

West Virginia Office of Miners' Health, Safety and Training

INDEPENDENT CONTRACTOR

TASK SPECIFIC

COMPREHENSIVE MINE SAFETY PROGRAM – INITIAL SUBMITTAL FORM

West Virginia Permit No. _____ MSHA I.D. No. _____ FEIN NO. _____

Company Name: _____

Mailing Address _____ City _____ State _____

County: _____ ZIP _____

Phone Number _____ Number of Employees _____

PLEASE CHECK BELOW THE TYPE(S) OF CONTRACING SERVICE(S) PROVIDED:

- | | |
|--|--|
| <input type="checkbox"/> Trucking (Hauling) Coal | <input type="checkbox"/> Other Trucking |
| <input type="checkbox"/> Engineering Services | <input type="checkbox"/> Safety Services |
| <input type="checkbox"/> Mine Site Preparation | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Explosive Services (Including blasting) | <input type="checkbox"/> Equipment Maintenance |
| <input type="checkbox"/> Other Maintenance (Specify below) | <input type="checkbox"/> Reclamation |
| <input type="checkbox"/> Security Service | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Other (Specify below) | <input type="checkbox"/> Belt Maintenance |

PLEASE CHECK BELOW THE TYPE(S) OF EQUIPMENT USED PERTAINING TO YOUR WORK:

- | | | |
|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Coal Truck | <input type="checkbox"/> Other Trucks | <input type="checkbox"/> Bulldozers |
| <input type="checkbox"/> Endloader | <input type="checkbox"/> Crane | <input type="checkbox"/> Back Hoe |
| <input type="checkbox"/> Power Shovel | <input type="checkbox"/> GradeAll | <input type="checkbox"/> Mobile Drill |
| <input type="checkbox"/> Roller | <input type="checkbox"/> Other (Specify) | <input type="checkbox"/> Scraper Pan |

PLEASE LIST THE MINING COMPANIES THAT YOUR ARE, OR INTEND TO, PERFORM YOUR SERVICE. USE THE BACK OF THIS FORM FOR ADDITIONAL SPACE.

BRIEFLY EXPLAIN THE TYPE(S) OF WORK PERFORMED AT THE JOB SITE

Name of Person Completing this form: _____

Title: _____

Date: _____

**INDEPENDENT CONTRACTOR
COMPREHENSIVE MINE SAFETY PROGRAM
INITIAL PROGRAM SUBMITTAL FORM**

Please check one: _____ Trucking Company _____ Non-Production Contractor
 _____ Surface Coal Production Contractor
 _____ Underground Production Contractor

Company Name _____ WV Permit No. _____
Mailing Address _____
City _____ State _____ ZIP _____
Telephone (_____) _____

Please give the name and address for a contact person at the above company:
Name _____ Title _____
Mailing Address _____
City _____ State _____ ZIP _____
Telephone (_____) _____

At what mining operation do you perform contracting services? (If additional space is required, please attach a separate sheet of paper):

Company Name (Permit Holder) _____
Mine Operator (If different from Permit Holder) _____
WV Permit Number _____

Date Program Submitted _____

PLEASE INCLUDE A WRITTEN COPY OF YOUR PROGRAM WITH THIS FORM

PART A – Notification of Employees

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

_____ Miners' Representatives (Please go directly to Subpart 1)
_____ Meeting with employees (Please go directly to Subpart 2)
_____ Owner/Operator

SubPart 1 – Miners' Representatives (If applicable)

Please provide names of miners' representatives (at least 3 members are required):

_____ Social Security No. _____
_____ Social Security No. _____
_____ Social Security No. _____

Are all employees provided with a written copy of the safety program? Yes _____ No _____
Date _____

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**

SubPart 2 – Meeting with Employees

Indicate the date of which the meeting with employees will be held prior to the commencement of work:

Date _____

When was notice of the meeting posted at the Contractors site?

Date _____

When was the Director of the Office of Miners' Health, Safety and Training notified of the time and place of the meeting (at least 10 days prior to the meeting)?

Date _____

**** PLEASE GO ON TO PART B**

PART B – Posting and Mine Evaluation; Written Comments on the Program

When was the safety program posted at the Contractors site?

Date _____

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 C**

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: (*Circle appropriate response*)

- | | | | |
|----|--|-----|----|
| 1. | The contractors safety policy for each site? | Yes | No |
| 2. | The contractors policies regarding personal safety protection of each worker (hard hats, shoes, glasses, 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 contractors' practices and procedures for promoting safe work practices for personnel? | Yes | No |
| 8. | The contractors practices and procedures for promoting safe work conditions at the contractor's site? | Yes | No |
| 9. | The contractors practices and procedures for promoting safe work practices for machinery, equipment and systems? | Yes | No |

10.	The contractors' emergency provisions and procedures at the site?	Yes	No
11.	The contractors' procedures for accident investigation?	Yes	No
12.	Contractors' procedures for filing accident reports?	Yes	No
13.	The contractors' procedures for analysis of accidents?	Yes	No
14.	The contractors' procedures for accident investigation follow-up?	Yes	No
15.	The contractors' practices and procedures for comprehensive safety program promotion and enforcement?	Yes	No

Other components deemed necessary by the contractor to effectuate the goals of Chapter 22, Article 1, Section 34A of the 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 Chapter 22, Article 1, Section 14A of the WV Code
- Fatal accidents and serious injuries as defined by Title 36, Series 19, Section 3.2(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:

****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 for the contractor. Please list all qualifications / certifications relevant to the safety training responsibilities involved.

Company Employees:

Instructor's Name:

Qualifications / Certifications

1.	<hr/>	<hr/> <hr/> <hr/>
2.	<hr/>	<hr/> <hr/> <hr/>
3.	<hr/>	<hr/> <hr/> <hr/>
4.	<hr/>	<hr/> <hr/> <hr/>

Private Agency or Public Organization Personnel:

Instructor's Name:

Qualifications / Certifications

1. _____

2. _____

3. _____

4. _____

****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 safety program evaluation?

Yes _____

No _____

Methods or procedures used to carry out each component which the contractor has identified in his safety program?

Yes _____

No _____

Methods or procedures used in the annual review and evaluation of the contractors safety program?

Yes _____

No _____

You will be notified of program approval within 90 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 and Training.

Signature of person filing

Title of person filing