



# Coal Operator Mining Facts - 2002

1. In 2002, a total of 2,065 **coal mining operations** reported employment to the Mine Safety and Health Administration (MSHA). Coal mines comprised 14.2% of all mining operations.
  - Bituminous mines comprised 92.5% (n = 1,910) and anthracite mines 7.5% (n = 155) of coal mining operations.
  - More than 70% of all coal mines were located in three states: Kentucky (28.7%), West Virginia (21.7%), and Pennsylvania (20.1%).
2. A total of 74,559 **employees**, corresponding to 78,601 full-time equivalent (FTE) employees,<sup>1</sup> were reported by coal mine operators to MSHA. This represents a 2.8% decrease in FTE employees from 2001.
  - Coal operators comprised 30% of all employee hours reported to MSHA. This was the highest percentage of employee hours reported among all mining sectors.<sup>2</sup>
  - Coal operator employees worked in underground operations (46%), surface production operations (43%),<sup>3</sup> and preparation plants (11%).
3. Twenty (20) work-related **fatalities** occurred among coal operator employees in 2002, compared to 36 in 2001.
  - Fatalities among coal operator employees accounted for 30% of all mining fatalities in 2002.
  - The coal operator fatality rate was 25.4 fatalities per 100,000 FTE employees. The underground fatality rate, where the majority of fatalities occurred (n = 12), was 34.1 fatalities per 100,000 FTEs. This compares to 17.5 per 100,000 FTEs (n = 6) for surface work locations and 22.0 (n = 2) at coal preparation plants.
4. There were 3,877 **nonfatal lost-time injuries** among coal operator employees occurring at a rate of 4.9 injuries per 100 FTE employees. These injuries resulted in 228,616 days lost from work (median = 26).<sup>4</sup>
  - The highest injury rate was found in underground work locations (7.7 injuries per 100 FTE operator employees), compared to injury rates of 3.1 and 2.6 per 100 FTE operator employees for preparation plant/mill and surface production locations, respectively.
  - The most frequent type of accident for coal operator employees involved handling of materials (34.2%), followed by slips or falls of miner (21.2%). Among the most frequent types of accidents, the most severe (as measured by the median number of days lost) were associated with powered haulage (n = 445; median = 33), slips or falls (n = 823; median = 33), fall of ground (n = 452; median = 25), handling of materials (n = 1,324; median = 24), and machinery (n = 398; median = 22).
  - Sprains and strains were the most frequently reported nature of injury (47.1%). The back was the most frequently reported part of the body injured (n = 981; 25.3%) and accounted for 66,807 days lost from work.
  - Among coal operator employees, those with the MSHA job title of "laborer/utility man/bull gang" accounted for the greatest number of nonfatal lost-time injuries (n = 606; 15.6%), followed by those classified as "roof bolters" (n = 546; 14.1%).
5. In 2002, 431 cases of **occupational illness** were reported to MSHA for coal operator employees.<sup>5</sup>
  - The most frequently reported illness was joint, muscle, or tendon irritation or inflammation (n = 171; 39.7%).
  - One hundred six (24.6%) illnesses were reported as hearing loss or impairment.
  - One hundred fifteen (26.7%) cases of black lung (coal workers' pneumoconiosis) were reported in 2002.

<sup>1</sup> Computed using reported employee hours (2,000 hours = 1 FTE); excludes office employees.

<sup>2</sup> Mining sectors: coal operators, metal operators, nonmetal operators, stone operators, sand and gravel operators, coal contractors, and noncoal contractors.

<sup>3</sup> Surface production operations include strip mines, surface operations at underground mines (excluding preparation plants), auger mining, culm banks, dredge, and surface shops and yards.

<sup>4</sup> Includes actual days away from work and/or days of restricted work activity. For permanently disabling injuries only, statutory days charged by MSHA were used if they exceeded the total lost workdays.

<sup>5</sup> Because of the complexity of attributing disease causation to the workplace, occupational illnesses may be underreported.



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