

# SCSR Inventory and Report

OMB Control No. 1219-0141 Expires 12/31/2025



**INSTRUCTIONS:** This form is for Operators' use in providing MSHA with complete SCSR inventories as well as in reporting problems with SCSRs. Operators may attach continuation sheets to this form provided all required SCSR information is included. Enter date information is being reported, MSHA- issued mine ID, name mine is operating under, company name, address of mine, contact name and telephone number. Select the manufacturer/model, enter date of manufacture, serial number and report date. If "Other MSHA-approved SCSR \_\_\_\_\_" is selected, write in the manufacturer/model. The use of this form is voluntary in complying with 75.1714-8.

**A false statement or representation is punishable under section 110(a) and (f) of the Federal Mine Safety and Health Act, as amended (30 U.S.C. § 820(a) and (f)).**

**Report Date:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Mine ID:** \_\_\_\_\_ **Mine Name:** \_\_\_\_\_  
(MSHA Mine ID)

**Company Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
(Street, P.O.)

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Contact name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Create list below or attach to this form

<u>Manufacturer/Model</u> (Pick List)	<u>Date of Manufacture</u>	<u>Serial Number</u>	<u>In/Out</u>	<u>Reason</u> (Pick List)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If reporting an SCSR out of inventory, identify the SCSR and enter reason number above.

Send this form to:  
**Mine Safety and Health Administration**  
**Approval & Certification Center**  
**ATTN: SCSR Coordinator**  
**765 Technology Drive**  
**Triadelphia, WV 26059**

**Purpose:** 30 CFR 75.1714-8 authorizes the collection of this information. MSHA maintains an inventory of all reported SCSR information to assure the effectiveness of evacuation plans and emergency evacuations. In addition, such an inventory will assist in targeting SCSR recalls to specific mines. The use of this form will facilitate SCSR inventory information transfer from mine operators to MSHA. MSHA may not sponsor or endorse products.

**Burden Statement:** Public reporting burden for this collection of information is estimated from 2 hours to 6 hours depending on the size of the mine per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information. Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. The DOL offers no pledge of confidentiality in association with these information collections. As a practical matter, the DOL would only release this information in accordance with the provisions of the Freedom of Information Act (5 U.S.C. § 552); the Privacy Act (5 U.S.C. § 552a); and attendant regulations, 29 C.F.R. parts 70 and 71. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Labor, Mine Safety and Health Administration, Office of Standards, Regulations, and Variances, 200 Constitution Avenue NW, Room C3522 Washington, DC 20210. DO NOT SEND COMPLETED FORMS TO THIS ADDRESS.