State of West Virginia

WV Office of Miners' Health, Safety & Training
Eugene White, Director
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Telephone 304-558-1425 ▪ Fax 304-558-6091
minesafety.wv.gov

SUBSTANCE ABUSE REPORTING FORM

Date: _____ WV State Mine/Contractor Permit Number: _____

Company/Mine Name:_____

Person Reporting:_____Title:_____

Person Reporting Address: _____

City:_____ State:_____ County:_____ Zip:_____

Telephone Number:_____ Email Address: _____

The company identified above hereby reports that the certified individual identified below tested positive during a (**Check One**):

☐ **Pre-Employment** ☐ **Random Test** ☐ **Reasonable Suspicion Test** ☐ **Post-Accident Test**

on _____ _____, 20 _____.

Was the drug test a split sample urine ☐ **Yes** ☐ **No**

The prohibited substance was: _____.

Refused to submit a sample on: _____ _____, 20 _____.

Possessed a substituted sample or an adulterated sample on: _____ _____, 20 _____.

Submitted a substituted sample or adulterated sample on: _____ _____, 20 _____.

Certified person's name: _____ Last four of SSN#: _____

Date of birth:_____ Job title:_____

Address: _____

City: _____State: _____County:_____ Zip:_____

Telephone number(s): Home: _____ Cell: _____

Email Address:_____

Notice: Violation of a substance abuse policy and program as well as actions taken against mining certifications as a result of the submission of any drug testing information will be shared with other mine operators, independent contractors, reciprocating coal program states and federal mining agencies as permitted by law.

NOTE: Please fax a completed copy of this form to the attention of the Director of OMHST at the number shown above and include a copy of the substance abuse screening results if applicable and the chain of custody form. If the test was a reasonable suspicion or post-accident, then please also provide a narrative of what transpired and identify any witnesses.