Section 8 – Accident, Injury and Illness Report (MSHA Form 7000-1) & Mine Quarterly Employment Report (MSHA Form 7000-2)
Section 8 Action Items

Part 50 - Accident, Injury, and Illness Report – Form 7000-1

Steps to be taken when an accident occurs:

1. Contact your local MSHA field or district office immediately by phone and report the accident rather than trying to determine if it is “immediately reportable”. This will save you time and the MSHA contact can provide you with instructions immediately as to what you need to do.

2. Fill out form 7000-1 for all reportable accidents, but do not fill out 7000-1 for accidents that are not reportable.

3. Do your own investigation and prepare a separate report for your file. Keep this report, as it must be made available to MSHA on request.

4. Turn in the form 7000-1 for reportable accidents within 10 days. If the ‘Return to Duty’ information is not yet available, send the form in anyway, but retain a copy to send later when the ‘Return to Duty’ information becomes available.

Part 50 - Quarterly Employment Report – Form 7000-2

1. Follow instructions and cautions contained here and on the form to complete it correctly.

2. Reports must be turned in quarterly on or before the 15th of April, July, October, and January.
Section 8 – Accident, Injury and Illness Report (Form 7000-1) & Mine Quarterly Employment Report (Form 7000-2)

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Form 7000-2 Instructions

12-13

Detailed Instruction (Yellow Jacket)

14-
Quiz

1. When an accident occurs, you must call the MSHA district or subdistrict office immediately. True___ False___.*
2. The operator must investigate every accident and injury, which occurs at the mine. True___ False____.
3. It is almost never acceptable to use the form 7000-1 MSHA Accident, Injury and Illness Report form to investigate an accident. True___ False____.*
4. You are not allowed to alter an accident scene until all investigations have been completed without exception. True___ False____.*
5. First aid need not be reported on Form 7000-1. True___ False___.
6. First aid means one-time treatment and any follow-up visit for observational purposes, of a minor injury. True___ False___.
7. For all reportable accidents, injuries or illnesses, a copy of form 7000-1 must be submitted to MSHA within: a) 5 days___, b)10 days ___, c)20 days___, d)1 month ___.
8. MSHA’s yellow-jacket booklet gives instructions to help you determine if an accident, injury, or illness is immediately reportable. True___ False____.*
9. Quarterly Employment reports must be postmarked no later than the last day of March, June, September, and December. True___ False___.
10. You must retain copies of your quarterly employment reports for 5 years. True___ False____.
11. Total employee-hours worked during the quarter includes paid leave. True___ False____.
12. The number of employees reported is obtained by adding the number employed during each pay period, dividing by the number of pay periods, and rounding to the nearest whole number. True___ False____.
13. The number of injuries which occurred during the quarter is entered into the Quarterly Employment Report under “Other Reportable Data”. True___ False____.*
14. The incidence rate is the average number of cases for 200,000 hours worked and is obtained by multiplying the total number of cases by 200,000 and dividing by the total number of hours worked. True___ False____.*
15. A contractor should use the ID number for the mine where the work is actually done. True___ False____.

*Discussion of Answers:

1. True -- If you call the MSHA field office, they can help you determine at once whether or not the accident is reportable. MSHA does not want accidents reported that are not reportable. The MSHA contact will be able to help you determine if the accident is reportable.
2. True -- Only a mine with less than 20 employees reporting an occupational injury not related to an accident can use the form 7000-1 as a report of the accident investigation.
3. False – Need MSHA permission except to the extent necessary to rescue or recover an individual, prevent or eliminate an imminent danger, or prevent destruction of mining equipment.
4. Contact Dave Carlson (dcarlson@mtu.edu) for an electronic copy of this booklet.
5. Quarterly employment reports are due by the 15th of the month following the quarter (Apr 15, July 15, Oct 15, and Jan 15).
6. MSHA crosschecks by computer to ensure that the number of injuries agrees with the number reported on form 7000-1.
7. Make sure you report all of the hours worked or your reported incidence rate will be higher than the actual rate, and an unusually high incidence rate may trigger additional MSHA inspections.
30 CFR § 50.10

Immediate notification.

