MINE SAFETY
ACCIDENT REPORT

Person giving notification / Title _____

Nature of accident (fatality) (life threatening) _____

_____

_____

Is accident scene now safe _____

Date of accident _____**Time** _____**AM PM**

County of mine _____

Location of accident_____

Name of injured _____

Comments _____

_____

Company / Mine name _____

Mine phone ( ) _____ -_____ Regular safety inspector _____

Mine location_____

_____

Person receiving call _____

Notification date _____**Time** _____ **Location** _____

****** ACTION TAKEN ******

Person contacted _____ **Time** _____

Comments _____

_____

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