Chapter 6

HEALTH FORMS

The following pages are forms that the inspector must use for health inspections or health investigative reports. Other forms, such as the Mine Activity Data Form (2000-22), commonly called the cover sheet, the Mine Status Data Form (2000-122), impoundment inspection forms, rock dust and air sample cards, are addressed in the General Inspection Procedures Handbook.

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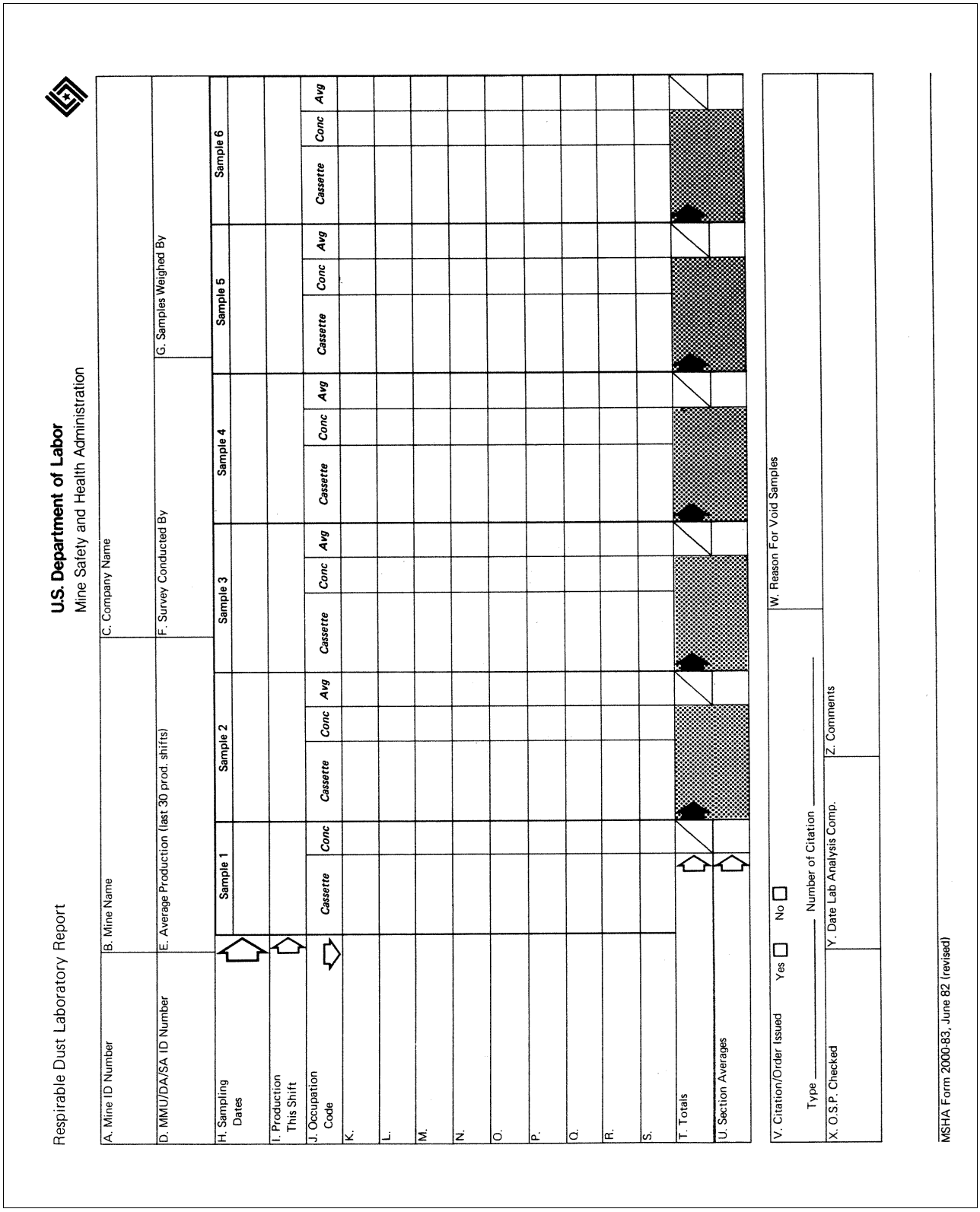


Respirable Dust Laboratory Report

U.S. Department of Labor
Mine Safety and Health Administration

A. Mine ID Number	B. Mine Name	C. Company Name	
D. MMU/DA/SA ID Number	E. Average Production (last 30 prod. shifts)	F. Survey Conducted By	G. Samples Weighed By

