

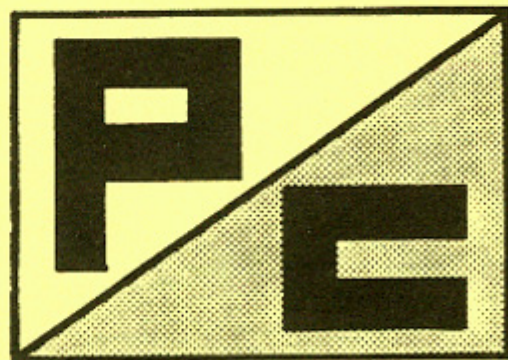
Report on 30 CFR Part 50



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

Directorate of Technical Support

December 1986
PC-7014



PROGRAM CIRCULAR



September 28, 1988

PROGRAM INFORMATION BULLETIN NO.: 88-05

**SUBJECT: Review and Update of Program Circular (PC) 7014-
Report on 30 CFR Part 50**

In early March 1988, a letter was sent to 26,616 addresses soliciting comments on the subject report. The Agency received 514 requests for copies of the PC, and 44 responses containing comments and input. The comments were reviewed and analyzed by the Agency. The majority of the comments recommended changes to Part 50 regulations and consequently were beyond the scope and purpose of this review. These comments will be considered by the committee in charge of addressing the Part 50 regulation.

Other comments pertained to situations or issues not specifically addressed in Part 50 but are consistent with Occupational Safety and Health Administration's (OSHA) definitions and guidelines for injury/illness recordkeeping and reporting. These comments will be sent to OSHA for their review and possible modification in the near future. The Agency is encouraging a joint decision on these issues.

The remaining comments are within the scope of the Part 50 guidelines, do not jeopardize our commitment to OSHA, pose no serious detriment to the integrity of our data collection system, and would not seriously impact the current volume of incidents reported to us.

In response to those suggestions and comments, the following additions should be made to your copy of the report (PC-7014). The number appearing in parentheses refers to the page on which the addition would be appropriate.

INQUIRIES: Robert Nesbit, Chief, Division of Technical Compliance and Investigation, Coal Mine Safety and Health on (703) 235-1920

Frank Delimba, Chief, Division of Safety, Metal and Nonmetal Mine Safety and Health, on (703) 235-8647

DISTRIBUTION: Principal Officials; Coal, Metal and Nonmetal District Offices, Mine Operators, Special Interest Groups and Independent Contractors

- (3) Unplanned Inundation - For the purpose of Part 50 an unplanned inundation is immediately reportable when there is any disruption of regular mining activity by an inrush of liquid or gas.
- (6) Injury vs. Illness - The basic definition of an occupational injury includes those cases which result from a work accident or from an exposure involving a single instantaneous incident in the work environment. Contact with a hot surface or a caustic chemical which produces a burn in a single instantaneous moment of contact is an injury. Sunburn or welding flash burns which result from prolonged or repeated exposure to sunrays or welding flashes are considered illnesses. Similarly, a one-time blow which damages the tendons of the hand is considered an injury, while repeated trauma or repetitious movement which produces tenosynovitis is considered an illness.
- The basic determinant is the single-incident concept. If the case resulted from something that happened in one instant, it is classified as an injury. If the case resulted from something that was not instantaneous, such as prolonged exposure to hazardous substances or other environmental factors, it is considered an illness.
- (9) Diagnostic Procedures - A positive X-ray (indicating, for example, a fracture) is sufficient to make a case reportable whether or not medical treatment was, or could be, administered (such as, to the small toe). Injuries which result in damage to the physical structure of a nonsuperficial nature are not minor, and must be reported.
- (16) Report Processing - Additions, corrections, or deletions involving either Form 7000-1 or 7000-2 submitted by an operator or contractor will be evaluated and considered provided such modifications are accompanied by substantive, valid documentation and are received by the Denver Safety and Health Technology Center no later than May 15 of the following year.
- (16) Standard Time Charges - Scheduled charges (also known as "standard time charges") are based on an estimate of the future loss of productive time brought about by an employee's permanent loss of a body member or permanent impairment of function. This measurement highlights the more serious injuries occurring in the mining industry.

- (23) Chiropractor - A chiropractor may perform medical treatment or first aid depending on the severity of the case. The criterion for reportability does not depend upon who provides the treatment but rather the nature of the treatment provided.
- (26) Days of Restricted Work Activity - As discussed at Question 24, the count of such days is predicated on the occurrence of an occupational injury or illness. If no injury or illness occurred there is nothing to report and "days of restricted work activity" would not apply.
- (34) Prosthesis - If the prosthetic device, damaged in a minor work injury, is not repaired or replaced by the beginning of the employee's next regularly scheduled shift, it is presumed that this situation would constitute a restriction in the employee's work or motion and is reportable as a lost time case which involves either/or both days away from work and days of restricted work activity.
- (35) The following change is made to Question 59:
- (59)Q. One of my employees hurt his back on Monday and missed work the next two days. He came back on Thursday and so I mailed in a Form 7000-1. The employee missed work again on Friday because of his back problem. How should I report this?
- A. An injury may be considered a recurrence only if there is no new event, occurrence or accident which contributed to the recurrence and there is sufficient medical documentation to substantiate that the injury is, in fact, only a recurrence.
- The additional time lost from work must be reported, however, by sending the Division of Mining Information Systems a duplicate copy of the Form 7000-1 which was previously submitted, with a statement attached substantiating the conditions and indicating the number of additional lost workdays. All other instances

must be reported as separate cases. It is sufficient to be a new reportable case if work exposure was a contributing factor. Aggravation of a previous injury due to the work environment will not be considered a recurrence, but will be considered a separate case.

- (37) Severity Rates - Two types of severity rates are computed: a "severity measure", based on the number of lost workdays per 200,000 employee-hours worked; and an "average severity", based on the average number of lost workdays per disabling injury. In computing both rates, cases resulting in temporary disability use the number of lost workdays including both "days away from work" and "days of restricted work activity." For permanent disability cases, lost workdays are derived from a table of "standard" or scheduled charges based on the part of body or function impaired.



Jerry G. Spicer
Administrator for Coal Mine
Safety and Health



Marvin W. Nichols, Jr.
Acting Administrator for
Metal and Nonmetal Mine
Safety and Health

Prescription Medication

Based upon a decision rendered by the Federal Mine Safety and Health Review Commission, the use of prescription medication in treating an eye injury is reportable under 30 CFR Section 50.20-3(a)(5). For all other injuries, the Commission ruled that the use of prescribed medication alone is not considered "medical treatment" and therefore would not by itself require an injury to be reported to MSHA. Prescription medicine may be administered orally or by injection or application of medicated pads or patches.

This decision negates or modifies the information contained at the following locations in this publication:

- Page 9 - last sentence
- Page 10 - first sentence and next to last example
- Page 12 - last sentence of first paragraph
- Page 32 - answer to Question 49
- Page 34 - answer to Question 56
- Page 37 - answer to question 67

It is still incumbent upon the operator to determine if injuries occurring on the mine property meet the criteria of an "occupational injury" as defined in Section 50.2(e), to investigate and make reports on such injuries as defined in 50.11(b), and to submit an MSHA Form 7000-1 for each such injury as required under 50.20(a).

REPORT ON 30 CFR PART 50

by

**Rita J. Weaver and Rhys G. Llewellyn
Division of Mining Information Systems**

**Safety and Health Technology Center
Denver, Colorado**

Revised: December 1986

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REPORT ON 30 CFR PART 50

by

Rita J. Weaver^{1/} and Rhys G. Llewellyn^{2/}

ABSTRACT

Title 30 CFR Part 50, promulgated January 1, 1978, defines the accident, injury, illness, employment and production (coal) reporting obligations to MSHA of operators working on mine properties. This report discusses information pertinent to the reporting requirements under Part 50 and provides additional reporting guidelines for independent contractors under Parts 50 and 45. Title 30 CFR Part 45 sets forth the obligations and procedures for identifying independent contractors performing services or construction at mines. This report also discusses the procedures followed in processing the reported data, a description of some statistical computations used in arriving at incidence and severity rates, and a question and answer section.

INTRODUCTION

The report on 30 CFR Part 50 was first published in 1978 and revised in 1980. The present revision addresses questions frequently asked over the past several years and includes guidelines for independent contractors.

The Part 50 regulations require operators and contractors to investigate mine accidents and injuries and report to MSHA those which meet the described reporting criteria. The regulations also require operators and contractors to report employment data.

In order for MSHA to properly analyze accident, injury and illness data, it is important that adequate information be supplied. This information is required so that MSHA may evaluate and develop mine safety and health standards and programs which benefit the industry. Incorrect or incomplete reporting on the Quarterly Mine Employment and Coal Production Report (Form 7000-2) or on the Mine Accident, Injury and Illness Report (Form 7000-1) causes additional unnecessary work for both MSHA employees and mine operators. Failure to report may result in citations and monetary assessments.

Information presented in this report is intended to be interpretive and an elaboration of the requirements and policies of MSHA.

^{1/} Chief, Data Interpretation and Management Branch

^{2/} Chief, Branch of Injury and Employment Information.

ACCIDENT, INJURY, AND ILLNESS REPORTING

The Mine Accident, Injury, and Illness Report Form 7000-1 must be completed for those incidents which are defined as "accidents", "occupational injuries", or "occupational illnesses". Form 7000-1 consists of four sheets, an original and three copies. The original (page 1) must be mailed within 10 working days of a reportable occurrence to: MSHA, Denver Safety and Health Technology Center (DSHTC), P. O. Box 25367, Denver, Colorado 80225. [A reorganization changed the originating office from the Health and Safety Analysis Center (currently shown on the form) to DSHTC.

Additionally, the form's expiration date of September 1985, has been extended to 1988]. The first copy (page 2) of the form shall be mailed at the same time to the appropriate MSHA District or Subdistrict Office. If the Form 7000-1 concerns an injury to an employee and the return-to-duty information (Section D) is not known at that time, the second copy (page 3) shall be retained by the operator until the return-to-duty information is known. The operator will then complete the data items requested under Section D and send the second copy to the DSHTC address shown above. The DSHTC office must be furnished return-to-duty data. A third copy (page 4) with all relevant data items completed shall be retained at the mine office closest to the mine for a period of 5 years. Contractor reports may be retained where payroll records are kept. The principal 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 using the instructions and criteria cited in 30 CFR Part 50.20-1 through 50.20-7. Forms 7000-1 may be obtained from the nearest MSHA District or Subdistrict Office (See Appendices E and F).

