



WVDHSEM Mine Event Form

ID: WVDHSEM Reference Number Call Center Contact Time:

Contact Information

Caller: Title:
 Call Back Number: Alternate Call Back Number:
 Name of Mine: Portal Name:
 Mine Company: Mine Type:
 Permit Number: County:

Physical Location of Mine:

Event Information

Event Type:

Time of Incident:

Serious Injury/Death <input type="checkbox"/>	Persons Trapped <input type="checkbox"/>	Fire <input type="checkbox"/>	Explosion <input type="checkbox"/>
Innundation <input type="checkbox"/>	Ventillation Affected <input type="checkbox"/>	Track or Belt Affected <input type="checkbox"/>	Equipment Involved <input type="checkbox"/>
Primary/Secondary Escapeway <input type="checkbox"/>	If any of these are selected, contact MHST Region Immediately!		

Deaths: Injuries: Trapped:

Has 911 Been Contacted:

Event Notes:

Regional MHST Contact: Regional MHST Contact Date/Time:

Contacts

DHSEM Director Contact Date/Time: HQ MHST Contact:
 911 Contact: HQ MHST Contact Date/ Time:
 911 Contact Date/Time: Secretary of Commerce Contact Date/Time:
 County Director Contact Time:

Operator Notes Operator:

Comments:

SAMPLE