	Sample 1		Sample 2			Sample 3			Sample 4			Sample 5			Sample 6		
H. Sampling Dates																	
I. Production This Shift																	
J. Occupation Code	Cassette	Conc	Cassette	Conc	Avg	Cassette	Conc	Avg	Cassette	Conc	Avg	Cassette	Conc	Avg	Cassette	Conc	Avg
K.																	
L.																	
M.																	
N.																	
O.																	
P.																	
Q.																	
R.																	
S.																	
T. Totals																	
U. Section Averages																	

V. Citation/Order Issued Yes ☐ No ☐

Type _____ Number of Citation _____

X. O.S.P. Checked

Y. Date Lab Analysis Comp.

Z. Comments

W. Reason For Void Samples

MSHA Form 2000-83, June 82 (revised)

LEAVE BLANK

FORM 2000-83 - RESPIRABLE DUST LABORATORY REPORT

The purpose of this form is twofold; one, it will serve as a laboratory record of respirable dust samples collected and analyzed by MSHA, and two, it will be used by the health supervisors as an aid when evaluating the dust control plan. The form has been designated to be a complete record of all actions taken by MSHA laboratory technicians regarding respirable dust samples. When' completed, a copy of this form will be kept as the laboratory record, the original will be attached to Form 2000-86 (Appraisal of Dust Control Plan).

A. Mine I.D. Number - The seven-digit number assigned to all mines routinely inspected by MSHA.

B. Mine Name - Name of the coal mine as reported on the Legal Identity form submitted by the coal company.

C. Company Name - Name of the company as reported on the Legal Identity form.

D. MMU/DA/SA ID Number - The four-digit identification number assigned to a mechanized mining unit, designated area, or surface area by MSHA.

E. Average Production (last 30 prod. shifts) - Average production of a section in an underground mine. This does not apply to surface sampling.

F. Survey Conducted By - Person or persons who collected the respirable dust samples.

G. Samples Weighed By - Person or persons who weighed the respirable dust samples.

H. Sampling dates - Dates that the respirable dust samples were collected.

I. Production This Shift - Tons of material mined during the sampling date. Not applicable to surface mining.

J-S. Occupation Code - MSHAs code number for the occupation sampled.

Cassette - The eight-digit identification number printed on each respirable dust cassette.

Concentration (Conc.) - Respirable dust concentration in MRE equivalent.

Average (Avg.) - Average dust concentration for each occupation.

T. Totals – Cumulative totals of respirable dust concentrations. Cumulative totals of samples collected. Not applicable to surface sampling.

U. Section Average - Average concentration of all samples collected on the section. Not applicable to surface sampling.

V. Citation/Order Issued Yes ( ) No ( ) - Check appropriate box to show if a citation or order was issued.

Type _____ - Identify the section of the Act under which the inspector has taken action, 104(a), 104(d), etc.

Number of Citation _____ - The seven digit preprinted number in the top right corner of each citation.