DEFINITIONS

"Miner" means any individual working in a mine. Miner includes working owners, partners, officers and independent contractors on mine sites.

"Mine" means (a) an area of land from which minerals are extracted in nonliquid form or, if in liquid form, are extracted with workers underground, (b) private ways and roads appurtenant to such area, and (c) lands, excavations, underground passageways, shafts, slopes, tunnels and workings, structures, facilities, equipment, machines, tools, or other property including impoundments, retention dams, and tailings ponds, on the surface or underground, used in, or to be used in, or resulting from the work of extracting such minerals from their natural deposits in non-liquid form, or if in liquid form, with workers underground, or used in, or to be used in, the milling of such minerals, or the work of preparing the coal or other minerals and includes custom coal preparation facilities.

"Work of preparing the coal" means the breaking, crushing, sizing, cleaning, washing, drying, mixing, storing, and loading of bituminous coal, lignite, or anthracite, and such other work of preparing coal as is usually done by the operator of the coal mine.

MSHA FORM 7000-1

Form 7000-1 is divided into four Sections, A through D. Section A relates to identification data; Section B lists the types of accidents which must be immediately reported to MSHA; Section C must be completed for each reportable accident, injury or illness; and Section D pertains to the employee's return-to-duty information.

SECTION A - IDENTIFICATION DATA.

This section requests the 7-digit, numeric MSHA ID number, the 3-digit, alpha-numeric contractor ID number (if applicable), the report category (metal/nonmetal or coal mining), the name of the mine where the accident, injury or illness occurred, the company name and a box to check if the report pertains to a contractor. For contractors, the contractor name should be shown in addition to the "company name".

SECTION B - COMPLETE FOR EACH ACCIDENT IMMEDIATELY REPORTABLE TO MSHA.

Item 1: For the purpose of completing Section B, "accident" means:

- 1) A death of an individual at a mine.
- 2) An injury to an individual at a mine which has a reasonable potential to cause death.
- 3) An entrapment of an individual at a mine for more than 30 minutes.
- 4) An unplanned inundation of a mine by a liquid or gas.
- 5) An unplanned ignition or explosion of gas or dust at a mine.
- 6) An unplanned mine fire not extinguished within 30 minutes of discovery.
- 7) An unplanned ignition or explosion of a blasting agent or an explosive at a mine.
- 8) An unplanned roof fall at or above the anchorage zone in active mine workings where roof bolts are in use; or, an unplanned roof or rib fall in active mine workings that impairs ventilation or impedes passage.
- 9) A coal or rock outburst that causes withdrawal of miners or that disrupts regular mining activity for more than one hour.
- 10) An unstable condition at an impoundment, refuse pile, or culm bank that requires emergency action in order to prevent failure, or which causes individuals to evacuate an area; or, failure of an impoundment, refuse pile or culm bank.
- 11) Damage to hoisting equipment in a shaft or slope that endangers an individual or that interferes with use of the equipment for more than 30 minutes.

- 12) An event at a mine that causes death or bodily injury to an individual not on the mine property at the time the event occurs. Examples: a detonation of explosives at a mine which throws material outside the mine property, or a haulage truck which rolls off the mine property and causes an injury.

Items 2, 3, and 4: Fill in the name of the mine investigator, the date the investigation started and the steps taken to prevent a similar accident from occurring in the future.

SECTION C - COMPLETE FOR EACH REPORTABLE ACCIDENT, INJURY OR ILLNESS

This section must be completed for each reportable occurrence.

Item 5: Where did the accident, injury or illness occur? If it occurred on the surface, circle the appropriate code listed under "(a) Surface Location." If it occurred underground, circle the appropriate code under "(b) Underground Location." If it occurred on an underground working section or working place, circle the appropriate code under "(c) Underground Mining Method."

Item 6: Enter the date the accident, injury or illness occurred. For illnesses, this may be the date of diagnosis or the date lost time began.

Item 7: Enter the time the accident, injury or illness occurred. Be sure to check the correct box (a.m.) or (p.m.).

Item 8: Enter the time the shift started. Again be sure to check the appropriate box (a.m.) or (p.m.).

Item 9: For this item, mine operators or contractors should describe fully the conditions contributing to the incident and determine the damage or impairment. What is required is an understandable, complete narrative on the step-by-step sequence of events that led to the incident, a description of the property damage and a statement on the number of persons injured. Part 50 provides the following detail on the reporting desired for item 9:

Describe fully the conditions contributing to the accident and quantify the damage or impairment. Describe what happened and the reasons therefore, identify the factors which led or contributed to the accident, and identify any damage or impairment to the mining operation. The narrative shall clearly specify the actual cause or causes of the accident, and shall include the following: (i) Whether the accident involved any aspect of compliance with rules and regulations; (ii) Whether the accident involved mine equipment or the mining system; (iii) Whether the accident involved job skills and miner proficiency, training and attitude; and (iv) Whether the accident involved protective items relating to clothing, or protective devices on equipment.

Item 10: If equipment was involved, the type of equipment, manufacturer, and model number should be identified. This is most important for analytical studies.

Item 11: Enter the name(s) of any witness(es) to the incident.

The injuries and illnesses addressed in the remainder of this section are occupational injuries and illnesses. An "occupational injury" is any injury to an employee which occurs at a mine for which medical treatment is administered, or which results in death or loss of consciousness, inability to perform all job duties on any day after the injury, restriction of work or motion, lost workdays, temporary assignment to other duties on any day after the injury, transfer to another job, or termination. "Occupational illness" is an illness or disease of an employee which may have resulted from work at a mine or for which an award of compensation is made.

Item 12: Indicate the number of reportable injuries or illnesses resulting from the occurrence. If the report is made on an "accident" listed in Section B, and no reportable injuries or illnesses occurred, item 12 should show "none"; the remaining questions in Section C and several of the questions in Section D are not applicable. If one or more injuries or illnesses resulted from the incident reported, a separate Form 7000-1 must be completed and mailed to MSHA for each injured or ill person.

Item 13 through 15: State the name, sex and date of birth of the injured or ill employee.

Item 16: State the last four digits of the affected worker's Social Security Number.

Item 17: State the employee's "regular job title." This should not be confused with the worker's activity at the time of the incident; for example, a mechanic who was injured while operating a front-end loader would be reported as a "mechanic", not a "loader-operator". Worker activity is requested in item 24.

Items 18 and 19: Check these items if the injury or illness resulted in death or permanent disability.

Item 20: What directly inflicted the injury or illness? Examples: injuries inflicted by a bucket on a front-end loader, a power shovel cable, a roller on a conveyor belt system, a blade on a dozer, etc.

Item 21: Report the nature of the injury or illness by naming the illness, or, for injuries, by using common medical terms such as puncture wound, third degree burn, fracture, etc. For multiple injuries, name the injury which was the most serious. Do not use meaningless, general terms such as "hurt", "sore", "sick", etc.

Item 22: What part of the body was injured or affected? If more than one part of the body was involved, name the part with the most serious injury. For example, if an injured employee has a bruised finger and a broken ankle, write "ankle." If the injured employee suffered an amputation, name the specific part lost. If finger(s) or toe(s) are amputated, two items of information are needed: (1) name the finger(s) or toe(s) involved; (2) state at which phalange(s)/joint(s) the amputation occurred. Refer to Appendix D for a chart of scheduled charges for the hand and foot.

Item 23: Occupational illness—circle the code which most accurately describes the category of the illness. Occupational illnesses are distinguished from injuries by the fact that they do not result from accidents or instantaneous single incidents but rather from extended exposure. Some illnesses under codes 21 and 24 may occur after relatively short exposure; however, the physiological reaction to such exposure is not instantaneous and therefore they are considered illnesses rather than injuries. Examples of occupational illnesses follow. Remember, this list is not comprehensive and is intended to give the reader an idea of the range of illnesses which may occur in the work environment.

Code 21--Occupational Skin Diseases or Disorders. Examples: Contact dermatitis, eczema, or rash caused by primary irritants and sensitizers or poisonous plants; oil acne; chrome ulcers; chemical burns or inflammations. (Tissue damage only, resulting from a thermal or chemical burn is classified as an injury, not an illness).

Code 22--Dust Diseases of the Lungs (Pneumoconioses). Examples: Silicosis, asbestosis, coal workers' pneumoconiosis, and other pneumoconioses.

Code 23--Respiratory Conditions Due to Toxic Agents. Examples: Pneumonitis, pharyngitis, rhinitis or acute congestion due to chemicals, dusts, gases, or fumes.

Code 24--Poisoning (Systemic Effects of Toxic Materials). Examples: Poisoning by: lead, mercury, cadmium, arsenic, or other metals, carbon monoxide, hydrogen sulfide or other gases; benzol, carbon tetrachloride, or other organic solvents; insecticide sprays such as parathion, lead arsenate; poisoning by other chemicals such as formaldehyde, plastics and resins.

Code 25--Disorders Due to Physical Agents (Other than Toxic Materials). Examples: Heatstroke, sunstroke, heat exhaustion and other effects of environmental heat; freezing, frostbite and effects of exposure to low temperatures; caisson disease; effects of ionizing radiation (radon daughters, non-medical, non-therapeutic X-Rays, radium); effects of nonionizing radiation (welding flash, ultraviolet rays, microwaves, sunburn).

Code 26--Disorders Associated with Repeated Trauma. Examples: Noise-induced hearing loss; synovitis, tenosynovitis, and bursitis; Raynaud's phenomena; and other conditions due to repeated motion, vibration, or pressure. This category is only appropriate for those conditions which have been diagnosed as inflammation-type illnesses and noise-induced hearing loss which occurred over a prolonged day-in day-out exposure to the work environment. Do not include incidents that produce sprains or strains or other conditions merely because the employee is unable to recall a specific event of the day relating to the injury. These are generally brought on by a single movement or occurrence.

Code 29--All Other Occupational Illnesses. Examples: Infectious hepatitis, malignant and benign tumors, any form of cancer, kidney diseases, food poisoning, histoplasmosis.

