

# Safety

The Atlantic Alliance Conference

September 22 – 23, 2005

# and Health

**US Data Mining Initiative---**

**What Have We Learned?**

are  
Mike Hancher

Metal/Nonmetal Mine Safety and Health

MSHA

# Values

# MSHA/NSSGA Alliance Data Mining Team

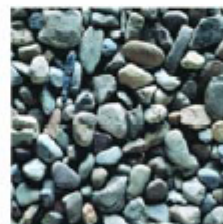
- Analysis team met in June 2003
- Examined MSHA's injury and illness database for aggregate industry
- Reviewed 12,147 accidents (2000-2003)
  - 67 Fatalities
  - 130 Permanently Disabling Injuries
- Identified types of activities resulting in most injuries, considering severity of the injuries
- Identified pro-active prevention strategies to have positive impact on miner health and safety
- Developed and published 'Statement of Work'



# U.S. Department of Labor

## Mine Safety and Health Administration

NATIONAL STONE, SAND & GRAVEL ASSOCIATION



*Natural building blocks for quality of life*

### *MSHA/NSSGA Alliance – Injury and Illness Data Analysis Team<sup>1</sup> Meeting Statement of Work*

*June 25 – 27, 2003*



**U.S. Department of Labor**  
Mine Safety and Health Administration  
Protecting Miners' Safety and Health Since 1978



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# Title 30

Parts 1-199 Mineral Resources  
Department of Labor  
Mine Safety and Health Administration

## Code of Federal Regulations

MSHA - Title 30 CFR

CFR § 50.20

### Preparation and submission of MSHA Report Form 7000-1--Mine Accident, Injury, and Illness Report.

Each operator shall maintain at the mine office a supply of MSHA Mine Accident, Injury, and Illness Report [Form 7000-1](#). The form may be obtained from the MSHA District Office. Each operator shall report each accident, occupational injury, or occupational illness at the mine. The principal officer in charge of health and safety at the mine or the supervisor of the mine area in which an accident or occupational injury occurs, or an occupational illness may have originated, shall complete or review the form in accordance with the instructions and criteria in [§§50.20-1](#) through 50.20-7. If an occupational illness is diagnosed as being one of those listed in [§50.20-6\(b\)\(7\)](#), the operator must report it under this part. The operator shall mail completed forms to MSHA within ten working days after an accident or occupational injury occurs or an occupational illness is diagnosed. When an accident specified in [§50.10](#) occurs, which does not involve an occupational injury, sections A, B, and items 5 through 12 of section C of Form 7000-1 shall be completed and mailed to MSHA in accordance with the instructions in [§50.20-1](#) and criteria contained in [§§50.20-4](#) through 50.20-6.

Each operator shall report each occupational injury or occupational illness on one set of forms. If more than one miner is injured in the same accident or is affected simultaneously with the same occupational illness, an operator shall complete a separate set of forms for each miner affected. To the extent that the form is not self-explanatory, an operator shall complete the form in accordance with the instructions in [§50.20-1](#) and criteria contained in [§§50.20-2](#) through 50.20-7.

# Mine Accident, Injury and Illness Report

## U.S. Department of Labor

Mine Safety and Health Administration



Approved For Use Through 04/30/2008 OMB Number 1219-0007

### Section A - Identification Data

MSHA ID Number \_\_\_\_\_ Contractor ID \_\_\_\_\_

Report Category:  Metal/Nonmetal Mining  Coal Mining

Check here if report pertains to contractor

Mine Name \_\_\_\_\_ Company Name \_\_\_\_\_

### Section B - Complete for Each Reportable Accident Immediately Reported to MSHA

1. Accident Code (circle applicable code - see instructions)

01 - Death  02 - Serious Injury  03 - Entrapment

04 - Inundation  05 - Gas or Dust Ignition  06 - Mine Fire  07 - Explosives  08 - Roof Fall

09 - Outburst  10 - Impounding Dam  11 - Hoisting  12 - Offsite injury

2. Name of Investigator \_\_\_\_\_

3. Date Investigation Started

Month	Day	Year
-------	-----	------

4. Steps Taken to Prevent Recurrence of Accident \_\_\_\_\_

### Section C - Complete for Each Reportable Accident, Injury or Illness

5. Circle the Codes Which Best Describe Where Accident/Injury/Illness Occurred (see instructions)

(a) Surface Location:  02 Surface at Underground Mine  30 Mill, Preparation Plant, etc.  03 Strip/Open Pit Mine  04 Surface Auger Operation

05 Cullm Bank/Refuse Pile  06 Dredge Mining  12 Other Surface Mining  17 Independent Shops (with own MSHA ID)  99 Office Facilities

