



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: _____