

## APPLICATION REQUIREMENTS INDEPENDENT CONTRACTORS

**ALL INFORMATION MUST BE SUBMITTED AND APPROVED PRIOR TO ANY WORK COMMENCING ON MINE PROPERTY.**

Submit application for DMM-60C Certificate of Approval completed in its entirety to the Charleston Office to include the following:

### Miners' Health Safety & Training

**NOTE: ALL FORMS MUST HAVE ORIGINAL COMPANY OFFICIAL'S**

**SIGNATURE**

**Signatures must be an owner, partner, LLC member or corporate officer.**

- a) DMM-60C Certificate of Approval permit application.
- b) Independent Contractor General Information Sheet (All pages MUST be completed and include the last four digits of owner/officers Social Security number(s) as well as their title).
- c) Initial Submittal forms for the Comprehensive Mine Safety Program AND a written Comprehensive Mine Safety Program, inclusive of the task specific sheet, must be submitted to the Safety Instructor (according to the company's mailing address), in the closest MHST Regional office. If your personnel are required to hold a specific certification from MHST, please include a copy of the drivers license AND any MHST certification card(s) with your permit application and CMSP.
- d) Annual one hundred dollar (\$100.00) non-refundable permit fee. NO PERSONAL CHECKS.

*If the nature of your work changes from what was submitted on the original Certificate of Approval, you must submit these modifications to the permit in writing to the Charleston office. If not, the modifications will not be recognized by MHST. A new general information sheet, other additional forms, additions to the CMSP, miner certifications or training may also be required.*

*If you decide to close your company, you must notify our Charleston office in writing, stating the company name, WV permit number, and an effective date of the closure. This must be signed by a company official and may be faxed to (304) 558-6091. Before your permit can be closed, any outstanding or delinquent assessments must be paid in full. Please contact the Assessment Officer at (304) 436-8421 to determine what fines, if any, are outstanding.*

*If your company changes names, or the Federal Employers Identification Number (FEIN No.) changes from what we currently have on file for your permit, it is considered a NEW PERMIT, and the company MUST go through the permitting process again and file a new permit application.*

### WV Division of Labor

**NOTE: LABOR FORMS MUST HAVE ORIGINAL COMPANY OFFICIAL'S SIGNATURE** **Signatures must be an owner, partner, LLC member or corporate officer.**

- a) DMM-1CC Division of Labor - tracking sheet
- b) Affidavit (Must be signed and notarized) If the applicant company has been in business for less than one year, and has one or more employees, they may need to contact the Division of Labor about posting a Wage Bond. Companies operated by the owner / operator are exempted from this requirement but must still complete ALL paperwork.
- c) Division of Labor Exemption Request from the Contractors Licensing Act application. **Applicant company must have one of the following:** (1) Exemption letter from the Division of Labor Contractors Licensing; (2) MHS&T tracking sheet indicating non-applicability; or (3) Certificate of Contractors License from the Division of Labor prior to release of MHS&T Certificate of Approval. To inquire whether a license is required, the contractor may contact the Division of Labor at (304) 558-7890 and ask for the Contractors Licensing section. Applicants will need to be very specific in describing the nature of the work to be performed and equipment used.

### WV Insurance Commission (Workers' Compensation)

- Current Workers' Compensation Certificate of Coverage. **Effective July 1, 2008, the Workers' Compensation requirement has been expanded to allot for carriers that have made filings with the Rates and Forms Division of the Insurance Commissioner's offices to verify coverage of applicant companies. Out-of-state insurance carriers must either register with the Insurance Commissioner's office or MUST show the West Virginia endorsement underwritten on their current policy.** If the intended contractor is conducting business in West Virginia for more than 30 days within a 365-day period, they **MUST** carry workers compensation coverage **IN West Virginia.** For additional information, contact the WV Insurance Commissioner's office at (304) 558-6279.

It is recommended that all paperwork submitted by the Independent Contractor should be copied and maintained for your own records. Exemptions issued through one State agency does not exempt the requirements of other State agencies with which you must be in compliance for the issuance of this permit.

*Please contact the Charleston MHS&T office before traveling to Charleston to attempt to obtain your Certificate of Approval on the same day. Our staff will inform you of the necessary paperwork you will be required to have with you to complete this endeavor or inform you of the process you will need to complete while in Charleston.*

*The Independent Contractor Certificate of Approval is valid for the calendar year, and the Comprehensive Mine Safety Program is valid until notice otherwise. Permits must be renewed by January 31 of each following year. Permits are Non-Transferable.*

*PLEASE NOTE: Your permit application is NOT complete until you have two (2) documents returned to you from MHST. One will be the signed copy of the DMM-60C Certificate of Approval; the other, your approved Comprehensive Mine Safety Program letter. Contractors are NOT to be working on mining property until they have both documents. (SEE ATTACHED SAMPLES).*