(b) Underground Location:  01 Vertical Shaft  02 Slope/Inclined Shaft  03 Face  04 Intersection  05 Underground Shop/Office  06 Other

(c) Underground Mining Method:  01 Longwall  02 Shortwall  03 Conventional Stoping  05 Continuous Mining  06 Hand  07 Caving  08 Other

6. Date of Accident

Month	Day	Year
-------	-----	------

7. Time of Accident • am  
• pm

8. Time Shift Started • am  
• pm

9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment

\_\_\_\_\_

\_\_\_\_\_

Mine Accident, Injury and Illness Report

**U.S. Department of Labor**  
 Mine Safety and Health Administration



Approved For Use Through 04/30/2008 OMB Number 1219-0007

**Section A - Identification Data**

MSHA ID Number \_\_\_\_\_ Contractor ID \_\_\_\_\_ Report Category  Metal/Nonmetal Mining  Coal Mining  Check here if report pertains to contractor

Mine Name \_\_\_\_\_ Company Name \_\_\_\_\_

**Section B - Complete for Each Reportable Accident Immediately Reported to MSHA**

1. Accident Code (circle applicable code - see instructions)  01 - Death  02 - Serious Injury  03 - Entrapment  
 04 - Inundation  05 - Gas or Dust Ignition  06 - Mine Fire  07 - Explosives  08 - Roof Fall  
 09 - Outburst  10 - Impounding Dam  11 - Hoisting  12 - Offsite injury

2. Name of Investigator \_\_\_\_\_ 3. Date Investigation Started \_\_\_\_\_ 4. Steps Taken to Prevent Recurrence of Accident \_\_\_\_\_

**Section C - Complete for Each Reportable Accident, Injury or Illness**

5. Circle the Codes Which Best Describe Where Accident/Injury/Illness Occurred (see instructions)

(a) Surface Location:  02 Surface at Underground Mine  03 Mill, Preparation Plant, etc.  03 Strip/Open Pit Mine  04 Surface Auger Operation  
 05 Cullm Bank/Refuse Pile  06 Dredge Mining  12 Other Surface Mining  17 Independent Shops (with own MSHA ID)  99 Office Facilities

(b) Underground Location:  01 Vertical Shaft  02 Slope/Inclined Shaft  03 Face  04 Intersection  05 Underground Shop/Office  06 Other

(c) Underground Mining Method:  01 Longwall  02 Shortwall  03 Conventional Stopping  05 Continuous Mining  06 Hand  07 Caving  08 Other

6. Date of Accident \_\_\_\_\_ 7. Time of Accident • am \_\_\_\_\_ 8. Time Shift Started • am \_\_\_\_\_  
 \_\_\_\_\_ • pm \_\_\_\_\_ • pm \_\_\_\_\_

9. Describe Fully the Conditions Contributing to the Accident/Injury/Illness, and Quantify the Damage or Impairment

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Equipment Involved	Type	Manufacturer	Model Number	10 MAN

11. Name of Witness to Accident/Injury/Illness \_\_\_\_\_ 12. Number of Reportable Injuries or Illnesses Resulting from This Occurrence \_\_\_\_\_

13. Name of Injured/III Employee \_\_\_\_\_ 14. Sex  Male  Female \_\_\_\_\_ 15. Date of Birth \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

16. Last Four Digits of Social Security Number \_\_\_\_\_ 17. Regular Job Title \_\_\_\_\_ 18. Check if this Injury/Illness resulted in death.  19. Check if Injury/Illness resulted in permanent disability (include amputation, loss of use, & permanent total disability).

20. What Directly Inflicted Injury or Illness? \_\_\_\_\_ 21. Nature of Injury or Illness \_\_\_\_\_

22. Part of Body Injured or Affected \_\_\_\_\_ 23. Occupational Illness (circle applicable code - see instructions)  21 Occupational Skin Diseases  22 Dust Diseases of the Lungs  23 Respiratory Conditions (toxic agents)  24 Poisoning (toxic Materials)  25 Disorders (physical agents)  26 Disorders (repeated trauma)  29 Other

24. Employee's Work Activity When Injury or Illness Occurred	Experience	Years	Weeks	<i>For Official Use Only</i>	
	25. Experience in This Job Title				Degree
	26. Experience at This Mine				Accident Type
	27. Total Mining Experience				Accident Class

**Section D - Return to Duty Information**

28. Permanently Transferred or Terminated (if checked, complete items 29,30, &31)  29. Date Returned to Regular Job at Full Capacity (or item 28) \_\_\_\_\_ 30. Number of Days Away from Work (if none, enter 0) \_\_\_\_\_ 31. Number of Days Restricted Work Activity (if none, enter 0) \_\_\_\_\_

