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| This form must be completed and **distributed** to the responding FMMO safety professional and [SafetyOn\_Call@fmi.com](mailto:SafetyOn_Call@fmi.com)*.* No later than the end of shift. *Information contained within this report may be confidential in nature and should only be distributed as necessary to communicate critical details of the event.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **GENERAL INCIDENT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Incident type:** | | | *Choose an item.* | | | | | | | | | **Injury Type:** | | | | | | *Choose an item.* | | | | | | | | **Date of Report:** | | | | | | | | | *Click here to enter a date.* | | | | | | |
| **Date of Incident:** | | | *Click here to enter a date.* | | | | | | | | | **Time of Incident:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Reported by:** | | |  | | | | | | | | | | | | | | | | | **Contracting Company:** | | | | | | | | | |  | | | | | | | | | | | |
| **Responding Safety Pro/HS-3 and ID#:** | | | | | |  | | | | | | | | | | | | | | **Responding Contractor Safety** | | | | | | | | | |  | | | | | | | | | | | |
| **Supervisor Name/ID#:** | | | | | |  | | | | | | | | | | | | | | **Supervisor Contact #:** | | | | | | | | | |  | | | | | | | | | | | |
| **Division:** | *Choose an item.* | | | | | | | | | | | | | | | | | | | **Crew:** | | | | | | | | | | *Choose an item.* | | | | | | | | | | | |
| **Exact Location:** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Incident Description:** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Immediate Actions:** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Critical Lessons:** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Safety Alert** | | | | | | | | | | | | | | **Potential Fatal Event** | | | | | | | | | | | | | | | **Not Applicable** | | | | | | | | | | | | |
| ***If the event is categorized as a Significant Event (PFE, Safety Alert or High Risk) or if it requires immediate notification to MSHA the manager of the area, individual with total responsibility and Health and Safety Manager must be contacted.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Potential Risk Rating:** | | **Potential Consequence:** | | | | | | | | | *Choose an item.* | | | | | | | | | | **Potential Frequency:** | | | | | | | | | | | *Choose an item.* | | | | | | | | | |
| **Energy Level:** | | | | | | | | | *Choose an item.* | | | | | | | | | | **Risk Category:** | | | | | | | | | | | *Choose an item.* | | | | | | | | | |
| **Agent Involved:** | | | | | | | | | *Choose an item.* | | | | | | | | | | **Energy Source:** | | | | | | | | | | | *Choose an item.* | | | | | | | | | |
| **Potential Contributing Factors:** | | *Choose an item.* | | | | | | | | *Choose an item.* | | | | | | | *Choose an item.* | | | | | | | | | | *Choose an item.* | | | | | | | | | | *Choose an item.* | | | | |
| *Choose an item.* | | | | | | | | *Choose an item.* | | | | | | | *Choose an item.* | | | | | | | | | | *Choose an item.* | | | | | | | | | | *Choose an item.* | | | | |
| **INVOLVED OR DAMAGED PROPERTY DATA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EQUIPMENT 1:** | | | | | **Damaged  Involved** | | | | | | | | | | | | | | | **EQUIPMENT 2:** | | | | | | | | | **Damaged  Involved** | | | | | | | | | | | | |
| **Property Description (make, model, etc.):** | | | | |  | | | | | | | | | | | | | | | **Property Description (make, model, etc.):** | | | | | | | | |  | | | | | | | | | | | | |
| **Property ID Number:** | | | | |  | | | | | | | | | | | | | | | **Property ID Number:** | | | | | | | | |  | | | | | | | | | | | | |
| **Property Owner:** | | | | |  | | | | | | | | | | | | | | | **Property Owner:** | | | | | | | | |  | | | | | | | | | | | | |
| **Description of Damage:** | | | | |  | | | | | | | | | | | | | | | **Description of Damage:** | | | | | | | | |  | | | | | | | | | | | | |
| **Estimated Cost:** | | | | |  | | | | | | | | | | | | | | | **Estimated Cost:** | | | | | | | | |  | | | | | | | | | | | | |
| **Comments:** | | | | |  | | | | | | | | | | | | | | | **Comments:** | | | | | | | | |  | | | | | | | | | | | | |
