

Item 20. Name the object or substance that directly caused the injury or illness.

Item 21. Report the nature of 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, enter the injury which was the most serious. Avoid general terms such as hurt, sore, sick, etc.

Item 22. Name the part of body with the most serious injury.

Item 23. Occupational Illness: Circle the code from the list below which most accurately describes the illness. These are typical examples and are not to be considered the complete listing of the types of illnesses and disorders that should be included under each category.

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; etc.

Code 22 - Dust Diseases of the Lungs (Pneumoconioses).

Examples: Silicosis, asbestosis, coal worker's 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; etc.

Code 24 - Poisoning (Systemic Effects of Toxic Materials).

Examples: Poisoning by lead, mercury, cadmium, arsenic, or other metals, poisoning by carbon monoxide, hydrogen sulfide, or other gases; poisoning by benzol, carbon tetrachloride, or other organic solvents; poisoning by insecticide sprays such as parathion, lead arsenate; poisoning by other chemicals such as formaldehyde, plastics, and resins; etc.

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, (non-medical non-therapeutic x-rays, radium); effects of nonionizing radiation (welding flash, ultraviolet rays, microwaves, sunburn); etc.

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.

Code 29 - All Other Occupational Illnesses. Examples:

Infectious hepatitis, malignant and benign tumors, all forms of cancer, kidney diseases, food poisoning, histoplasmosis; etc.

Item 24. Describe what the employee was doing when he or she became injured or ill.

Items 25, 26, and 27. Show the number of weeks (or years and weeks) of experience of the injured person at the job title (indicated in Item 17), at your operation, and his/her total mining experience.

Section D - RETURN TO DUTY INFORMATION

Section D is to be completed in full when all return-to-duty information is available. If the information is not available within **ten working days** after a reportable occurrence, then the first two pages are sent to MSHA without Section D being completed; PAGE 3 is then mailed to OIEI- with full information **when the data is available**. Until all the items are answered and the report is sent to OIEI, the occurrence remains an open case.

Item 28. If the injured person was transferred or terminated as a result of the injury or illness, check the box and answer items **29, 30, and 31**.

Item 29. Show the date that the injured person returned to his/her regular job at full capacity or was transferred or terminated. This date should indicate when the count of days away from work and/or days of restricted work activity have stopped.

Item 30. Show the number of workdays 1/ the injured person did not report to his/her place of employment, i.e., number of days away from work.

Item 31. Show the number of workdays the injured person was on restricted work activity; do not include days away from work reported in Item 30.

At the bottom of the form, show the name of the person who completed the form; the date the report was prepared; and the telephone number where the person who completed the form may be reached.

1/ Note: The number of lost workdays should not include the day of injury or onset of illness, or any days on which the employee was not previously scheduled to work even though able to work, such as holidays or plant closures

Diagnosis of an "occupational illness or disease" under Part 50 does not automatically mean a disability or impairment for which the miner is eligible for compensation, nor does the Agency intend for an operator's compliance with Part 50 to be equated with an admission of liability for the reported illness or disease. If a chest x-ray for a miner with a history of exposure to silica or other pneumoconiosis causing dusts is rated at 1/0 or above, utilizing the International Labor Office (ILO) classification system, it is MSHA's policy that such a finding is, for Part 50 reporting, a diagnosis of an occupational illness, in the nature of silicosis or other pneumoconiosis and, consequently, reportable to MSHA.

DEFINITIONS

(1) "Coal or other 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 nonliquid 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 coal or other minerals, and includes custom coal preparation facilities. In making a determination of what constitutes mineral milling for purposes of this Act, the Secretary shall give due consideration to the convenience of administration resulting from the delegation to one Assistant Secretary of all authority with respect to the health and safety of miners employed at one physical establishment.

(2) "Operator" means any owner, lessee, or other person who operates, controls, or supervises a coal or other mine or any designated independent contractor performing services or construction at such mine.

(3) "Occupational injury" means any injury to a worker which occurs at a mine for which medical treatment is administered, or which results in death, loss of consciousness, inability to perform all job duties on any day after an injury, or transfer to another job.

(4) "Occupational illness" means an illness or disease of a worker which may have resulted from work at a mine or for which an award of compensation is made.

(5) "Medical treatment" means treatment, other than first aid, administered by a physician or by a registered medical professional acting under the orders of a physician.

DIFFERENCES BETWEEN MEDICAL TREATMENT AND FIRST AID

Medical treatment includes, but is not limited to, the suturing of any wound, treatment of fractures, application of a cast or other professional means of immobilizing an injured part of the body, treatment of infection arising out of an injury, treatment of bruise by the drainage of blood, surgical removal of dead or damaged skin (debridement), amputation or permanent loss of use of any part of the body, treatment of second and third degree burns. Procedures which are diagnostic in nature are not considered by themselves to constitute medical treatment. Visits to a physician, physical examinations, x-ray examinations, and hospitalization for observations, where no evidence of injury or illness is found and no medical treatment given, do not in themselves constitute medical treatment. However, if scheduled workdays are lost because of hospitalization, the case must be reported. Procedures which are preventative in nature also are not considered by themselves to constitute medical treatment. Tetanus and flu shots are considered preventative in nature. First aid includes any one-time treatment and follow-up visit for the purpose of observation of minor scratches, cuts, burns, splinters, etc. Ointments, salves, antiseptics, and dressings to minor injuries are considered to be first aid.