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Person Completing Form (name) \_\_\_\_\_ Title \_\_\_\_\_

Date This Report Prepared (month, Day, year) \_\_\_\_\_ Area Code and Telephone Number \_\_\_\_\_

Version of Model: 7-19-2004  
Revision: 8-20-2004  
1-05-2005  
2-10-2005  
4-14-2005

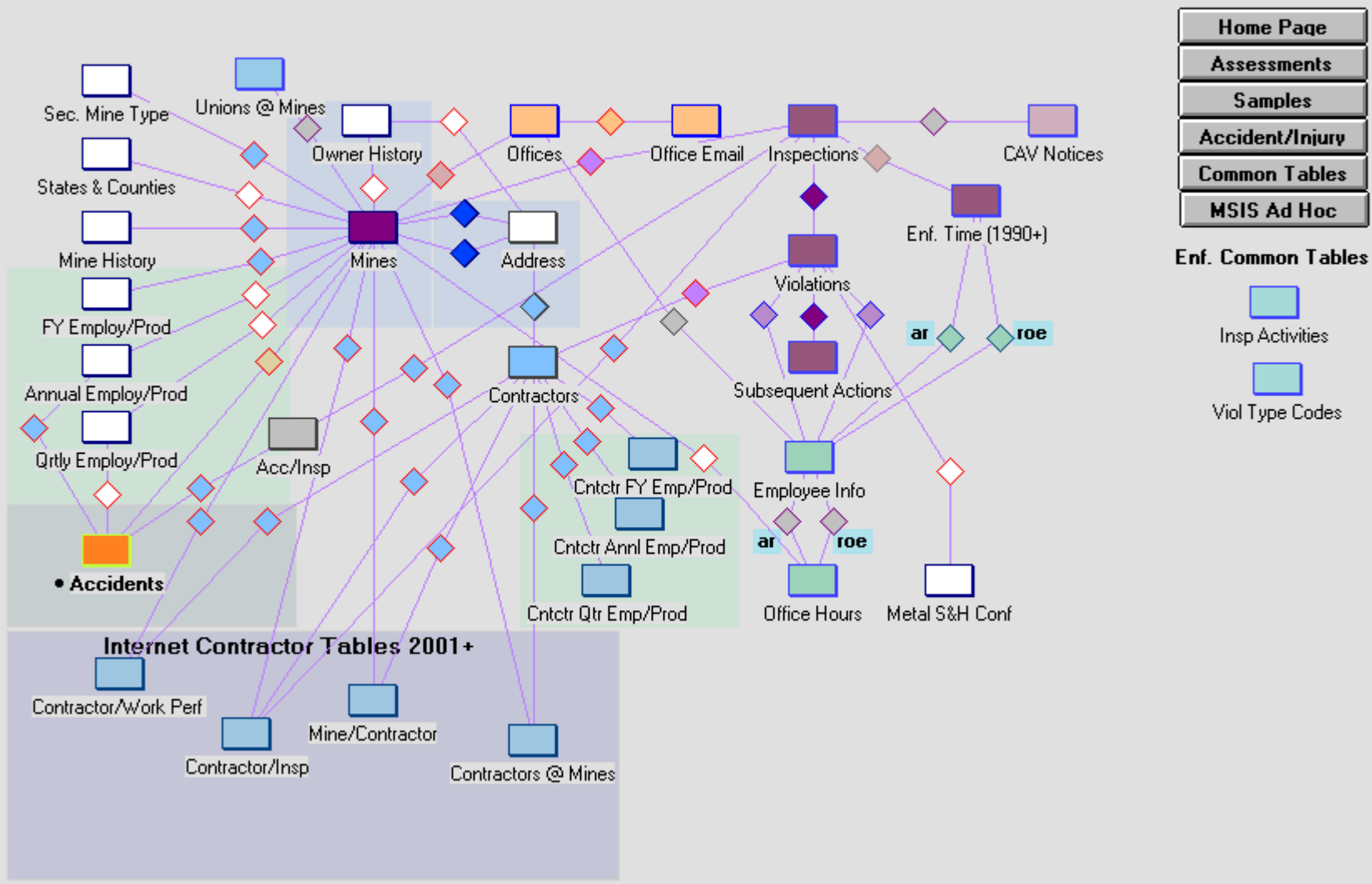


**THE PART 50 ACCIDENT, INJURY AND ILLNESS DATA ON THIS SYSTEM IS PROTECTED BY THE PRIVACY ACT AND SHOULD BE HANDLED ACCORDINGLY**

- Ad Hoc
- Assessments
- Samples
- Accident Investigation
- Common Tables

- MSIS Ad Hoc
- MSIS Assessments
- MSIS Samples
- MSIS Accident Investigation
- MSIS Common Tables
- MSIS Code Conversions
- QUERIES
- Notes

The Teradata is updated each Thursday night with Wednesday night production data from MIS, MSIS and Part 50 and is complete on Friday morning.  
Corrections and requests for this model should be emailed to Carolyn Stasik.