#### PERMITTING CONTACTS

WV One Stop Business Center	<a href="http://www.business4wv.com">www.business4wv.com</a>	
WV Secretary of State	<a href="http://www.sos.wv.gov">www.sos.wv.gov</a>	(304) 558-8000
To register to do business in West Virginia		
WV Tax Division	<a href="http://www.tax.wv.gov">www.tax.wv.gov</a>	(304) 558-3333
To obtain Business Registration		
WV Insurance Commission	<a href="http://www.wvinsurance.gov">www.wvinsurance.gov</a>	(304) 414-0539
Workers' Compensation		
WV Division of Labor	<a href="http://www.labor.wv.gov">www.labor.wv.gov</a>	
(Wage Bonding)		(304) 558-7890
(Contractors License)	<a href="mailto:CLBoard@wv.gov">CLBoard@wv.gov</a>	(855) 539-0708
WV Public Service Commission	<a href="http://www.psc.state.wv.us">www.psc.state.wv.us</a>	(304)340-0300
CRT Overweight Truck Stickers		
Workforce West Virginia	<a href="http://www.workforcewv.org">www.workforcewv.org</a>	(304) 558-2451
MHST Charleston Office	(Certificate of Approval)	
Contractors:	A through J	(304) 720-1131
	K through Z	(304) 720-1126

**CSR 56-20-26. Independent Contractor Register.** 26.1 All independent contractors as defined shall register with the West Virginia Office of Miners' Health, Safety and Training within sixty (60) days of the effective date of the rules and receive a contractor identification number before performing services or construction work at quarries in this state. A one-time fee of fifty dollars (\$50.00) will be required to register.

26.2 In the event the quarry-only independent contractor ceases working on quarry mine property, they shall notify the Director in writing within sixty (60) days.

26.3 The quarry-only independent contractor permit is for work performed at quarries only and does not include working on coal mine property.

26.4 To register, all independent contractors shall provide the West Virginia Office of Miners' Health, Safety and Training the following information on forms provided by the West Virginia Office of Miners' Health, Safety and Training:

- a. The independent contractor's trade name, business address, and business telephone;
- b. A general description of the nature of the work to be performed by the independent contractor; and
- c. The independent contractor's address of record for service of citations or other documents involving the independent contractor.

26.5 If any of the above information changes, the independent contractor shall advise the West Virginia Office of Miners' Health, Safety and Training of such change within thirty (30) days.

26.6 Upon receipt of the above information, the West Virginia Office of Miners' Health, Safety and Training shall issue a contractor identification number. Prompt issuance of the contractor identification number shall not be unreasonably withheld.

26.7 Prior to performing work at the quarry, each independent contractor shall provide the production operator the information contained in subsection 26.4, along with his West Virginia Office of Miners' Health, Safety and Training contractor identification number.

26.8 Each production operator shall maintain in writing at the quarry the information required by subsection 26.7 for each independent contractor at the quarry. The production operator shall provide the above information to an authorized representative of the Director upon the beginning of any inspection.

**CSR 56-20-27 Service of Documents; Independent Contractors.** Service of notices, orders, and other documents upon independent contractors shall be completed upon delivery to the independent contractor at the work site and mailed to the independent contractor's address of record. A copy of all notices, orders, and other required documents shall be posted on a conspicuous bulletin board at the work site.

**CSR 56-20-28. Address of Record and Telephone Number; Independent Contractors.** The address and telephone number required under this section shall be the independent contractor's official address and telephone number for purposes of Chapter 22A of the West Virginia Code and these rules. Service of documents upon the independent contractors may be proved by a certified mail return receipt showing that the documents were delivered to the address of record, or showing that the independent contractor is no longer at that address and has established no forwarding address because delivery was not accepted at that address, or that no such address exists. Independent contractors may request service by delivery to another appropriate address of record provided by the independent contractor.

**CSR 56-20-29. Enforcement of Citations and Orders.** 29.1 These rules shall not be construed to limit the basic compliance responsibilities of production operators. Overall compliance responsibility of production operators shall include assuring compliance with the West Virginia Code provisions and rules which apply to the work being performed by independent contractors at the quarry.

29.2 It is the general enforcement policy of the West Virginia Office of Miners' Health, Safety and Training that the independent contractor will be held responsible for violations committed by the independent contractor or its employees where the production operator has complied with Section 26 of these rules.

29.3 Enforcement action against production operators for violations which involve independent contractors may be taken by the West Virginia Miners' Health, Safety and Training where the production operator has contributed to the existence of a violation, or the production operator's miners are exposed to the hazard, or the production operator has control over the existence of the hazard.

29.4 A production operator may be properly cited for a violation of the rules involving an independent contractor where:

- a. The production operator has contributed by either an act or an omission to the occurrence of a violation in the course of an independent contractor's work; or
- b. The production operator has contributed by either an act or omission to the continued existence of a violation committed by an independent contractor; or
- c. The production operator's miners are exposed to the hazard; or
- d. The production operator has control over the condition that needs abatement.

29.5 In addition to the provisions of Section 29.4 of these rules, the production operator may also be required to assure continued compliance with the West Virginia Code and rules applicable to an independent contractor at the quarry until the contractor is fully able to assume compliance responsibility.

