

Attachment 8 –
Miner Identification Document – Form 2.9

MINER IDENTIFICATION DOCUMENT DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR DISEASE CONTROL AND PREVENTION NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH COAL WORKERS' HEALTH SURVEILLANCE PROGRAM (CWHSP)	FOR NIOSH USE ONLY NIOSH Receipt Date:		
<u>DIRECTIONS FOR FACILITY:</u> PLEASE MAKE SURE THAT ALL ITEMS ARE COMPLETED. THEN RETURN FORM AND RADIOGRAPH/SPIROMETRY RESULTS TO:	NIOSH Coal Workers' Health Surveillance Program 1095 Willowdale Road, M/S LB208 Morgantown, WV 26505 FAX: 304-285-6058		
Facility Name <input style="width:100%; height: 20px;" type="text"/>	Facility Number <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Unit Number <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
Image Type <input type="checkbox"/> Analog <input type="checkbox"/> Digital	Radiograph Program <input type="checkbox"/> NIOSH CWXSP <input type="checkbox"/> Other (please specify) <input style="width:100%; height: 20px;" type="text"/>	Date of Radiograph (MM/DD/YYYY) <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
<u>DIRECTIONS FOR THE MINERS</u> PLEASE COMPLETE AND MAKE ANY CORRECTIONS TO THE INFORMATION BELOW (PLEASE PRINT)	Miner's Social Security Number <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Full SSN is optional; last 4 digits are required.	Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Miner's Name (Last) <input style="width:100%; height: 20px;" type="text"/>	(First) <input style="width:100%; height: 20px;" type="text"/>	(MI) <input style="width: 20px; height: 20px;" type="text"/>	Birth Date (MM/DD/YYYY) <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Miner's Mailing Address <input style="width:100%; height: 20px;" type="text"/>	City <input style="width:100%; height: 20px;" type="text"/>	State <input style="width: 20px; height: 20px;" type="text"/>	Zip <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Miner's Telephone Number (<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Miner's Email Address <input style="width:100%; height: 20px;" type="text"/>		
Race (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American		Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
Mine Name <input style="width:100%; height: 20px;" type="text"/>	MSHA Mine ID Number <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	If contractor, enter MSHA Contractor Number <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
Is your employer a <input type="checkbox"/> Mine Operator <input type="checkbox"/> Contractor		Employers' Name <input style="width:100%; height: 20px;" type="text"/>	
When did you FIRST START WORK in the Coal Mine Industry?		Started Underground <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <small>Month Year</small>	Started Surface <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <small>Month Year</small>
How many TOTAL YEARS have you worked in the Coal Mine Industry?		Underground <input style="width: 20px; height: 20px;" type="text"/> <small>Years</small>	Surface <input style="width: 20px; height: 20px;" type="text"/> <small>Years</small>
How many TOTAL YEARS have you worked Underground at the Face? <input style="width: 20px; height: 20px;" type="text"/> <small>Years</small>		How many TOTAL YEARS have you worked at Your Current Mine? <input style="width: 20px; height: 20px;" type="text"/> <small>Years</small>	
Do you wear a respirator (including dust masks) at work (exclude self-rescuers)? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, what type (Mark all that apply)			
<input type="checkbox"/> Dust Mask (disposable) <input type="checkbox"/> Half - face mask (other than disposable) <input type="checkbox"/> Full - face <input type="checkbox"/> Hood/Helmet			

I wish to participate in the Coal Workers' Health Surveillance Program conducted under Section 203 of the Federal Mine Safety and Health Act of 1977 (30 U.S.843). I understand that a report of my radiograph will be mailed to me and my health information will be treated in a secure manner and will not be disclosed, unless otherwise compelled by law.

Signature **Date Signed**
(MM / DD /YYYY) / /

CDC/NIOSH (M) 2.9
Rev. 01/15

--> Please complete Form on Reverse Side <--

Coal Mining Job History

COAL MINE JOB Please List in Order Any Coal Mine Job You Have Held and Mine Name (if information is provided please correct and/or update)	MINE NAME/COMPANY	YEARS		UNDERGROUND			SURFACE COAL MINE
		Start Year	End Year	Face	Nonface	Surface	
<i>Example Continuous Miner Operator</i>	<i>Mine Name/Company</i>	1985	1990	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have You Ever Worked in **Any Mine Other than Coal?** No Yes If Yes, please record number of years worked:

Metal mines (For example, lead, copper, gold, silver)	Surface <input type="text"/> <input type="text"/> years worked	Nonmetal mines (For example, salt, phosphate, limestone)	Surface <input type="text"/> <input type="text"/> years worked
	Underground <input type="text"/> <input type="text"/> years worked		Underground <input type="text"/> <input type="text"/> years worked

Have You Ever Worked for More than 1 Year in **Any Other Dusty Job?** No Yes If Yes, please record number of years:

Work with asbestos, vermiculite or talc <input type="text"/> <input type="text"/> years	In foundry, pottery, or abrasive manufacturing <input type="text"/> <input type="text"/> years
Tunneling, drilling, quarrying, sand blasting <input type="text"/> <input type="text"/> years	Welding, cutting, or grinding metals <input type="text"/> <input type="text"/> years
Road construction, jack hammer, masonry saw <input type="text"/> <input type="text"/> years	Other dusty job (please specify) <input type="text"/> <input type="text"/> years

Public reporting burden of this collection of information is estimated to average 20 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 the burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0020). Do not send the completed form to this address.