

DIVISION OF INDUSTRIAL RELATIONS
 DEPARTMENT OF BUSINESS & INDUSTRY
MINE SAFETY & TRAINING SECTION
 1886 College Parkway, Suite 120
 Carson City, NV 89706
 Email: mines@dir.nv.gov
 775-684-7085

Immediate Notification of an Accident
 must be made by telephone to the
 Carson City office in addition to the
 completion of this form.

MSHA ID NO. _____ CONTRACTOR ID NO. _____
 Mine Name _____ Company Name _____ County _____

Accident Information:

Date of Accident _____ Time of Accident _____ Time Shift Started _____
 _____ am _____ am
 _____ pm _____ pm

Where in or at the Mine did the accident occur _____

Check if Underground Mine Check if Surface Mine or Other

Name of Injured Employee _____ Sex _____ Date of Birth _____
 Male Female

Experience	Years	Weeks
This job title		
At this Mine		
Total Mining Experience		

Job Title _____
 Employee Work Activity when Injury or Illness occurred _____

Name of Immediate Supervisor _____ Telephone Number _____

Describe the conditions contributing to the Accident/Injury and damage or impairment to individual:

Part of Body Injured or Affected _____
 Check if injury resulted in death
 Check if injury resulted in permanent disability
 (Include amputation, loss of use & permanent total disability)

Equipment Involved _____ Type _____ Manufacturer _____ Model # _____

Name of Witness to Accident/Injury _____ Job Title _____

Date returned to work at full capacity _____ Number of Days Away _____ Number of Days Restricted _____
 _____ from work _____ Work Activity _____
 _____ Month _____ Day _____ Year

Person Completing Form _____ Title _____

Date Report Prepared _____ Area Code and Phone Number _____
 _____ (month, day, year)

MAIL, FAX OR EMAIL THIS FORM TO MINE SAFETY & TRAINING
 1886 College Parkway Suite 120 CARSON CITY, NV 89706