NOTE: Conditions resulting from animal bites, such as insect or snake bites are considered to be injuries.

Item 24: Describe the exact activity the injured employee was performing when he/she was injured or first noticed symptoms of the illness. Examples: driving a front-end loader; pulling an energized power cable with bare hands; riding on the side of haulage equipment; backing a dozer down a ramp; etc.

Item 25: Indicate the number of years and/or weeks of experience in the job title reported in Item 17.

Item 26: Indicate the number of years and/or weeks the injured/ill person was employed at this operation.

Item 27: Indicate the employee's total mining experience - include experience at this operation and all experience at previous mining operations.

SECTION D - RETURN TO DUTY INFORMATION.

Item 28: Check this item if the worker's employment was terminated or if the employee was permanently transferred to another regular job as a direct result of the occupational injury or occupational illness.

Item 29: Show the date that the injured or ill person returned to his or her regular job at full capacity (not to restricted work activity) or was transferred or terminated.

Item 30: Enter the number of workdays, consecutive or not, that the employee would have worked but could not because of the occupational injury or illness. The number of days away from work should not include the day of injury or onset of illness or any days that the employee would not have worked even though able to work. If an employee loses a day from work solely because of the unavailability of professional medical personnel for initial observation or treatment and not as a direct consequence of the injury or illness, the day should not be counted as a day away from work. If an employee, who is scheduled to work Monday through Friday, is injured on Friday and returns to work on Monday, the case does not involve any "Days Away From Work" even if the employee was unable to work on Saturday or Sunday. If this same employee had been scheduled to work on Saturday, even if that Saturday constituted overtime, the Saturday would be counted in the "Days Away From Work", and the case would be classified as a Lost Workday Case. An injured or ill employee cannot avoid accumulating lost workdays by being placed on vacation or personal leave. If the employee had been scheduled to work, the days the employee lost due to his or her injury or illness would be counted as lost workdays. Do not include in the lost workday count holidays or any days on which the mine was not operating for any reason.

For an employee not having a regularly scheduled shift, it may be necessary to estimate the number of lost workdays. An estimate of the number of days that the employee would have worked should take into account the prior work history of the employee and days worked by fellow employees in the same area or occupation.

in some cases, an injured or ill employee may miss one or more scheduled days or shifts and it will be uncertain if the employee was truly unable to work on the days missed. Situations may arise when a physician concludes that the employee is able to work but the employee feels that he or she is not able. In such instances, the employer should make the final judgment based on all available evidence. Similarly, if a doctor tells the employee to take time off and the company requests a second opinion, and the second doctor says the employee can return to work, it would be the employer's decision as to when the employee was able to return to work.

Item 31: Enter the number of days of restricted work activity. These are the number of workdays, consecutive or not, on which, because of the occupational injury or illness:

- (1) The employee was assigned to another job on a temporary basis; or-
- (2) The employee worked at a permanent job less than full time; or could not perform all aspects of the job whether required to or not; or-
- (3) The employee worked at a permanently assigned job but could not perform all the duties normally connected with it.

The number of days of restricted work activity should not include the day of the injury or onset of illness, or any days the employee did not work even though able to work. If an injured or ill employee receives scheduled follow-up medical treatment or observation which results in the loss of part or all of a workday solely because of the unavailability of professional medical personnel, it will not be counted as a day of restricted work activity. Days of restricted work activity end as the result of any of the following: (a) The employee returns to his or her regularly scheduled job and performs all of its duties for a full day or shift; (b) The employee is permanently transferred to another permanent job. (If this happens, even though the employee could not perform his or her original job any longer, the days of restricted work activity will stop), or (c) The employee is terminated or leaves the mine.

Return-to-duty information is generally available within the 10-day reporting requirement; however, some occurrences result in injuries and illnesses which are of longer duration. After the employee returns to work at full capacity or a final disposition of the case is made (e.g., transfer or termination of employment), the operator shall complete Section D and mail page 3 within 5 working days to DSHTC. The original of this form should be mailed to DSHTC within 10 days of the incident regardless of the length of time the employee is away from work.

The name of the person completing this form must be entered at the bottom followed by the date on which the report was prepared. A telephone number including area code is requested so that the person may be contacted if any question arises with regard to the completed form.

MEDICAL TREATMENT AND FIRST AID

Medically treated injuries are reportable. First-aid injuries are not reportable provided there are no lost workdays, restricted work activity or transfer because of the injury.

Medical treatment does not include first-aid treatment (one-time treatment and subsequent observation of minor scratches, cuts, burns, splinters, and so forth, which do not ordinarily require medical care) even if it was provided by a physician or a registered professional person.

What follows is a discussion of diagnostic procedures and preventive procedures and treatments, and a discussion of medical and first-aid treatment. It is not possible to list all types of medical procedures and treatments and on that basis alone determine whether first aid or medical treatment was involved. The important point to be stressed is that the decision as to whether a case involves medical treatment should be made on the basis of whether the case normally would require medical treatment. The decision cannot be made on the basis of who treats the case. First aid can be administered by a physician or another medical person and medical treatment can be administered by someone other than a physician.

DIAGNOSTIC PROCEDURES

Hospitalization for observation, where no medical treatment is rendered, other than first aid, is not considered medical treatment. However, if the employee misses any part of his or her next scheduled shift, the case would become reportable because of lost workdays.

Visits to a physician or nurse for observation only or for a routine change of dressing are not considered medical treatment.

X-ray examination for possible fracture, dislocation, etc., is considered a diagnostic procedure and as such is neither medical treatment nor first aid. If the X-ray is negative, the case is not reportable, unless the injury required other medical treatment or met one of the other criteria for reportability. If the X-ray is positive, the case is reportable.

Physical examination in itself is merely diagnostic and is not considered medical treatment.

Reactions to or side effects from diagnostic procedures, which are necessitated by a work-related injury or illness are reportable.

PREVENTIVE PROCEDURES AND TREATMENTS

Tetanus shots--Both initial tetanus shots and boosters are considered preventive in nature and are not by themselves considered medical treatment. However, treatment of a reaction to a tetanus shot administered because of a work injury would be considered medical treatment, and would make the case reportable.

Prescription medication--Any use of prescription medication normally constitutes medical treatment. However, it should be considered first aid when a single dose or application of a prescription medication is given on the first visit merely for the relief of pain or as preventive treatment for a minor injury. This situation may occur at facilities having dispensaries stocked with prescription medications frequently used for preventive treatment and relief of pain and attended by a physician or a nurse operating under the standing orders of a physician. The administration of nonprescription medication in similar circumstances would be considered first aid.

Ointments and salves--The application of ointments and salves to prevent the drying or cracking of skin may be considered first aid.

Antiseptics and dressings--The application of antiseptics to a minor injury, which does not itself require medical treatment, may be considered first aid. Additional cleansing and application of antiseptics constitutes first aid if it is necessitated by work duties that soil the dressings.

Preventive medication--Reaction to preventive medication (not administered because of an occupational injury or illness) administered at work (such as flu shots) would not constitute a reportable case.

Off-the-job cases--Treatment at work of off-the-job injuries and illnesses is not reportable.

THE FOLLOWING ARE CONSIDERED MEDICAL TREATMENT:

- Suturing (stitching) of any wound. Butterfly stitches are considered medical treatment except in the few instances where this method of closing a wound has been selected for cosmetic reasons only.
- Treatment of fractures.
- Application of a cast, splint, or other professional means of immobilizing an injured part of the body.
- Treatment of infection resulting from a work injury.
- Treatment of a bruise by the drainage of blood.
- Surgical debridement (the removal of foreign material and dead or contaminated tissue). This requires extensive care and treatment. This does not include excising the outer layer of skin.
- Treatment of abrasions that occur at greater than full skin depth.
- Use of prescription medicines, other than a single dose or application given on the first visit for the relief of pain.
- Treatment of second- and third-degree burns is almost always medical treatment.

MEDICAL TREATMENT AND FIRST AID FOR CERTAIN TYPES OF INJURIES

Abrasion. First-aid treatment is limited to cleaning a wound, soaking, applying antiseptics, nonprescription medication and bandages on the first visit. Follow-up visits are limited to observation including changing the dressing and bandages. Additional cleaning and application of antiseptics constitutes first aid where it is necessitated by work duties that soil the bandage. Medical treatment includes examination for removal of imbedded foreign material, multiple soakings, whirlpool treatment, treatment of infection, or other professional treatments and any treatment involving more than a minor, spot-type injury. Treatment of abrasions occurring at greater than full skin depth is considered medical treatment.

Bruises. First-aid treatment is limited to a single soaking or application of cold compresses, and follow-up visits if they are limited only to observation. Medical treatment includes multiple soakings, draining of collected blood, or other treatment beyond mere observation.

Burns, thermal and chemical (resulting in the destruction of tissue by direct contact). First-aid treatment is limited to cleaning or flushing the surface, soaking, applying cold compresses, antiseptics or nonprescription medications, and bandaging on the first visit. Follow-up visits are limited to observation, changing bandages, or additional cleaning. Most first-degree burns only require first-aid treatment. Medical treatment includes a series of treatments including soaks, whirlpool, skin grafts, and surgical debridement. Most second- and third-degree burns require medical treatment.

Cuts and lacerations. First-aid treatment is the same as for abrasions except the application of butterfly closures for cosmetic purposes only may be considered first aid. Medical treatment includes the application of butterfly closures for noncosmetic purposes, sutures (stitches), surgical debridement, treatment of infection, or other physician-type treatment.

Eye injuries. First-aid treatment is limited to irrigation, removal of foreign material not imbedded in the eye, and application of nonprescription medications. A precautionary diagnostic visit (special examination) to a physician is considered as first aid if the treatment is limited to the above items. Follow-up visits are limited to observation only. Medical treatment cases involve removal of imbedded foreign objects, use of prescription medications, or other physician-type treatment.

Inhalation of toxic or corrosive gases. First-aid treatment is limited to removal of the employee to fresh air or the one-time administration of oxygen for several minutes. Medical treatment consists of any professional treatment beyond that mentioned under first aid and all cases involving loss of consciousness.

