Form Approved OMB
No.: 0920-0020

Reset Form

COAL MINE OPERATOR'S PLAN

Department of Health and Human Services
Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health

RETURN TO	NIOSH COAL WORKERS' HEALTH SURVEILLANCE PROGRAM 1000 Frederick Lane, M/S LB208 Morgantown, WV 26508

1. MSHA Mine Identification Number

2. Name of Company Officer in Charge of Program

3. Email Address of Company Officer

4. Title of Officer in Charge

5. Name of Mine Operator/Company	**6. Telephone Number**

7. Street Address	**8. City**	**9. State**	**10. Zip Code**

11. Mine Name	**12. County**	**13. Number Miners**

14. Mine Mailing Address (Box number, Street)	**15. City**	**16. State**	**17. Zip Code**

Open period for obtaining examination (6 months plus)	**18. Begin Date**	**19. End Date**
To be completed by NIOSH	**20. Plan Approved Date**	**21. Plan Expiration date**
22. MSHA District	**23. Mine Type**	**24. Mine Status**

25. Remarks

I am participating in this program in the manner specified by Part 37 of the Title 42 of the Code of Federal Regulations (42 CFR Part 37) and understand that all information used in connection with this program will be held STRICTLY CONFIDENTIAL and divulged only as specified by the above regulations. I hereby assure that (1) the findings of any medical tests of any miner examined under this plan will not be solicited from the Physician or Facility providing the examination; (2) I have advised the Physician and Facility providing the examinations under this plan that duplicate X-Rays or test results are not to be taken or made and no information that would identify the miner shall be recorded on the film or test results except as provided in the above Regulation; and (3) all examinations made under this plan will be at no cost to the miner.

26. Date	**Signature of Mine Operator or Legal Representative**
27. Date	**Signature of NIOSH Approver (NIOSH ONLY)**

Complete the reverse side of form indicating each Facility Identification.

CDC/NIOSH (M) 2.10 (E), Revised January 2020, CDC Adobe Acrobat 10.1, S508 Electronic Version

Public reporting burden of this collection of this information is estimate to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA, 30333 ATTN: PRA (0920-0020). Do not send the completed form to this address.

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28. Name(s) of X-Ray Facility(ies)	29. Facility Number	30. # Miles from Mine	31. Days of Operation	32. Hours of Operation

33. Name(s) of Spirometry Facility(ies)	34. Facility Number	35. # Miles from Mine	36. Days of Operation	37. Hours of Operation

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Instructions for Completion of Coal Mine Operator Plan (CDC 2.10)
Revised 01/2015

1…… **MSHA Mine Identification Number** – Identification Number assigned by MSHA.

2…...…… **Name of Company Officer In Charge of Program** – Name of individual to be contacted relative to implementation of plan.

3……... **Email Address of Company Officer** – Email address of the company officer or of the primary contact at mine operator.

4……...…… **Title of Company Officer in Charge** – Title of individual listed in block #2.

5……...… **Name of Mine Operator/Company** – Name of mine operator or parent company.

6……..... **Telephone Number** – Telephone number for contact purposes for individual noted in block # 2.

7 thru 10… **Operator Mailing Address** – Street, City, State and Zip Code of the mine operator or parent company.

11…....…… **Mine Name** – Specific name of mine (not company name).

12…....…… **County** – Name of county where mine is located.

13……. **# of Miners** – Approximate number of miners employed or to be employed. Be sure a roster (with home mailing addresses) of these employees is provided.

14 thru 17… **Mine Mailing Address** – Street, City, State and Zip Code of the mine, not the company address (address where approved plan will be sent).

18.....…… **Open period for obtaining examination (Begin Date)** – Beginning date of period during which miners will have an opportunity for an x-ray and spirometry examination. If mine is new, program should begin within one month of the date you submit your plan. If mine is not yet in operation, program should begin when hiring starts to allow for pre-employment x-rays. Enter date (month, day, year) when examinations will begin.

19.....…… **End Date** – End date of 6-rnonth period during which miners will have opportunity for an x-ray and spirometry examination. Program should end six months after beginning date. Enter date (month, day, year) when examinations will stop (voluntary examinations only).

20.....…… **Plan Approved Date** – Date NIOSH approved the Mine Plan. COMPLETED BY NIOSH.

21.....…… **Plan Expiration Date** – Date the Mine Plan will expire. COMPLETED BY NIOSH.

22……. **MSHA District** –The two-digit MSHA District code plus the two-digit Field Office Code. COMPLETED BY NIOSH.

23.....…… **Mine Type** – Specify type of mine: **S** for Surface or **U** for Underground.

24……..…… **Mine Status** – Specify mine status: **A** for Active, **I** for Intermittent (temporarily closed), or **P** for Permanently Closed or Abandoned.

25.....…… **Remarks** – Other pertinent information. Indicate if miners may be examined at facility on a walk-in basis, or if appointment will be required. If appointments are required, indicate whether or not miners will be released from work.

26……..…… **Operator Signature** – Signature of Company Officer in block #2 (must be original, not stamp or copy) and date plan is submitted.

27……..…… **NIOSH Approver Signature** – Signature of NIOSH Approver (must be original, not stamp or copy) and date plan was approved. COMPLETED BY NIOSH.

28……..…… **Name(s) of X-ray Facility(ies)** – Facility(ies) where x-ray examinations are to be conducted. If mobile facility is to be used, a local facility must also be named to conduct pre-employment and mandatory examinations.

29…....…… **Facility Number** – NIOSH Facility Number (can be located in the facility list).

30…....…… **# Miles from Mine** – Distance from the facility to the mine in miles (enter 1 for mobile facilities).

31…....…… **Days of Operation** – Days of the week when miners may have their x-ray taken at the facility (i.e., Mon-Fri).

32…....…… **Hours of Operation** – Hours during each day when miners may have their x-ray taken at the facility (i.e., 8:00 a.m. thru 4:00 p.m.). If mobile unit is to be used hours are usually one hour before and one hour after shift change.

Items #33 through #37 will be completed at a later date.

33……..…… **Name(s) of Spirometry Facility(ies)** – Facility(ies) where spirometry examinations are to be conducted. If mobile facility is to be used, a local facility must also be named to conduct pre-employment and mandatory examinations.

34…....…… **Facility Number** – NIOSH Facility Number (can be located in the facility list).

35……..…… **# Miles from Mine** – Distance from the facility to the mine in miles (enter 1 for mobile facilities).

36…....…… **Days of Operation** – Days of the week when miners may have their spirometry examined performed (i.e., Mon-Fri).

37…....…… **Hours of Operation** – Hours during each day when miners may have their spirometry examined performed (i.e., 8:00 a.m. thru 4:00 p.m.). If mobile unit is to be used hours are usually one hour before and one hour after shift change.