

West Virginia Office of Miners' Health, Safety and Training

INDEPENDENT CONTRACTOR COMPREHENSIVE MINE SAFETY PROGRAM - INITIAL SUBMITTAL FORM TASK SPECIFIC

WV Permit No. C- _____ MSHA ID No. _____ FEIN No. _____

Company Name: _____

DBA: _____

Mailing Address: _____

(WV) County: _____ Telephone No. _____

NUMBER OF EMPLOYEES WORKING IN WV _____

PLEASE CHECK BELOW THE TYPE(S) OF CONTRACTING SERVICE(S) PROVIDED:

- | | | |
|--|---|--|
| <input type="checkbox"/> Trucking (Hauling) | <input type="checkbox"/> Materials being hauled | <input type="checkbox"/> Engineering services |
| <input type="checkbox"/> Trucking (Other) | | <input type="checkbox"/> Safety Services |
| <input type="checkbox"/> Mine Site Preparation | | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Explosive services (including blasting) | | |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Type of construction _____ | |
| <input type="checkbox"/> Equipment Maintenance | <input type="checkbox"/> Other Maintenance _____ | |
| <input type="checkbox"/> Security Service | | <input type="checkbox"/> Reclamation |
| <input type="checkbox"/> Belt Maintenance | | <input type="checkbox"/> Other (Specify below) _____ |

PLEASE CHECK BELOW THE TYPE(S) OF EQUIPMENT USED PERTAINING TO YOUR WORK:

- | | | |
|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Coal Truck | <input type="checkbox"/> Other trucks | <input type="checkbox"/> Bulldozers |
| <input type="checkbox"/> End loader | <input type="checkbox"/> Crane | <input type="checkbox"/> Back hoe |
| <input type="checkbox"/> Power shovel | <input type="checkbox"/> Grade All | <input type="checkbox"/> Mobile drill |
| <input type="checkbox"/> Roller | <input type="checkbox"/> Other (Specify) | <input type="checkbox"/> Scraper Pan |

Other: _____

BRIEFLY EXPLAIN THE TYPE(S) OF WORK PERFORMED AT THE JOB SITE

Printed Name and Title of Company Official completing this form: _____

 Signature (must be an owner, partner, LLC member or corporate officer)

 Date



INDEPENDENT CONTRACTOR
COMPREHENSIVE MINE SAFETY PROGRAM
INITIAL PROGRAM SUBMITTAL FORM

Company Name _____ WV Permit No. _____
DBA: _____
Address _____
City _____ State _____ ZIP _____
Telephone (_____) _____

Please give the name and address for a safety contact person at the above company:

Name _____ Title _____
Address _____
City _____ State _____ ZIP _____
Telephone (_____) _____

At what mining operation do you perform or intend to perform contracting services? If additional space is required, please attach a separate sheet of paper.

Company Name _____ Contact _____
Mine Name _____
WV Permit No. _____ Telephone No. (_____) _____

Date Program Submitted: _____

PLEASE INCLUDE A WRITTEN COPY OF YOUR PROGRAM WITH THIS FORM

PART A - NOTIFICATION OF EMPLOYEES

Which option did the contractor elect to use for employee review of the safety program? Please check appropriate option:

- _____ Miners' Representative(s) (Please go directly to Subpart 1)
_____ Meeting with Employees (Please go directly to Subpart 2)
_____ Owner / Operator

Subpart 1 - Miners' Representative(s) (If applicable):

Please provide names of miners' representatives (at least three are required)

(Print Names)

- 1. _____
2. _____
3. _____
4. _____

Are all employees provided with a copy of the safety program? Yes _____ No _____

Date copy provided to employees: _____

Has a description of the eight hour miners' representative instruction program been attached? Yes _____ No _____

Did miners' representatives participate in developing the program? Yes _____ No _____

**PLEASE GO ON TO PART B if you completed Subpart 1.

Subpart 2 – Meeting with Employees

Indicate the date of which the meeting with employees will be held **PRIOR TO** the commencement of work:

Date of Meeting: _____

When was notice of the meeting posted at the Contractors site?

Date Notice of Meeting Posted: _____

When was the Director of the Office of Miners’ Health, Safety and Training notified of the time and place of the meeting? (at least 10 days prior to the meeting)

Date Notified: _____

****PLEASE GO ON TO PART B if you completed Subpart 2**

PART B - POSTING AND MINE EVALUATION;
WRITTEN COMMENTS ON THE PROGRAM

When was the safety program posted at the Contractors site?

Date Posted: _____

Was a Contractor safety evaluation conducted prior to submission of the safety program?

Yes _____ No _____

Has the contractor received written comments regarding the safety program?

Yes _____ No _____

If YES, have the written comments been included with this submission?