Foreign objects. First-aid treatment is limited to cleaning the wound, removal of any foreign object by tweezers or other simple techniques, application of antiseptics and nonprescription medications, and bandaging on the first visit. Follow-up visits are limited to observation including changing of bandages. Additional cleaning and application of antiseptic constitute first aid where it is necessitated by work duties that soil the bandage. Medical treatment consists of the removal of any foreign object by a physician due to the depth of imbedment, the size or shape of the object, or the location of wound. Treatment for infection, treatment of a reaction to tetanus booster, or other professional treatment is considered medical treatment.

Sprains and strains. First-aid treatment is limited to soaking, application of hot or cold compresses, and use of elastic bandages on the first visit. Follow-up visits for observation, including reapplying bandages, are first aid. Medical treatment includes a series of hot and/or cold soaks, use of whirlpools, diathermy treatment, or other professional treatments.

MSHA FORM 7000-2

The Quarterly Mine Employment and Coal Production Report (Form 7000-2) must be completed by each operator of a mine in which any individual worked during any day of a calendar quarter or by an independent contractor working on mine property and meeting the reporting requirements under 30 CFR Part 45 guidelines. To minimize the burden of quarterly employment reporting for contractors, each contractor only needs to complete one MSHA Form 7000-2 for all work done on coal properties and one Form 7000-2 for all work done on metal/nonmetal properties. Each operator of a coal-producing mine and each coal-producing independent contractor shall also report coal production on Form 7000-2. The original form shall be submitted to: MSHA, Safety and Health Technology Center, P. O. Box 25367, Denver, Colorado 80225, within 15 days after the end of each calendar quarter: Calendar quarters end on the last day of March, June, September and December. Each operator shall retain their copy of Form 7000-2 at the mine office nearest the mine for five years after the submission date. Each independent contractor shall retain their copy of Form 7000-2 at the office where forms are received. Form 7000-2 is a DATA-MAILER which is mailed to each mine operator and independent contractor at the end of each quarter with sufficient time to submit the form to MSHA. Extra copies, if needed, of Form 7000-2 may be obtained from MSHA District or Subdistrict offices. (See Appendices E and F). Preprinted DATA-MAILERS show some completed data items for the mine specified. The completed data items include: MSHA identification number, the calendar quarter for which the report is intended, the county where the mine is located, the name of the mine, company name, mailing address, and coded designations for sub-units previously reported by the mine operator. DATA MAILERS sent to independent contractors differ slightly on two items: county and operation names shown encompass all counties and all mining operations an independent contractor worked during the quarter.

MSHA I. D. Number is the 7-digit number assigned by MSHA to the mine operation and, when applicable, the 3-digit number assigned to an independent contractor. Questions regarding the I. D. number(s) to use should be directed to the appropriate MSHA District or Subdistrict Office. (See Appendices E and F).

Calendar Quarter: The first calendar quarter is January, February and March; second quarter is April, May, and June; third quarter is July, August, and September; and fourth quarter is October, November, and December.

County is the name of the county, borough, or independent city in which the operation is located. Independent contractors can work in various counties.

Operation Name is the specific name of the mine or plant to which the MSHA I. D. number was assigned and for which the quarterly employment report is being submitted. Independent contractors' operation name refers to all the mining operations at which the contractor worked.

Company Name is the name of the operating company to which the submitted report pertains.

Mailing Address is the address of the mine office where the quarterly employment report is to be retained.

Persons Working, Employee Hours, and Coal Production--

(1) Operation Sub-Units

Underground mine operations should report employment and hours-worked data on employees working underground on the first line (Code 1). Coal mine operators and independent contractors should report short tons of clean coal produced from underground operations on this line. If there are any employees working at any time during the quarter in associated surface shops and yards (except at mill operations, preparation plants, or breakers) at the underground mine, report data on those employees on the second line (Code 02). Report data on officeworkers on line 10 (Code 99).

Strip, Open Pit mine, or Quarry operations should report data on employees working at the surface mine on the third line (Code 03). Include associated shop and yard employees. Coal mine operators and independent contractors should report short tons of clean coal produced from strip mining on this line. Report data on officeworkers on line 10 (Code 99).

Auger mines (coal only) report data on employees and short tons of clean coal produced on the fourth line (Code 04). Include associated shop and yard employees. Report data on officeworkers on line 10 (Code 99).

Culm bank or refuse pile operations (coal only) report data on employees and short tons of clean coal produced on the fifth line (Code 05). Include associated shop and yard employees. Report data on officeworkers on line 10 (Code 99).

Dredge operations report data on employees on the sixth line (Code 06). Employees included are those on the dredge and all associated plant, shop, and yard employees, both dredge and land based. Coal dredge operators should report short tons of clean coal produced from dredging on this line. Report data on officeworkers on line 10 (Code 99).

Other surface mine operations (metal/nonmetal only) not included above should report employment and hours-worked data on the seventh line (Code 12). Include associated shop and yard employees. Report data on officeworkers on line 10 (Code 99).

Sand and gravel operations should report employment and hours-worked data under line 3 (Code 03) or line 6 (Code 06) as appropriate except for officeworkers, which should be reported on line 10 (Code 99).

Independent shops or yards or both are those operations not associated directly with a specific mining operation. Such operations have a unique MSHA ID number which is not shared with any other mining activity. Report data on these employees on the eighth line (Code 17) and on officeworkers on line 10 (Code 99).

Processing plants, mill operations, preparation plants, or breakers report data on all employees on the ninth line (Code 30). Include crushing, sizing, grinding, concentrating, and associated shops and yards that are not a part of any mining operation and not reported under any of the above categories. Sand and gravel operations should only report under Codes 03, 06, or 99.

Officeworkers (all professional and clerical personnel at the mine or plant) should be reported on line ten (Code 99).

- (2) Average number of persons working during quarter--Show the average number of employees or other persons working on the payroll during all active periods in the quarter. Include all classes of employees (supervisory, professional, technical, proprietors, owners, operators, partners, and service personnel) on your payroll, full or part-time. REPORT EACH EMPLOYEE UNDER ONE SUB-UNIT ONLY. For example: If one or more persons work in the mine and the mill or office, report data on them to the subunit where they spend most of their time. If necessary, you may estimate for the major activity. The average number of employees may be computed by adding together the number of employees working during each pay period and then dividing by the number of pay periods. Do not include in the count those pay periods where no one worked. We can use as an example a quarter with five pay periods where employees worked, and the number of employees in each pay period was 10, 12, 13, 14, and 15 respectively. To compute the average, add the number of employees working each pay period ($10+12+13+14+15=64$); divide by the number of pay periods (64 divided by $5 = 12.8$). Rounding 12.8 to the nearest whole number, we get 13 as the average number of persons working.

- (3) Total employee-hours worked during the quarter--Show the total actual hours worked by all employees for the subunit reported during the quarter covered. Include all time where the employee was actually on duty; exclude vacation, holiday, sick leave, and all other off-duty time, even though paid for. Make certain that each overtime hour is reported as one hour, and not as the overtime pay multiple for an hour of work. The hours reported should be obtained from payroll or other time records. If actual hours are not available, they may be estimated on the basis of scheduled hours. Make certain not to include hours paid for but not worked; such as vacation, sick leave, personal leave or days away from work due to work-related injuries. Do not include time spent on mine property outside of regularly scheduled shifts, i. e., bathhouse, parking lot, etc.
- (4) Production of clean coal (short tons)--This section is to be completed only by operators of underground or surface coal mines, or independent contractors extracting coal, but not by operators of central or independent coal preparation plants or operators of metal or nonmetal mines. Agreement should be made between production operators and independent contractors so that coal produced is not double reported. Enter the total production of clean coal from the mine. The production figure must include coal shipped from the mine and coal used for fuel at the mine, but exclude refuse and coal produced at another mine and purchased for use at the mine.

Other Reportable Data. Indicate the number of MSHA reportable injuries or illnesses occurring at your operation during the quarter covered by this report. If none occurred, write "0" or "none". This data is crosschecked for computability through computer output against the 7000-1 forms that are filed. Show the name, title, and telephone number, including the area code of the person to be contacted regarding data on this report, and show the date that this report was completed.

REPORT PROCESSING

Each report document received is assigned a control number and then microfilmed. The procedure permits rapid recovery of original document data which may be needed for analysis or other uses. Report forms with discrepancies will be sent to the mine operator or the District or Subdistrict office so that enforcement personnel may determine needed changes or additions after consulting with mine officials.

Since Form 7000-2 is a preprinted DATAMAILER, only data on the mining operation identified by the preprinted 7-digit identification number should be reported on the form. Do not report more than one underground mine or type of mining on one form. An operator moving a portable crusher from place to place in one State is permitted to report work done at all locations under one 7-digit identification number. An operator working in several pits in one county can have one number for all activities. These particular groups of operations are inspected by MSHA under a single 7-digit number. This does not apply to independent contractors. Contractors report all coal mining activities on one form and all metal/nonmetal mining activities on one form. All operation sub-unit codes (01-99) are valid.

The total number of workers reported and total hours worked are checked against the numbers previously reported by the mine. If the reported employment and coal production fall outside the established range, the report must be verified. Obviously, employee-hours must be reported in subunits where employees are reported, and conversely, employees must be reported where employee-hours are reported. Do not report average employees if there have been no employee hours worked. It is not necessary to send coal stockpile figures. We are interested in employee hours worked and production of clean coal.

If production or other necessary information have been omitted, the report will be processed and then returned to the operator to provide the missing data.

Each injury submitted to MSHA on Form 7000-1 is presumed to describe a reportable accident, illness, or injury--not a first-aid case. For that reason, MSHA makes certain that each report is accounted for in the data base. MSHA staff assign coded designations to a prescribed number of data items and enter these on file to describe reported accidents, injuries, and illnesses.

DEGREE OF INJURY OR ILLNESS

In processing injury and illness reports, the Division of Mining Information Systems assigns standard "degree" codes. "Degree" is a means to rank-order reported injuries and illnesses. The following degree codes have been established:

- Degree 1 - Cases resulting in death
- Degree 2 - Cases resulting in permanent total or permanent partial disability
- Degree 3 - Cases resulting in days away from work only
- Degree 4 - Cases resulting in days away from work as well as days of restricted work activity
- Degree 5 - Cases resulting in days of restricted work activity only
- Degree 6 - Cases that do not result in death, days away from work, or days of restricted work activity (medical treatment only).
- Degree 7 - Cases of diagnosed occupational illness
- Degree 8 - Cases involving fatal or nonfatal injuries due to natural causes to employees on mine property.
- Degree 9 - Cases involving fatal or nonfatal injuries to non-employees on or off mine property.
- Degree 10- All other cases submitted to MSHA.