(1) **Abrasions**

(i) First aid treatment is limited to cleaning a wound, soaking, applying antiseptic and nonprescription medication, and bandages on the first visit and follow-up visits limited to observation including changing dressing and bandages. Additional cleaning and application of antiseptic constitutes first aid where it is required by work duties that soil the bandage.

(ii) 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 to greater than full skin depth is considered medical treatment.

(2) **Bruises**

(i) 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.

(ii) Medical treatment includes multiple soakings, draining of collected blood, or other treatment beyond observation.

(3) **Burns, Thermal and Chemical** (resulting in destruction of tissue by direct contact).

(i) 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, and follow-up visits restricted to observation, changing bandages, or additional cleaning. Most first degree burns are amenable to first aid treatment.

(ii) Medical treatment includes a series of treatments including soaks, whirlpool, skin grafts, and surgical debridement (cutting away dead skin). Most second and third degree burns require medical treatment.

(4) **Cuts and Lacerations**

(i) First aid treatment is the same as for abrasions except the application of butterfly closures for cosmetic purposes only can be considered first aid.

(ii) Medical treatment includes the application of butterfly closures for noncosmetic purposes, sutures (stitches), surgical debridement, treatment of infection, or other professional treatment.

(5) **Eye Injuries**

(i) First aid treatment is limited to irrigation, removal of foreign material not imbedded in eye, and application of nonprescription medications. A precautionary visit (special examination) to a physician is considered as first aid if treatment is limited to above items, and follow-up visits if they are limited to observation only.

(ii) Medical treatment cases involve removal of imbedded foreign objects, use of prescription medications, or other professional treatment.

(6) **Inhalation of Toxic or Corrosive Gases**

(i) First aid treatment is limited to removal of the worker to fresh air or the one-time administration of oxygen for several minutes.

(ii) Medical treatment consists of any professional treatment beyond that mentioned under first aid and all cases involving loss of consciousness.

(7) **Splinters and Puncture Wounds**

(i) First aid treatment is limited to cleaning the wound, removal of foreign object(s) 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 applications of antiseptic constitute first aid where it is required by work duties that soil the bandage.

(ii) Medical treatment consists of removal of foreign object(s) by physician due to depth of imbedment, size or shape of object(s), or location of wound. Treatment for infection, treatment of a reaction to tetanus booster, or other professional treatment, is considered medical treatment.

(8) **Sprains and Strains**

(i) First aid treatment is limited to soaking, application of cold compresses, and use of elastic bandages on the first visit. Follow-up visits for observation, including re-applying bandage, are first aid.

(ii) Medical treatment includes a series of hot and cold soaks, use of whirlpools, diathermy treatment, or other professional treatment.

PRIVACY ACT NOTICE FOR MINE ACCIDENT, INJURY AND ILLNESS REPORTS

GENERAL

This notice is given as required by Public Law 93-579 (Privacy Act of 1974) December 31, 1974, to the operators of mines providing personal information on injury and illness reports and accident investigations.

AUTHORITY

The authority to collect this information is Section 103 of Public Law 91-173, as amended by Public Law 95-164.

PURPOSE AND USE OF INFORMATION

The information collected will be used to help determine the cause of accidents, injuries, illnesses and fatalities associated with metal and nonmetallic and coal mining. The information will also be used with the intent to prevent and reduce future accidents, injuries, fatalities and illnesses. 06+\$ SURYLGHV D FRS\ RI D PLQH RSHUDW VXEPLWWHG IRUP WR WKH PLQH RSHUDWRU RU FRQWUDFWRU ZKR VXEPLWW

EFFECTS OF NON-DISCLOSURE

You are required to furnish the information. Without it, MSHA may not be able to help prevent miners and other workers from becoming similarly hurt or ill in the future.

INFORMATION REGARDING PERSONAL IDENTIFICATION UNDER PUBLIC LAW 93-579 SECTION 7(b)

MSHA asks for the last 4 digits of the social security number under authority of Section 103 of Public Law 91-173, as amended by Public Law 95-164. This personal identification, which is not unique to any individual, helps MSHA establish the accuracy and usefulness of the information from injury and illness records.

BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instruction, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Records are retained at the mine office closest to the mine for 5 years. This is a mandatory collection of information as required by 30 CFR 50.20. The information is used to establish injury, accident or illness files used to measure the levels of injury experience and identify those areas most in need of improvement. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, the Office of Program Evaluation and Information Resources, Mine Safety and Health Administration, U.S. Department of Labor, 201 12th Street South, Arlington, VA 22202, and to the Office of Management and Budget, Paperwork Reduction Project (1219-0007), Washington, DC 20503.

Persons are not required to respond to this collection of information unless it displays a currently valid control number.