

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) _____

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

Section B – Complete for Each Immediately Reportable Accident

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

Section C – Complete for Each Reportable Accident or Occupational Injury

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

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

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.

1 – Charleston Office Lost Time Injury Follow-Up: Upon injured person returning to work send to Office of Miners' Health, Safety &
1 – Regional Office Training – Charleston Office and your Regional Office with "return to duty" information completed, if not known,
1 – For your records when original report was submitted.

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 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 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) 558-1282

WESTOVER OFFICE – REGION I

14 COMMERCE DRIVE, SUITE 1

WESTOVER, WV 25601

PHONE: (304) 285-3268

FAX: (304) 285-3275

DANVILLE OFFICE – REGION III

431 RUNNING RIGHT WAY

JULIAN, WV 25529

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

337 INDUSTRIAL DRIVE

OAK HILL, WV 25901-0714

PHONE: (304) 469-8100

FAX: (304) 469-4059