Degree determination is made through the data provided on the 7000-1 form in items 18, 19, 21, 22, 28, 29, 30, and 31.

STANDARD TIME CHARGES

Cases resulting in death or permanent total disability are assigned 6,000 lost workdays. This is historically considered the average working life expectancy of all persons in the labor force. The assumption is made for each employee killed or permanently disabled that he or she would have continued working throughout the period of his or her working-life expectancy were it not for the accident.

"Permanent total disability" is the classification for any injury other than death which permanently and totally incapacitates a miner from following any gainful occupation or which results in the loss, or the complete loss of use, of any of the following in one accident:

- Both eyes
- One eye and one hand, arm, leg, or foot
- Any two of the following not on the same limb: Hand, arm, foot, or leg.

"Permanent partial disability" is the classification for any injury other than death or permanent total disability which results in the loss, or complete loss of use, of any member or part of a member of the body, or any permanent impairment of functions of the body or part thereof, regardless of any preexisting disability of the affected member or impaired body function. The following injuries are not classified as permanent partial disability:

- Loss of the tip of a finger or the tip of a toe without bone involvement.
- Loss of permanent teeth.

Appendices C and D depict a Tabulation and Chart on scheduled charges used by MSHA for permanent partial disabilities. The scheduled charge for fatalities and permanent total disabilities is 6,000 days. Charges are assigned as a means to determine the relative severity of certain injuries regardless of the actual days lost. In the event that a report submitted to MSHA on a permanent disability does not specify the exact segment lost, e.g., "Middle phalange of ring finger"; or the extent of loss of use, e.g., "twenty-five percent loss of use of left thumb", MSHA will assign the maximum charge shown for the body member.

INCIDENCE RATES AND SEVERITY MEASURES

Standard statistical measures have been designed to measure rates of occurrence of injuries or illnesses or both and to measure the severity of injuries.

Rates of occurrence are called "incidence rates" (IR) and are based on 200,000 exposure hours (equivalent to 100 employees working 2,000 hours a year). An incidence rate may be computed for any selected degree(s) according to the formula:

$$IR (\text{selected degree(s)}) = \frac{\text{no. of cases in selected degree(s)} \times 200,000}{\text{exposure or employee hours}}$$

A severity measure (SM) may be computed for any degree 1 through 5 and utilizes "days away from work" and "days of restricted work activity" and exposure hours, as follows:

$$SM (\text{degree(s)}) = \frac{\text{sum of days for selected degree(s)} \times 200,000}{\text{exposure or employee hours}}$$

GUIDELINES FOR INDEPENDENT CONTRACTORS

The following are excerpts from MSHA Policy Memorandum 82-6MM dated May 26, 1982, and 81-35C dated October 26, 1981, concerning independent contractors' compliance responsibility under 30 CFR Parts 45 and 50.

The primary purpose of 30 CFR 45.3, 45.4, 50.20 and 50.30 is to collect information that is necessary for MSHA to effectively and efficiently administer the Act. MSHA's experience has been, however, that these provisions generally best serve this purpose when applied to independent contractors that perform the following types of work at mines:

1. Mine development, including shaft and slope sinking;
2. Construction or reconstruction of mine facilities; including building or rebuilding preparation plants and mining equipment, and building additions to existing facilities;
3. Demolition of mine facilities;
4. Construction of dams;
5. Excavation or earthmoving activities involving mobile equipment;
6. Equipment installation, such as crushers and mills;
7. Equipment service or repair of equipment on mine property for a period exceeding five consecutive days at a particular mine;
8. Material handling within mine property; including haulage of coal, ore, refuse, etc., unless for the sole purpose of direct removal from or delivery to mine property unless the majority of time is spent on mine property;
9. Drilling and blasting.

Accordingly, the following guidelines have been adopted:

1. Independent contractor identification numbers and independent contractor register under 30 CFR Part 45.

(a) Except as otherwise determined by the District Manager, independent contractors that perform the types of work listed above should be issued MSHA identification numbers under 45.3. When contractors who have not been assigned a number are cited, an identification number will be assigned through the appropriate District or Subdistrict office.

(b) Except as otherwise determined by the District Manager, the production operator is required to maintain the information required under 45.4(b) for all independent contractors that perform the types of work listed above. However, for all independent contractors at the mine, the production operator is required to secure and provide the information required under 45.4(b) within a reasonable time after it is requested by an inspector.

The purpose of these guidelines is to make Part 45 more effective in incorporating independent contractors into MSHA's enforcement program. MSHA's experience so far under Part 45 has been that a significant number of independent contractors at mine sites conduct activities to which only the most general provisions of the Act and very few, if any, of MSHA's standards and regulations apply. Nevertheless, these contractors have been treated the same for the purpose of Part 45 as those contractors performing the type of work to which the Act's provisions are primarily directed and a majority of MSHA's standards and regulations apply. The result has been to impede the assignment of identification numbers to the contractors most likely to become involved in MSHA enforcement action, and to impose unnecessary paperwork burdens on production-operators. To resolve these problems, the above guidelines are designed to focus the procedural requirements of Part 45 on those independent contractors performing the type of work that poses the greatest safety and health risks for miners. It should be remembered, however, that MSHA's assignment of identification numbers to independent contractors, or the production-operator's maintenance of information concerning contractors at the mine, has no effect on the responsibility of each independent contractor to comply with all provisions of the Act, standards and regulations that apply to their work.

2. Notification, investigation, reporting and recordkeeping requirements for independent contractors under 30 CFR Part 50.

(a) Except as otherwise determined by the District Manager, independent contractors are required to report accidents, injuries and illnesses under Part 50.20, maintain records of such reports under 50.40, and file quarterly employment reports under 50.30 only as to the types of work listed earlier.

(b) Without regard to the type of work being performed, all independent contractors are required to comply with the notification, investigation and preservation of evidence requirements of 50.10, 50.11 and 50.12, and are required to comply with 50.41 regarding verification of reports.

Under the initial guidelines, independent contractors were required to comply with all of the provisions of Part 50. These guidelines have been revised to provide that independent contractors are required to report accidents, injuries or illnesses on MSHA Form 7000-1 and file quarterly employment and production reports on MSHA Form 7000-2 only as to the types of work listed earlier. The remaining provisions of Part 50, which primarily involve notification and investigation procedures for accidents, still must be complied with by all independent contractors working at mine sites regardless of the type of work being performed. These revised guidelines recognize that independent contractors engaged in types of work that are not listed are generally those performing activities which involve very limited exposure to hazards. Therefore, a quarterly accounting of the contractors and their employees performing these activities at mine sites is not essential for MSHA to develop useful information regarding the accidents, injuries and illnesses that occur at mines. Having determined that quarterly accounting of low-hazard activities is unnecessary, it is also unnecessary to report the accidents, injuries or illnesses that may occur in performing them, since no incidence data or other useful information could be developed based on such reporting.

Contractors that perform the type of work listed earlier during any calendar quarter must complete and file a separate MSHA Form 7000-2 for the work performed at metal and nonmetal mines and a separate form for the work performed at coal mines. To minimize the reporting burden, only one MSHA Form 7000-2 must be completed and filed for the work performed at metal and nonmetal mines and only one MSHA Form 7000-2 must be completed and filed for the work performed at coal mines.

Only the types of work listed need to be reported; other types of work performed at mines should not be included. Contractors producing coal would be considered performing an activity under type 8 - material handling. The information necessary to complete a Form 7000-2 is the production of clean coal in short tons, the average number of employees and total employee hours involved in the work being reported. First, this employment and production information must be computed separately for the surface mines and underground mines where the work being reported was performed. For work performed at underground mines, this information must be separated for work performed underground and for work performed on the surface of underground mines, and then entered on the appropriate line. For work performed at surface mines, this information must be separated for the several types of surface mines indicated on the Form (e. g. strip, open pit or quarry, auger, dredge) and then entered on the appropriate line. When work being reported on any particular line was performed at more than one site, the required employment information should be computed together.

The contractor and the production-operator may coordinate the submission of their quarterly reports so that the production-operator actually submits the report covering the contractor. When this is done, a separate Form 7000-2 must be filed for the operator and each independent contractor. It should also be remembered that the independent contractor is individually responsible for complying with 50.30. Consequently, if the production-operator fails to submit the separate quarterly employment and production report covering the contractor, the contractor may be cited for a violation of this compliance responsibility.

MSHA/OSHA JURISDICTION

In 1979, an Intergency Agreement was reached between MSHA and OSHA delineating certain areas of authority and providing for coordination of efforts and procedures for resolving jurisdictional questions. The list of mining operations and minerals for which MSHA has authority to regulate includes; underground, open pit, solution and auger mining, quarrying, dredging (when the primary purpose is to recover metal or nonmetallic minerals for milling and/or sale or use), hydraulicking, ponds (brine evaporation) and milling which is one or more of the following processes: crushing, grinding, pulverizing, sizing, concentrating, washing, drying, roasting, pelletizing, sintering, evaporation, calcining, kiln treatment, sawing and cutting stone, heat expansion, retorting (mercury), leaching and briquetting. Minerals are coal, metal and nonmetal, sand and gravel, and crushed and dimension stone. MSHA also has authority over borrow pits whose use is related to mining or is on mine property and the construction of facilities to be used for any of the above mining.

OSHA Regulatory authority commences as indicated in the following types of operations which may be on or contiguous to mining and/or milling operations:

Gypsum Board Plant - If the plant is located on mine property, at the point when milling, as defined, is completed, and the gypsum and other materials are combined to enter the sequential processes necessary to produce gypsum board. If not located on mine property, OSHA has authority over the entire plant.

Brick, Clay Pipe, Refractory Plants - After arrival of raw materials at the plant stockpile.

Ceramic Plant - After arrival of clay and other additives at the plant stockpile.

Fertilizer Products - At the point when milling, as defined, is completed and two or more raw materials are combined to produce another product. "Kiln", as it relates to these products for roasting and drying, is considered to be within the scope of the milling definition.

Asphalt-Mixing Plant, Concrete Ready-Mix or Batch Plants - After arrival of sand and gravel or aggregate at the plant stockpile.