If an accident occurs, an operator shall immediately contact the MSHA District or Subdistrict Office having jurisdiction over its mine. If an operator cannot contact the appropriate MSHA District or Subdistrict Office, it shall immediately contact the MSHA Headquarters Office in Arlington, Virginia by telephone, at (800) 746--1553.


30 CFR § 50.11

Investigation.

(a) After notification of an accident by an operator, the MSHA District or Subdistrict Manager will promptly decide whether to conduct an accident investigation and will promptly inform the operator of his decision. If MSHA decides to investigate an accident, it will initiate the investigation within 24 hours of notification.

(b) Each operator of a mine shall investigate each accident and each occupational injury at the mine. Each operator of a mine shall develop a report of each investigation. No operator may use Form 7000-1 as a report, except that an operator of a mine at which fewer than twenty miners are employed may, with respect to that mine, use Form 7000-1 as an investigation report respecting an occupational injury not related to an accident. No operator may use an investigation or an investigation report conducted or prepared by MSHA to comply with this paragraph. An operator shall submit a copy of any investigation report to MSHA at its request. Each report prepared by the operator shall include,

(1) The date and hour of occurrence;

(2) The date the investigation began;

(3) The names of individuals participating in the investigation;

(4) A description of the site;

(5) An explanation of the accident or injury, including a description of any equipment involved and relevant events before and after the occurrence, and any explanation of the cause of any injury, the cause of any accident or cause of any other event which caused an injury;

(6) The name, occupation, and experience of any miner involved;

(7) A sketch, where pertinent, including dimensions depicting the occurrence;
(8) A description of steps taken to prevent a similar occurrence in the future; and

(9) Identification of any report submitted under §50.20 of this part.

**30 CFR § 50.12**

**Preservation of evidence.**

Unless granted permission by a MSHA District Manager or Subdistrict Manager, no operator may alter an accident site or an accident related area until completion of all investigations pertaining to the accident except to the extent necessary to rescue or recover an individual, prevent or eliminate an imminent danger, or prevent destruction of mining equipment.


Subpart C--Reporting of Accidents, Injuries, and Illnesses
Mine Accident, Injury and Illness Report

U.S. Department of Labor
Mine Safety and Health Administration

*Section A - Identification Data*

- MSHA ID Number
- Contractor ID
- Report Category
  - ☐ Metal/Nonmetal Mining
  - ☐ Coal Mining
  - ☐ Check here if report pertains to contractor

Mine Name: 
Company Name: 

*Section B - Complete for Each Reportable Accident Immediately Reported to MSHA*

1. Accident Code (circle applicable code - see instructions)
   - 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 - Other injury

2. Name of Investigator
3. Date Investigation Started
4. Steps Taken to Prevent Recurrence of Accident

*Section C - Complete for Each Reportable Accident, Injury or Illness*

5. Circle the Codes Which Best Describe Where Accident/Injury/Illness Occurred (see instructions)
   - (a) Surface Location:
     - 02 Surface at Underground Mine
     - 30 MT Preparation Plant, etc.
     - 03 Strip/Open Pit Mine
     - 04 Surface Auger Operations
     - 05 QA/RT/Relocation
     - 16 Other Surface Mining
   - (b) Underground Location:
     - 01 Vertical Shaft
     - 02 Stop/Stop/Shaft
     - 03 Face
     - 04 Intersection
     - 05 Underground Shop/Office
     - 06 Other
   - (c) Underground Mining Method:
     - 07 Longwall
     - 08 Shortwall
     - 09 Conventional Stopping
     - 05 Continuous Mining
     - 06 Hand
     - 07 Casting
     - 08 Other

6. Date of Accident
7. Time of Accident
8. Time Shift Started

9. Describe fully the conditions contributing to the accident/injury/illness, and quantify the damage or impairment:

10. Equipment Involved
    Type
    Manufacturer
    Model Number

11. Name of Witness to Accident/Injury/Illness

12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence

13. Name of Injured/ill Employee
    Sex: 
    Male
    Female

14. Sex
15. Date of Birth
    Month
    Day
    Year

16. Last Four Digits of Social Security Number
    17. Regular Job Title
    18. Check if this injury/illness resulted in death.
    19. Check if injury/illness resulted in permanent disability
    Include amputation, loss of use, & permanent total disability.

