



STATE OF OKLAHOMA
DEPARTMENT OF MINES
405.427.3859 Office
405.424.4932 Fax

2915 N. Classen Blvd, Suite 213

Oklahoma City, OK 73106

NON-FATAL ACCIDENT REPORT

Company Name: _____ Date of Accident: _____
Company Mailing Address: _____ Time of Accident: _____
State Permit Number/Mine Name: _____ / _____ Location of Accident: _____
Name of Injured Person: _____ Job Title of Injured Person: _____
Employee Mailing Address: _____
Age of Injured Person: _____ Date of Birth: _____

Was employee an experienced worker? Yes _____ No _____ Total Years Worked: _____

Length of employment in present position? _____

Location (Check one): _____ Surface _____ Underground _____

If accident occurred underground, please provide the following information:

Entry No.: _____ Room No.: _____ Other: _____

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) _____

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

Signature of Company Official

Signature of ODM Inspector