29.6 Whenever a mine operator finds a violation or imminent danger in an area where an independent contractor is operating, such inspector shall make a determination whether to issue the appropriate Notice of Violation or order to either the production operator or the independent contractor, or both, based upon the criteria set out in sections 29.2 and 29.3 of these rules.

29.7 In instances where the work performed will last five (5) days or less at quarry operations, an independent contractor's identification number will not be required. No more than five (5) days' work in a calendar year will be allowed without obtaining a contractor identification number issued by the West Virginia Office of Miners' Health, Safety & Training.

29.8 Independent contractors working at quarries shall comply with Title 56, Series 8 of the West Virginia Administrative Rules.

State of West Virginia  
Office of Miners' Health, Safety and Training  
7 Players Club Dr.,  
Charleston, West Virginia 25311-2126  
[www.minesafety.wv.gov](http://www.minesafety.wv.gov)

**CERTIFICATE OF APPROVAL**  
**for Independent Contractors on Mine Site**

Company Name \_\_\_\_\_

DBA \_\_\_\_\_

WV Permit Number \_\_\_\_\_ MSHA ID Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ E-mail (Official use only) \_\_\_\_\_

Number of Employees Working at WV Mine Site properties: \_\_\_\_\_ (minimum of one employee)

Having complied with statutory requirements set forth in WV Code §22A-2-63, the above named contractor has the right to provide the following services at mine sites in the State of West Virginia:

Site preparation	_____	Drainage	_____	Contract Labor (Employees)	_____
Electrical	_____	Explosives	_____	Maintenance	_____
Construction	_____	Type of Construction	_____		
Reclamation	_____	Trucking	_____	Material transported	_____
Other (Please be specific)	_____				

**Changes in job description(s) not submitted in writing to the Charleston office will not be recognized by MHST. Your permit may be suspended or revoked if you are performing work duties not approved by MHST. NOTE: A copy of this certificate of approval must be available at all mine sites where the above named contractor is providing services.**

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

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**DIRECTOR OR AUTHORIZED REPRESENTATIVE**  
Office of Miners' Health, Safety and Training

\_\_\_\_\_  
**Date of Approval**

**NOTE: \$100.00 NON-REFUNDABLE, NON-TRANSFERABLE PERMIT FEE**

**PERMITS ARE VALID ONLY FOR CALENDAR YEAR (JAN. THROUGH DEC.) AND MUST BE RENEWED EACH YEAR.**

**FOR OFFICE USE ONLY**

\_\_\_\_\_  
Payment \_\_\_\_\_

\_\_\_\_\_  
Comprehensive Mine Safety Program – Anniversary Date \_\_\_\_\_

\_\_\_\_\_  
LOOKBLOCK \_\_\_\_\_

\_\_\_\_\_  
Division of Labor \_\_\_\_\_

\_\_\_\_\_  
Workers Compensation \_\_\_\_\_

\_\_\_\_\_  
Bureau of Employment Programs \_\_\_\_\_

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29.8 Independent contractors working at quarries shall comply with Title 56, Series 8 of the West Virginia Administrative Rules.

**STATE OF WEST VIRGINIA**  
**Office of Miners' Health, Safety and Training**  
**7 Players Club Dr., Ste. 2**  
**Charleston, West Virginia 25311-2126**  
Website: [www.minesafety.wv.gov](http://www.minesafety.wv.gov)

**INDEPENDENT CONTRACTOR GENERAL INFORMATION**

Parent Company \_\_\_\_\_  
Parent Co. Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
WV Permit No. \_\_\_\_\_ MSHA ID No. \_\_\_\_\_ FEIN No. \_\_\_\_\_  
Workers Comp. Policy No. \_\_\_\_\_ Effective Dates of Policy \_\_\_\_\_  
Company Name \_\_\_\_\_  
DBA \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
County \_\_\_\_\_ Company Phone \_\_\_\_\_ No. of Employees \_\_\_\_\_

Site preparation _____	Drainage _____	Contract Labor (Employees) _____
Electrical _____	Explosives _____	Maintenance _____
Construction _____	Type of Construction _____	
Reclamation _____	Trucking _____	Material transported _____
Other (Please be specific) _____		

Is this company registered with the Secretary of State to conduct business in West Virginia? (Y/N) \_\_\_\_\_

Does this Company provide in-house training? (Y/N) \_\_\_\_\_

Certified Person Responsible for Training:

\_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Company Contact Person:

\_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

**If this company has no employees other than the owner/operator, please list an emergency contact for that individual:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**ASSESSMENT CONTACT OFFICER AND ASSESSMENT MAILING ADDRESS**