- Home Page
- Assessments
- Samples
- Accident/Injury
- Common Tables
- MSIS Ad Hoc

Enf. Common Tables

- Insp Activities
- Viol Type Codes





Attribute	Function	Qualify	Group	Sort
Mine ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Controlling Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mine Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coal (C) or Metal (M) Mine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exempt Indicator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Status Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mine Type Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mine Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full SIC Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Primary SIC Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary SIC Code Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary SIC Suffix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canvass Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portable Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel Area / Workgroup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Abbreviation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operator ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Company Type Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type of Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Controlling Company ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Status Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Data Values



Data Values

Crushed, Broken Marble  
Crushed, Broken Mica  
Crushed, Broken Quartzite  
Crushed, Broken Sandstone  
Crushed, Broken Slate  
Crushed, Broken Stone NEC  
Crushed, Broken Traprock



Inter

Cancel

Load Data

Load All

Help

Data loaded: 10:52:34 AM





Attribute	Function	Qualify	Group	Sort
Mine ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contractor ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Document No.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subunit Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subunit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calendar Year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Degree of Injury Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Degree of Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIPS State Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UG Location Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UG Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UG Mining Method Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UG Mining Method	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equip. Type Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type of Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Equip. Type Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equip. Manufacturer Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equip. Manufacturer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equip. Model No.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shift Beginning Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classification Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident Classification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident Type Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Attribute	Function	Qualify	Group	Sort
Mine ID		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contractor ID		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Document No.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subunit Code		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subunit		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident Date		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calendar Year		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident Time		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Degree of Injury Code		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Degree of Injury		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSN		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIPS State Code		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UG Location Code		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UG Location		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UG Mining Method Code		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UG Mining Method		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equip. Type Code		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type of Equipment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Equip. Type Code		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equip. Manufacturer Code		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equip. Manufacturer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equip. Model No.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shift Beginning Time		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classification Code		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Accident Classification		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Accident Classification =   

## Data Values



Data Values

EXPLODING VESSELS UNDER PRESSURE  
EXPLOSIVES AND BREAKING AGENTS  
FALL OF FACE/RIB/PILLAR/SIDE/HIGHWALL  
FALL OF ROOF OR BACK  
FALLING/SLIDING/ROLLING MATERIALS  
FIRE  
HANDLING OF MATERIALS

Inter

Cancel

Load Data

Load All

Help

Data loaded: 8:30:04 AM



Attribute	Function	Qualify	Group	Sort
Subunit Code		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subunit		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident Date		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Calendar Year		<input checked="" type="checkbox"/>	2	1
Accident Time		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Degree of Injury Code		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Degree of Injury		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSN		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIPS State Code		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UG Location Code		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UG Location		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UG Mining Method Code		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UG Mining Method		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equip. Type Code		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type of Equipment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Equip Type Code		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equip. Manufacturer Code		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equip. Manufacturer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equip. Model No.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shift Beginning Time		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Classification Code	COUNT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Accident Classification		<input checked="" type="checkbox"/>	1	<input type="checkbox"/>
Accident Type Code		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident Type		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Calendar Year [ ] and [ ] and [ ]  
 Calendar Year BETWEEN [ ] Accident Classification = HANDLING OF MATERIALS Coal (C) or Metal (M) Mine = m



# Accidents by Classifications

- Handling Materials      4,269 injuries      0 FataIs
  - Overexertion (45%)
- Slips/Trips/Falls      2,708 injuries      7 FataIs
  - Walking/Running (25%)



# Accidents by Work Activity

- Machine Maintenance & Repair 20%
- Handling Supplies & Materials 19%
- Hand Tools 12%
- Climbing On/Off Equipment 9%
- Walking/Running 7%
- Operating Mobile Equipment 7%



