To: All West Virginia Operations and Interested Parties

From: C. A. Phillips, Director

Date: December 27, 2012

Subject: West Virginia Substance Abuse Screening Requirements

**IMPORTANT NOTICE**

Please be advised that during the 2012, regular legislative session the West Virginia Legislature enacted House Bill 4351 (H.B. 4351) which created Article 1A within Chapter 22A of the West Virginia Code and requires that all operators of underground coal mines, surface coal mines, preparation plants, loadouts, mine loadouts and independent contractors who perform any work at any of the above facilities shall implement a substance abuse screening policy to become effective January 1, 2013.

W.Va. Code §22A-1A-1(f) states;

“The provisions of this article shall require an employer to subject its employees who as part of their employment are regularly present at a mine and who are employed in a safety-sensitive position to preemployment and random substance abuse tests [ ]. For purposes of this section, a “safety-sensitive position” means an employment position where the employee’s job responsibilities include duties and activities that involve the personal safety of the employee or others working at a mine.”

The OMHST interprets the above quoted language to require that any employee whose job duties involve an element of risk of physical injury to himself or herself or any other employee working at any of the above facilities (safety-sensitive positions) shall undergo pre-employment and random substance abuse screening. Accordingly, any certified employee or any employee holding a safety-sensitive position is required to be screened for substance abuse.
The OMHST is drafting administrative rules which shall detail the parameters and procedures for implementation of each employer’s substance abuse screening policy and program and the administrative action the OMHST will initiate as a result of having been notified of any failed substance abuse screening policy and/or program. This notwithstanding, the substance abuse screening policy and/or programs mandated by H.B. 4351 are in effect as of January 1, 2013 and all of the above identified employers are required to implement a substance abuse policy and/or program by that date.

In furtherance of the Legislature’s express directive, OMHST is also currently developing the protocol and procedure for the issuance of a certification for those employees who work in safety-sensitive positions who otherwise may not hold any other certification issued by OMHST. In short, those employees of your organization who do not possess any certification issued by OMHST, but who nonetheless are employed in a safety-sensitive position shall be required to obtain a safety-sensitive certification issued by OMHST. Any employee currently holding a certification issued by OMHST are not required to additionally obtain a safety-sensitive certification, but may elect to receive said certification and shall be deemed automatically eligible based upon the fact he/she already possesses an OMHST issued certification.

Accordingly, at this time OMHST is requesting that your organization submit within ten (10) business days a list identifying each and every employee working in a safety-sensitive position by full name and address, including the last four (4) digits of each employee’s social security number and that you return the same to the following address:

Office of Miners’ Health, Safety and Training
#7 Players Club Drive – Suite 2
Charleston, WV 25311-1626
State of West Virginia
Earl Ray Tomblin, Governor

WV Office of Miners' Health, Safety & Training
C. A. Phillips, Director
#7 Player Club Drive, Suite 2, Charleston, WV 25311-1626
Telephone 304-558-1425 • Fax 304-558-1282
www.wvmensafety.org

Safety Sensitive Personnel

Company Name ___________________________________________ Mine Name _______________________________________

WV Permit #___________________________________________ Independent Contractor # _______________________

Region ___________________

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<th>Full Name</th>
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Company Official _______________________________________

Date ____________________________

- Region One • 14 Commerce Dr., Suite 1 - Westover, West Virginia 26501 • Telephone 304-285-3268 • Fax 304-285-3275
- Region Two • 891 Stewart St. - Welch, West Virginia 24901-2311 • Telephone 304-436-8421 • Fax 304-436-2100
- Region Three • 137 Peach Court, Suite 2 - Danville, West Virginia 25053 • Telephone 304-369-7023 • Fax 304-369-7026
- Region Four • 550 Industrial Dr. - Oak Hill, West Virginia 25901-9714 • Telephone 304-469-8160 • Fax 304-469-4059
SAFETY SENSITIVE PERSONNEL DOCUMENT

This document is to be completed and signed by a company official. Please type or print form in its entirety.

(WHERE APPLICABLE)

This is to certify that ______________________________________________________________

Last   First        Middle Initial         Social Security Number

now residing at ______________________________________________________________________________________

Home Address  City  State  Zip Code        Telephone Number

is employed by ______________________________________________________________________________________

Company Name    Mine Name          Telephone Number

from _______________________________________________  to _______________________________________________.

(Month/Day/Year)                                                                            (Month/Day/Year)

located at ______________________________________________________________________________________________

Address   City   County  State  WV Permit Number

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT,

________________________________________________   _______ ___________________________________________

Company Official Printed Name and Title Telephone  Company Official Signature   Date

__________________________________________________________ __________________________________________________

Company Official Mailing Address   City  County  State  Zip Code

State of ___________________________________   County of _________________________________________

I, _______________________________________, a Notary Public do hereby certify that the individual signed the writing above

attesting that it is a true statement. Signed before me this ______________day of _________________________________,

20________.

(Notary Stamp/Seal Required)      _______________________________________________

Notary Public Signature

My commission expires:_______________________________________________________________________________


§22A-1-21(d) Whosoever knowingly makes any false statements, representation, or certification in any application, record, plan, or other document

filed or required to be maintained pursuant to this law or any order or decision under this law shall be guilty of a misdemeanor, and upon

conviction thereof, shall be fined not more than $5,000.00 or imprisoned in the county jail not more than six (6) month, or both, fined and

imprisoned.

__________________________________

Applicant Signature     Date

Approved by (WVMHST)                                                   Approval Date

FOR OFFICE USE ONLY:

Test Fees Collected:  Amount:___________ Date_____________ Receipt#_________________  Book #______________