*(Assessments will be sent to this address unless otherwise specified)*

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

PO Box

City

State

ZIP

Email Address \_\_\_\_\_

***Incomplete GI Forms will not be accepted or processed; they will be returned as incomplete.***

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

\_\_\_\_\_  
Date

**PERMIT APPLICATION  
OWNERS - OFFICERS**

WV PERMIT NO: \_\_\_\_\_

In accordance with the Federal Privacy Act, 5 USC 552a, and 1974 addendum Public Law 93-579 7(b), please provide the names, titles and social security numbers of every officer, partner, resident agent, director, or person performing a function similar to a director, together with the names and titles of any person owning of record ten percent (10%) or more of any class of voting stock of the applicant (use attachments as necessary). **PLEASE NOTE: WE NOW ASK FOR THE LAST FOUR (4) DIGITS OF SOCIAL SECURITY NUMBERS. THIS INFORMATION IS REQUIRED FOR IDENTIFICATION PURPOSES FOR OUR PERMIT ISSUANCE SYSTEM. THIS INFORMATION IS REQUIRED.**

***Incomplete GI Forms will not be accepted or processed; they will be returned as incomplete.***

**AGENT:**

Name:		Last four digits of SSN: xxx-xx-	
Address			
City:	State:	Zip:	
Telephone No.:		Email Address:	

**OWNERS / OFFICERS  
Must Use Legal Name**

	First Name	MI	Last Name	Last four digits of SSN	Title	Start Date	End Date
1.				xxx-xx-			
2.				xxx-xx-			
3.				xxx-xx-			
4.				xxx-xx-			
5.				xxx-xx-			
6.				xxx-xx-			
7.				xxx-xx-			
8.				xxx-xx-			
9.				xxx-xx-			
10.				xxx-xx-			

(If additional owners/officers are to be listed, use additional sheet(s)).

***Do Not Write Below This Line***

***Miners' Health, Safety and Training use only:***

Company ID _____	File Update _____	Incomplete _____
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**REGIONAL OFFICE ADDRESSES**

**REGION I**  
WV MHST  
14 COMMERCE DRIVE, SUITE 1  
WESTOVER, WV 26501  
(304) 285-3268

**REGION II**  
WV MHST  
830 VIRGINIA AVENUE  
WELCH, WV 24801  
(304) 436-8421

**REGION III**  
WV MHST  
431 RUNNING RIGHT WAY.  
JULIAN, WV 25529  
(304) 369-7823

**REGION IV**  
WV MHST  
337 INDUSTRIAL DRIVE  
OAK HILL, WV 25901  
(304) 469-8100



## CONTRACT LABOR INFORMATION

Your company has indicated on the Independent Contractor General Information sheet that it will be conducting Contract Labor Services. Please complete the below listed information for our records, whether you **use** contract labor services, or whether you **provide** contract labor services.

Company Name \_\_\_\_\_ WV Permit \_\_\_\_\_

DBA \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street or PO Box Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ FAX: \_\_\_\_\_

Contact person / title \_\_\_\_\_

Contact person e-mail \_\_\_\_\_

**WE DO NOT USE OR PROVIDE CONTRACT LABOR SERVICES** \_\_\_\_\_

### **Contract Labor Services:**

Please list below the type of contract services you or your employees will be conducting when on WV mining property:  
**(BE SPECIFIC)**

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If you **PROVIDE** contract labor services to another company, please list the company name and mine site *in West Virginia* where your employees will be performing services: **(Use reverse of form if necessary)**

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If you **USE** contract labor services from another company, please list the company name *in West Virginia*, address, phone number, permit number, and contact person: **(Use reverse of form if necessary)**

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Company Official completing this form:

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Co. Signature

\_\_\_\_\_  
Phone Number

State of West Virginia  
Office of Miners' Health, Safety & Training  
Division of Labor Approval – Independent Contractors

\*\*\*\*\*

**WV Office of Miners' Health, Safety & Training**

7 Players Club Drive, Ste 2  
Charleston, WV 25311-1626

(304) 558-1425

FAX (304) 558-6091

Contractor ID No. / WV Permit No. C-\_\_\_\_\_

No. of Employees \_\_\_\_\_

(report only actual employees on mining property)

FEIN No. \_\_\_\_\_

MSHA ID No. \_\_\_\_\_

Telephone \_\_\_\_\_

FAX \_\_\_\_\_

E-mail \_\_\_\_\_

Company Name \_\_\_\_\_

DBA \_\_\_\_\_

Address \_\_\_\_\_

Post Office

City

State

ZIP

## TYPE OF SERVICES BEING PERFORMED \_\_\_\_\_

If performing: construction work, detail type of construction and type of equipment used; trucking - materials being hauled: \_\_\_\_\_

Will this work be provided by leased / contracted labor services? (Y/N) \_\_\_\_\_ Number of leased employees \_\_\_\_\_

If YES, name of contract labor service \_\_\_\_\_

## JOB SITE LOCATION \_\_\_\_\_

Company Officers:

NameTitle

(Please use reverse of form and/or attach additional paperwork if necessary)

\*\*\*\*\*

**WV Division of Labor Response**

In accordance with the WV Code Sections §21-5-14 and §22A-3-8, we have reviewed our files and find this company to be:

**WAGE BOND:**☐ In Compliance☐ Operated 1+ years☐ Sufficient Wage Bond☐ No Employees (to be contracted)☐ Not Applicable☐ Not In Compliance☐ Business Entity / Business Organization Status \_\_\_\_\_**COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date

