

# Mine Accident and Injury Report

Website: [minesafety.wv.gov](http://minesafety.wv.gov)

Rev. 05/2026

West Virginia Office of Miners' Health, Safety & Training

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	<input type="checkbox"/> 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)

<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							

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

<input type="checkbox"/> Death	<input type="checkbox"/> Serious Injury	<input type="checkbox"/> Injury Requiring Hospitalization	<input type="checkbox"/> Loss of Consciousness
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## Section C – Complete for Each Reportable Accident or Occupational Injury

### 2. Check the box that applies

<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> Lost Time	<input type="checkbox"/> Restricted Duty	<input type="checkbox"/> Occupational Illness	<input type="checkbox"/> Return to Work
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## 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
	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, Safety & Training – Charleston Office and your Regional Office with "return to duty" information completed.  
1 – Regional Office  
1 – For your records

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## MINE ACCIDENT AND INJURY REPORT

### MINE OPERATORS:

IT IS IMPERATIVE THAT THIS DOCUMENT 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](mailto:MINESAFETY@WV.GOV) AND CAN BE ELECTRONICALLY SUBMITTED TO THE CHARLESTON OFFICE AT [MineAccidentInjury@wv.gov](mailto: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** – WHENEVER ANY ACCIDENT, AS DEFINED IN SECTION 3.2. OF THIS SERIES, OR INJURY AS DEFINED IN SECTION 3.3. AND SECTION 3.4. OF THIS SERIES, OCCURS IN OR ABOUT ANY COAL MINE TO ANY EMPLOYEE OR PERSON CONNECTED WITH THE MINING OPERATION, 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 AND TRAINING AND, UPON REQUEST, TO THE MINER REPRESENTATIVE WITHIN TWENTY-FOUR (24) HOURS OF SUBMITTAL, GIVING FULL DETAILS THEREOF ON FORMS PROVIDED BY THE OFFICE OF MINERS' HEALTH, SAFETY AND TRAINING. 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.

**36-19-4.2** – IF AN INJURY AS DEFINED IN SECTION 3.3. OF THIS SERIES OCCURS, BUT THE INJURY DOES NOT MEET THE ACCIDENT CRITERIA SET FORTH IN W.VA. CODE §22A-2-66, TO NOTIFY WITHIN 15 MINUTES, THE MINE AND INDUSTRIAL ACCIDENT EMERGENCY OPERATIONS CENTER, THE OPERATOR SHALL 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.

**36-19-4.3** – IF AN ACCIDENT OR INJURY AS DEFINED IN SECTION 3.2, 3.3, AND/OR 3.4. OCCURS AT ANY OPEN-PIT MINE OR FACILITY THAT MINES UNDERGROUND LIMESTONE AND SANDSTONE AS DESCRIBED IN W.VA. CODE §22A-4-2, THE OPERATOR OF SAID MINES OR FACILITIES SHALL 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.

**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 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) 558-1282

#### WESTOVER OFFICE – REGION I

14 COMMERCE DRIVE, SUITE 1

WESTOVER, WV 25601

PHONE: (304) 285-3268

FAX: (304) 285-3275

#### OAK HILL OFFICE - REGION IV

337 INDUSTRIAL DRIVE

OAK HILL, WV 25901-0714

PHONE: (304) 469-8100

FAX: (304) 469-4059

#### WELCH OFFICE – REGION II

830 VIRGINIA AVENUE

WELCH, WV 24801-2311

PHONE: (304) 436-8421

FAX: (304) 436-2100