

**Instructions for Completion of Coal Mine Operator Plan (CDC 2.10)**  
**Revised 03/2021**

- 1..... **MSHA Mine Identification Number** – Identification Number assigned by MSHA.
- 2..... **Name of Company Officer In Charge of Program** – Name of individual to be contacted relative to implementation of plan.
- 3..... **Email Address of Company Officer** – Email address of the company officer or of the primary contact at mine operator.
- 4..... **Title of Company Officer in Charge** – Title of individual listed in block #2.
- 5..... **Name of Mine Operator/Company** – Name of mine operator or parent company.
- 6..... **Telephone Number** – Telephone number for contact purposes for individual noted in block # 2.
- 7 thru 10... **Operator Mailing Address** – Street, City, State and Zip Code of the mine operator or parent company.
- 11..... **Mine Name** – Specific name of mine (not company name).
- 12..... **County** – Name of county where mine is located.
- 13..... **# of Miners** – Approximate number of miners employed or to be employed. Be sure a roster (with home mailing addresses) of these employees is provided.
- 14 thru 17... **Mine Mailing Address** – Street, City, State and Zip Code of the mine, not the company address (address where approved plan will be sent).
- 18..... **Open period for obtaining examination (Begin Date)** – Beginning date of period during which miners will have an opportunity for an x-ray and spirometry examination. If mine is new, program should begin within one month of the date you submit your plan. If mine is not yet in operation, program should begin when hiring starts to allow for pre-employment x-rays. Enter date (month, day, year) when examinations will begin.
- 19..... **End Date** – End date of 6-month period during which miners will have opportunity for an x-ray and spirometry examination. Program should end six months after beginning date. Enter date (month, day, year) when examinations will stop (voluntary examinations only).
- 20..... **Plan Approved Date** – Date NIOSH approved the Mine Plan. COMPLETED BY NIOSH.
- 21..... **Plan Expiration Date** – Date the Mine Plan will expire. COMPLETED BY NIOSH.
- 22..... **MSHA District** –The two-digit MSHA District code plus the two-digit Field Office Code. COMPLETED BY NIOSH.
- 23..... **Mine Type** – Specify type of mine: **S** for Surface or **U** for Underground.
- 24..... **Mine Status** – Specify mine status: **A** for Active, **I** for Intermittent (temporarily closed), or **P** for Permanently Closed or Abandoned.
- 25..... **Plan Duration** – Specify duration of the mine plan in years: 3, 4, or 5 (5 years is the default.)
- 26..... **Remarks** – Other pertinent information. Indicate if miners may be examined at facility on a walk-in basis, or if appointment will be required. If appointments are required, indicate whether or not miners will be released from work.
- 27..... **Operator Signature** – Signature of Company Officer in block #2 (must be original, not stamp or copy) and date plan is submitted.
- 28..... **NIOSH Approver Signature** – Signature of NIOSH Approver (must be original, not stamp or copy) and date plan was approved. COMPLETED BY NIOSH.
- 29..... **Name(s) of X-ray Facility(ies)** – Facility(ies) where x-ray examinations are to be conducted. If mobile facility is to be used, a local facility must also be named to conduct pre-employment and mandatory examinations.
- 30..... **Facility Number** – NIOSH Facility Number (can be located in the facility list).
- 31..... **# Miles from Mine** – Distance from the facility to the mine in miles (enter 1 for mobile facilities).
- 32..... **Days of Operation** – Days of the week when miners may have their x-ray taken at the facility (i.e., Mon-Fri).
- 33..... **Hours of Operation** – Hours during each day when miners may have their x-ray taken at the facility (i.e., 8:00 a.m. thru 4:00 p.m.). If mobile unit is to be used hours are usually one hour before and one hour after shift change.
- 34..... **Name(s) of Spirometry Facility(ies)** – Facility(ies) where spirometry examinations are to be conducted. If mobile facility is to be used, a local facility must also be named to conduct pre-employment and mandatory examinations.
- 35..... **Facility Number** – NIOSH Facility Number (can be located in the facility list).
- 36..... **# Miles from Mine** – Distance from the facility to the mine in miles (enter 1 for mobile facilities).
- 37..... **Days of Operation** – Days of the week when miners may have their spirometry examined performed (i.e., Mon-Fri).
- 38..... **Hours of Operation** – Hours during each day when miners may have their spirometry examined performed (i.e., 8:00 a.m. thru 4:00 p.m.). If mobile unit is to be used hours are usually one hour before and one hour after shift change.