Signature – Wage Bonding Division

**CONTRACTORS LICENSE:**☐ In Compliance☐ WV Contractors License # \_\_\_\_\_☐ Not Applicable

Classification \_\_\_\_\_

☐ Not In Compliance**COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date

Signature – Contractor Licensing Division

# West Virginia Division of Labor Wage Bond Status Affidavit

Wage & Hour Section  
1900 Kanawha Boulevard East  
State Capitol Complex, Building 3, Room 200  
Charleston, WV 25305



Phone: 304 558 7890  
Fax: 304 558 3797  
<http://www.labor.wv.gov>

Enter Full Company Name (to include dba) as Registered with the WV State Tax Department

Current Business Mailing Address

Email Address			
9 Digit FEIN #		PHONE #	

Type of Business: Construction    Mining    Transportation of Minerals    Not Applicable \* (attach a scope of work)

Exemptions Please only 1 box. (See back of form for exemptions that require additional verification)

\_\_\_\_\_ Work performed in West Virginia is limited to single family dwellings and/or family farming enterprises.

\_\_\_\_\_ Company does not have any employees working within the state of West Virginia.

\_\_\_\_\_ Company has been in business with employees in the state of West Virginia for a period of one year. \*

\_\_\_\_\_ Company has been in business in another state for a period of five years. \*

\_\_\_\_\_ Company has \$100,000.00 or more in available assets and would like to claim that as an exemption. \*

\_\_\_\_\_ Company is a subsidiary of a parent company that has been in business for more than five years. \*

To claim this exemption, enter the name and address of the qualifying parent company below:

\_\_\_\_\_

**Bond Required** - Companies that do not qualify for one of the above exemptions must post a wage bond with the Division of Labor for a period of 1 year. To determine the amount of bond required enter the following information.

1. 4 weeks' payroll in WV @ maximum capacity or production \$ \_\_\_\_\_

2. Enter 15% of the amount of line 1. \$ \_\_\_\_\_

Total the amounts on Lines 1 & 2 to determine bond amount. \$ \_\_\_\_\_

Enter the number of employees working in WV \_\_\_\_\_

I, \_\_\_\_\_, as \_\_\_\_\_  
(Print Name of Owner, Partner, LLC Member or Corp Officer) (Enter Title)

of the above named business entity understand that it is my responsibility to increase my wage bond whenever my workforce increases and that a failure to maintain an adequate wage bond may result in administrative and/or criminal action.

\_\_\_\_\_  
(Signature of Authorized Representative)

\_\_\_\_\_  
(Enter Date)

Taken, subscribed, and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Notary Public Signature)

My commission expires \_\_\_\_\_

## Wage Bond Status Reporting

A company that's engaged in construction, mining, or the transportation of minerals within the state of West Virginia must register with the Division of Labor concerning its wage bond status. The completion of a "Wage Bond Status Affidavit" allows a company to register with the Division of Labor by claiming a wage bond exemption, or to declare the number of employees working in West Virginia and the amount of bond required.

### Exemptions

Not all companies must post a wage bond. Any company that qualifies for one of the exemptions stated below may claim that exemption by submitting a completed "Status Affidavit". Please note that some exemptions require additional evidence to verify that the company qualifies for the exemption, while others do not. The exemptions listed on the front of the affidavit that may require additional evidence are marked with an asterisk \*.

Exemptions that DO NOT require additional evidence or verification to qualify include:

- Companies that have been in business in West Virginia, with employees, for a period of at least one (1) year and have reported employee wages to an unemployment account registered with WorkForce West Virginia within that same year.
- Companies that do not have employees physically working in West Virginia.
- Companies that are engaged solely in the construction of single family dwellings and/or family farming enterprises.
- Companies that are a subsidiary of a parent company that is registered with the Division as exempt.
- Out-of-state companies that have maintained one or more of the following licenses or registrations for a period of at least five years.
  - A West Virginia Contractor License.
  - A Business Registration Certificate with the West Virginia State Tax Department.
  - A Corporate Registration with the West Virginia Secretary of State.

Exemptions that MAY require additional evidence or verification to qualify include:

- Companies that have been in business in another state for 5 years but do not hold any of the above stated registrations or licenses MUST attach evidence to verify business activity within another state.
- Companies that have been working in West Virginia, with employees, for a period of 1 year that do not have a WorkForce West Virginia unemployment account must submit additional evidence to verify employee activity in this state.
- Companies that choose to claim the exemption for \$100,000.00 in available assets MUST submit evidence to support the exemption.

### Industry Specific Determinations/Exemptions

Companies that wish to obtain an opinion from the Division of Labor that the nature of their work does not fall within the definitions of construction, mining, or the transportation of minerals as defined in §21-5-1 may apply for an exemption by completing a Status Affidavit and checking the box titled as: "Not Applicable". All such requests require a complete description or scope of work that's being performed.