20. What Directly Inflicted Injury or Illness?

21. Nature of Injury or Illness

22. Part of Body Injured or Affected

23. Occupational illness (circle applicable code - see instructions)
   - 21 Occupational Skin Disease
   - 22 Dust Diseases of the Lungs
   - 23 Respiratory Conditions (toxic agents)
   - 24 Poisoning (toxic Materials)
   - 25 Disorders (physical agents)
   - 26 Disorders (mechanical trauma)
   - 28 Other

24. Employee's Work Activity When Injury or Illness Occurred
    Experience
    Years
    Weeks
    25. Experience in This Job Title
    26. Experience at This Mine
    27. Total Mining Experience

*Section D - Return to Duty Information*

28. Permanently Transferred or Terminated (if checked, complete items 29, 30, 31, 32, 33)
   - Date Returned to Regular Job at Full Capacity (or item 28)

29. Number of Days Away from Work (if none enter 0)
30. Number of Days Restricted Work Activity (if none, enter 0)

For Official Use Only

- Degree
- Accident Type
- Accident Class
- Scheduled Charge
- Keyword

Person Completing Form (Name)
Title

Date This Report Prepared (month, Day, year)
Area Code and Telephone Number

MSHA Form 7000-1, July 91 (revised)
Completing Form 7000-1 (Accident, Injury & Illness Report)

Part 50 of 30 CFR requires operators and contractors to report certain incidents to MSHA:

Note: The principle officer in charge of health and safety at the mine or the supervisor of the mine area in which an accident, injury, or occupational illness may have occurred shall complete or review the completed form 7000-1

Reportable Accidents, Injuries, and Illnesses

Reportable Occupational Injury means any injury to a miner which occurs at a mine for which medical treatment is administered or which results in: 1) death or loss of consciousness, 2) inability to perform all job duties on any day after an injury, temporary assignment to other duties, or transfer to another job.

Reportable Occupational Illness means an illness or disease of a miner which may have resulted form work at a mine or for which an award of compensation is made.

First Aid injuries are not reportable provided there are no lost work days, restricted work activity, or transfer because of the injury. First aid means: one-time treatment, and any follow-up visit for observational purposes, of a minor injury.

Form 7000-1 includes all reportable accidents, injuries and illnesses and must be submitted to MSHA within 10 days.

Immediately reportable accidents as follows must be telephoned in to MSHA immediately:

- **Coal or Rock outburst** (09) that causes withdrawal of miners or disrupts regular mining activity more than one hour.
- **Death** (01) to individual at the mine.
- **Entrapment** (03) of person >30 min.
- **Explosives** (07) or blasting agent ignition or explosion unplanned.
- **Explosion** (05) Unplanned (gas or dust).
- **Fire** (06) unplanned > 30 min from discovery.
- **Hoisting** (11) equipment damage in a shaft or slope which endangers an individual or which interferes with use of the equipment more than 30 min.
- **Impoundment** (10), refuse pile, or culm bank that fails or is unstable or requires emergency action to prevent failure, or causes individuals to evacuate area
- **Injury, Serious** (02) - with death potential.
- **Inundation** (04) Unplanned, (liquid or gas).
- **Off Site** (12) Death or bodily injury to individual not at the mine at the time the event occurs.
- **Roof fall** (08) unplanned at or above anchorage zone in active workings where bolts are in use; or roof or rib fall in active workings that impairs ventilation or impedes passage.

