

West Virginia Office of Miners' Health Safety & Training

UNDERGROUND AND SURFACE MINE COMPREHENSIVE MINE SAFETY PROGRAM INITIAL PROGRAM SUBMITTAL FORM

WV Permit No.			
			MSHA ID:
Address			City
State	Zip Code	Telep	hone
No. of Employees	No. of Sl	hifts	No. of Sections
FEIN Number:			
Please give the name	and address for a safet	ty contact person	n at the mine:
Name:		Title:	
Street/Route:			
City	State:	Zip Code:	Telephone:

PLEASE INCLUDE A WRITTEN COPY OF YOUR PROGRAM WITH THIS FORM.

PART A - NOTIFICATION OF EMPLOYEES

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

Miners' representative (Please go directly to Subpart 1)
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Meeting with employees (Please go directly to Subpart 2)

Exempt Owner/Operator (Applies only to Independent Truckers)

REVISED 01-2021

SUBPART 1 Miners' Representatives:

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
When was the meeting with employees held? Date of Meeting:
When was the notice of the meeting posted on the mine bulletin board? 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 ten (10) days prior to 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 on the mine bulletin board?
Date Posted:
Was a mine safety evaluation conducted prior to submission of the safety program? Yes No
Has the operator 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 operator's particular mine, the written comprehensive safety program includes the following components:

(Check Appropriate Response)

1.	The operator's safety policy for each mine?	Yes	No 🗌
2.	The operator's policies regarding personal safety protection of each worker (hard hats, shoes, 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 operator's practices and procedures for promoting safe working practices for personnel?	Yes	No 🗌
8.	The operator's practices and procedures for promoting safe working conditions in the mine environment?	Yes	No 🗌
9.	The operator's practices and procedures for promoting safe working practices for machinery, equipment, and systems?	Yes 🗌	No 🗌
10.	The operator's emergency provisions and procedures at the mine?	Yes	No 🗌
11.	Operator's procedures for accident investigation?	Yes	No 🗌
12.	Operator's procedures for filing accident reports?	Yes	No
13.	Operator's procedures for analysis of accidents?	Yes	No 🗌
14.	Operator's procedures for accident investigation follow- up?	Yes	No 🗌
15.	Operator's practices and procedures for comprehensive mine safety program promotion and enforcement?	Yes	No 🗌

Other components deemed necessary by the operator to effectuate the goals of Chapter 22A	١,
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

Mine conditions or changes in mine conditions

Mine methods or equipment at the mine

Number of working sections at the mine

Personnel or management at the mine

Instructors responsible for safety training

Findings from safety observations conducted by mine officials

Other optional items

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

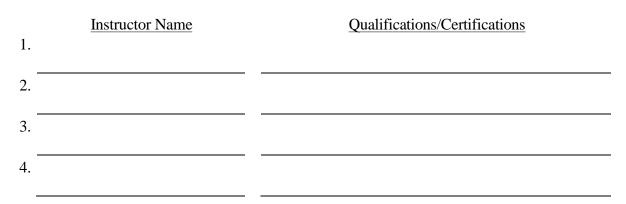
PART D - SAFETY INSTRUCTORS

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

Company Employees:

	Instructor Name	Qualifications/Certifications
1.		
<u> </u>		
2.		
3.		
4.		

Private Agency or Public Organization Personnel:



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

PART E- PROGRAM CHECKLIST

Does your safety program include:

The methods or procedures used to accommodate employee review of the program;	Yes	No 🗌
The methods or procedures used to develop an initial mine evaluation;	Yes 🗌	No 🗌
Methods or procedures used to carry out each component which the operator identified in his safety program;	Yes	No 🗌
Methods or procedures used in the annual review and evaluation of the operator's safety program;	Yes 🗌	No 🗌

You will be notified of the 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.

Signature of person filing

Printed Name

Title of person filing

Telephone Number

List all independent contracting companies at this mine site as defined in Title 36, Series20, Section 6, attach additional page(s) if necessary.

Contractor Company	Address	Type of Contracting
Name		Service

Signature	Date	

Send this initial submittal form (along with any additional attachments) 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 891 STEWART STREET WELCH, WV 24801 304-436-8421 304-436-2100 (fax)

REGION 4

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