



## State of West Virginia

**WV Office of Miners' Health, Safety & Training**  
**Eugene White, Director**

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[www.wvminesafety.org](http://www.wvminesafety.org)

### **SUBSTANCE ABUSE REPORTING FORM**

Date: \_\_\_\_\_ WV State Mine/Contractor Permit Number: \_\_\_\_\_

Company/Mine Name: \_\_\_\_\_

Person Reporting: \_\_\_\_\_ Title: \_\_\_\_\_

Person Reporting Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

The company identified above hereby reports that the certified individual identified below tested positive during a  
**(Check One):**

**Pre-Employment Test**     **Random Test**     **Reasonable Suspicion Test**     **Post-Accident Test**

on \_\_\_\_\_, 20\_\_\_\_.

**Was the drug test a split sample urine**     **Yes**     **No**

The prohibited substance was \_\_\_\_\_

Refused to submit a sample on \_\_\_\_\_, 20\_\_\_\_.

Possessed a substituted sample or an adulterated sample on \_\_\_\_\_, 20\_\_\_\_.

Submitted a substituted sample or adulterated sample on \_\_\_\_\_, 20\_\_\_\_.

Certified person's name: \_\_\_\_\_ Last four of SSN#: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Job title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number(s): Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Notice:** Violation of a substance abuse policy and program as well as actions taken against mining certifications as a result of the submission of any drug testing information will be shared with other mine operators, independent contractors, reciprocating coal program states and federal mining agencies as permitted by law.

**NOTE:** Please fax a completed copy of this form to the attention of the Director of OMHST at the number shown above and include a copy of the substance abuse screening results if applicable and the chain of custody form. If the test was a reasonable suspicion or post-accident, the please also provide a narrative of what transpired and identify any witnesses.