

DEPARTMENT OF HEALTH AND HUMAN SERVICES NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH COAL MINE OPERATOR'S PLAN		1. MSHA Mine Identification Number	
RETURN TO	NIOSH COAL WORKERS' HEALTH SURVEILLANCE PROGRAM 1095 Willowdale Road M/S LB208 Morgantown, WV 26505	2. Name of Company Officer in Charge of Program	
		3. Title of Officer in Charge	
4. Name of Mine Operator/Company		5. Telephone Number	
6. Street Address		7. City	8. State
			9. Zip Code
10. Mine Name		11. County	
		12. Number Miners	
13. Mine Mailing Address (Box number, Street)		14. City	15. State
			16. Zip Code
Time Schedule 6 months plus	17. Begin Date	18. End Date.	
To be completed by NIOSH	19. Approved Date	20. Plan Expiration date	
	21. Mine Type	22. Mine Status	
23. Remarks (If given at mine, include number of change houses and location and name of change houses where mobile facility will set up.)			
<p>I am participating in this program in the manner specified by Part 37 of the Title 42 of the Code of Federal Regulations (42 CFR Part 37) and understand that all information used in connection with this program will be held STRICTLY CONFIDENTIAL and Divulged only as specified by the above regulations. I hereby assure that (1) the X-Ray findings or findings of any medical test of any miner examined under this plan will not be solicited from the Physician or Facility providing the examination; (2) I have advised the Physician and Facility providing the examinations under this plan that duplicate X-Rays or test results are not to be taken or made and no information that would identify the miner shall be recorded on the film or test results except as provided in the above Regulation; and (3) all examination made under this plan will be at no cost to the miner.</p>			
24. Date	Signature of Mine Operator or Legal Representative		
25. Date	Signature of NIOSH Approver (NIOSH ONLY)		
<b>Complete the reverse side of form indicating each Facility Identification.</b>			

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Public reporting burden of this collection of this information is estimate to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA, 30333 ATTN: PRA (0920-0020). Do not send the completed form to this address.