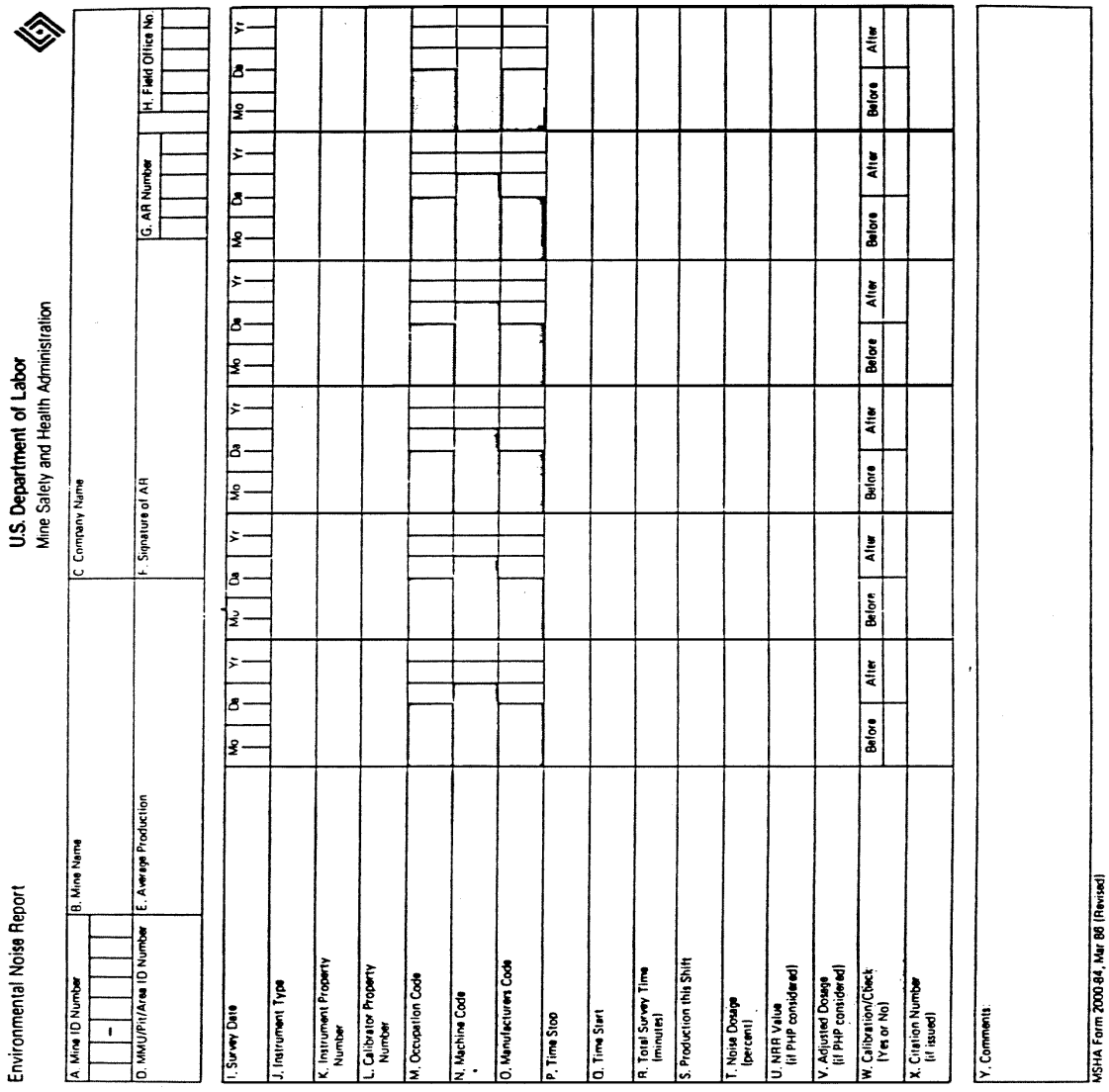
W. Reason for Void Samples - Indicate by cross reference any samples that are voided (K-1, P-4, S-6, etc.) and give an explanation or reason why the respirable dust samples were determined void.

X. O.S.P. Checked - List all samples that are checked for oversize particles by cross-reference (K-1, P-4, S-6, etc.)

Y. Date Lab Analysis Completed - Date that the respirable dust laboratory report is completed for the entire survey.

Z. Comments - Any comments that the lab technician or the inspector would like to make that are pertinent to the survey should be made in this space.

NOTE: Since sampling results for Part 90 miners are not to be included with samples from other entities, sampling data on Part 90 miners should not be shown on the same form with other entities. If this is done, the form must be locked away to secure the confidential information.



Environmental Noise Report

U.S. Department of Labor
Mine Safety and Health Administration

A. Mine ID Number	B. Mine Name	C. Company Name			
-					
D. MMU/Pit/Area ID Number	E. Average Production	F. Signature of AR	G. AR Number		H. Field Office No.

	I. Survey Date	J. Instrument Type	K. Instrument Property Number	L. Calibrator Property Number	M. Occupation Code	N. Machine Code	O. Manufacturers Code	P. Time Stop	Q. Time Start	R. Total Survey Time (minutes)	S. Production this Shift	T. Noise Dosage (percent)	U. NRR Value (if PHP considered)	V. Adjusted Dosage (if PHP considered)	W. Calibration/Check (Yes or No)	X. Citation Number (if issued)
Before	Mo															
	Da															
	Yr															
After	Mo															
	Da															
	Yr															

Y. Comments

MSHA Form 2000-84, Mar 86 (Revised)

Manufacturer Codes	
001	Abex
002	Acker
003	Acme
004	Advance Mining
005	Aerodyne
006	Allen-Sherman-Hoff
007	Allis-Chalmers Bulldozer & Fiat
008	Alpine
009	American Hoist
010	Atlas-Copco
011	Baldwin-Lima-Hamilton
012	Barber-Greene
013	Betti
014	Black & Decker
015	Bucyrus-Erie (BE)
016	Buffalo-American
017	Case
018	Caterpillar (cat)
019	Cedar Rapids
020	Chevrolet
021	Chicago Pneumatic
022	Clark
023	Cline
024	Coeur d'Alenes
025	Cushman
026	Dart
027	Demag
028	Deutz
029	Dorr-Oliver
030	Dravo
031	Eaton
032	Eickhoff
033	Eimco
034	Elkhorn
035	Emaco
036	Epling
037	Euclid (uke)
038	Fairchild
039	Fletcher
040	FMC & Link Belt