| **INJURED EMPLOYEE DATA *– CONFIDENTIAL – DO NOT DISTRIBUTE (send to Responding Safety Specialist and SafetyOn\_Call@fmi.com only)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:** | | | | **.** | | | | | | | | | | | | | | | **Age:** | | | | | |  | | | | | | | | | **Gender:** | | | | | ***Choose an item.*** | | |
| **Employee ID:** | | | |  | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | |  | | | | |  | | |
| **Job Title:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | **Employee Type:** | | | | | | | | ***Choose an item.*** | | |
| **Contact Phone:** | | | |  | | | | | | | | | | | **Schedule:** | | | | ***Choose an item.*** | | | | | | | | | **Shift Start Time:** | | | | | | | | | |  | | | |
| **Severity:** | | | | ***Choose an item.*** | | | | | | | | | | | **Part of Body:** | | | | ***Choose an item.*** | | | | | | | | | **Side of Body:** | | | | | | | | | | *Choose an item.* | | | |
| **Nature of Injury:** | | | | ***Choose an item.*** | | | | | | | | | | | **Mechanism of Injury:** | | | | | | | | *Choose an item.* | | | | | | | | | | | | | | | | | | |
| **Job Experience:** | | | | **YEARS:** | | | |  | | | | | | | **MONTHS:** | | | | |  | | | | **Supervisor:** | | | | | | | | |  | | | | | | | | |
| **Site Experience:** | | | | **YEARS:** | | | |  | | | | | | | **MONTHS:** | | | | |  | | | | **Superintendent:** | | | | | | | | |  | | | | | | | | |
| **Industry Experience:** | | | | **YEARS:** | | | |  | | | | | | | **MONTHS:** | | | | |  | | | | **Contractor:** | | | | | | | | |  | | | | | | | | |
| **Treated Onsite:** | | | | **YES  NO** | | | | | | | | | | | **Treatment:** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Treated Offsite:** | | | | **YES  NO** | | | | | | | | | | | **Treatment:** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Location of Transfer:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **INVOLVED DATA (Include individuals not injured or directly involved)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | | | | **Job Title** | | | | | | | **Employee ID** | | | | | | **Gender** | | | | | | **Age** | | | | | **Job Experience (Years/Months)** | | | | | | | | |
| **Job** | | | | | **Site** | | | **Industry** |
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| **WITNESS DATA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | | | | **Job** **Title** | | | | | | | **Employee ID** | | | | | | **Gender** | | | | | | **Age** | | | | | **Job Experience (Years/Months)** | | | | | | | | |
| **Job** | | | | | **Site** | | **Industry** | |
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| **INVESTIGATION DOCUMENTATIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PHOTOS:** | | | | | | | **YES  NO** | | | | | | **COMMENTS:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **STATEMENTS:** | | | | | | | **YES  NO** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **INSPECTION RECORDS:** | | | | | | | **YES  NO** | | | | | |
| **OTHER:**  **(If yes, please describe)** | | | | | | | **YES  NO** | | | | | |
| **MSHA Immediately Reportable: 1-800-746-1553** | Did the event require immediate notification to the Mine Safety & Health Administration? If yes Immediately notify FMMO of | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES  NO** | | | | | |
| *A death; An injury to an individual which has a reasonable potential to cause death; An entrapment of an individual for more than thirty minutes or which has a reasonable potential to cause death; An unplanned inundation of a mine by a liquid or gas; An unplanned ignition or explosion of gas or dust; An unplanned fire not extinguished within 30 minutes of discovery; An unplanned ignition or explosion of a blasting agent or an explosive; A coal or rock outburst that causes withdrawal of miners or which disrupts regular mining activity for more than one hour; An unstable condition at an impoundment, refuse pile, or culm bank which 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; An event at a mine which causes death or bodily injury to an individual not at the mine at the time the event occurs.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |