

West Virginia Office of Miners' Health Safety & Training

COMPREHENSIVE MINE SAFETY PROGRAM
INITIAL PROGRAM SUBMITTAL FORM

Company Name: _____ WV Permit No.: _____
Mine Name: _____ MSHA ID No.: _____
Street/Route: _____
Descriptive Location: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ FEIN Number: _____

Please give the name and address for a contact person at the mine:

Name: _____
Title: _____
Street/Route: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____

Date program was submitted: _____

PLEASE INCLUDE A WRITTEN COPY OF YOUR PROGRAM WITH THIS FORM.

PART A - NOTIFICATION OF EMPLOYEES

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

- _____ Miners' representative (Please go directly to Subpart 1)
- _____ Meeting with employees (Please go directly to Subpart 2)
- _____ Exempt Owner/Operator (*Applies only to Independent Truckers*)

SUBPART 1 Miners' Representatives:

Please provide names of miners' representatives (at least three are required)

_____ S.S.N. (last 4 digits) _____
_____ S.S.N. (last 4 digits) _____
_____ S.S.N. (last 4 digits) _____
_____ S.S.N. (last 4 digits) _____

Are all employees provided with a 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

When was the meeting with employees held? Date:_____

When was the notice of the meeting posted on the mine bulletin board?
Date:_____

When was the Director of the Office of Miners' Health, Safety & Training notified of the
time and place of the meeting (At least ten (10) days prior to meeting)
Date Notified:_____

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

PART B - POSTING AND MINE EVALUATION;
WRITTEN COMMENTS ON THE PROGRAM

When was the safety program posted on the mine bulletin board?
Date:_____

Was a mine safety evaluation conducted prior to submission of the safety program?
Yes_____ No_____

Has the operator 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 operator's particular mine, the written comprehensive safety program includes the following components: *(Circle Appropriate Response)*

- | | | |
|---|-----|----|
| 1. The operator's safety policy for each mine? | Yes | No |
| 2. The Operator's policies regarding personal safety protection of each worker (hard hats, shoes, 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 operator's practices and procedures for promoting safe working practices for personnel? | Yes | No |
| 8. The Operator's practices and procedures for promoting safe working conditions in the mine environment? | Yes | No |
| 9. The operator's practices and procedures for promoting safe working practices for machinery, equipment and systems? | Yes | No |
| 10. The operator's emergency provisions and procedures at the mine? | Yes | No |
| 11. Operator's procedures for accident investigation? | Yes | No |
| 12. Operator's procedures for filing accident reports? | Yes | No |
| 13. Operator's procedures for analysis of accidents? | Yes | No |
| 14. Operator's procedures for accident investigation follow-up? | Yes | No |
| 15. Operator's practices and procedures for comprehensive mine safety program promotion and enforcement? | Yes | No |

Other components deemed necessary by the operator to effectuate the goals of Chapter 22, Article 1, Section 34A of the West Virginia Code:

ANNUAL EVALUATION CRITERIA

Please check the box(es) next to the item(s) 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 15A of the West Virginia Code.
- Fatal Accidents and serious injuries as defined by Title 36, Series 19, Section 32 (2)

Optional Sources of Information

- Mine conditions or changes in mine conditions
- Mine methods or equipment at the mine
- Number of working sections at the mine
- Personnel or management at the mine
- Instructors responsible for safety training
- Findings from safety observations conducted by mine officials

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 at the mine. Please list all qualifications/certifications relevant to the safety training responsibilities involved:

Company Employees:

<u>Instructor's Name</u>	<u>Qualifications/Certifications</u>
1. _____	_____ _____ _____
2. _____	_____ _____ _____
3. _____	_____ _____ _____
4. _____	_____ _____ _____

Private Agency or Public Organization Personnel:

<u>Instructor's Names</u>	<u>Qualifications/Certifications</u>
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 mine evaluation? Yes_____ No_____

Methods or procedures used to carry out each component which the operator identified in his safety program? Yes_____ No_____

Methods or procedures used in the annual review and evaluation of the operator's 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 & Training.

Signature of person filing

Title of person filing

OPERATOR GENERAL INFORMATION

Company Name: _____ WV Permit No.: _____
(Permit Holder)

Mine Name: _____ MSHA ID No: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Telephone: _____

Mine Operator: _____
(If Different from Permit Holder)

Address: _____ City: _____

State: _____ Zip Code: _____ Telephone: _____

Contact Person: _____ Title: _____

Contracting Companies: (List all independent contracting companies at this mine site as defined in Title 38, Series 8, Section 3.1(e)).

Contractor Company Name	Address	Type of Contracting Service
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature: _____ Date: _____

This form must be completed and returned to the nearest WVMHS&T Regional Office.