### Bond Required

Companies that do not qualify for a wage bond exemption and have employees working in West Virginia must post a wage bond with the Division of Labor in the amount of 4 weeks' payroll, plus an additional 15%, at maximum productivity. A completed Status Affidavit must accompany all new wage bonds submitted.

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The Division of Labor processes your personal information for appropriate and customary business purposes. Your personal information may be disclosed to other State agencies or third parties in the normal course of business as needed to comply with State or Federal laws. If you have any questions about the Division of Labor's use of your personal information or would like a copy of the Division's complete privacy notice, please submit a written request to [LaborAdministration@wv.gov](mailto:LaborAdministration@wv.gov).

**EXEMPTION REQUEST  
WEST VIRGINIA CONTRACTOR LICENSING ACT**

Please complete this form and submit via mail, fax or email:

**West Virginia Contractor Licensing Board  
1900 Kanawha Boulevard East  
State Capitol Complex - Building 3, Room 200  
Charleston, WV 25305**

**Facsimile #: (304) 558-5174  
Email Address: [CLBoard@wv.gov](mailto:CLBoard@wv.gov)**

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

WV Business Registration Tax Number: *(Please include a copy)* \_\_\_\_\_

*Have you been asked to either produce a West Virginia Contractor License or an Exemption to gain access to a work site?*      *Yes* ☐      *No* ☐

*If so, the request was made by:* \_\_\_\_\_

*Address:* \_\_\_\_\_

**(PLEASE BE SPECIFIC AND ATTACH THE SCOPE OF WORK THAT WILL BE PERFORMED)**

*(An exemption will NOT be issued without a detailed scope of work)*

Print or Type Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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



**West Virginia Office of Miners' Health, Safety and Training**  
**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\*\***



# West Virginia Office of Miners' Health, Safety and Training

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





## West Virginia Office of Miners' Health, Safety and Training

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

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### 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:

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



# West Virginia Office of Miners' Health, Safety and Training

## 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. \_\_\_\_\_

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2. \_\_\_\_\_

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3. \_\_\_\_\_

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4. \_\_\_\_\_

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### Private Agency or Public Organization Personnel:

Instructor's Name:

Qualifications / Certifications

1. \_\_\_\_\_

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2. \_\_\_\_\_

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3. \_\_\_\_\_

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4. \_\_\_\_\_

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**\*\*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 ☐

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 ☐



## 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:**

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

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**Printed Name**

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**Title**

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**Telephone Number**

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**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 4**

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

The following is a sample of a generic Comprehensive Mine Safety Program that may be filed with the Initial Submittal Form for the Comprehensive Mine Safety Program, and submitted to the MHS&T Regional Office.

The intent of this form is to simplify the submission process, and provide guidance to companies that may not already have a company safety program in effect for the completion of their permit application(s). This form should suffice for most non-production surface contractors or trucking companies. **You may be required to modify this program** based on the specific needs of your business.

**If your company performs specialized work not covered under this program, or if your work requires you to perform your services in underground mines, please consult with your Regional Safety Instructor prior to submission of this program to determine if any additional components, amendments, training and / or certifications will be required prior to beginning any work on mining property.**

**COMPREHENSIVE MINE  
SAFETY PROGRAM  
(SURFACE WORK)**

## **COMPONENT 1: SAFETY COMMITMENT**

The management of the company wishes to submit to the West Virginia Office of Miners' Health, Safety and Training the following Comprehensive Mine Safety Program for approval of implementation. A thorough evaluation and assessment of the current conditions and practices of the company has enabled management to establish goals for safety, select safety programs, and determine methods that will provide an effective means of safe work practices and procedures.

The company is a/an \_\_\_\_\_\* company exclusively and therefore has neither underground, nor mineral extraction personnel. All aspects of job-related safety as to that related work have been omitted from this program. This company only performs \_\_\_\_\_\* from either Surface or Deep mine properties, as well as Preparation Plant and Quarry sites.

**\*Nature of work being performed**

### **PROGRAM GOALS**

Based upon most recent information, the following are goals established for our Comprehensive Mine Safety Program:

#### **GENERAL GOALS**

1. To achieve a low incidence of accidents and injuries
2. To increase work skills and safety knowledge of all employees
3. To operate in compliance with all applicable State and Federal laws

#### **SPECIFIC GOALS**

1. To implement a safety training program for all personnel
2. To involve all personnel in weekly safety meetings
3. To alert all employees to seasonal safety hazards through heightened awareness and driver training
4. To instill in each employee an attitude of cooperation in development and utilization of safe work procedures, practices and conditions

### **SAFETY RULES AND PROCEDURES**

The operator contends that safety of all employees is first and foremost. The company is committed to and will comply with all applicable State and Federal laws, rules, and regulations; to correct deficiencies immediately, provide proper training and supervision, and to provide safe working conditions for all employees.

It shall be the responsibility of each employee to report for work physically and mentally alert, perform their assigned task in a safe manner, abide by all laws and rules, as well as safety procedures while at the job site. Failure to do so could, and in most instances, would lead to dismissal.

