



Arizona State Mine Inspector Lost Time – Accident Report

1700 W Washington Street, Suite 403
Phoenix, AZ 85007
(602) 542-5971 Office
(602) 542-5335 Fax

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

State ID# _____ Date: _____
Company Name: _____
Business Mailing Address: _____
City: _____ State: _____ Zip Code: _____
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 (es): _____

Person Submitting Report _____ Title: _____

Telephone: _____ Date: _____

Email: _____

FATAL ACCIDENT

Contact Date: _____ Time: _____ By Whom: _____