NOTE: Any injury that has a probability of causing death is immediately reportable.
Line by Line Instructions for Completing 7000-1.

**Section A -- Identification Data**
- **MSHA ID Number**: Mine I.D. Number assigned by MSHA. Reports on contractor activities at mines must include an MSHA-assigned contractor ID as well as the 7-digit mine ID.
- **Report Category**: Circle either Metal/Nonmetal or Coal.
- **Contractor Check**: Check if report pertains to contractor.
- **Mine Name**: Write name of mine where event occurred.
- **Company Name**: Name of Mining Company or, if event occurred to contractor, the name of the Contractor.

**Section B -- Complete Section B only for immediately reportable accidents.**
- **Immediately Reportable Accidents**
  - **Item 1**: Circle the applicable accident code. (See below.)
  - **Item 2**: Name the Investigator or head of Investigating team.
  - **Item 3**: Put in date Investigation started.
  - **Item 4**: Give brief summary of steps taken to prevent reoccurrence.

**Accident Codes**
- 01 - Death of person at the mine.
- 02 - Injury – if injury has reasonable potential to cause death.
- 03 - Entrapment – of person for more than 30 minutes.
- 04 - Unplanned inundation of liquid or gas.
- 05 - Gas or Dust Ignition/Explosion.
- 06 - Mine fire, unplanned – involving liquids, gases & combustible solids.
- 07 - Explosives – Unexpected blasting agent ignition.
- 08 - Unplanned Roof Fall at or above anchorage zone in active areas where bolts are used or Roof/Rib fall in active workings impairing ventilation or impeding passage.
- 09 - Outburst – of coal or rock causing withdrawal of miners, or that disrupts mining for more than 1 hour.
- 10 - Impoundment – failure (or imminent failure) of impoundment, refuse pile, or culm bank.
- 11 - Hoisting – Damage to hoisting equipment in shaft/slope that endangers miners or interferes with operation for more than 30 minutes.
- 12 - Offsite Injury – Death or injury of person not on mine property at the time the event occurred at the mine.

**Section C -- Details on all reportable Accidents**
- **Item 5**: Circle applicable accident location code.
  - (a) - Surface mine or other surface activity. (Do not mark any codes in (b) or (c))
  - (b) - Underground Location (complete (c) as well.)
  - (c) - Underground Mining Method
- **Item 6, 7, 8**: Fill in appropriate date & time information.
- **Item 9**: Describe sequence of events leading to accident, quantity & type of property damage, and number of injured/killed. Also include if compliance with regulations, miner training, or PPE was involved.
- **Item 10 thru 12**: Fill in requested information if applicable.
- **Item 13**: Show name of the injured person for which this report is being prepared.
- **Item 14 thru 18**: Fill in requested information if applicable.
- **Item 19**: Check this box if the injury or illness resulted in a permanent disability such as:
  - (a) - loss (or complete loss of use) of any body member (or part of a member),
(b) -a permanent impairment of functions of the body,
(c) -a permanent condition that prevents injured person from gainful occupation.

