



**COMMONWEALTH OF KENTUCKY  
DIVISION OF MINE SAFETY  
OCCUPATIONAL INJURY FORM**

No Days Lost  Days Lost (NFDL)  Fatal

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_ License No. \_\_\_\_\_

Mine Name/Number \_\_\_\_\_ State File No. \_\_\_\_\_

Mine Location \_\_\_\_\_ County \_\_\_\_\_ Telephone No. \_\_\_\_\_

Mine Foreman \_\_\_\_\_ Certification # \_\_\_\_\_ Miner I.D. No. \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Certification # \_\_\_\_\_ Miner I.D. No. \_\_\_\_\_

Mine Type:  Underground  Surface Accident Location (face, section, pit, prep plant) . \_\_\_\_\_

Has next of kin been notified?  Yes  No By Whom? \_\_\_\_\_

Injured Person \_\_\_\_\_ Age \_\_\_\_\_

Injured Person's Address \_\_\_\_\_ Telephone \_\_\_\_\_

Miner I.D. No. \_\_\_\_\_ Married  Yes  No Dependents \_\_\_\_\_

Regular Occupation \_\_\_\_\_ Occupation When Injured \_\_\_\_\_

Total Mining Experience \_\_\_\_\_ At This Mine \_\_\_\_\_ At This Occupation \_\_\_\_\_

Multiple accident?  Yes  No Number injured \_\_\_\_\_ (complete separate form for each injured person)

Date and time of accident \_\_\_\_\_ Regular Shift  Overtime Shift

Shift 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  Time shift began \_\_\_\_\_ Time shift ended \_\_\_\_\_

Date/time reported to DMS \_\_\_\_\_ Reported By: \_\_\_\_\_

Type of accident  Fall of Roof/Highwall  Machinery  Electrical  Haulage  Explosives  Other

Brief description of accident (include injured body part) \_\_\_\_\_

Was injured person taken to hospital?  Yes  No Hospital Name \_\_\_\_\_

Hospital Telephone # \_\_\_\_\_ Date Admitted \_\_\_\_\_ Date Released \_\_\_\_\_

In case of fatality, was body taken to funeral home?  Yes  No

Funeral Home name \_\_\_\_\_ Funeral Home Telephone # \_\_\_\_\_

**(FOR OFFICE USE ONLY)**

Signed: \_\_\_\_\_ Branch \_\_\_\_\_

Job Code # \_\_\_\_\_

Behavior Code# \_\_\_\_\_