Attribute	Function	Qualify	Group	Sort
Subunit Code		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subunit		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident Date		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Calendar Year		<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>
Accident Time		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Degree of Injury Code		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Degree of Injury		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSN		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIPS State Code		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UG Location Code		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UG Location		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UG Mining Method Code		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UG Mining Method		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equip. Type Code		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type of Equipment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Equip Type Code		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equip. Manufacturer Code		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equip. Manufacturer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equip. Model No.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shift Beginning Time		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Classification Code	COUNT	<input type="checkbox"/>	<input type="checkbox"/>	1
• Accident Classification		<input type="checkbox"/>	1	<input checked="" type="checkbox"/>
Accident Type Code		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident Type		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

and   
 Coal (C) or Metal (M) Mine = m Calendar Year = 2,005





Attribute	Function	Qualify	Group	Sort
Occup Code 2 Digit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UG/Surf Occup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Occupation Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miner Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injury Source Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Source of Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nature of Injury Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nature of Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body Part Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>• Body Part</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Schedule Charge (Days)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Days Restricted Duty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Days Lost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transferred or Terminated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Return to Work Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immediate Notification Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immediate Notification Class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Event No.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investigation Begin date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>• Narrative</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Add Cycle No.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change Cycle No.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

and   
 Coal (C) or Metal (M) Mine = m Calendar Year = 2,004



Query completed:

