P03 – Plan Approval Letter. Letter to mine stating that the mine plan is approved.

Per 42 CFR part 37.100 Coal Mine Operator Plan for Medical Examinations

NOTE: Items in brackets {} are filled in from the database

MSHA Number: {MINE\_CODE}

{OPERATOR\_NAME}

{MINE\_NAME}

ATT: {OFFICER\_IN\_CHARGE}

{STREET}

{CITY}, {STATE\_CODE} {ZIP\_CODE}

Dear {OFFICER\_IN\_CHARGE}

The Plan you submitted for medical examinations of miners has been reviewed and **APPROVED** by the National Institute for Occupational Safety and Health (NIOSH), Coal Workers' Health Surveillance Program (CWHSP).

Your approved Plan is for miners working at:

<MINE\_NAME> - <MINE\_CODE>

The Plan will be effective from <APPROVAL\_DATE> through <END\_OF\_PLAN>. We will notify you approximately 4 months prior to your Plan's expiration date, so you can file a new Plan.

Miners are eligible for voluntary examinations every 5 years. The open period for miners to receive voluntary medical examinations under this approved Plan is from <PLAN\_DATE> through <END\_OF\_OPEN>.

Your Plan was approved in accordance with the Federal Mine Safety and Health Act of 1977 regulations outlined in 42 CFR Part 37. You can review these regulations at

<https://www.ecfr.gov/current/title-42/section-37.100>

. Plan approval is subject to the following conditions:

* Post a copy of your approved Plan, including any attachments submitted, in a location visible to all miners. If posting is not possible, notify miners directly about medical examinations and have a copy of the Plan available for review. Upon request, you must show NIOSH written evidence your employees have been notified.
* Do not modify your Plan without first obtaining written approval from NIOSH. Changes must be submitted using one of the following:
	+ Coal Mine Operator's Plan (CDC/NIOSH (M) 2.10) <https://www.cdc.gov/niosh/topics/cwhsp/pdfs/2.10_CoalMineOperatorsPlan.pdf>
	+ Coal Contractor Plan (CDC/NIOSH (M) 2.18) <https://www.cdc.gov/niosh/topics/cwhsp/pdfs/2.18_CoalContractorPlan.pdf>
* Ensure medical confidentiality. Do not solicit medical findings for any miner you employ.
* Allow flexibility for miners to participate in examinations at a convenient time and place.

Reminders

* Encourage all miners to participate in the medical examinations.
* If arrangements are made for a mobile unit, submit an amended Plans to NIOSH for miners to participate in on-site examinations through a mobile unit. The amended Plan should include mobile examination dates and hours. It should be approved by NIOSH at least 3 weeks prior to the start date.
* Ensure mandatory examinations are scheduled. Miners new to the coal mining industry must receive mandatory examinations within 30 days of their initial employment then again 3 years after the initial examination.
* Arrangements for repeat mandatory and voluntary examinations should be made available from one of the facilities in your plan, at the convenience of the miner, as needed.
* Your Plan includes the spirometry facilities closest to your mine site. If your mine is located further than 50 miles from the nearest NIOSH-approved spirometry facility, please contact NIOSH at 1-888-480-4042 to discuss possible solutions.

Please call us at 1-888-480-4042 or email CWHSP@cdc.gov if you have questions or need assistance.

Sincerely,

Jason Hinkle

Health Assessment Specialist

Coal Workers’ Health Surveillance Program

Surveillance Branch

Respiratory Health Division

Enclosures

P04 Letter – Mine plan required (monthly letter). Letter to each mine that their plan will expire within 4 months. P12 Letter – Second notice of P04

Per 42 CFR Part 37.100(g) Coal mine operator plan for medical examinations

NOTE: Items in brackets {} are filled in from the database. If there is a slash (/) within the brackets, there are two options for the text (P04 option/ P12 option).

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

{OPERATOR\_NAME}

{MINE\_NAME}

{COMP\_STREET}

{COMP\_CITY}, {STATE} {ZIPCODE}

MSHA Number: {MINES\_MINE\_CODE}

 **{/SECOND NOTICE}**

Dear {SALUTATION}:

This letter is to notify you that it is {now/past} time for you to develop a new Plan for your miners. Examinations include chest x-rays and spirometry (lung function testing). Your company's Plan {must be/should have been} submitted by {PLANTONIOSH}.

{/To date, that Plan has not been received. This letter serves as your SECOND NOTICE.} If you do not submit your plan by **{{PLANTONIOSH},/{today+21 days},} NIOSH will notify MSHA and will arrange for your miners to be examined at your expense.**

Regulations in the Federal Mine Safety and Health Act, 42 CFR Part 37 require coal mine operators and contractors to provide medical examinations at the beginning of a miner’s employment and to periodically offer subsequent, voluntary examinations. You can review these regulations at [www.ecfr.gov/current/title-42/chapter-I/subchapter-C/part-37see Section 37.41](http://www.ecfr.gov/current/title-42/chapter-I/subchapter-C/part-37see%20Section%2037.41).

Plans must be submitted to NIOSH for review and approval **before examinations can begin.** You must identify a 6-month period when examinations will be offered. NIOSH recommends miners receive chest x-rays:

* Every 5 years for the first 15 years of coal mining.

**AND**

* Every 3 years after that if they continue to work in coal mining.

More frequent x-rays are not recommended if screening results remain normal. NIOSH will notify you 6 months before your current Plan expires.

**Required Medical Examinations**

* **ALL medical examinations** must be provided to your miners:
* Free of charge
* At convenient dates, times, and locations
* With adequate notice to participate

* **Mandatory** medical examinations must be provided at the following intervals:
* No later than 30 days after a miner initially begins working in or at a coal mine
* 3 years after the first medical examination
* 2 years after the second medical examination if the miner is so notified by NIOSH

Call 1-888-480-4042 to determine if a particular miner requires this mandatory examination.

* **Voluntary** medical examinations must be offered for a 6-month period every 3 ½ to 5 years.

**Developing Your Plan**

Follow the Mine Safety and Health Act regulations located at

[www.ecfr.gov/current/title-42/chapter-I/subchapter-C/part-37see Section 37.41](http://www.ecfr.gov/current/title-42/chapter-I/subchapter-C/part-37see%20Section%2037.41)

Please pay attention to Sections **37.3** and **37.92** and follow the instructions when completing your Plan.

Plans are located at:

* Coal Mine Operator’s Plan: <https://www.cdc.gov/niosh/topics/cwhsp/pdfs/2.10_CoalMineOperatorsPlan.pdf>
* Coal Contractor Plan: <https://www.cdc.gov/niosh/topics/cwhsp/pdfs/2.18_CoalContractorPlan.pdf>

When ready, make a copy of your Plan for your records.

* Mark your Plan as DRAFT and post it in an area visible for all miners. Plan posting is monitored by MSHA.
* Forward your original Plan to NIOSH. Include a roster of names and current home addresses of ALL miners at your operation.

**NIOSH will review and approve your Plan**. After receiving approval, replace posting of the draft Plan with the final and retain a copy for your records. Your new Plan and the roster of your {are/were} to be completed and forwarded to this office by {PLANTONIOSH}.

If you have questions call 1-888-480-4042 or email cwhsp@cdc.gov. For further information about the CWHSP visit our website at <https://www.cdc.gov/niosh/cwhsp/about/index.html>.

Sincerely,

James Hinkle

 Health Assessment Specialist

 Coal Workers' Health Surveillance Program

 Surveillance Branch

 Respiratory Health Division