

West Virginia Office of Miners' Health, Safety and Training
INDEPENDENT CONTRACTOR
COMPREHENSIVE MINE SAFETY PROGRAM – INITIAL SUBMITTAL FORM
TASK SPECIFIC

WV Permit No. _____ MSHA ID No. _____ FEIN No. _____

Company Name: _____

DBA: _____

Mailing Address: _____

County: _____ Telephone No. _____

NUMBER OF EMPLOYEES _____

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

<input type="checkbox"/> Trucking (Hauling)	Materials being hauled	_____
<input type="checkbox"/> Trucking (Other)		<input type="checkbox"/> Engineering services
<input type="checkbox"/> Mine Site Preparation		<input type="checkbox"/> Safety Services
<input type="checkbox"/> Explosive services (including blasting)		<input type="checkbox"/> Demolition
<input type="checkbox"/> Construction	Type of construction	_____
<input type="checkbox"/> Equipment Maintenance	Other Maintenance	_____
<input type="checkbox"/> Security Service		<input type="checkbox"/> Reclamation
<input type="checkbox"/> Belt Maintenance		<input type="checkbox"/> Other (Specify below)

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"/> End loader	<input type="checkbox"/> Crane	<input type="checkbox"/> Back hoe
<input type="checkbox"/> Power shovel	<input type="checkbox"/> Grade All	<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 YOU ARE, OR INTEND TO, PERFORM YOUR SERVICE(S). USE THE BACK OF THIS FORM FOR ADDITIONAL SPACE.

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

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. The 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 |

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. _____	_____

2. _____	_____

3. _____	_____

4. _____	_____

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:

- | | | | | |
|--|-------|-----|-------|----|
| 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 |

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.

Contractor:

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

Title

Telephone Number

Date