

STATE OF WEST VIRGINIA
OFFICE OF MINERS' HEALTH, SAFETY AND TRAINING
INDEPENDENT CONTRACTOR QUARTERLY REPORT

07/2016

QUARTER: _____ TO _____ YEAR: _____ WV CONTRACTOR ID NO.: C _____
(EXAMPLE: C00001234)
COMPANY NAME _____
ADDRESS: _____

QUARTERLY TOTALS FOR WORKING AT WEST VIRGINIA MINE SITES THIS MONTH: (PLEASE COMPLETE THIS SECTION)

1. TOTAL NUMBER OF EMPLOYEES: _____
2. TOTAL NUMBER OF MANHOURS: _____
3. TOTAL NUMBER OF INJURIES: _____

EMPLOYEES, HOURS AND INJURIES AT WEST VIRGINIA MINES
(PROVIDE THIS INFORMATION IN THE SPACES BELOW FOR EACH WV MINE PROVIDED SERVICES)

BREAKDOWN BY SITE:

1. MINING COMPANY _____ WV MINE PERMIT NO.: _____ INJURIES: _____
OF CONTACTOR EMPLOYEES ON THIS SITE: _____ TOTAL EMPLOYEE HRS: _____
2. MINING COMPANY _____ WV MINE PERMIT NO.: _____ INJURIES: _____
OF CONTACTOR EMPLOYEES ON THIS SITE: _____ TOTAL EMPLOYEE HRS: _____
3. MINING COMPANY _____ WV MINE PERMIT NO.: _____ INJURIES: _____
OF CONTACTOR EMPLOYEES ON THIS SITE: _____ TOTAL EMPLOYEE HRS: _____
4. MINING COMPANY _____ WV MINE PERMIT NO.: _____ INJURIES: _____
OF CONTACTOR EMPLOYEES ON THIS SITE: _____ TOTAL EMPLOYEE HRS: _____
5. MINING COMPANY _____ WV MINE PERMIT NO.: _____ INJURIES: _____
OF CONTACTOR EMPLOYEES ON THIS SITE: _____ TOTAL EMPLOYEE HRS: _____
6. MINING COMPANY _____ WV MINE PERMIT NO.: _____ INJURIES: _____
OF CONTACTOR EMPLOYEES ON THIS SITE: _____ TOTAL EMPLOYEE HRS: _____

MAIL COMPLETED REPORT TO:
OFFICE OF MINERS' HEALTH, SAFETY & TRAINING
#7 PLAYERS CLUB DRIVE - SUITE 2
CHARLESTON, WV 25311-1626
PHONE # 304-558-1425
Fax #: 304-558-6091

SIGNATURE _____
PRINTED NAME _____
TITLE _____
DATE _____ COMPANY PHONE NO.: _____
EMAIL ADDRESS: _____

WWW.WVMINESAFETY.ORG

1. On or before the end of each quarter, each independent contractor registered with the West Virginia Office of Miner's Health Safety and Training as required by West Virginia code 22A-2-63(e), shall file with the Director a report covering the preceding quarter on forms approved by the Director. Such report shall contain the following information for each mine(s) where independent contractors performed work or provided services: (1) The total number of employees performing services at a mining operation. (2) The total employee hours worked at a mining operation. (3) The total reported accidents and occupational injuries that occurred to employees while performing services at a mining operation pursuant to Series 19. (4) The mine(s) identification number where employee hours were worked and/or where the accident or occupational injury occurred.

2. Reports must be filed each quarter for all Independent Contractors holding valid WV Office of Miners' Health Safety and Training permits even if no work was performed on mine property. In this case contractors would report "zero" employee hours and employment, if applicable. Note: To apply for online reporting go to www.wvminesafety.org under Online Reporting click on quarterly reporting for independent contractors and submit a request.