	Degree of Injury	Body Part	Narrative
7	NO DYS AWY FRM WRK_NC	EAR(S) INTERNAL & EXTERN	WORKER WAS CUTTING METAL WITH A CUTTING TORCH WHEN THE HOT METAL POPPED AND WENT INTO HIS LEFT EAR.
8	NO DYS AWY FRM WRK_NC	FINGER(S)/THUMB	EMPLOYEES WERE COMPRESSING A FEEDER SPRING, STRAPPED THE SPRING IN THE COMPRESSED MODE. ONE OF THE S
9	DAYS AWAY FROM WORK (	BODY SYSTEMS	Approx. 10 am a power pole near the slurry wash out station arced and popped. Someone noticed sparks from the pole. At 3:00 pm our em
0	NO DYS AWY FRM WRK_NC	MOUTH/LIP/TEETH/TONGUE	WHILE WORKING ON A BOBCAT GRINDER BLEW UP IN FACE STRIKING UPPER LIP CAUSING A CUT THAT REQUIRED STITCH
1	DAYS AWAY FROM WORK (	SHOULDERS (COLLARBONE/	EE was climbing the dump bed when his foot slipped. Instead of letting go, he tried to pull himself up. He dislocated his shoulder.
2	DAYS AWAY FROM WORK (	FINGER(S)/THUMB	EE WAS IN PROCESS OF REMOVING IMPELLAR FROM SHAFT.EE HAD LEFT HAND UNDER THE IMPELLER WHEN THE IMPELL
3	DYS AWY FRM WRK & RES	WRIST	CLIMBING LADDER TO CRUSHER, SLIPPED, FELL, PUT HAND OUT TO BRACE FALL.
4	DYS AWY FRM WRK & RES	TRUNK, MULTIPLE PARTS	CRANE BOOM WAS LIFTING CRUSHER FEEDER. COMBINATION OF LIFT AND WIND PUSHED FEEDER TOWARD AND AGAINST
5	DAYS AWAY FROM WORK (	KNEE/PATELLA	Employee was adjusting the position of an iron chute on a pair of sawhorses when the sawhorse moved and the chute fell against the emp
6	DAYS AWAY FROM WORK (	HIPS (PELVIS/ORGANS/KIDN	LIFTING A PART.
7	INJURIES INVOLVNG NONE	NECK	ON FEB. 10, 2004 CUSTOMER STOPPED AT THE SCALE HOUSE & WEIGHED HIS TRUCK & BELLY DUMP. AT APPROXIMATELY
8	NO DYS AWY FRM WRK_NC	ARM,NEC	EE were attempting to walk the track back onto the right track. Two slivers of metal flew off & hit the ee. 1 piece hit his shirt & other stuck in
9	DAYS RESTRICTED ACTIVI	FINGER(S)/THUMB	WHILE RETRIEVING THE CORE FROM A 45 DEGREE UPHOLE, EMPLOYEE UNSCREWED THE STUFFING BOX. THE OVERSHOT
0	NO DYS AWY FRM WRK_NC	MOUTH/LIP/TEETH/TONGUE	EE WAS HEADING DOWN THE MAIN IN A TRUCK WHEN HE APPARENTLY HIT A BUMP CAUSING HIS CAP LAMP TO DISLodge
1	DAYS AWAY FROM WORK (	SHOULDERS (COLLARBONE/	Employee was filling and stacking 100 lb. bags on pallets when he experienced pain in his right shoulder.
2	NO DYS AWY FRM WRK_NC	BACK (MUSCLES/SPINE/S-CO	WHILE WORKING ON A 4' FLOURESCENT LIGHT FIXTURE, THE REFLECTOR ON THE FIXTURE STARTED TO FALL & AS EE REA
3	DAYS AWAY FROM WORK (	EYE(S) OPTIC NERVE/VISON	Worker was welding in a chute, positioned on his side. A piece of hot slag entered his helmet and hit him in the right eye. It burned his eye
4	DAYS RESTRICTED ACTIVI	FINGER(S)/THUMB	THE SCREEN BOX AT THE CRUSHER BROKE DOWN SENDING OVER SIZED ROCKS TO THE TUNNEL FEED, STOPPING IT UP.
5	DAYS AWAY FROM WORK (	LOWER EXTREMITIES, MULT	WHILE ADJUSTING THE DECK BUSHING ON #579 DRILL, THE HOIST BRAKE SLIPPED CAUSING EE TO JUMP OUT OF THE WA
6	DAYS RESTRICTED ACTIVI	BACK (MUSCLES/SPINE/S-CO	WHILE PLACING 4 X 8' 3/8" STEEL PLATE ON ASSIGNED JOB, FINGER GOT PINCHED. EMPLOYEE USED HIS LEFT HAND TO LI
7	DAYS AWAY FROM WORK (	KNEE/PATELLA	WHILE WORKING ON #3 WET DUST COLLECTOR, EE WAS DESCENDING SOME STAIRS & SLIPPED TWISTING HIS LT. KNEE. E
8	DAYS RESTRICTED ACTIVI	MULTIPLE PARTS (MORE TH	EE WAS SITTING IN THE TAMROCK BOLTER WHEN A LARGE BOULDER FELL OUT OF THE BACK AND CRUSHED THE CAB DO
9	NO DYS AWY FRM WRK_NC	EYE(S) OPTIC NERVE/VISON	Employees were welding a broken rack gear tooth inside the tub of #2 dragline. The injured employee was assisting with fire watch duties.
0	NO DYS AWY FRM WRK_NC	HAND (NOT WRIST OR FINGE	mechanic started acetylene/oxygen blow torch, heard loud popping sound, turned it off, it "blew up" near hose. his left palm, side and bac
1	DAYS RESTRICTED ACTIVI	ANKLE	Employee and co-worker were carrying a 2/0 motor cable with cable coupler from the motor sled to the Pit Car for reconnection. Injured em
2	DAYS AWAY FROM WORK (	HAND (NOT WRIST OR FINGE	The ee was cutting down a urathane rubber screen when the knife slipped cutting his right hand below his thumb.
3	NO DYS AWY FRM WRK_NC	BACK (MUSCLES/SPINE/S-CO	While attempting to open a water valve at the feed end of #5 rod mill, ee felt a sharp pain in his lower back.
4	DAYS AWAY FROM WORK (	FINGER(S)/THUMB	HARVESTING ROCK, ROCK FELL AND SMASHED HIS FINGER.
5	NO DYS AWY FRM WRK_NC	ELBOW	WALKING BACKWARDS AND PULLING POWER CABLE, EE TRIPPED OVER A ROCK AND FELL LANDING ON HIS LEFT ELBOW C
6	DYS AWY FRM WRK & RES	HIPS (PELVIS/ORGANS/KIDN	CHANGING A SPRAY BAR NOZZEL, HE WAS LYING OVER A TUBE PULLING ON A PIPE WRENCH WHEN HE PULLED A MUSCLE
7	DYS AWY FRM WRK & RES	BACK (MUSCLES/SPINE/S-CO	Employee was assisting with restaking some bags that fell of a pallet during the night, onto a new pallet. He was not using proper body align
8	DYS AWY FRM WRK & RES	NECK	EE WAS PUNCHING LUMPS IN BIC TUNNELS USING A BAR IN A FEEDER. HE FELT SOMETHING POP IN HIS NECK AND SHOUL
9	NO DYS AWY FRM WRK_NC	FINGER(S)/THUMB	WHILE PUTTING BUSHING IN A HEAD PULLEY - TIGHTENING BOLTS. HEAD PULLY SLIPPED ACROSS FORKLIFT BARS CATCHI
0	DAYS AWAY FROM WORK (	BACK (MUSCLES/SPINE/S-CO	EE was putting the bit for a rockbuster on Equipment #2514 back on. EE was physically reinstalling without the aid of operator. While lifting
1	DAYS AWAY FROM WORK (	FOREARM/ULNAR/RADIUS	MOVING 50 # BAGS OF ANFO FROM FRONT OF TRAILER TO REAR. TORE MUSCLE AND LIGAMENT IN UPPER RIGHT FOREARM

# Maintenance – Repair - Construction

5,078 Injuries

- a. Machine Maintenance/Repair
- b. Hand Tools (not powered)
- c. Surface Construction NEC
- d. Welding and Cutting Elect/Acetyl
- e. Hand Tools (powered)
- f. Moving Equipment (Fans/Pumps/etc.)
- g. Grinding Bits/Steel/Welds
- h. Electrical Maintenance/Repair
- i. Operate Hoist
- j. Working with Chemicals
- k. Working with Noxious Materials

## U.S. DOL, MSHA, National Mine Health and Safety Academy

### 1.4 Background



Introduction

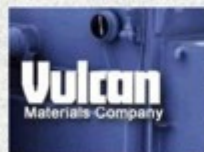
### Background

This project was developed as part of the alliance between



and the NATIONAL STONE, SAND & GRAVEL ASSOCIATION

in cooperation with



This Material Handling course represents a pilot project as part of a proposed series of courses on Maintenance, Construction, and Repair topics. Vulcan Materials Company is working with MSHA to develop additional course materials.



