



## Arizona State Mine Inspector Lost Time – Accident Report

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*This report is pursuant to Arizona Revised Statutes section 27-124*

State ID# \_\_\_\_\_ Date: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Business Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
County: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### Accident Information

IN CASE OF A FATALITY OR SERIOUS ACCIDENT, THE STATE MINE INSPECTOR MUST BE CONTACTED IMMEDIATELY

Date of Accident \_\_\_\_\_ Time \_\_\_\_\_ Shift Began \_\_\_\_\_ at \_\_\_\_\_  
Location of Accident \_\_\_\_\_  
Injured Party \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_  
Job Title \_\_\_\_\_  
Nature of Injury \_\_\_\_\_ Injured Area \_\_\_\_\_  
Activity at Time of Injury \_\_\_\_\_  
Conditions Contributing or Leading to Accident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Lost Time \_\_\_\_\_ Days Lost \_\_\_\_\_ Days Restricted \_\_\_\_\_ Returned to Work \_\_\_\_\_

### Type of Accident

- ☐ Struck By    ☐ Contacted By    ☐ Caught On    ☐ Caught Between    ☐ Fall to Below  
☐ Struck Against    ☐ Contact With    ☐ Caught In    ☐ Fall-Same Level    ☐ Overexertion

### Exposure

- ☐ Electricity    ☐ Heat    ☐ Cold    ☐ Chemical    ☐ Dust    ☐ Gas    ☐ Mist    ☐ Fume    ☐ Radiation    ☐ Noise

Name(s) of Witness(s): \_\_\_\_\_  
Person Submitting Report \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_  
Email: \_\_\_\_\_

### FATAL ACCIDENT

Contact Date: \_\_\_\_\_ Time: \_\_\_\_\_ By Whom: \_\_\_\_\_