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>Name the object or substance that directly caused the injury or illness.</td>
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<tr>
<td>21</td>
<td>Name the type of illness or injury</td>
</tr>
<tr>
<td>22</td>
<td>Name the part of body effected most by injury.</td>
</tr>
<tr>
<td>23</td>
<td>For occupational illness circle the appropriate code (see below).</td>
</tr>
<tr>
<td></td>
<td>Code 21 - Occupational Skin Diseases or Disorders, Examples: Contact dermatitis, chemical burns or inflammations; etc.</td>
</tr>
<tr>
<td></td>
<td>Code 22 - Dust Diseases of the Lungs (Pneumoconioses), Examples: Silicosis, asbestosis</td>
</tr>
<tr>
<td></td>
<td>Code 23 - Respiratory Conditions Due to Toxic Agents, Examples: Pneumonitis, pharyngitis, rhinitis, or acute congestion due to chemicals, dusts, gases, or fumes; etc.</td>
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<tr>
<td></td>
<td>Code 24 - Poisoning (Systemic Effects of Toxic Materials), Examples: Toxic metals, gasses, and other chemicals</td>
</tr>
<tr>
<td></td>
<td>Code 25 - Disorders Due to Physical Agents (Other than Toxic Materials), Examples: Effects of heat, cold, and radiation.</td>
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<tr>
<td></td>
<td>Code 26 - Disorders Associated with Repeated Trauma, Examples: Noise-induced hearing loss; bursitis; Carpal Tunnel Syndrome, etc.</td>
</tr>
<tr>
<td></td>
<td>Code 29 - All Other Occupational Illnesses, Examples: Infectious hepatitis, tumors, cancer, kidney diseases, food poisoning, etc.</td>
</tr>
<tr>
<td>24</td>
<td>Employee activity when injured or illness occurred.</td>
</tr>
<tr>
<td>25, 26, 27</td>
<td>Fill in appropriate numbers for employee.</td>
</tr>
</tbody>
</table>

**Section D -- Return to Duty Information**

Complete Section D when all return-to-duty information is available. If info not available within ten working days of occurrence, the original & first copy are sent to MSHA without completing Section D. Copy 2 is mailed to Denver with when the data are available. Until D is complete and sent out, the case is open.

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>28</td>
<td>Check this if person was transferred or terminated as a result of the injury or illness.</td>
</tr>
<tr>
<td>29</td>
<td>Date injured person returned to regular job at full capacity or was transferred or terminated.</td>
</tr>
<tr>
<td>30</td>
<td>Number of lost workdays, not including the day of injury or onset of illness, or other non-workdays (holidays, etc.)</td>
</tr>
<tr>
<td>31</td>
<td>Number of restricted-duty workdays not including days reported in Item 30.</td>
</tr>
</tbody>
</table>

**Final Completion**

Complete information at bottom of 7000-1.
Mailing Instructions for the MSHA 7000-1^

Form is completed by officer in charge of health and safety or supervisor of area where accident or illness occurred.
1 form must be completed for each person injured or ill
Form must be accurately completed and mailed within 10 days

**Original** - Mail this to the Office of Injury and Employment Information, P.O. Box 25367, Denver, CO 80225.

**Copy 1** – Either fax or mail this copy to your local MSHA district office. (Write "Pink" on the top of this copy if you are using a white Xerox copy of the form. Please prepare fax copies with black ink and do not send a copy of the same form in the mail unless requested to do so.)

**Copy 2** – HOLD IN RESERVE if "return to duty" information is not on the original form. Mail when employee returns to regular job at full capacity or final disposition is made on injury or illness.
(Write "Pink" on the top of this copy if you are using a white Xerox copy of the form.)

Either fax (1(888) 231-5515) or mail this copy to
Office of Injury and Employment Information
P.O. Box 25367, Denver, CO 80225
(Please prepare faxes with black ink and don’t send a copy of the same form by mail unless requested to do so.)

**Copy 3** – Retain this copy at the mine (or nearest mine office) for 5 years.

Below is information on the addresses and phone numbers of your local MSHA M/NM District Offices

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**Metal/Nonmetal Mine Safety and Health District Offices**

