



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.: _____

Email Address: _____ NUMBER OF EMPLOYEES WORKING IN WV: _____

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

- Trucking (Hauling)
- Trucking (Other)
- Mine Site Preparation
- Explosive services (including blasting)
- Construction
- Equipment Maintenance
- Security Service
- Belt Maintenance

Materials being hauled: _____

- Engineering services
- Safety Services
- Demolition

Type of construction: _____

Other Maintenance: _____

- Reclamation
- Other (Specify Below)

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

- Coal Truck
- End loader
- Power shovel
- Roller

- Other trucks
- Crane
- Grade All
- Other (Specify)

- Bulldozers
- Backhoe
- Mobile drill
- 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



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INDEPENDENT CONTRACTOR
COMPREHENSIVE MINE SAFETY PROGRAM
INITIAL SUBMITTAL FORM

Company Name: _____ WV Permit No.: _____

DBA: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ Email Address: _____

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

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ Email Address: _____

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: (_____) _____

Date Program Submitted: _____

PLEASE INCLUDE A WRITTEN COPY OF YOUR PROGRAM WITH THIS FORM
PART 1 - 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



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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 & 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****

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: (Check 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 contractor's 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



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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 evaluations 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****



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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 CHECK LIST

Does your safety program include the following:

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



West Virginia Office of Miners' Health, Safety and Training

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 & 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 25601
304-285-3268
304-285-3275 (fax)

REGION 2

WV OFFICE OF MHST
891 STEWART STREET
WELCH, WV 24801
304-436-8421
304-436-2100 (fax)

REGION 3

WV OFFICE OF MHST
431 RUNNING RIGHT WAY
JULIAN, WV 25529
304-369-7823
304-369-7826 (fax)

REGION 4

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