Manufacturer Codes	
041	Ford
042	Fuller
043	Galis FM Calso
044	Gardner-Denver
045	General Electric
046	GMC (Jimmy)
047	Goodman
048	Gorman-Rupp
049	Gradall
050	Grundlach
051	Harnischfeger & P&H
052	Hewitt-Robins
053	Ingersol-Rand
054	Insley
055	International Harvester (IH)
056	Jeffrey-Dresser
057	Jobl
058	Joy
059	Kenworth
060	Kersey
061	Kobota
062	Koehring
063	Komatsu
064	Kress
065	Krupp
066	Lee-Norse
067	Long-Airdox
068	Mack (bulldog)
069	Manitowoc
070	Marion
071	Marathon Le Tourneau
072	Massey-Ferguson
073	McLanahan
074	Mescher
075	Michigan
076	Mine Equipment Co.
077	Mining Progress Inc.
078	Myers-Whaley
079	Nagle
080	National Mine Service

Manufacturer Codes	
081	Nolan
082	Nordberg & Rexnord
083	Northwest
084	Orenstein & Kopper
085	Oshkosh
086	Owens
087	Page
088	Penndrill
089	Pioneer
090	Plymouth
091	Raygo
092	Richmond
093	Ripco
094	Robbins
095	Rosco
096	Royal
097	Salem
098	S & S
099	Schramm
100	Schroder
101	Stacy
102	Stamler
103	Symons
104	Telsmith
105	Terex
106	Unit Rig Equipment Co.
107	Universal
108	Wabco
109	Wagner
110	Warner Swassey
111	Westfalia
112	Westinghouse
113	White
114	Wilcox
115	Willey
116	Winter-weiss
117	Wirth
118	Yale
119	Not on this list
120	Unknown

Equipment Codes	
01	Air Compressor
02	Auger Miner (UG or S)
03	Bulldozer
04	Classifier, Cyclone
05	Coal, Face Drill
06	Continuous Miner (ripper)
07	Continuous Miner (borer)
08	Conveyor (all types)
09	Crane (all types)
10	Crusher, Breaker
11	Cutting Machine
12	Dragline
13	Dredge
14	Elevator, Hoist
15	Fan (fixed or auxiliary)
16	Flotation & Filters
17	Forklift
18	Front End Loader, Highlift
19	Gunite Machine
20	Hand Tools
21	Highwall Drill
22	Hydraulic Jets
23	L-H-D (surface)
24	Loading Machine
25	Locomotive (UG or S)
26	Longwall Plow
27	Longwall Shear
28	Roadgrader
29	Rockdusting Machine
30	Roof Bolting Machine
31	Rotary Bucket Excavator
32	Rotary Dump
33	Scraper, Pan
34	Screen
35	Shovel (not dragline)
36	Shuttle Car (diesel)
37	Shuttle Car (electric)
38	Tractor, Scoop
39	Truck
40	Not on this list
41	Unknown

Reverse, MSHA Form 2000-84, Mar 86 (Revised)

FORM 2000-84 - ENVIRONMENTAL NOISE REPORT

MSHA's noise data from surveys made during an inspection or investigation shall be recorded on Form 2000-84. This information shall be included with the cover sheet (2000-22) of the inspection or investigation report. On this form list the results of the noise surveys obtained by dosimeter or by sound level meter.

A. Mine I.D. Number - Enter the seven-digit mine identification number assigned by MSHA.

B. Mine Name - Enter the mine name as it appears on the Legal Identity Report Form No. 2000-7.

C. Company Name - Enter the company name as it appears on the Legal Identity Report Form.

D. MMU/Pit/Area ID Number – Enter the four-digit identification number assigned to the section, pit or area by the mine operator.

E. Average Production Enter the average production determined over the last 30 production shifts.

F. Signature of AR - Signature of the AR performing the environmental noise survey.

G. AR Number - Enter the five-digit identification number from the AR's card of authorization (MSHA Form 1000-186).

H. Field Office No. - Enter the five-digit number assigned to the MSHA CMS&H office under which the coal mine is inspected.

I. Survey Date - Enter date(s) of survey(s) in two digit month-day-year format.

J. Instrument Type - Enter 1 for dosimeter, 2 for sound level meter.

K. Instrument Property No. - Enter the number from the MSHA property ticket affixed to the instrument.

L. Calibrator Property No. - Enter the number from the MSHA property ticket affixed to the calibrator.

M. Occupation Code - Enter the MSHA three-digit code for the occupation sampled.

N. Machine Code - Enter the appropriate two-digit machine code from the lists on the reverse side of MSHA Form 2000-84.

O. Manufacturer's Code - Enter the appropriate three-digit manufacturer's code from the list on the reverse side of MSHA Form 2000-84.