**FY 2000**

<table>
<thead>
<tr>
<th>District Offices</th>
<th>Metal/Non-metal Mine Safety &amp; Health District Offices</th>
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</thead>
<tbody>
<tr>
<td>Northeastern</td>
<td>Office of the Administrator N/NMSH</td>
</tr>
<tr>
<td>Warrendale, PA</td>
<td>4015 Wilson Blvd.</td>
</tr>
<tr>
<td></td>
<td>Arlington, VA 22203-1984</td>
</tr>
<tr>
<td></td>
<td>(703) 235-1565</td>
</tr>
<tr>
<td>Southeastern</td>
<td>MSHA-NE District</td>
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<tr>
<td>Birmingham, AL</td>
<td>Thorn Hill Industrial Park</td>
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<tr>
<td></td>
<td>547 Keystone Drive, Suite 4</td>
</tr>
<tr>
<td></td>
<td>Warrendale, PA 15086-7573</td>
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<td></td>
<td>(724) 772-2333</td>
</tr>
<tr>
<td>North Central</td>
<td>MSHA-SE District</td>
</tr>
<tr>
<td>Duluth, MN</td>
<td>135 Gemini Circle, Ste. 212</td>
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<tr>
<td></td>
<td>Birmingham, AL 35209</td>
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<tr>
<td></td>
<td>(205) 290-7294</td>
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<td>MSHA-NC District</td>
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<tr>
<td></td>
<td>515 W. 1st St., Room 333</td>
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<td></td>
<td>Duluth, MN 55802-1302</td>
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<td></td>
<td>(218) 720-5448</td>
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<td>MSHA-SC District</td>
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<td>1100 Commerce St. Rm. 4C50</td>
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<td>Dallas, TX 75242-0499</td>
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<td>(214) 767-8401</td>
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<td>(218) 720-5448</td>
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**Section 8, Page 9**
Below is information on the addresses and phone numbers of your local MSHA Coal District Offices

### Coal Mine Safety & Health District Offices

**Office of the Administrator**
- CMSH
- 4015 Wilson Blvd.
- Arlington, VA 22203-1984
- (703)235-9423

**MSHA-District 1**
- The Stegmaier Bldg.
- 7 N. Wilkes-Barre Blvd, Ste.34
- Wilkes-Barre, PA 18702
- (570) 826-6321

**MSHA-District 2**
- R.R. 1, Box 736
- Hunker, PA 15639
- (724) 925-5150

**MSHA-District 3**
- 5012 Mountaineer Mall
- Morgantown, WV 26501
- (304) 291-4277

**MSHA-District 4**
- 100 Bluestone Rd.
- Mt. Hope, WV 25880
- (304)877-3900

**MSHA-District 5**
- PO Box 560
- Norton, VA 24273
- (540) 679-0230

**MSHA-District 6**
- 4159 N. Mayo Trail
- Pikeville, KY 41501
- (606) 432-0943

**MSHA-District 7**
- HC 66, Box 1699
- Barbourville, KY 40906
- (606) 546-5123

**MSHA-District 8**
- 2300 Old Decker Rd.
- Suite 200
- Vincennes, IN 47591
- (812) 882-7617

**MSHA-District 9**
- PO Box 25367, DFC
- Denver, CO 80225-0367
- (303) 231-5463

**MSHA-District 10**
- 100 YMCA Drive
- Madisonville, KY 42431
- (270) 821-4180

**MSHA-District 11**
- 135 Gemini Circle, Suite 213
- Birmingham, AL 35209
- (205) 290-7300
### Quarterly Mine Employment and Coal Production

#### Section 8, Page 11

<table>
<thead>
<tr>
<th>Code</th>
<th>Persons Working, Employee-Hours, and Coal Production Data</th>
<th>Code</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>(1) Operation Sub Unit Code(s) previously reported:</td>
<td>(2) Average number of persons working during quarter</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(3) Total employee hours worked during the quarter</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(4) Production of clean coal during quarter (short tons)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Underground Mine</td>
<td>Surface Shops, Refuse etc.</td>
<td>02</td>
</tr>
<tr>
<td></td>
<td>Strip, Open Pit, or Quarry</td>
<td>Underground</td>
<td>01</td>
</tr>
<tr>
<td></td>
<td>(including associated shops and yards)</td>
<td>Strip, Open Pit, or Quarry</td>
<td>03</td>
</tr>
<tr>
<td></td>
<td>MSHA ID Number</td>
<td>Contractor ID</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Drill</td>
<td>Other Surface Mining (Metal/nonmetal Only)</td>
<td>04</td>
</tr>
<tr>
<td></td>
<td>Other Surface Mining (Metal/nonmetal Only)</td>
<td>05</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Drill</td>
<td>Other Surface Mining (Metal/nonmetal Only)</td>
<td>06</td>
</tr>
<tr>
<td></td>
<td>Drill</td>
<td>Other Surface Mining (Metal/nonmetal Only)</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Drill</td>
<td>Other Surface Mining (Metal/nonmetal Only)</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>Drill</td>
<td>Other Surface Mining (Metal/nonmetal Only)</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>Drill</td>
<td>Other Surface Mining (Metal/nonmetal Only)</td>
<td>99</td>
</tr>
<tr>
<td></td>
<td>Drill</td>
<td>Other Surface Mining (Metal/nonmetal Only)</td>
<td></td>
</tr>
</tbody>
</table>