Custom Stone Finishing - At the point when milling, as defined, is completed, and the stone is polished, engraved, or otherwise processed to obtain a finished product and includes sawing and cutting when associated with polishing and finishing.

Smelting - At the point where milling, as defined, is completed and metallic ores or concentrates are blended with other materials and are thermally processed to produce metal.

Electrowinning - At the point where milling, as defined, is completed, and metals are recovered by means of electrochemical processes.

Refining - At the point where milling, as defined, is completed, and material enters the sequential processes to produce a product of higher purity.

When any question of jurisdiction between OSHA and MSHA arises, the appropriate MSHA District Manager and OSHA Regional Administrator or OSHA State Designee in those States with approved plans shall attempt to resolve it at the local level. If this attempt does not succeed, the question will be referred to the National Office. If still unresolved, the matter will be referred to the Secretary of Labor for decision.

QUESTIONS AND ANSWERS ON PART 50 REPORTING

AUDITS

1. Q. Why are Part 50 audits conducted?
 - A. Part 50 audits are conducted (1) to insure that an operator understands what is reportable, to determine if he/she is complying correctly and to determine whether the operator is under-or over-reporting cases; (2) if an audit is requested by the operator; (3) because a mine is on the Program of Accident Reduction (PAR), which requires that a 3-year audit be conducted at that mine; (4) in order to determine the winners of the Sentinels of Safety Award competition, audits are conducted on the top five potential winners in each canvass; (5) when a fatality occurs at a mine, the mine is audited for the year of the fatality and the two preceding years.

BACK INJURY

2. Q. Are strains, sprains and back injuries reportable?
 - A. Strains, sprains and back injuries are reportable if they occur at a mine and meet the stated conditions in the definition of occupational injuries. Any lost workdays and any days of restricted work activity must be reported.
3. Q. What if an employee, on entering the mine, sneezes hard and injures his/her back. Is the back injury reportable?
 - A. The answer to this question is based on the definition of an "occupational injury". An "occupational injury" means any injury to a mine worker which occurs at a mine for which medical treatment is administered. The injury is reportable if it requires more than first aid or if it meets any of the other requirements for reportability.
4. Q. One of my employees told me that her back was hurting but she could not recall doing anything that might have hurt it. Is this an illness or an injury? Do I have to report it?
 - A. Back cases are considered to be injuries because they are usually initiated by a single event, or bodily motion. If the symptoms occurred at work and the employee received medical treatment and/or lost time from work or lost consciousness or was restricted in her work or motion, the case would be reportable. See the questions on "Recurrence" on page 35 of this report.

BEE/WASP STINGS, INSECT/ANIMAL BITES

5. Q. Are bee and wasp stings and insect or snake bites on mine property considered to be occupational injuries or illnesses?
 - A. These are classified as occupational injuries because of the instantaneous event.

BLOOD-LEAD LEVEL, ELEVATED

6. Q. What about the findings of elevated blood-lead levels or other substances. Are these reportable?
- A. Test results showing elevated levels of lead in the blood by themselves do not require reporting. However, the case would be reportable if the employee has symptoms of lead poisoning, such as colic, nerve or renal damage, anemias and gum problems or receives treatment for lead poisoning or receives treatment to lower blood-lead levels.

CENTRAL OFFICE

7. Q. Several professional employees work out of a central office location and make frequent visits to several mines. If one of these employees is injured at a mine site, is the injury attributed to the mine or the central office?
- A. The injury would be attributed to the mine at which the injury occurred. The intent is to determine the hazards in that particular work environment. The individual mine may include the hours the company employees spent on the property on the 7000-2 quarterly report.

CHIROPRACTOR

8. Q. Is treatment by a chiropractor considered medical treatment?
- A. Yes.

CONTRACTOR REPORTING

9. Q. Should contractors hauling coal report to MSHA?
- A. Haulage of coal, ore, refuse, etc., is considered reportable unless it is for the sole purpose of direct removal from or delivery to mine property. The inspectorate can determine if a contractor should report.
10. Q. Must a contractor report if he/she tests and blasts holes on mine property?
- A. Yes, "drilling and blasting" is included as one of the types of work activities reportable to MSHA. See the guidelines for independent contractors on page 18 of this report.

11. Q. Must an independent contractor own a mine or mine coal or other minerals in order to be required to report to MSHA?
- A. Contractors need not own mines or mine coal or other minerals in order to be subject to the reporting requirements. If the answer is "yes" to any one of the nine work types listed earlier, a contractor is required to report.
12. Q. Should a contractor report if he/she hauls from a tippie to railroad cars?
- A. If all the activity is on mine property, yes.
13. Q. Are all contractors working on mine property required to report?
- A. No, MSHA recognizes that independent contractors engaged in types of work not listed in the guidelines have limited exposure to mining hazards and therefore reporting by them is not essential for developing useful information regarding accidents and injuries that occur at mines.
14. Q. Is an injury to a "service" contractor or his/her employees reportable?
- A. An injury to a contractor servicing non-mining facilities such as candy machines, toilets, etc., on the surface is not reportable if the injury is caused by the "service" contractor's equipment. However, if an injury is caused by the environment of the mine or by the mine operator's machines or equipment, etc., the injury is reportable.
15. Q. Are contractors that do reclamation work at mine sites obligated to report to MSHA?
- A. Not if the mine has been placed in an "abandoned" status by MSHA which means MSHA no longer inspects the operation.
16. Q. Can the production-operator submit the contractor's quarterly information?
- A. The contractor and production-operator may coordinate the submission of their quarterly reports so that the production operator actually submits the report covering the contractor provided this is the only mining operation at which the contractor works.

When this is done, a separate Form 7000-2 must be filed for the production-operator and each contractor. The independent contractor is individually responsible for complying with 50.30. Consequently, if the production-operator fails to submit the separate quarterly employment report covering the contractor, the contractor may be cited for a violation of the reporting requirements.

17. Q. Should an owner of a haulage truck with no employees report?
- A. A self-employed contractor should report the hours he or she works on mine properties if the work performed meets one of the nine work types listed in the guidelines on page 18 of this report.
18. Q. What do the letters "M" and "C" represent which are printed immediately after the contractor I. D. number on the 7000-2 Form?
- A. "M" denotes metal/nonmetal properties; "C" denotes coal properties. If work is done by the same contractor on both types of properties, they should be submitted on two separate forms.
19. Q. Do contractors report production?
- A. Yes, if they are actually extracting coal.
20. Q. May a contractor use a separate 7000-2 Form for each of his/her mine sites or for each region serving different mine sites or must all activities be combined on one form?
- A. A contractor must use one Form 7000-2 for reporting all coal mining activities and another Form 7000-2 for all metal/nonmetal activities.
21. Q. If a fatality occurs while a contractor is performing "low - hazard activity", must that fatality be reported to MSHA?
- A. Yes, the fatality should be reported immediately and a Form 7000-1 must also be submitted.

DATA-MAILER

22. Q. What is a DATA-MAILER?
- A. A DATA-MAILER is a computer-addressed form that is sent quarterly to each mining establishment. The report shows the mine name and mine identification number and reduces the possibility of reporting for an incorrect location. Receipt of the mailed report acts as a reminder to the operator of the requirement to submit this report to MSHA. Because the report is mailed to operators quarterly, operators do not have to maintain a supply of the forms.
- A DATA-MAILER sent to each independent contractor indicates the contractor identification number and includes all mining operations the contractor may have worked at. The contractor is required to submit an employment and coal production report to MSHA if identified as working at mine sites in one of the nine work categories.

DAYS AWAY FROM WORK

23. Q. What are "days away from work" and how are they calculated?
- A. "Days away from work" are days which the employee would have worked but could not because of an occupational injury or an occupational illness. To determine the number of days away from work, do not include the day the injury occurred (or the onset of the illness) or any days that the employee was not scheduled to work, i.e., if the employee worked a five-day week and the mine was on a seven-day work week, only five workdays each week would be subject to being charged as days away from work. Lost workdays, for employees not assigned to a regular shift, may be estimated on the basis of scheduled days.

DAYS OF RESTRICTED WORK ACTIVITY

24. Q. What are "days of restricted work activity?"
- A. "Days of restricted work activity" are days the employee was assigned to another job on a temporary basis; days the employee worked at a permanent job less than full time; or days the employee worked at a permanently assigned job but could not perform all the duties normally connected with that job because of an occupational injury or an occupational illness.
25. Q. In order to avoid "days away from work", what kind of job may an injured person perform to be on "restricted work activity?"
- A. Part 50 does not specify what kind of job. The Part states that days of restricted work activity include any days that the employee:
- is assigned to another job on a temporary basis; or
 - works at a permanent job less than full time; or
 - works at a permanently assigned job but is unable to perform all duties connected with the job.

DRUGS, ALCOHOL INFLUENCE, HORSEPLAY

26. Q. If an employee is injured while under the influence of alcohol or drugs or engaged in horseplay, is the injury reportable?
- A. Yes, if the worker is on mine property when injured.

EMPLOYMENT

27. Q. I was told that when I complete the MSHA Form 7000-2 because I have employees working underground (Code 01), I must also show employment in Code 02. Is this true?
- A. Yes, for example, 30 CFR Part 75 §1403(d) requires an attendant be on the surface when persons are being hoisted or lowered underground. Part 75, §1600-1 requires a person be always on duty at a communication facility when men are underground. Employees such as these, should be shown in Code 02 with an estimate of the hours worked in surface activities.

EXTRA COPIES

28. Q. Where may I obtain extra copies of the MSHA Forms 7000-1 and 7000-2?
- A. These forms may be obtained from the appropriate MSHA District or Subdistrict Office (See Appendixes E and F).

FATALITIES

29. Q. How are questions on chargeability of fatalities resolved?
- A. The chargeability of fatalities is, for the most part, straightforward. In cases where chargeability must be determined, a committee, chaired by the Chief, Division of Mining Information Systems (DMIS), with one member from Coal Mine Safety and Health and one member from Metal and Nonmetal Mine Safety and Health, reviews all relevant material on the questionable fatality.

Questions on the chargeability of individual fatalities originate in the offices of the enforcement Administrators. A chargeability question is sent to the Chief, DMIS, who in turn, sends all relevant material on the questioned fatality to members of the committee who review the material and send their recommendations and comments back to him. If the decision is not unanimous, the chairman and members discuss the problem areas responsible for the difference of opinion until a consensus decision is reached.

