

Mine Accident and Injury Report

West Virginia Office of Miners' Health, Safety & Training

Website: minesafety.wv.gov

Rev. 05/2023

Phone: (304) 558-1425 Fax: (304) 558-1282

****Complete fully Sections A, B, C, and D for all accidents and reportable injuries. Complete Section E (submit follow-up report if necessary) when case is closed. Check the Return To Work box in Section C when submitting a follow-up report to complete section E****

Section A – Identification Data

WV Permit Number _____ MSHA ID Number _____ Check Here If Report Pertains to Contractor _____ WV Contractor ID Number _____

Mine Name _____ Company Name (Injured Persons Employer) _____ County (Mine Location) _____

Section B – Complete for Each Immediately Reportable Accident, if N/A Refer to Section C

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

03 – Entrapment 04 – Inundation 05 – Gas or Dust Ignition 06 – Mine Fire 07 – Explosives 08 – Roof Fall 09 – Outburst 10 – Impounding Dam
 11 – Hoisting

1b. Degree of Severity – (Check each that applies)

Death Serious Injury Injury Requiring Hospitalization Loss of Consciousness

Section C – Complete for Each Reportable Accident or Occupational Injury

2. Check the box that applies

Medical Treatment Lost Time Restricted Duty Occupational Illness Return to Work

Section D – Complete for Each Reportable Accident or Occupational Injury

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

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

4. Date of Accident _____ 5. Time of Accident _____ AM PM 6. Time Shift Started _____ AM PM

7. Location/Section (please be specific): _____

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

9. Equipment Involved: _____ Type: _____ Manufacturer: _____ Model No.: _____

10. Name of Witness to Accident/Injury: _____ 11. Number of Reportable Injuries Resulting from this Occurrence: _____

12. Name of Injured Employee: _____ 13. Certification No.: _____ 14. Sex: Male Female

15. Date of Birth (Month/Day/Year): _____ 16. Social Security No.: (last four digits): _____ 17. Regular Job Title: _____

18. Check if Injury resulted in permanent disability: (including amputation and permanent disability) 19. What Directly Inflicted Injury: _____
20. Nature of Injury: _____
21. Part of Body Injured or Affected (Be Specific): _____

22. Nature of Medical Treatment Administered/Hospitalization: _____

23(a). Employee's Work Activity When Injury Occurred: _____

23(b). Was Employee Performing Regular Occupation: Yes No

24. Personal Protective Equipment in Use When Accident Occurred (check all that apply) 25. Experience in this Job Title _____ Yrs.

Hard Hat Glasses Gloves Metatarsal Boots 26. Experience at This Mine _____ Yrs.

Other Personal Safety Equipment (Please Specify) _____ 27. Total Mining Experience _____ Yrs.

Section E – Return to Duty Information

Answer Questions 29, 30 when case is closed

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

30. Number of Days Away from Work (If none, enter 0): _____ 31. 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 or outdated forms will not be accepted, they will be considered invalid and will be returned.

1 – Charleston Office Lost Time Injury Follow-Up: Within 10 days of injured person returning to work send to Office of Miners' Health,
1 – Regional Office Safety & Training – Charleston Office and your Regional Office with "return to duty" information completed.
1 – For your records

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 OR OUTDATED FORMS WILL BE RETURNED**. YOUR COOPERATION AND ASSISTANCE ARE GREATLY APPRECIATED.

THE FILLABLE VERSION OF THIS FORM IS AVAILABLE ON OUR WEBSITE AT MINESAFETY@WV.GOV AND CAN BE ELECTRONICALLY SUBMITTED TO THE CHARLESTON OFFICE AT MineAccidentInjury@wv.gov. TO ELECTRONICALLY SUBMIT TO THE REGIONAL OFFICE, PLEASE CONTACT THEM FOR THE CORRECT EMAIL CONTACT. YOU MAY ALSO MAIL YOUR FORM AS INDICATED BELOW.

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 AND/OR 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 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: WITHIN 10 DAYS OF 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 WORK" 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
PHONE: (304) 558-1425
FAX: (304) 558-1282

WESTOVER OFFICE – REGION I

14 COMMERCE DRIVE, SUITE 1
WESTOVER, WV 25601
PHONE: (304) 285-3268
FAX: (304) 285-3275

WELCH OFFICE – REGION II

830 VIRGINIA AVENUE
WELCH, WV 24801
PHONE: (304) 436-8421
FAX: (304) 436-2100

OAK HILL OFFICE - REGION IV

337 INDUSTRIAL DRIVE
OAK HILL, WV 25901
PHONE: (304) 469-8100
FAX: (304) 469-4059