

Coal Contractor Plan Form				1. MSHA Contractor Identification Number	
DEPARTMENT OF HEALTH AND HUMAN SERVICES NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH					
RETURN TO	NIOSH COAL WORKERS' HEALTH SURVEILLANCE PROGRAM 1095 Willowdale Road M/S LB208 Morgantown, WV 26505			2. Name of Company Officer in Charge of Program	
				3. Title of Officer in Charge	
4. Name of Company			5. Telephone Number		
6. Street Address		7. City		8. State	9. Zip Code
				10. Number Miners.	
Time Schedule 6 months plus		11. Begin Date		12. End Date	
To be completed by NIOSH		13. Approved Date		14. Plan Expiration date	
		15. Type <b style="font-size: 2em;">C		16. Status	
17. Remarks (If given at mine, include number of change houses and location and name of change houses where mobile facility will set up.)					
<p>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 X-Ray findings or findings of any medical test 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 examination made under this plan will be at no cost to the miner.</p>					
18. Date		Signature of Company or Legal Representative			
19. Date		Signature of NIOSH Approver (NIOSH ONLY)			
Complete the reverse side of form indicating each Service Center/Site Location and each Facility Identification.					

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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.