Part 50 is basic and direct in applying chargeability criteria. If a worker is killed on mine property, the death of that worker is chargeable. A worker will include employees of the mine, salesmen, delivery people, all construction workers employed in any construction capacity at the mine, and others with business at the mine. The fatalities of heart attack victims and of other workers who die on mine property from personal impairment not complicated by or resulting from their work activity will not be chargeable. However, these deaths should be reported to MSHA as

chargeability may have to be determined through the committee. If a contractor servicing non-mining facilities on the surface of a mine, or an employee of such a contractor, is fatally injured, the fatality will be charged to the mining industry, if the injury was caused by the "mine", as defined.

Since the criteria of Part 50 are so basic and direct, it is accepted that the majority of questionable chargeability cases will be decided at the Administrator's level.

FORM 7000-1 COMPLETENESS, TIMELINESS

30. Q. What must be reported to MSHA on Form 7000-1?
- A. All accidents defined in 50.2(h) as well as occupational injuries and illnesses must be reported.
31. Q. On the 7000-1 form, items 5 through 11 in Section C are questions concerning an accident. Does that mean I answer questions only when my mine has experienced an accident reported in Section B?
- A. No. Those questions are answered each time a Form 7000-1 is completed. Part 50 and the instructions accompanying Form 7000-1 indicate that MSHA's intent was to receive answers to items 5 through 11 on each completed form. Answers to items 5 through 11 are also required when occupational illnesses are reported.
32. Q. On the 7000-1 form, why is it necessary to report an injured person's name and the last four digits of the Social Security number?
- A. MSHA uses this information as a means to spot duplicate reports. At some mining operations, more than one person has been given responsibility for submitting Form 7000-1 reports and it is not unusual for MSHA to receive duplicate reports.
33. Q. Must there be a witness to an accident for it to be reportable?
- A. No, a witness is not necessary for an event to be reportable.
34. Q. Why must Form 7000-1 be submitted within 10 days?
- A. Part 50 requires the operators to mail completed forms to MSHA within ten working days after an accident or occupational injury occurs or an occupational illness is diagnosed. Timely reporting is needed in order to provide statistical data for the purpose of promoting health and safety in the mining industry and providing up-to-date information in response to special requests.

35. Q. One of my employees has been away from work for several weeks and just now has informed me that his absence was due to a work injury. Is it too late to file a 7000-1?
- A. No. The regulations require that a Form 7000-1 be submitted to MSHA within ten days from the date of the injury or illness or from the date of diagnosis or when the case was made known to the operator. More importantly, however, it is your responsibility to investigate the accident and make a determination of whether or not it meets the MSHA reporting criteria. This should be done as soon as possible and independent of any decision as to whether the injury is compensable.
36. Q. I understand that Section D of the 7000-1 is to be completed when the final disposition of a case is known. Does this mean that I do not need to sign and date the form until that information is known?
- A. No. Your name, title, telephone number (including area code) and date the report was prepared should be completed when you report the original case. Section D only refers to questions 28 through 31 of the Form.

HEARING LOSS

37. Q. An employee was tested and found to have experienced some hearing loss. How much loss must occur for it to be reportable?
- A. First, it is important to determine what type of exposure caused the loss. If the loss resulted from an instantaneous exposure in the work environment, the case would be considered an injury and would be reportable if it required medical treatment, loss of consciousness, restriction of work or motion or transfer to another job. If the loss may have developed from work exposure other than instantaneously then it would be considered an illness. A loss in either ear is reportable if the condition has been reported to the operator and if it may have been directly caused by or aggravated by the work environment. MSHA does not however, require reporting of hearing loss brought on solely by normal deterioration.

HEART ATTACKS

38. Q. What if an employee suffers a heart attack at work, is taken home and subsequently dies. Is this a reportable case?
- A. Yes. All fatal or nonfatal heart attacks occurring on mine property, occupational injuries and occupational illness must be reported. Heart attacks are classified as illnesses because they normally do not result from work accidents or single, instantaneous exposure in the environment. Most fatalities due to heart attacks are considered to be the result of natural causes and not from work activity. However, all such incidents whether or not the employee dies on the mine property should be reported and a final chargeability determination will be made by MSHA on a case-by-case basis.

HERNIA

39. Q. I have an employee who suffered a hernia at work. He went to a doctor who diagnosed the hernia condition, but did not treat it. The employee returned to his regular job the next day. How should this be reported?
- A. A Form 7000-1 should be completed showing the date of the injury or date of diagnosis. A hernia is considered a permanent partial disability and the case will be assigned a standard time charge of 50 days unless the hernia is repaired. (See the following question).
40. Q. An employee suffered a hernia at work but received no treatment initially and returned to work at full capacity the next day. A month later the employee had the hernia surgically repaired. The employee subsequently missed ten days from work. How do I report this?
- A. A Form 7000-1 should be completed within 10 days of the injury. A standard time charge of 50 days would be assigned by MSHA if the hernia had remained unrepaired whether or not any time was lost from work. When the hernia was surgically repaired and the employee returned to work at full capacity, Page 3 of the MSHA Form 7000-1 should be completed showing the actual lost work days. It should be clearly stated in the form that the hernia has now been repaired. At this point, the charge of 50 days will be replaced by the count of actual lost workdays.

HOISTING EQUIPMENT

41. Q. What constitutes "Damage to hoisting equipment in a shaft or slope which endangers an individual or which interferes with the use of the equipment for more than 30 minutes"?
- A. Damage may be considered to be caused by some accident that involved hoisting equipment, or resulting from hoisting equipment failure. A natural occurrence such as ice in a shaft may cause the shaft and hoist to be shut down for more than 30 minutes. However, where no accident occurs, equipment is not damaged, and no individuals were endangered, the natural occurrence would not itself be reportable.

IMPOUNDMENT, REFUSE PILE, CULM BANK

42. Q. Are impoundments, refuse piles, and culm banks considered to have the same kinds of hazards?
- A. Yes, an "accident" involving any one of the three is considered to have occurred where: (a) emergency action is required in order to prevent failure of the piled material; or (b) the apparent instability of the material requires that individuals must be evacuated from an area; or (c) the piled material fails.

INDEPENDENT SHOPS, YARDS

43. Q. Define Code 17 - "Independent Shops and Yards" on Form 7000-2.
- A. A 7-digit, ID number is assigned to an operation under Code 17 when one shop services several mines. If a shop is associated with one mine, the employees and their hours are included with that mine in the respective sub-unit.

INVESTIGATION REPORT

44. Q. Can a 7000-1 form be used as an investigation report?
- A. No, mine operators may not use Form 7000-1 as an investigation report on the 12 events defined as "accidents". However, operators of mines with fewer than 20 employees may use Form 7000-1 as an investigation report for occupational injuries where no "accident" is involved.

LIGHTNING

45. Q. Is an injury to an employee struck by lightning reportable?
- A. Yes, if the employee is on mine property when struck.

OCCUPATIONAL ILLNESS

46. Q. What is an occupational illness?
- A. An occupational illness is an illness or disease of an employee. The illness is reportable if it may have resulted from work or exposure at a mine or was an illness for which an award of compensation was made.

OCCUPATIONAL INJURY

47. Q. What is an occupational injury?
- A. An occupational injury is any injury to an employee which occurs at a mine. To be reportable, the injury must (1) require medical treatment, or (2) result in death or loss of consciousness, or (3) result in the inability of the injured person to perform all of the job duties required by the job on any day after the injury, or (4) require the injured person to be temporarily assigned to other duties, or (5) require the injured person to be transferred to another job, or (6) require the injured person to be terminated.

OFF MINE PROPERTY

48. Q. Are off-mine-property injuries reportable to MSHA?
- A. MSHA has authority over what occurs on mine property. MSHA exercises no authority over highways and other off-mine locations. Offsite fatal and nonfatal injuries caused by an event at a mine are investigated by MSHA and should be reported to MSHA, however, they are not charged to the mining industry.

PAIN PRESCRIPTIONS

49. Q. Our company doctor routinely dispenses Darvon instead of aspirin for pain. Does this constitute medical treatment and thus make the case reportable?
- A. First, you must determine whether the injury or illness resulted from an event at the mine or exposure in the work environment. All occupational illnesses are reportable whether or not medical treatment is provided. Treatment of a work injury by using Darvon would be considered reportable if the employee received an amount to be taken more than one time or one dose. Other circumstances about the case may also determine its reportability.

PARKING LOT INJURIES

50. Q. Are parking lot injuries reportable when employees are just arriving for work or leaving after the end of a shift?
- A. Yes, if this parking lot is on mine property. Injuries to employees are reportable if they happen anywhere on mine property.

PERMANENT DISABILITY

51. Q. One of my employees lost the tip of his ring finger in an accident at work. MSHA charged us with 60 lost days even though the employee came back to work in ten days? Why was this done?
- A. In cases involving a permanent total or permanent partial disability, MSHA has retained the schedule of time charges established by the American National Standards Institute. MSHA believes that these injuries deserve special emphasis because the employees incur, by definition, a permanent disability which puts a continuing limitation on their working ability and productiveness throughout their lives. The standard time charges represent estimates of the average percentage of working ability lost by the employee experiencing that impairment. The percentages are applied to a maximum loss possibility of 6,000 days. The amputation of the distal portion of the employee's ring finger, for example, is considered as equivalent to the loss of one percent of full productive ability or 60 days.
52. Q. If an employee suffers a permanent disability and loses no time, is this considered a lost-time accident?
- A. Yes, because permanent disabilities are assigned a standard charge of days lost. See question 51 above.

PERMANENT TRANSFER

53. Q. What constitutes a permanent transfer?
- A. A specified time period cannot be stated as a requirement. However, an injured employee cannot be considered "permanently transferred" when put on restricted work activity. For example, a transfer of an injured employee to the lamp-house to allow the employee to mend from an injury will not be considered a "permanent transfer".

PNEUMOCONIOSES

54. Q. An employee has been diagnosed as having coal workers' pneumoconiosis and wants to transfer to a less dusty area of the mine. Is this reportable?
- A. Yes. This is an instance of a diagnosed occupational illness and must be reported to MSHA. Item 28 of the Form 7000-1 should be checked as this would be a permanent transfer.

