

**Description of Coal Mine Work  
and Other Employment**

**U.S. Department of Labor**  
 Employment Standards Administration  
 Office of Workers' Compensation Programs  
 Division of Coal Mine Workers' Compensation

This report is authorized by law (30 U.S.C., 901 at. seq.) and is required to obtain or retain a benefit. Disclosure of a claim number is voluntary. The failure to disclose such number will not result in the denial of any right, benefit, or privilege to which you may be entitled.

OMB No. 1215-0056  
 Expires 04/30/2008

1. Miner's Name

2. Claim Number

Please provide the following information concerning your current or last coal mine work, or the miner's last coal mine work prior to death.

**PART I - DESCRIPTION OF COAL MINE WORK**

1. Job Title

2. Dates Worked (mm/dd/yyyy)

From: To:

3. Highest or current rate of pay

4. Number of days worked per week

5. Describe the duties of this job in you own words.

6. List all other jobs you or the deceased miner did in the mines for at least one year.

a. Job Title

b. Dates Worked (Month and Year)

From

To

**Public Burden Statement**

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Division of Coal Mine Workers' Compensation, Room N-3464, 200 Constitution Avenue, N.W., Washington, D.C. 20210. DO NOT SEND THE COMPLETED FORM TO THIS OFFICE. Persons are not required to respond to this collection of information unless it displays a current valid OMB control number.

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7. Describe the physical activity required by the coal mine job described in number 5.

Sitting for \_\_\_\_\_ hours (Give number of hours per day).

Standing for \_\_\_\_\_ hours (Give number of hours per day).

Crawling \_\_\_\_\_ (distance) for \_\_\_\_\_ hours per day.

Lifting \_\_\_\_\_ pounds \_\_\_\_\_ times per day.

\_\_\_\_\_ pounds \_\_\_\_\_ times per day.

\_\_\_\_\_ pounds \_\_\_\_\_ times per day.

( Example: 25 pounds ten times per day)

Carrying \_\_\_\_\_ pounds \_\_\_\_\_ (distance) \_\_\_\_\_ times per day.

\_\_\_\_\_ pounds \_\_\_\_\_ (distance) \_\_\_\_\_ times per day.

\_\_\_\_\_ pounds \_\_\_\_\_ (distance) \_\_\_\_\_ times per day.

( Example: 20 pounds 50 feet 15 times per day)

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8. Did the coal mine job discussed above involve:

1. The use of tools machines or equipment?  YES  NO
2. Technical knowledge or special skills?  YES  NO
3. Any supervisory responsibilities?  YES  NO

Please explain all "YES" answers. For example, the specific type of tools, machines or equipment used; the nature of any technical knowledge or special skills needed and the nature of any supervisory duties including the number and type of employees supervised, the extent to which they had to be supervised, etc.

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9. Were you (or the deceased miner) transferred from a previous job due to health reasons?

YES  NO If "YES", provide the following information:

a. Previous Job:

b. Job transferred to:

c. Effective date of transfer:

d. Reason:

e. If coal mine work has stopped, give the reason and last date worked:

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**PART II: DESCRIPTION OF OTHER EMPLOYMENT**

Please provide the following information about your current or last non-coal mine employment

10. Job Title

11. Type of business or industry

12. Dates Worked (mm/dd/yyyy)

13. Highest or current rate of pay

14. Number of days worked per week

From:

To:

15. Describe the duties of this job in your own words.

16. Describe the physical activity required by the job described above.

Sitting for \_\_\_\_\_ hours per day.

Standing for \_\_\_\_\_ hours per day.

Lifting \_\_\_\_\_ pounds \_\_\_\_\_ times per day.

\_\_\_\_\_ pounds \_\_\_\_\_ times per day.

\_\_\_\_\_ pounds \_\_\_\_\_ times per day.

( Example: 25 pounds ten times per day)

Carrying \_\_\_\_\_ pounds \_\_\_\_\_ (distance) \_\_\_\_\_ times per day.

\_\_\_\_\_ pounds \_\_\_\_\_ (distance) \_\_\_\_\_ times per day.

\_\_\_\_\_ pounds \_\_\_\_\_ (distance) \_\_\_\_\_ times per day.

( Example: 20 pounds 50 feet 15 times per day)

17. Did the job discussed above (10 to 16) involve:

a. The use of tools, machines or equipment?  YES  NO

b. Technical knowledge or special skills?  YES  NO

c. Any supervisory responsibilities?  YES  NO

Please explain all "YES" answers. For example, the specific type of tools, machines or equipment used; the nature of any technical knowledge or special skills needed and the nature of any supervisory duties including the number and type of employees supervised, the extent to which they had to be supervised, etc.

18. If work has stopped, give date of last employment and reason.

Date

Reason for Stopping

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**PART - III**

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19. Use this section for additional space to answer any previous question, or to provide any other information you feel would be helpful. Please refer to previous questions by corresponding number. If more space is needed, use a blank sheet and attach.

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**PRIVACY ACT**

The following information is provided in accordance with the Privacy Act of 1974. (1) Submission of this information is required under the Black Lung Benefits Act. (2) The information will be used to determine eligibility for and the amount of benefits payable under the Act. (3) The information may be used by other agencies or persons in handling matters relating, directly or indirectly, to the subject matter of the claim, so long as such agencies or persons have received the consent of the individual claimant or beneficiary, or have complied with the provisions of 20 CFR Part 725. (4) Furnishing all requested information will facilitate the claim adjudication process; and the effects of not providing all or any part of the requested information may delay the process, or result in an unfavorable decision or a reduced level of benefits.

I certify that the information given by me on and in connection with this form is true and correct to the best of my knowledge and belief. I am also fully aware that any person who willfully makes any false or misleading statement or representation for the purpose of obtaining any benefit or payment under this title shall be guilty of a misdemeanor and on conviction thereof shall be punished by a fine of not more than \$1,000, or by imprisonment for not more than one year or both.

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Signature of claimant or person filing in his/her behalf

Date

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