

Instructions for Completion of Coal Contractor Plan (CDC 2.18)

If you have employees requiring MSHA Part 48 Training, please complete the form using the instructions below then return the completed form to NIOSH.

Otherwise, complete #1-9, enter "None" in #10, Sign and Date #18 then return the form to NIOSH.

1. **MSHA Contractor 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. **Title or Officer in Charge** - Title of individual listed in block #1.
4. **Name of Company** - Name of Company
5. **Telephone Number** - Telephone number for contact purposes for information relative to coal contractor plan (individual noted in block # 1)
6. **Company Mailing Address** – Street
7. **Company Mailing Address** - City
8. **Company Mailing Address** - State
9. **Company Mailing Address** - Zip
10. **Number Miners** – Approximate number of miners employed or to be employed who require MSHA Part 48 Training.
11. **Begin date** - Beginning date of period during which miners will have an opportunity for an x-ray and spirometry examination. If company is new, program should begin within one month of the date you submit your plan. If company is not yet in operation, program should begin when hiring starts to allow for pre-employment x-rays. If a mobile facility is to be used, the begin date should indicate the first date that the mobile unit will be at the company. Enter date (month, day, year) when examinations will begin.
12. **End Date** - End date of 6-month period during which miners will have opportunity for an x-ray and spirometry examination. Program should end six months after beginning date. If a mobile facility is to be used, the end date should indicate the last date that the mobile unit will be at the company. Enter date (month, day, year) when examinations will stop (voluntary examinations only).
13. **Approved Date** - Date NIOSH approved the Plan. COMPLETED BY NIOSH.
14. **Plan Expiration Date** – Date the Mine Plan will expire. COMPLETED BY NIOSH.
15. **Type** – Specify type of company: always C for Contractor
16. **Status** – Specify company: A for Active or P for Permanently Closed or out of mining business.
17. **Remarks** - Other pertinent information. Indicate which facility will conduct mandatory and /or repeat x- ray and spirometry. If using mobile facility indicate the number of change houses, location and name of change houses where facility will be set up. Indicate if miners may be examined at facility on a walk-in basis, or if appointment will be required, whether or not miners work rotating shifts, and if appointments will be made at miners convenience or will miners be released from work.
18. **Company Officer Signature** (must be original, not stamp or copy) and date plan is submitted.
19. **NIOSH Approver Signature** – Approval Date and Signature of NIOSH Approver. COMPLETED BY NIOSH.
20. **State/County of Company and all Service Centers or Site Locations where miners are employed.** - State abbreviation and county name where miners are employed. All locations should be listed.
21. **Name(s) of X-ray Facility(ies)** - Facility(ies) where x-ray examinations are to be conducted for each location listed in #20. If mobile facility is to be used, a local facility should also be named to conduct pre-employment and mandatory examinations,
22. **Certification Number** - NIOSH Certification Number (can be located in facility list)
23. **# Miles from Service Center** - Distance from facility to company, service center or site location.
24. **Days** - Days of week when miners may have their x-ray taken (i.e., Mon-Fri)
25. **Hours** - Hours during each day when miners may have their x-ray taken at 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 #26 through #30 will be completed by NIOSH at a later date.

26. **Name(s) of Spirometry Facility(ies)** – Facility(ies) where spirometry examinations are to be conducted for each location listed in #20. If mobile facility is to be used, a local facility should also be named to conduct pre-employment and mandatory examinations,
27. **Certification Number** - NIOSH Certification Number (can be located in facility list)
28. **# Miles from Service Center** - Distance from facility to company, service center or site location.
29. **Days** - Days of week when miners may have their spirometry examined performed (i.e., Mon-Fri)
30. **Hours** - Hours during each day when miners may have their spirometry examined performed at 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.