PREEXISTING CONDITION

55. Q. What if an employee has a pre-existing condition?
- A. A pre-existing condition has no bearing on reportability. Every event is reportable when it meets the reporting criteria.
56. Q. If a work injury to a diabetic employee becomes infected, is it reportable?
- A. Yes, treatment of infection due to an injury constitutes medical treatment regardless of any preexisting condition of the employee.

PROSTHESIS

57. Q. If a prosthesis an employee is wearing is broken from a minor work injury, is the time lost waiting for repair reportable?
- A. No, if no bodily injuries occurred causing lost time.

QUESTIONABLE INJURIES

58. Q. Should an operator report questionable injuries?
- A. Operators have an obligation to investigate all injuries happening or alleged to have happened on mine property. After an investigation has been completed, the operator must make the determination as to whether the incident is reportable to MSHA. If he has any doubt, he should report. If the operator's conclusion is that no incident occurred, then there is nothing to report.

RECURRENCE

59. Q. One of my employees hurt his back on Monday and missed work the next two days. He came back on Thursday and so I mailed in a Form 7000-1. The employee missed work again on Friday because of his back problem. How should I report this?
- A. An injury may be considered a recurrence if the condition recurs within six working days of the employee's return to work and there is no new event, occurrence or accident which contributed to the recurrence.

The additional time lost from work must be reported, however, by sending the Division of Mining Information Systems a duplicate copy of the Form 7000-1 which was previously submitted, with a statement attached substantiating the conditions and indicating the number of additional lost workdays. All other instances must be reported as separate cases. It is sufficient to be a new recordable case if work exposure was a contributing factor. Aggravation of a previous injury due to the work environment will not be considered a recurrence, but will be considered a separate case.

60. Q. What if the original injury had been considered a "first-aid case" or a no-lost-time, medical treatment case and later the worker loses time as a result of the injury?
- A. The same general concept holds true: If the lost time occurs within six working days of the original injury date, and there is no indication that a new injury occurred, use the procedure described below which applied to your reporting problem: (1) If the injury had been considered a "first-aid case", a complete Form 7000-1 should be submitted showing the date of the occurrence and the date lost time began; (2) if the injury had been reported as a no-lost-time medical treatment case, submit a duplicate copy of the original Form 7000-1 with a statement attached substantiating the conditions and showing the date the lost time began and the number of lost workdays.

NOTE: The same reporting requirements apply to cases where the recurrence of an injury would cause a worker to be placed on restricted work activity, or to be transferred or terminated.

REPORTS, AVAILABLE

61. Q. What types of reports are available from MSHA to the general public?

A. The following reports are available:

1. Fatalgram (Metal and Nonmetal)
2. Federal Register issues on MSHA
3. Mine Injuries and Worktime, Quarterly
4. Annual Injury Experience in (Coal, Metal, Nonmetal, Stone, Sand and Gravel) Mining
5. Policy Memoranda, Program Information Bulletins, and Special Informational letters
6. Program Circulars (Yellow Jacket reports and "T" Grams) and Informational Reports on various aspects of mining and mining statistics.

For more information on these reports, contact the Safety and Health Technology Center, Division of Mining Information Systems.

RIGHTS OF WAY, RAILROADS

62. Q. Are injuries happening on railroads and rights-of-way located on mine property reportable?

A. Injuries occurring at these locations are judged on a case-by-case basis by MSHA.

ROOF FALL, UNPLANNED

63. Q. What are the criteria used to determine a reportable, unplanned roof fall?

A. An unplanned roof fall must be reported in the following cases: A roof fall that occurs at or above the anchorage zone in active workings where roof bolts are in use; or an unplanned roof or rib fall in active workings where the fall impairs ventilation or impedes passage. For answers to specific cases, refer to the appropriate MSHA District or Subdistrict Manager.

SERIOUS INJURY

64. Q. How does an operator know which injuries are "serious injuries" under Section B and immediately reportable to MSHA?
- A. Part 50 states injuries shall be considered as "immediately reportable accidents" if they are so serious as to have a reasonable potential to cause death. Only those injuries which would be considered to be potentially fatal should be reported as a "serious" injury under Section B.

SEVERITY RATES

65. Q. Are days of restricted work activity used in computing severity rates?
- A. Yes, severity measures are computed by using days of restricted work activity, days away from work and standard time charges for cases of permanent disability.

TEETH, PERMANENT OR FALSE

66. Q. Is an injury to an employee involving permanent teeth or false teeth reportable?
- A. Loss or damage to permanent teeth causing dental repair is reportable. Broken false teeth or damage to artificial limbs does not constitute a reportable injury. Bodily injuries which may occur in the same incident may be reportable if other criteria are met.

TETANUS, FLU SHOTS

67. Q. Treatment of a reaction to a tetanus shot administered because of an injury on mine property is considered medical treatment, and would make the case reportable. Does this mean that treatment of reactions to flu shots given on mine property would be considered reportable?
- A. No. Reaction to flu shots would not be reportable since they were not given as a result of an injury.
68. Q. What reactions are there to tetanus shots?
- A. A local reaction which could cause a painful, hot or swollen arm or a systemic reaction which causes shortness of breath, hives or causes a person to pass out.

TRESPASSERS

69. Q. Are accidents, injuries, or illnesses involving trespassers reportable?
- A. No. Trespassers do not meet the Part 50 definition of "miner".

VACATION, PERSONAL LEAVE

70. Q. Can an employee be placed on vacation or personal leave in order to avoid accumulating lost workdays?
- A. No. However, days away from work would not be counted for the time the employee was on leave provided such leave had been scheduled and approved in advance.

WORKERS' COMPENSATION

71. Q. Are all Workers' Compensation injury cases reportable to MSHA?
- A. No, for example, an employee on company business injured off mine property is not MSHA's responsibility. However, some cases not accepted by Workers' Compensation are still reportable to MSHA.
72. Q. Can an operator use a Workers' Compensation form to report to MSHA?
- A. Part 50 requires operators to report injuries only on Form 7000-1.

APPENDICES

Mine Accident, Injury and Illness Report

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



Form Approved, OMB No. 1219-0007, Expires September 1985

Section A - Identification Data

MSHA ID Number _____ Contractor I.D. _____ Report Category _____ Check here if report pertains to contractor.

Metal/Nonmetal Mining Coal Mining

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 - Offsets Injury

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

Month _____ Day _____ Year _____

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: 01 Surface at Underground Mine 30 Mill, Preparation Plant, etc. 03 Strip/Open Pit Mine 04 Surface Auger Operation

05 Cull Bank/Refuse Pile 06 Dredge Mining 12 Other Surface Mining 17 Independent Shops (with own MSHA ID) 99 Office Facilities

(b) Underground Location: 01 Vertical Shaft 02 Slope/Inclined Shaft 03 Face 04 Intersection 05 Underground Shop/Office 06 Other

(c) Underground Mining Method: 01 Longwall 02 Shortwall 03 Conventional Stopping 04 Continuous Miner 05 Hand 07 Caving 08 Other

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

Month _____ Day _____ Year _____ am pm am pm

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 _____ 14. Sex Male Female 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) _____ 24. Occupational Skin Diseases _____

22a. Dust Diseases of the Lungs 23a. Respiratory Conditions (toxic agents) 24a. Poisoning (toxic materials)

25. Disorders (physical agents) 26. Disorders (repeated trauma) 29. Other _____

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

Section D - Return to Duty Information

28. Permanently Transferred or Terminated (if checked, complete items 29, 30 & 31) _____

29. Date Returned to Regular Job at Full Capacity (or item 28) _____

Month _____ Day _____ Year _____

30. Number of Days Away from Work (if none, enter 0) _____

31. Number of Days Restricted Work Activity (if none, enter 0) _____

Person Completing Form (name) _____ Title _____

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

MSHA Form 7000-1, Feb. 80 (revised)

For Official Use Only

Degree _____

Accident Type _____

Accident Class _____

Scheduled Charge _____

Keyword _____

PAGE 1 MAIL THIS PAGE TO THE HEALTH AND SAFETY ANALYSIS CENTER, MINE SAFETY AND HEALTH ADMINISTRATION, P. O. BOX 25367, DENVER, COLORADO 80225

TABLE OF SCHEDULED CHARGES IN DAYS

APPENDIX C

A. For Loss of Member—Traumatic or Surgical

(For loss of use of member, see footnote 1)

Amputation involving all or part of bone ¹	Thumb	Fingers			
		Index	Middle	Ring	Little
Distal phalange ²	300	100	75	60	50
Middle phalange.....	-----	200	150	120	100
Proximal phalange.....	600	400	300	240	200
Metacarpal.....	900	600	500	450	400
Hand at wrist.....	3, 000				

Toe, foot, and ankle

Amputation involving all or part of bone ¹	Great toe	Each of other toes
Distal phalange ²	150	35
Middle phalange.....	-----	75
Proximal phalange.....	300	150
Metatarsal.....	600	350
Foot at ankle.....	2, 400	

Arm

Any point above ³ elbow, including shoulder joint.....	4, 500
Any point above wrist and at or below elbow.....	3, 600

Leg

Any point above ³ knee.....	4, 500
Any point above ankle and at or below knee.....	3, 000

B. Impairment of Function

One eye (loss of sight), whether or not there is sight in the other eye.....	1, 800
Both eyes (loss of sight), in one accident.....	6, 000
One ear (complete industrial loss of hearing), whether or not there is hearing in the other ear.....	600
Both ears (complete industrial loss of hearing), in one accident.....	3, 000
Unrepaired hernia.....	50

(For repaired hernia, use actual days)

¹ For loss of use, without amputation, use a percentage of the scheduled charge corresponding to the loss of use as determined by the physician authorized to treat the case.

² If the bone is not involved, use actual days lost and classify as temporary total disability.

³ The term "above" when applied to the arm means toward the shoulder, and when applied to the leg means toward the hip.

CHART OF SCHEDULED CHARGES IN DAYS For Loss of Individual Members of Hands or Feet Traumatic or Surgical

If the bone is not involved, use actual days lost and classify as temporary total disability.
For loss of use, without amputation, use a percentage of the scheduled charge corresponding to the loss of use as determined by the physician authorized to treat the case.
Numbers on the bones are the days charged for loss involving part or all of the bone.
See also Table of Scheduled Charges.

