



STATE OF OKLAHOMA  
DEPARTMENT OF MINES  
2915 N. CLASSEN BLVD., SUITE 213 OKLAHOMA CITY, OK 73106

## NON-FATAL ACCIDENT REPORT

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

Mailing Address: \_\_\_\_\_

Permit No.: \_\_\_\_\_ Mine Name: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_

Name of Injured: \_\_\_\_\_ Job Title : \_\_\_\_\_

Age: \_\_\_\_\_ Years employed with company: \_\_\_\_\_ Total years experience: \_\_\_\_\_

Location:                      Underground                      Surface  
\_\_\_\_\_

Accident: (check one)      No Lost Time      Lost Time  
\_\_\_\_\_

If lost time, estimated length of disability: \_\_\_\_\_  
\_\_\_\_\_

Nature of accident: (Describe injuries)  
\_\_\_\_\_

Cause of accident: (Give full particulars and recommendations against repetition)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If accident occurred underground, please provide the following information:

Entry No.: \_\_\_\_\_ Room No.: \_\_\_\_\_ Other: \_\_\_\_\_

*All underground accident reports must be completed and mailed to Oklahoma Department of Mines within ten (10) days of accident.*

\_\_\_\_\_  
Name of person completing form

\_\_\_\_\_  
ODM Mine Inspector