[Alliance - News Release No. 03-66](#)

[Mine Safety and Health Administration](#)

[National Stone, Sand and Gravel Association](#)

[Vulcan Materials Company](#)



## U.S. DOL, MSHA, National Mine Health and Safety Academy

# *Material Handling Safety*

This self-paced, interactive training program has been adapted from an extensive PowerPoint presentation. It includes manual and mechanical material handling and storage at surface mines, mills, and plants.

NOTE: This information is available in other formats on CD-ROM from the National Mine Health and Safety Academy. The CD includes a PowerPoint version for presentation with full-screen visuals and/or on computers that are not connected to the internet, as well as a booklet form of the material in Microsoft Word.

Click  to continue.



## U.S. DOL, MSHA, National Mine Health and Safety Academy

### 1.8 Course Objectives

#### Introduction

### Course Objectives

- Given statements of **accident and injury problems** the student will be able to identify those that are historically true of material handling, with at least 80% accuracy.
- Given statements about, and methods of accomplishing **manual materials handling**, the student will identify correct statements and safe methods, with at least 80% accuracy.
- Given statements about, and methods of accomplishing **mechanical materials handling**, the student will identify correct statements and safe methods, with at least 80% accuracy.
- Given statements about, and methods of accomplishing **stacking and storage of materials**, the student will identify correct statements and safe methods, with at least 80% accuracy.

Chapter quizzes and a test for the whole program are included. They are just to help you learn the material. Results are not collected.



## U.S. DOL, MSHA, National Mine Health and Safety Academy

### 1.11 Definition



Introduction – Accident/Injury Problem (continued)

## Manual Material Handling Injuries

In the U.S. Mining Industry  
During the Six-Year Period 1998 - 2003

MSHA Definition (for Accident Classification purposes)

**Handling Material** – Accidents related to handling packaged or loose material while lifting, pulling, pushing, or shoveling.

**NOTE:** For the purposes of this course, we will refer to this type of accident or activity as "manual material handling."

To help determine the scope of the problem with manual material handling, injury statistics were examined over a six-year period.

Based on MSHA's accident classification system, "Handling Material" accidents are those described by this definition. You can see that it covers manual material handling. Another way to describe it is "transporting or supporting of loads by hand or by bodily force."



## U.S. DOL, MSHA, National Mine Health and Safety Academy

### 1.14 Conclusions

Introduction

## Conclusions

### Summary

- Material handling is possibly the most serious workplace safety problem.
- Manual material handling accidents consistently account for **at least 1/3 of all mining accidents**.
- Fatalities caused by manual material handling are rare.
- The number of manual material handling injuries decreased considerably over the six-year period, but the decrease was less pronounced than the decrease in all injuries.

The most important thing to note here is that material handling, even when we look only at manual material handling, comprises a major portion of the mining accidents. Progress in this accident category would have a large impact on the overall accident picture.

On a more personal level, it is important to remember that a great deal of pain and suffering is caused by the strains, sprains, and other types of material handling injuries.



## U.S. DOL, MSHA, National Mine Health and Safety Academy

### 5.1 Course Summary

#### Conclusion Summary

Some of the major key points of the course are summarized below:

##### Accident/Injury Problem

- Material handling – possibly the most serious safety problem
- Manual material handling injuries – 35% of injuries at surface mine/facility locations

##### Manual Handling of Materials

- Lifting “do’s” – minimize heavy lifting, stay close, wide stance, use legs
- Lifting “don’ts” – bending, twisting, jerking, reaching out
- Body mechanics – posture, change positions, lean/prop foot on something
- Consider back exercises.

##### Mechanical Handling of Materials

- Forklifts – inspect each shift; if defective, remove from service
- Watch for struck-by/crushed-by dangers.
- Forklifts – load low, speed slow, load uphill on grades
- Maintain safety equipment, no unauthorized modifications.
- Docks – brakes set, chocks &/or dock locks, dock plate, trailer floor & “nose” secure
- Inspect hoists frequently & thoroughly, & abide by load limits.

