PR001 24-Apr-13

Preliminary Report of Accident

U.S. Department of Labor

Mine Safety and Health Administration

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1. Accident Type:	2. Accident Class	ification	3. Date/Time	4. Date/	Time of De	5. Fatal Case No				
Fatal Injury	Falling, Rolling or Sliding Rock /Materl			04/16/201	РМ 04/1	04/17/2013 12:45 AM		5		
6. Mine Information :	·	,, ···				I	<u>.</u>		1	
a) Mining Company Name		b) Mine Name				c) Parent o	of Mining (Company		
North American Salt Company		Cote Blanche I	Compass Minerals Inte				Internation	al, Inc.		
7. Mine Location : a) City		b) County		c) State 8. 1		8. Mine I	3. Mine ID Number: 9. Union:			
Franklin		Iberia	LA 16-			6-00358	S-00358 YES			
10. Primary Mineral Mined:		11. Number of	a) Total l) Underground	c) Ope	n Pit/Quarry	d) M	(ill/Prep Plant	e) Other	
SALT MINING		Mine Employees:	157	113	·				44	
12. Contractor Name:					13	3. Union		14. Contrac	ctor ID Number:	
15. Contractor Address:	a) City			o) County	•	c) Si	tate	d) Zi	p Code	
16. Number of Contractor Em	ployees:	a) Total b)	Underground	с) Оре	en Pit/Quarr	у	d) Mill/Pr	ep Plant	e) Other	
17. Number of Persons in Min	e at Time of Accid	lent:		18. Number	18. Number of Persons Unaccounted For:					
a) Mine Employees:	25	b) Contractor Employee	s:	a) Mine E	mployees:	0	b) C	ontractor Emp	loyees: 0	
19) Location of Accident)2 O D4		Mining	20 14:11	/D D14			20. Mining Height:	
X 01-Underground	_	3-Open Pit	07-Advan		_	Prep Plant	Oth	er (specify)	Feet Inches	
02-Surface at Undergrou		06-Dredge Mining	08-Retrea	t Mining	99-Offic	ce Facility				
21. Nonfatal Injuries:	0 22. Fat	tal Injuries:								
23. Victim Information :		a) Name el Charles		b) Age 58						
c) Regular Job Title: Shaftman		d) Activity	at Time of Acc	ident: Changing	auide bus	hinas		X N	Iine Employee	
24. Experience : Years We	eks Davs	Years Wee	eks Davs			Weeks Days			Years Weeks Days	
a) Total: 32 4	-	at the mine: 32 40	•	it activity (23d)	12	36 5	d) with	Contractor	1 - 11	
25. Autopsy Performed:	If Yes, Location		<u>.</u>	·····	· - · · · · -		ne Telepho			
NO							(337) 923-7514		
27. Description of Accident (in	iclude equipment	involved, the exact locat	ion in the mine	and status of res	cue and rec	overv oneratio	ns):			
The victim was working or		•				• •		nim. The vio	tim was transported	
to a hospital where he die					u p.000	51 Gait 16.1 a.1.	u omuon.		ann was hansported	
The information provided in t		on preliminary data ON	LY and does n	ot represent final	determinat	ions regarding	the nature	of the incider	nt or conclusions	
regarding the cause of the acc 28. Equipment Manufacturer					29. Mod	ol:				
26. Equipment Manufacturer	•				29. WIOU	сі.				
30. District:					33. Event Number:					
M5000 South	n Central		Denha	m Springs LA				6605	5272	
34. Accident Investigator:			35. MSHA P	erson Notified:				ate	Time	
Michael VanDorn			Elwoo	d M. Burriss			04/17	2013	12:14 A	
36. Type of Report:	mended	37. Name of Preparer a	and Date Prepa Mike Hanch	A . i				Date 04/17/201		
38. Reason For Amendment:				-						
Item 23 (b)										