

Instructions for Completion of Coal Contractor Plan (CDC 2.18)

Rev. 03/2021

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..... **Plan Duration** – Specify duration of the contractor plan in years: 3, 4, or 5 (5 years is the default)
- 20..... **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.
- 21..... **Company Officer Signature** – Signature of Company Officer in block #2 (must be original, not stamp or copy) and date plan is submitted.
22. **NIOSH Approver Signature** – Signature of NIOSH Approver (must be original, not stamp or copy) and date plan approved. COMPLETED BY NIOSH.
- 23..... **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.
- 24..... **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.
- 25..... **Facility Number** – NIOSH Facility Number (can be located in the facility list).
- 26..... **# Miles from Service Center** – Distance from the facility to the company or service center/site location in miles (enter 1 for mobile facilities).
- 27..... **Days of Operation** – Days of the week when miners may have their x-ray taken (i.e., Mon-Fri).
- 28..... **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.
- 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.