

Mine Accident and Injury Report
West Virginia Office of Miners' Health, Safety & Training

Website: www.wvminesafety.org Rev. 2/2006
Phone: (304) 558-1425 Fax: (304) 558-1282

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'S EMPLOYER) _____ COUNTY (MINE LOCATION) _____

1. Accident Code - (Circle 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. Circle the Codes that best describe where Accident/Injury occurred and mining methods utilized
(a) Surface Location 02-Surface at Underground Mine 30-Tipple, Preparation Plant, etc. 03-Surface Mine 04 Auger Operation 05-Refuse Area
17-Shops 12 Other/Explain
(b) Underground Location 01-Shaft 02-Slope 03-Face 04-Intersection 08 Track Entry 07 Conveyor Entry 06-Other/Explain
(c) Mining Methods Utilized 01 Longwall 03-Conventional 05-Continuous 09 Continuous W/Remote 10 Extended Cut Plan
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 Number _____

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 _____ 14. Date of Birth _____
 MALE MONTH / DAY / YEAR
 FEMALE

15. Social Security Number (last four digits) _____ 16. Regular Job Title _____ 17. Check if Injury resulted in permanent disability: (including amputation, loss of use, and permanent total 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, do not complete questions 28, 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, Day, Year) _____ Phone Number (Area Code) _____ email address _____

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 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.

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

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

PINK COPY - KEEP FOR YOUR RECORDS.

GOLDENROD COPY – LOST TIME INJURIES FOLLOW-UP: UPON INJURED PERSON RETURNING TO WORK SEND TO OFFICE OF MINERS' HEALTH, SAFETY & TRAINING - CHARLESTON OFFICE WITH "RETURN TO DUTY" INFORMATION COMPLETED, IF NOT KNOWN, WHEN ORIGINAL REPORT WAS SUBMITTED.

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

CHARLESTON OFFICE

1615 WASHINGTON STREET, EAST
CHARLESTON, WV 25311-2126
PHONE: (304) 558-1425
FAX: (304) 558-1282

FAIRMONT OFFICE - REGION I

205 MARION SQUARE
FAIRMONT, WV 26554-2800
PHONE: (304) 367-2706
FAX: (304) 367-2708

WELCH OFFICE - REGION I

891 STEWART STREET
WELCH, WV 24801-2311
PHONE: (304) 436-8421
FAX: (304) 436-2100

DANVILLE OFFICE - REGION III

137 PEACH COURT SUITE 2
DANVILLE, WV 25053
PHONE: (304) 369-7823
FAX: (304) 369-7826

OAK HILL OFFICE - REGION IV

142 INDUSTRIAL DRIVE
OAK HILL, WV 25901-0714
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FAX: (304) 469-4059