

Attachment 4 –
Coal Contractor Plan – Form No. CDC/NIOSH (M) 2.18

Reset Form

Form Approved
OMB No.: 0920-0020

COAL CONTRACTOR PLAN DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR DISEASE CONTROL AND PREVENTION NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH				1. MSHA Contractor Identification Number					
RETURN TO NIOSH COAL WORKERS' HEALTH SURVEILLANCE PROGRAM 1095 Willowdale Road, M/S LB208 Morgantown, WV 26505 FAX: 304-285-6058				2. Name of Company Officer In Charge of Program					
				3. Email Address of Company Officer					
				4. Title of Company Officer In Charge					
				5. Name of Company					
6. Telephone Number		7. Street Address		8. City		9. State		10. Zip Code	
11. # of Miners.									
Open Period for Obtaining Examination (6 months plus)		12. Begin Date		13. End Date					
To be completed by NIOSH		14. Plan Approved Date		15. Plan Expiration Date					
16. MSHA District 9998		17. Type C		18. Status					
19. Remarks									
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 treated in a secure manner and will not be disclosed, unless otherwise compelled by law. I hereby assure that (1) the findings of any medical tests 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 radiograph 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 examinations made under this plan will be at no cost to the miner.									
20. Signature of Company or Legal Representative							Date		
21. Signature of NIOSH Approver (NIOSH ONLY)							Date		
Complete the reverse side of form indicating each Service Center/Site Location and each Facility Identification.									

CDC/NIOSH (M) 2.18 (E), Revised January 2015, CDC Adobe Acrobat 10.1, S508 Electronic Version, May 2015

Public reporting burden of this collection of 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-74, Atlanta, GA, 30333 ATTN: PRA (0920-0020). Do not send the completed form to this address.

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22. State/County of Company and all Service Centers or Site Locations where miners are employed				
23. Name(s) of Radiograph Facility(ies)	24. Facility Number	25. # Miles from Service Center	26. Days of Operation	27. Hours of Operation
28. Name(s) of Spirometry Facility(ies)	29. Facility Number	30. # Miles from Service Center	31. Days of Operation	32. Hours of Operation

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Instructions for Completion of Coal Contractor Plan (CDC 2.18)
Rev. 01/2015

If you have employees requiring MSHA Part 48 Training, please complete the form using the instructions below then return the completed form to NIOSH. Otherwise, complete #1-10, enter "None" in #11 and enter "No Part 48 employees" in #19, Sign and Date #20 then return the form to NIOSH.

- 1..... **MSHA Contractor 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 of company officer or primary contact at contractor’s office.
- 4..... **Title of Company Officer in Charge** – Title of individual listed in block #2.
- 5..... **Name of Company** – Name of company.
- 6..... **Telephone Number** – Telephone number for contact purposes of individual noted in block # 2.
- 7 thru 10... **Company Mailing Address** – Street, City, State and Zip Code of the of company.
- 11..... **# of Miners** – Approximate number of miners employed or to be employed who require MSHA Part 48 Training. Be sure a roster (with home mailing addresses of these employees is provided).
- 12..... **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 company is new, program should begin within one month of the date you submit your plan. If company 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.
- 13..... **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).
- 14..... **Plan Approved Date** – Date NIOSH approved the Plan. COMPLETED BY NIOSH.
- 15..... **Plan Expiration Date** – Date the Mine Plan will expire. COMPLETED BY NIOSH.
- 16..... **MSHA District** – For contractors, the MSHA District is always 9998. COMPLETED BY NIOSH.
- 17..... **Type** – For contractors, the type is always C (for contractor). COMPLETED BY NIOSH.
- 18..... **Status** – Specify company status: A for Active or P for Permanently Closed or out of mining business.
- 19..... **Remarks** – Other pertinent information. Indicate if miners may be examined at facility on a walk-in basis, or if an appointment will be required. If appointments are required, indicate whether or not miners be released from work.
- 20..... **Company Officer Signature** – Signature of Company Officer in block #2 (must be original, not stamp or copy) and date plan is submitted.
- 21..... **NIOSH Approver Signature** – Signature of NIOSH Approver (must be original, not stamp or copy) and date plan approved. COMPLETED BY NIOSH.
- 22..... **State/County of Company and all Service Centers or Site Locations where miners are employed** – State abbreviation and county name where miners are employed. All locations should be listed.
- 23..... **Name(s) of X-ray Facility(ies)** – Facility(ies) where x-ray examinations are to be conducted for each location listed in #22. If mobile facility is to be used, a local facility must also be named to conduct pre-employment and mandatory examinations.
- 24..... **Facility Number** – NIOSH Facility Number (can be located in the facility list).
- 25..... **# Miles from Service Center** – Distance from the facility to the company or service center/site location in miles (enter 1 for mobile facilities).
- 26..... **Days of Operation** – Days of the week when miners may have their x-ray taken (i.e., Mon-Fri).
- 27..... **Hours of Operation** – Hours during each day when miners may have their x-ray taken at 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.

Items #28 through #32 will be completed at a later date.

- 28..... **Name(s) of Spirometry Facility(ies)** – Facility(ies) where spirometry examinations are to be conducted for each location listed in #22. If mobile facility is to be used, a local facility must also be named to conduct pre-employment and mandatory examinations.
- 29..... **Facility Number** – NIOSH Facility Number (can be located in facility list).
- 30..... **# Miles from Service Locations** – Distance from the facility to the company or service center/site location in miles (enter 1 for mobile facilities)
- 31..... **Days of Operation** – Days of the week when miners may have their spirometry examined performed (i.e., Mon-Fri)
- 32..... **Hours of Operation** – Hours during each day when miners may have their spirometry examined performed at 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.