## COMPANY SAFETY RULES AND PROCEDURES

1. Proper clothing, hard-hats, steel-toed shoes, and protective eye wear shall be worn by all employees on the job site.
2. It is the responsibility of each employee to care for, and maintain any safety equipment issued to the employee. Inoperative or damaged equipment will be replaced or repaired upon detection of defect.
3. It is the responsibility of each employee to report unsafe conditions or mechanical defects upon their discovery.
4. It is management's responsibility to correct any reported unsafe conditions or defects.
5. Each employee must report any accident or injury to management.
6. Employees will not operate any equipment when weather conditions are severe.
7. Reporting to work under the influence of alcohol or drugs, or bringing such onto company property shall be grounds for immediate dismissal.
8. Appropriate eye wear must be worn as law requires when performing work such as, but not limited to, welding, cutting, pounding, etc.
9. Employees shall not run engines in closed areas, nor depend upon vehicle heater for warmth without a low oxygen or carbon monoxide detector in the vehicle.
10. When working under vehicles, all appropriate measure must be made as to the security of the truck and safety of the mechanic.
11. No employee will operate any mobile equipment that has not been pre-shifted.
12. Each employee shall attend all training classes and are required to comply with all State and Federal regulations.
13. All signs and regulations as to the Company in which we are working for shall be followed by all of our employees while on that property.
14. "Short-cuts" are prohibited! Take your time; Do it safely and right the first time.
15. Tires shall be changed utilizing rim cages and other appropriate safety equipment.

### **COMPONENT 2: PERSONAL PROTECTIVE EQUIPMENT**

1. Safety-toed shoes are required at all times by all persons on the job site.
2. Safety glasses, provided by the company, are required by all workers to be worn as law requires.
3. Hard hats are required by all persons when on the job site.
4. Protective gloves, provided by the company, are required when appropriate.
5. Respirators, provided by the company, are required when the work site atmosphere dictates such usage.
6. Ear plugs, provided by the company, are required when noise levels exceed standard compliance levels.
7. Shields or goggles, leather gloves and an apron are required of persons performing welding or cutting activities. These shall be provided by the company.

All employees are instructed in the proper use and care of the protective equipment they are issued. Protective gear provided by the company shall be maintained or replaced at the

company's expense. Each employee that is issued protective equipment must care for, and utilize the equipment in a safe and productive manner, and will be prohibited from work without it.

### **COMPONENT 3: SAFETY TRAINING**

#### **CLASSROOM TRAINING**

The classroom training conducted for the company is done according to an approved MSHA Part 48 Training Plan. An evaluation of the Company's CMSP is also conducted at this time, which allows for input from the employees themselves as to the effectiveness of the program. Classroom training shall be conducted by an approved MSHA instructor, who is knowledgeable in the type of work being performed by the company.

#### **WORKPLACE TRAINING**

Workers are trained by experienced personnel for a minimum of 8 hours, or until management is convinced that the new employee can perform safely and effectively. Safety observations are conducted on each employee on a regular basis.

#### **SAFETY MEETINGS**

Safety meetings are conducted on a weekly basis with the employees. Aspects of everyday hazards and conditions are covered. In addition to these meetings, management also regularly conducts individual meetings with employees when safety observations have demonstrated the need for corrective action.

#### **SPECIALIZED TRAINING**

Specialized training will be given to employees when conditions or the introduction of new equipment takes place. Seasonal climatic changes require specialized training to be conducted as to the specialized hazards they present.

### **COMPONENT 4: WORKPLACE TRAINING**

#### **SAFE WORK PRACTICES AND CONDITIONS**

Part of on-the-job training of our employees consists of daily observation of the employees and their collective work habits. New employees or new equipment shall require proper hazard and task training. Any worker who is observed practicing unsafe work habits is immediately given corrective instruction to rectify the situation. Continual bad work practices can, and will lead to dismissal.



## MACHINES, SYSTEMS AND ENVIRONMENT

Maintenance of equipment and mechanical systems is performed / scheduled daily. Each piece of equipment is pre-shifted daily before being put into service. During work shifts, employees are instructed to report any defects or malfunctioning equipment immediately to management. In the event corrective action cannot begin immediately, the machine is removed from service until such time as it has been corrected. When changing conditions warrant, additional safety measures may be required. If the employee is unable to correct the situation, they are to notify management so that proper corrective measures can be taken.

### **COMPONENT 5: EMERGENCY PROVISIONS AND PROCEDURES**

Training for emergency situations is conducted during the 8 hour Annual Refresher Training as required by MSHA. This training includes First Aid and emergency transportation of injured persons.

#### EMERGENCY EQUIPMENT AND SUPPLIES

1. First aid kits are placed and maintained by law.
2. Fire extinguishers are located and maintained by law.
3. Emergency ambulance service and medical facilities must be made available to all personnel according to State and Federal law. These arrangements shall be made in advance to work activities.
4. Emergency contact information for owner/operators – other than the owner/operator – shall be provided to the Office of Miners' Health, Safety and Training.

