



# State of West Virginia

WV Office of Miners' Health, Safety & Training

Greg Norman, Director

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[www.wvminesafety.org](http://www.wvminesafety.org)

## 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: \_\_\_\_\_

Union: \_\_\_\_\_ Arbitration \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, send arbitration decision when available)

Non-Union: \_\_\_\_\_

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

**Pre-Employment Test**     **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: \_\_\_\_\_

**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 any).