##### Stacking and Storage

- Good housekeeping – keep aisles, passageways, & work areas clear
- Store/stack materials safely to avoid struck-by/crushed-by/fire hazards.

#### Accident/Injury Problem

- Material handling is often considered the most serious safety problem in the nation.
- Manual handling accidents consistently account for at least 1/3 of all mining accidents.

#### Manual Handling of Materials

- Obtain help (human or mechanical) and/or split heavy loads if possible.
- Use wide stance and bend your knees (but not deeply). Keep load close.
- Keep back straight and as vertical as you can. Lift slowly with leg power.
- Avoid bending over with knees straight and lifting with upper torso.
- Also avoid twisting, jerky movement, and reaching out with load.
- Maintain good posture when standing, walking, sitting, or driving.
- Take breaks/change position often when standing, sitting, or driving.
- Lean on something and/or prop up a foot when standing.
- Consider back exercises to improve strength and flexibility.

#### Mechanical Handling of Materials

- Inspect forklifts at beginning of each shift. If damaged/defective, remove from service until repaired.
- Watch for potential struck-by and crushed-by dangers.
- Keep forklift loads low when traveling. Keep speed low, and keep load uphill on grades.
- Maintain safety equipment. Don't make unauthorized modifications or exceed capacity.
- At loading docks place an appropriate dock plate; be sure brakes are set, wheels chocked and/or dock lock in use; inspect floor of trailer; and

The online version is on MSHA's public website.

Go to [www.msha.gov](http://www.msha.gov)

On the right (under Education and Training) click on  
Interactive Training Products  
(It's the first one on the list)

Or here's the link to take you straight into the course:

<http://www.msha.gov/InteractiveTraining/MaterialHandlingSafety/index.htm>

# Special Emphasis Program

- Emphasis Areas
  - Materials Handling
  - Slips, Trips, & Falls
  - Electricity
  - Hand & Power Tools
  - Welding & Cutting

# Special Emphasis Program

- Committee Tasks
  - Use baseline number of injuries
  - Track & report progress
  - Set achievable goals
  - Tie to Safety Pledge Goal
    - Reduce accidents 50% by end of 2007

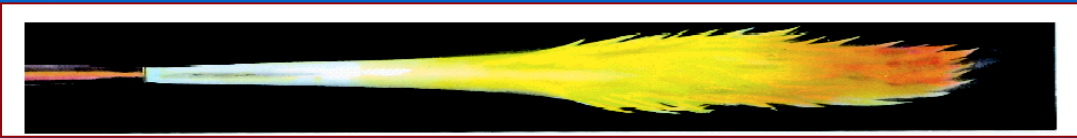
# Special Emphasis Program

- Design strategies & tools to improve awareness of:
  - How are injuries occurring
  - Why are they occurring
  - Preventative measures
    - Best Practices
    - Training Tools
    - Workable Ideas
    - Safety Tips
    - Observation Checklists



# Special Emphasis Program

- Major Messages to Mining Community
  - Plan & use safe work practices
    - **RISK ASSESSMENTS**
  - Use & maintain safe equipment
  - Emphasize strong supervision & leadership
  - Verify that miners are trained and competent
    - **AUDITS & INSPECTIONS**



Rough Draft

# MSHA/NSSGA Safety Bulletin

## Welding and Cutting Safety at Aggregate Mines

Welding and cutting accidents are responsible for a significant number of injuries on mines site. There were 51 incidents reported during the first half of 2005. Though none of these incidents resulted in a fatality, 21 suffered injuries significant enough to cause days away from work. Here's how it looks:

- (25) Burns
- (09) Flash burn
- (08) Foreign body in eye
- (04) Pinch
- (03) Laceration
- (02) Difficulty breathing/nausea

**BURNS:** Major cause was slag. Burns were primarily to ears! Others were the result of slag reaching the skin through unsecured sleeves, gloves, and boots.

**FLASH/ARC BURNS** can be an accumulated injury. Damage can be done even if it doesn't hurt right away.

- o Working together? Use curtains or barrier shields to prevent double hazard exposure.

**EYE INJURIES:** Most were wearing safety glasses. That is just not enough. If hot slag can find even the smallest opening around your eyes, you will likely suffer. Use safety glasses and a welding shield.

**PINCH/LACERATIONS:** Prior to beginning work, generously secure pieces to be cut or welded.

### **SLAG**

If it can reach your skin - IT WILL BURN YOU.

- o Make sure skin is well covered- ESPECIALLY YOUR EARS!
- o Consider wearing full leather sleeves.



## NATIONAL STONE, SAND & GRAVEL ASSOCIATION



*Natural building blocks for quality of life*