

**Mine Inspector Certification
Accident Investigation
Student Study Guide (AISG)**

Exam Instructions: You are required to read the scenario below and complete the required attached forms as part of your investigation.

You are a Virginia Mine Inspector assigned to investigate the following accident in accordance with the Coal Mine Safety Laws of Virginia.

On January 23, 2004, at approximately 3:00 pm, Earnest Brown, Mine Superintendent and Person with Overall Responsibility, as well as the person in Charge of Health and Safety, notified you that a machinery accident had occurred at approximately 2:00 pm at the A&B Coal Co., Inc., Mine No. 2, Mine Index No. 19111AC, located off State Route 64 in Wise Co. The mine address is Box 001, Big Stone Gap, Va. 24219. The mine MSHA I.D. number is 44-06000; mine telephone number is 276-882-1552; office telephone number is 276-882-1555.

Jerry West, continuous mining machine operator, received fatal injuries when he was caught between the rear bumper of the continuous mining machine and the front bumper of a shuttle car.

Upon your arrival at the mine site, Mr. Brown stated that Joe George, section mine foreman (certification no. 00121) was in charge on the B Left section at the time of the accident. Mr. George had to move the shuttle car in order to free Mr. West.

According to Mr. Brown, Mr. West was operating a Joy 14CM10AA radio remote - continuous mining machine when the Joy 21 S/C, No. 3 standard shuttle car, operated by John Thomas, struck him, trapping him between the continuous mining machine and the shuttle car. The accident occurred at approximately 2:00 pm while Mr. West was mining coal in the second cut in the 2 entry – right crosscut on the B Left active section.

Mr. West (social security number 211-11-1111) had 19 years total mining experience, 15 years with the present company. Mr. West' regular occupation was roof bolter operator. Mr. West has operated the continuous mining machine as a fill-in operator during the past 5 years. Mr. West, age 52, was born on June 6, 1951, is married and has 6 dependents. Mr. West, telephone number 276-435-0101, lived at Rt. 2, Grundy, Va.

The investigation and report was completed on January 23, 2004.

3/18/04
jpt



**ACCIDENT INVESTIGATION
 STUDENT STUDY GUIDE (AISG)**

Company Name: A&B Coal Co., Inc.		Mine Name or Number: No. 2		Report Date: 01/23/04	Mine Index Number: 19111AC
Address: Box 001		Location: State Route 64			MSHA ID Number: 44-06000
City: Big Stone Gap	State: VA	ZIP: 24219	County: WISE	Office Phone Number: 276-882-1555	Mine Phone Number: 276 882-1552
Person with Overall Responsibility: Earnest Brown			Person in Charge of Health and Safety: Earnest Brown		
Investigated: 01/23/04					

Notified by: Earnest Brown Date: 01/23/04 Time: 03:00 PM
 Accident Date 01/23/04 Accident Time 02:00 PM Shift Day
 Foreman in Charge Joe George Certification Number 00121
 Equipment Involved: 14CM10AA radio remote Joy Continuous Miner and the No. 3 standard 21S/C Joy Shuttle Car
 Was scene disturbed? Yes The shuttle car was moved to remove the victim from the accident scene

Injured Party	
Type of injury	<u>FATALITY</u> Fatality Date <u>01/23/04</u>
Name of injured	<u>Jerry West</u> Social Security Number <u>211-11-1111</u>
Regular occupation	<u>Roof Bolter Operator</u> Occupation At time of accident <u>Continuous Miner Operator</u>
Address	<u>Rt. 2 Grundy, Va.</u> Telephone number <u>276-435-0101</u>
Family status	<u>Married</u> Dependents <u>6</u> Date of Birth <u>06/06/51</u>
Mining Experience:	
Total	<u>19 yrs.</u> With present company <u>15 yrs.</u> Experience in occupation when injured <u>5 yrs.</u>
Classification <u>Machinery</u>	
Extent of injuries <input type="checkbox"/> Eyes <input type="checkbox"/> Head <input type="checkbox"/> Arm <input type="checkbox"/> Foot <input type="checkbox"/> Leg <input type="checkbox"/> Back <input checked="" type="checkbox"/> Other. Specify <u>Fatality</u>	

Location of Accident: B Left active section, No. 2 entry - right crosscut
 Brief description of Accident: Victim received fatal injuries when he was struck by a shuttle car at the back of the continuous mining machine

Recommendations: **(Optional)** Persons operating self propelled equipment shall sound a warning when approaching curves or other places where persons are likely to be. Persons shall remain clear of oncoming traffic and avoid pinch points.
 Action Taken: **(Optional)** Closure order was issued under section 45.1-161.91A. (ii) necessary to preserve the scene of the accident to complete an investigation.

