Form Approved OMB No.: 9020-0020 Exp. Date xx/xx/xxxx

DEPARTMENT OF HEALTH AND HUMAN SERVICES NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH COAL CONTRACTOR PLAN						1. MSHA Contractor Identification Number				
RETURN	NIOSH COAL WORKERS' H	RVEILLANCE PR	VEILLANCE PROGRAM		2. Name of Company Officer in Charge of Program					
TO 1095 Willowdale Road M/S LB208 Morgantown, WV 26505					3. Title of Officer in Charge					
4. Name of		5. Telephone Number								
6. Street Ad	ldress			7. City			8. State	9. Zip Code		
					10. Number Miners.					
Time Schedule 6 months plus			11. Begin Date			12. End Date				
To be completed by NIOSH			13. Approved Date			14. Plan Expiration date				
			15. Type <b>C</b>			16. Status				
17. Remark	s (If given at mine, inclu	ude number (	of change houses a	and location and na	me of cha	ange houses w	here mobile 1	acility will set up.)		
Part 37 Divulged any mine the Phys made an	cicipating in this progra ) and understand that only as specified by the er examined under this ician and Facility proved d no information that won; and (3) all examina	all informati he above re s plan will no iding the exa would identif	on used in connect gulations. I hereby to be solicited from aminations under to the miner shall be	ction with this progr assure that (1) the the Physician or F this plan that duplic be recorded on the	am will be X-Ray facility procate X-Ra film or te	e held STRIC findings or find oviding the ex ays or test res	TLY CONFII dings of any amination; (i ults are not t	DENTIAL and medical test of 2) I have advised to be taken or		
18. Date		Signature of Company or Legal Representative								
19. Date	Signature of NIOSH Approver (NIOSH ONLY)									
Complete the reverse side of form indicating each Service Center/Site Location and each Facility Identification.										

CDC/NIOSH (M) 2.?18 Rev. 06/2014

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.

20. State/County of Company and all Service Centers or Site Locations where miners are employed											
21. Name(s) of X-Ray Facility(ies)		22. Certification Number	23. # Miles from Service Center	24. Days	25. Hours						
26. Name(s) of Spirometry Facility(ies)		27. Certification Number	28. # Miles from Service Center	29. Days	30. Hours						