Check here if this report is being submitted by a contractor: [ ]

If any information below is incorrect, please enter corrected information here:

- Operation Name:
- Operating Company Name and Mailing Address:
- County:

MSHA ID Number:

Contractor ID:

Operation Name:

Operating Company Name and Mailing Address:

Copy 1 - Return to MSHA (Denver)
Completing Form 7000-2 (Quarterly Employment Data)

For general instructions, electronic filing, or downloading form 7000-2 from the Internet:
http://www.msha.gov/FORMS/70002.HTM

Questions about filing the Quarterly Mine Employment and Coal Production Report should be directed to the Office of Injury and Employment Information, Lakewood, Colorado, (303) 231-5453.

You may use MSHA’s Toll Free Fax # - 888-231-5515 to submit your completed forms.
or mail to:

MSHA
PEIR - Office of Injury and Employment Information
P.O. Box 25367
Denver, CO 80225-0367

General Information of Form 7000-2
1. Completed by mine operator or independent contractor working on mine property.
2. Independent contractor only completes one form for all work done on metal/nonmetal mine properties and one for coal properties.
3. Original form submitted to:
   DOL – MSHA – PEIR - OIEI
   P.O. Box 25367
   Denver, Colorado 80225 - 0367
   or fax to 1-888-231-5515
4. Operator retains copy for 5 years.
5. Sand and gravel operations use code 03 or 06 as appropriate, except for data on office workers where code 99 is used.
6. Due dates – 1st quarter by April 15, 2nd quarter by July 15, 3rd quarter by Oct. 15, and 4th quarter by Jan 15.

Completing form 7000-2
2. MSHA I.D. Number 7-digit number assigned by MSHA to the mine operation and, when applicable, the 3-digit number assigned to an independent contractor. Direct questions to MSHA District office.
3. County – name of county, borough, or independent city in which operation is located. Independent contractors can work in various counties.
4. Operation name is specific name of mine or plant to which MSHA I.D. number was assigned and for which the report is being submitted. Independent contractors’ operation name refers to all the mining operations at which the contractor worked. Independent contractor data can be combined with the mine operator’s data.
5. Company Name is the name of the operating company to which the submitted report pertains. IC would list his company’s name here unless his information is included in the mine operator’s report.
6. **Mailing Address** is the address of the mine office where the quarterly employment report is to be retained. IC would list his own mailing address here unless his information is included in the mine operator’s report.

7. **Persons working, Employee Hours, and Coal Production** –

**Note!**

Report each person only once.

- **Average number of employees** – Add no. of employees working during each pay period, divide by the number of pay periods and round off to nearest whole number.
- **Total employee-hours worked during quarter** – Actual hours employees on duty (exclude time off, even if it is paid leave). Report each overtime hour as 1 hour, not 1.5 hours.
- **Production of clean coal** – For coal mine use only.
- **Other Reportable Data** – Put in number of reportable injuries during the quarter – MSHA crosschecks this number by computer with your form 7000-1.
MSHA Yellow-Jacket Instruction Booklet for Forms 7000-1 and 7000-2

or, if not in this manual, see yellow-covered handout or

Print a Scanned Copy of Yellow-Jacket from Disk or CD Insert.