Yes _____ No _____

****PLEASE GO ON TO PART C****

PART C – SAFETY PROGRAM COMPONENTS AND PROGRAM EVALUATION

Based upon the safety needs of the contractor’s particular site, the written comprehensive safety program includes the following components: **(Circle appropriate response)**

- | | | |
|--|-----|----|
| 1. The contractors’ safety policy for each site? | Yes | No |
| 2. The contractors policies regarding personal safety protection of each worker (hard hats, shoes, glasses, etc.)? | Yes | No |
| 3. Classroom training programs and objectives? | Yes | No |
| 4. Workplace training programs and objectives? | Yes | No |
| 5. Training programs and objectives for safety meetings? | Yes | No |
| 6. Informal training programs and objectives? | Yes | No |
| 7. The contractors’ practices and procedures for promoting safe work practices for personnel? | Yes | No |
| 8. The contractors’ practices and procedures for promoting safe work conditions at the contractor’s site? | Yes | No |
| 9. The contractors’ practices and procedures for promoting safe work practices for machinery, equipment and systems? | Yes | No |
| 10. The contractors’ emergency provisions and procedures at the site? | Yes | No |
| 11. The contractors’ procedures for accident investigation? | Yes | No |
| 12. The contractors’ procedures for filing accident reports? | Yes | No |
| 13. The contractors’ procedures for analysis of accidents? | Yes | No |
| 14. The contractors’ procedures for accident investigation follow-up? | Yes | No |
| 15. The contractors’ practices and procedures for comprehensive safety program promotion and enforcement? | Yes | No |

Other components deemed necessary by the contractor to effectuate the goals of Chapter 22A, Article 1, Section 36 of the W.Va. Code:

ANNUAL EVALUATION CRITERIA

Please check the box next to the items you plan to use in the annual evaluation of the effectiveness of your program:

Required Information

- Accident frequencies or rates
- Accident distributions
- Violations written under W.Va. Code Chapter 22A, Article 1, Section 15a
- Fatal Accidents and serious injuries as defined by Title 36, Series 19, Section 3.2

Optional Sources of Information

- Site conditions or changes in haulage environment
- Number of working crews at the site and number of trucks hauling
- Personnel or management at the site
- Instructors responsible for safety training
- Findings from safety observations conducted by mine officials
- State and Federal Inspectors

Other Optional Items:

****PLEASE GO ON TO PART D****

PART D - SAFETY INSTRUCTORS

Please list below all instructors who, at this date, have primary responsibility for planning and/or conducting safety training for the contractor. Please list all qualifications / certifications relevant to the safety training responsibilities involved.

Company Employees:

| Instructor's Name: | Qualifications / Certifications |
|--------------------|---------------------------------|
| 1. _____ | _____ |
| | _____ |
| | _____ |
| 2. _____ | _____ |
| | _____ |
| | _____ |
| 3. _____ | _____ |
| | _____ |
| | _____ |
| 4. _____ | _____ |
| | _____ |
| | _____ |

Private Agency or Public Organization Personnel:

| Instructor's Name: | Qualifications / Certifications |
|--------------------|---------------------------------|
| 1. _____ | _____ |
| | _____ |
| | _____ |
| 2. _____ | _____ |
| | _____ |
| | _____ |
| 3. _____ | _____ |
| | _____ |
| | _____ |
| 4. _____ | _____ |
| | _____ |
| | _____ |

****PLEASE GO ON TO PART E****

PART E - PROGRAM CHECKLIST

Does your safety program include:

- 1. The methods or procedures used to accommodate employee review of the program? Yes _____ No _____
- 2. The methods or procedures used to develop an initial safety program evaluation? Yes _____ No _____
- 3. Methods or procedures used to carry out each component which the contractor has identified in his safety program? Yes _____ No _____
- 4. Methods or procedures used in the annual review and evaluation of the contractors' safety program? Yes _____ No _____

You will be notified of program approval within 30 days after the safety program submittal deadline. Should your submission not be approved, you will be notified of the specific reasons for rejection of the program and provided a reasonable length of time to modify and resubmit your program to the Office of Miners' Health, Safety and Training.

Contractor:

Signature (must be an owner, partner, LLC member or corporate officer)

Printed Name

Title

Telephone Number

Date

This initial submittal form (along with any additional attachments), must be submitted with the company's comprehensive safety program to the attention of the Safety Instructor located at your nearest WV Office of MHST Regional Office.

REGION 1
WV OFFICE OF MHST
14 COMMERCE DRIVE - SUITE 1
WESTOVER, WV 26501
304-285-3268
304-285-3275 (fax)

REGION 2
WV OFFICE OF MHST
830 VIRGINIA AVENUE
WELCH, WV 24801
304-436-8421
304-436-2100 (fax)

REGION 3
WV OFFICE OF MHST
137 PEACH COURT - SUITE 2
DANVILLE, WV 25053
304-369-7823
304-369-7826 (fax)

REGION 4
WV OFFICE OF MHST
550 INDUSTRIAL DRIVE
OAK HILL, WV 25901
304-469-8100
304-469-4059 (fax)