Attachment 8 –

Miner Identification Document – Form 2.9

Form Approved

OMB No.: 0920-0020

Exp. Date xx/xx/20xx

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| **MINER IDENTIFICATION DOCUMENT**DEPARTMENT OF HEALTH AND HUMAN SERVICESCENTERS FOR DISEASE CONTROL AND PREVENTIONNATIONAL INSTITUTE FOR OCCUAPTINAL SAFETY AND HEALTHCOAL WORKERS’ HEALTH SURVEILLANCE PROGRAM (CWHSP) | **FOR NIOSH USE ONLY** |
| NIOSH Receipt Date: |  |
| **DIRECTIONS FOR FACILITY:**PLEASE MAKE SURE THAT ALL ITEMS ARE COMPLETED. THEN RETURN FORM AND RADIOGRAPH/SPIROMETRY RESULTS TO: | NIOSHCoal Workers’ Health Surveillance Program1095 Willowdale Road, M/S LB208Morgantown, WV 26505FAX: 304-285-6058 |
| **Facility Name**

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 | **Facility Number**

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 | **Unit Number**

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| **Image Type**

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|  | **Analog** |

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|  | **Digital** |  |

 | **Radiograph Program**

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|  | **NIOSH CWXSP** |  | **Other (please specify)** |

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 | **Date of Radiograph (MM/DD/YYYY)**

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| **DIRECTIONS FOR THE MINERS**PLEASE COMPLETE AND MAKE ANY CORRECTIONSTO THE INFORMATION BELOW **(PLEASE PRINT)** | **Miner’s Social Security Number**

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**Full SSN is optional; last 4 digits are required.** | **Sex**

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|  | **M** |  | **F** |

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| **Miner’s Name (Last)**

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 | **(First)**

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 | **(MI)**

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 | **Birth Date (MM/DD/YYYY)**

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| **Miner’s Mailing Address**

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 | **City**

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 | **State**

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 | **Zip**

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| **Miner’s Telephone Number**

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 | **Miner’s Email Address**

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| **Race (Check all that apply)**

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|  | **American Indian or Alaska Native** |

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| --- | --- |
|  | **Asian** |

|  |  |
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|  | **Black or African American** |

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|  | **Native Hawaiian or Other Pacific Islander** |

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| --- | --- |
|  | **White** |

 | **Ethnicity**

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| --- | --- |
|  | **Hispanic or Latino** |

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|  | **Not Hispanic or Latino** |

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| **Mine Name**

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 | **MSHA Mine ID Number** |

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| **Is your employer a**  |  | **Mine Operator** |  | **Contractor** |

 | **If contractor, enter****MSHA Contractor Number** |

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| **Employers’ Name**

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 | **City**

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 | **State**

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| **When did you FIRST START WORK****in the Coal Mine Industry?** | **Started****Underground** |

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|  |  | **/** |  |  |  |  |
| **Month** |  | **Year** |

 | **Started****Surface** |

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|  |  | **/** |  |  |  |  |
| **Month** |  | **Year** |

 |
| **How many TOTAL YEARS have you****worked in the Coal Mine Industry?** | **Underground** |

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 | **Years** | **Surface** |

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 | **Years** |
| **How many TOTAL YEARS have you worked Underground at the Face?** |

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 | **Years** | **How many TOTAL YEARS have you** **worked at Your Current Mine?** |

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 | **Years** |
| **Do you wear a respirator (including dust masks) at work (exclude self-rescuers)?** **If Yes, what type (Mark all that apply)** |

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 | **No** |

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 | **Yes** |
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 | **Dust Mask (disposable)** |

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 | **Half – face mask (other than disposable)** |

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 | **Full – face** |

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 | **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** |

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

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CDC/NIOSH (M) 2.9 --> Please complete Form on Reverse Side <--

Rev. 01/15

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| **Coal Mining Job History** |
| **COAL MINE JOB** | **MINE NAME/COMPANY** | **YEARS** | **UNDERGROUND** | **SURFACE****COAL****MINE** |
| Please List in Order Any Coal Mine Job You Have Held and Mine Name(if information is provided please correct and/or update) | **Start****Year** | **End****Year** |  |
| **Face** | **Nonface** | **Surface** |
| *Example* *Continuous Miner Operator* | *Mine Name/Company* | **1985** | **1990** |

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| Have You Ever Worked in **Any Mine Other than Coal?** |

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 | No |

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 | Yes | If Yes, please record number of years worked: |
| **Metal mines**(For example, lead,copper, gold, silver) | Surface |

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 | years worked | **Nonmetal mines**(For example, salt, phosphate, limestone) | Surface |

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 | years worked |
| Underground |

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 | years worked | Underground |

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 | years worked |
| Have You Ever Worked for More than 1 Year in **Any Other Dusty Job?** |

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 | No |

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 | Yes | If Yes, please record number of years: |
| Work with asbestos, vermiculite or talc |

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 | years | In foundry, pottery, or abrasive manufacturing |

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 | years |
| Tunneling, drilling, quarrying, sand blasting |

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 | years | Welding, cutting, or grinding metals |

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 | years |
| Road construction, jack hammer, masonry saw |

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 | years | Other dusty job (please specify) |

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 | years |
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