(Student Name) John Doe

Inspector / Specialist (Student Name)

jpt



**ORDER OF CLOSURE
ACCIDENT INVESTIGATION
STUDENT STUDY GUIDE (AISG)**

Company Name: A & B Coal Co., Inc.

Mine Name/Number: Mine No. 2 Mine Index: 19111AC

VIOLATION/CO NUMBER: (Optional)	INSPECTION NUMBER: (Optional)	ISSUED: 1/23/04	3:00 pm (Optional)
PERSON WITH OVERALL RESPONSIBILITY: Earnest Brown		SECTION OF VIRGINIA MINING LAW: 45.1-161.91.A.(ii) (Optional)	
SERVED TO: Earnest Brown (Optional)		DUE:	CORRECTED: 1/23/04

CONDITION(Y)\PRACTICE(N) : This mine is closed pending completion of a serious accident (fatality) investigation. On 1/23/04, Jerry West, continuous mining machine operator, received fatal injuries when he was caught between the rear bumper of the continuous miner and the front bumper of the Joy 21 S/C, No. 3 standard shuttle car. The accident occurred on the B Left active section, no. 2 entry – right crosscut as Mr. West was repositioning the continuous miner.

AREA/EQUIPMENT: Entire mine

ACTION TO CORRECT: (Optional) The investigation was completed on 1/23/04

RIGHT TO REVIEW OF CLOSURE ORDER UNDER SECTION 45.1-161.91D

The issuance of a closure order shall constitute a final order of the Department, and the owner or operator of the mine shall not be entitled to administrative review of such decision. However, the owner or operator of any mine or part thereof for which a closure order has been issued may, within ten (10) days following the issuance of the order, bring a civil action in the circuit court of the city or county in which the mine, or the greater portion thereof, is located for review of the decision.

(Student Name) John Doe
INSPECTOR/SPECIALIST

jpt



**ACCIDENT INVESTIGATION
STUDENT STUDY GUIDE (AISG)**

Company Name:			Mine Name or Number:	Report Date:	Mine Index Number:
Address:			Location:		MSHA ID Number:
City:	State:	ZIP:	County:	Office Phone Number:	Mine Phone Number:
Person with Overall Responsibility:			Person in Charge of Health and Safety:		
Investigated:					

Notified by: _____ Date: _____ Time: _____
 Accident Date _____ Accident Time _____ Shift _____
 Foreman in Charge _____ Certification Number _____
 Equipment Involved: _____
 Was scene disturbed?

Injured Party		Fatality Date _____	
Type of injury _____	Name of injured _____		Social Security Number _____
Regular occupation _____	Occupation At time of accident _____		Telephone number _____
Address _____	Family status _____	Dependents _____	Date of Birth _____
Mining Experience:			
Total _____	With present company _____	Experience in occupation when injured _____	
Classification _____			
Extent of injuries <input type="checkbox"/> Eyes <input type="checkbox"/> Head <input type="checkbox"/> Arm <input type="checkbox"/> Foot <input type="checkbox"/> Leg <input type="checkbox"/> Back <input type="checkbox"/> Other, Specify _____			

Location of Accident: _____

Brief description of Accident: _____

Recommendations: _____

Action Taken: _____

Inspector / Specialist

jpt



**ORDER OF CLOSURE
ACCIDENT INVESTIGATION
STUDENT STUDY GUIDE (AISG)**

Company Name: _____

Mine Name/Number: _____ Mine Index: _____

VIOLATION/CO NUMBER:	INSPECTION NUMBER:	ISSUED:	
PERSON WITH OVERALL RESPONSIBILITY:		SECTION OF VIRGINIA MINING LAW:	
SERVED TO:	DUE:	CORRECTED:	

CONDITION(Y)\PRACTICE(N) : _____

AREA/EQUIPMENT: _____

ACTION TO CORRECT: _____

RIGHT TO REVIEW OF CLOSURE ORDER UNDER SECTION 45.1-161.91D

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INSPECTOR/SPECIALIST

jpt