GIVING FULL DETAILS THEREOF ON FORMS PROVIDED BY THE DEPARTMENT. IF THE OPERATOR IS NOT MADE IMMEDIATELY AWARE OF THE INJURY, THE WRITTEN ACCIDENT/INJURY REPORT SHALL BE SUBMITTED WITHIN TEN (10) WORKING DAYS OF THE DATE THE OPERATOR WAS NOTIFIED.

ONE COPY – MAIL TO THE OFFICE MINERS' HEALTH, SAFETY & TRAINING, CHARLESTON OFFICE (ADDRESS BELOW)

ONE COPY – MAIL TO THE OFFICE OF MINERS' HEALTH, SAFETY & TRAINING, REGIONAL OFFICE (ADDRESS BELOW)

ONE COPY – KEEP FOR YOUR RECORDS.

TWO COPIES – LOST TIME INJURIES FOLLOW-UP: UPON INJURED PERSON RETURNING TO WORK SEND ONE COPY TO OFFICE OF MINERS' HEALTH, SAFETY & TRAINING - CHARLESTON OFFICE AND ONE COPY TO THE CONCERNED REGIONAL OFFICE, WITH "RETURN TO DUTY" INFORMATION COMPLETED, IF NOT KNOWN, WHEN ORIGINAL REPORT WAS SUBMITTED. (ADDRESSES BELOW)

WEST VIRGINIA OFFICE OF MINERS' HEALTH SAFETY & TRAINING CHARLESTON AND REGIONAL OFFICE ADDRESSES

CHARLESTON OFFICE

#7 PLAYERS CLUB DRIVE - SUITE 2

CHARLESTON, WV 25311-1626

PHONE: (304) 558-1425

FAX: (304) 558-128

WESTOVER OFFICE – REGION I

14 COMMERCE DRIVE, SUITE 1

WESTOVER, WV 25601

PHONE: (304) 285-3268

FAX: (304) 285-3275

DANVILLE OFFICE – REGION III

137 PEACH COURT, SUITE 2

DANVILLE, WV 25053

PHONE: (304)369-7823

FAX: (304) 369-7826

WELCH OFFICE – REGION II

830 VIRGINIA AVENUE

WELCH, WV 24801-2311

PHONE: (304) 436-8421

FAX: (304) 436-2100

OAK HILL OFFICE - REGION IV

550 INDUSTRIAL DRIVE

OAK HILL, WV 25901-0714

PHONE: (304) 469-8100

FAX: (304) 469-4059