### **COMPONENT 6: ACCIDENT INVESTIGATION**

1. All accidents shall be reported as required by law.
2. Management is responsible for immediate investigation of any reported accident.
3. When conditions involved in an accident or near miss require immediate attention, appropriate action is taken to rectify the situation according to the dictates of State and Federal law.
4. Company accident forms or other suitable forms are filed for each accident, and analyzed at safety meetings. Further actions, if necessary, are then implemented.
5. Prevention and follow-up as warranted.

## **COMPONENT 7: PROGRAM PROMOTION AND ENFORCEMENT**

Planned and continuing efforts to promote safety at this operation include but are not limited to the following:

1. Extended involvement of our employees in our safety program by including and obtaining their input with awards for constructive suggestions and ideas.
2. A safety promotion incentive program for workers with no lost time accident records.

The established safety rules and policies of our company and for those whom we perform services will be enforced. It is management's responsibility to see that all employees perform their work in a safe and professional manner, while providing the worker with a safe environment in which to do such. Workers who fail to perform work in a safe professional manner may be subject to disciplinary action as per company policy.

## **COMPONENT 8: MSDS AND TRAINING**

Management shall establish and maintain a "Right-to-Know" Center containing the MSDS sheets for all chemicals that the employees must either use or be exposed to during the normal performance of duties. Training will be given to all personnel who might come into contact with hazardous materials utilized in steam cleaners, degreasers, etc.

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(Name of company)

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(address)

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(city, state, ZIP)

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(Signature of Company Official ONLY)

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(Title)

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(Date)

## **COMPONENT 9: TRUCK MAINTENANCE PROGRAM**

### **PRE-SHIFT CHECKLIST**

A pre-shift check of the truck shall be conducted for each vehicle to be utilized that shift **BEFORE** that truck is placed into service. The example provided below is a facsimile of the type of document that will be used by the operator prior to operations.

Excessive Oil or Hydraulic leak:	Defective	Proper
Back-up Alarm:	Defective	Proper
Brakes – Foot / Parking:	Defective	Proper
Fire Extinguisher:	Defective	Proper
Lights:	Defective	Proper
Horns:	Defective	Proper
Windshield Wipers:	Defective	Proper
Glass (Windshield / Doors):	Defective	Proper
Grab Rails:	Defective	Proper
Steps:	Defective	Proper
Safety Guards:	Defective	Proper
Mirrors:	Defective	Proper
Seat Belt:	Defective	Proper
Tires:	Defective	Proper
Steering Controls:	Defective	Proper
Coolant Levels:	Defective	Proper
Other:	Defective	Proper

Remarks (Visual inspection of truck for any other mechanical or safety defects):

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Signature of Operator \_\_\_\_\_

Signature of Immediate Supervisor \_\_\_\_\_

Date \_\_\_\_\_

### WEEKLY SCHEDULED MAINTENANCE

1. Inspection and if needed, service to gear boxes
2. Inspection and if needed, service to steering components
3. Inspection and if needed, service to any oil leaks
4. Inspection and if needed, service to back-up alarm
5. Inspection and if needed, service to horn systems
6. Inspection and if needed, service to braking systems
7. Inspection and if needed, service / replacement of tires
8. Inspection and if needed, service to coolant systems
9. Inspection and if needed, service to ALL wheel hubs
10. Inspection and if needed, service to suspension system
11. Inspection and if needed, service to overall appearance of truck

All other types of maintenance work shall be as per manufacturer's recommendations. Records of daily, weekly, and yearly maintenance and parts records shall be kept on each truck by the operator, and these records are to be made available to the Director or his authorized agent.

### SAFETY INSPECTION REPORT FORM

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Site: \_\_\_\_\_

Equipment type and number: \_\_\_\_\_

Report submitted to: (Name) \_\_\_\_\_

(Title) \_\_\_\_\_

### CONDITIONS AND REMARKS

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**(Attach additional paperwork if necessary)**

**Truck Serial Number(s)**

**Motor Vehicle Inspection sticker date(s) (if applicable)**

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**If you have any modifications to existing equipment, the Comprehensive Mine Safety Program MUST be updated to include such modifications.**

**Name of Driver(s)**

**Drivers' License number(s)  
(if applicable)**

**MHST Certification  
Number(s)**

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## COMPONENT 10: CONTRACT LABOR

**If you USE or PROVIDE contract labor services, you MUST file additional components for the Comprehensive Mine Safety Program for EITHER SURFACE OR UNDERGROUND**

***\*\*\*\*\*The nature of your work may require a combination CMSP\*\*\*\*\****

### **NOTE – ADDITIONAL COMPONENT(S) MAY BE REQUIRED**

*(For additional information pertaining to training and certifications, contact your Regional Safety Instructor)*

**Nature of work being performed while on mining property:**

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**Number of Employees (only report those going on mining property):** \_\_\_\_\_

**Employee name**

**Certification number**

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**AS YOU HIRE ADDITIONAL EMPLOYEES, YOU WILL BE REQUIRED TO SUBMIT THE ABOVE INFORMATION BI-ANNUALLY.**