P. Time Stop - Enter the 24-hour clock time when survey was completed.

Q. Time Start - Enter the 24-hour clock time when survey was begun.

R. Total Survey Time - Enter the survey time in minutes.

S. Production This Shift - Enter here the material production in tons for the shift on which noise exposure was determined.

T. Noise Dosage - Enter the actual C/T percent value (decimal readout times 100) here.

U. NRR Value - Enter the NRR value for the particular PHP device(s) used.

V. Adjustment Dosage - Enter the calculated percent C/T value reaching the miner's ears after accounting for protection provided by PHP.

W. Calibration/Check - Note here the appropriate calibration checks made before and after the noise survey.

X. Citation Number - Enter citation identification number if citation is issued.

Y. Comments - Self-explanatory. The date(s) of the instrument(s) and/or calibrator may be entered here showing the annual calibration check.

Appraisal of the Dust Control Plan

U.S. Department of Labor
Mine Safety and Health Administration

Regular Inspection ☐ Technical Inspection ☐

1. Date Submitted by Inspector | 2. District | 3. Mine ID | 4. Mine Name

5. Parameters Same as in Plan

Yes ☐ No (if no, explain) ☐

6. Company

7. ID Number of MMU or DA Covered by this Appraisal

8. MMU/DA

9. Type of Mining

Wet ☐ Damp ☐ Dry ☐ Development ☐ Retreat ☐

10. Method of Face Ventilation

Exhaust ☐ Blowing ☐ Combination ☐

11. (a) Velocity and Quantity of Air at Each Working Face. (b) For Longwalls - Quantity at Point 20 Feet Outby Headgate Operator's Station and Velocity at (1) 30 Feet Inby Headgate, (2) Midpoint of Longwall Face, and (3) 30 Feet Inby Tailgate.

A. Face (number from left to right)							
B. Quantity (cf/m)							
C. Mean Entry Velocity in each Working Face (according to Sec 75.301-4, 30 CFR 75)							

12. Roof Drill

A. Type

Twin Head ☐ Single Head ☐

B. Dust Control

Wet Head ☐ Dust Collector ☐ Ventilation ☐

13. Mining Machine

A. Type of Mining Equipment

Conventional ☐ Continuous (check type) ☐ Ripper ☐
Longwall ☐ Borer ☐
Other (specify) ☐ Auger ☐

D. Number and Location of Water Sprays (sketch diagram of spray location)

B. Water Sprays Used

Yes ☐ No ☐

C. Operating Water Spray Pressure Measured at the Spray Nozzle

14. Comments (use reverse if necessary)

15. Recommend

Approval ☐ Disapproval ☐

16. Total Number of 104(a) Citations for Excessive Respirable Dust Issued in the Last Twelve Months

17. Signature

File a copy of this form with the District Ventilation System and Methane and Dust Control Plan and include the latest copy in the Field Office Mine File.

MSHA Form 2000-86, Mar 82 (revised)

LEAVE BLANK

Respirable Dust Sampling and Monitoring Data

U.S. Department of Labor
Mine Safety and Health Administration

1. Type of Inspection: ☐ Regular ☐ Technical ☐ Monitoring | 2. Date: | 3. Field Office Code:

4. Mine I. D. : | 5. Mine Name: | 6. Company Name:

7. MMU/DA/SA: | 8. Times Entity/Mine Cited for Excessive Dust Last 12 Months: _____

9. AR Signature: | AR Number: _____ | 10. Supervisor Signature:

11. Type Mining System:

☐ A. Longwall — Cut Sequence: ☐ i. Tail-Head ☐ ii. Head-Tail ☐ iii. Both
- ☐ I. Single Drum
- ☐ II. Double Drum
- ☐ III. Plow

☐ B. Continuous
- ☐ I. Ripper
- ☐ II. Auger
- ☐ III. Borer

☐ C. Conventional

Other (specify) _____

12. Mining Ht. : _____ in.
Inches of Rock Mined: _____

13. Remote Operation of Miner?:
☐ Yes ☐ No

14. Type of Mining
- ☐ I. Development
- ☐ II. Retreating

15. Physical Conditions:
- Face Area: ☐ Wet ☐ Damp ☐ Dry
- Roadways: ☐ Wet ☐ Damp ☐ Dry ☐ Compacted

16. Type of Haulage Equipment:
☐ Electric ☐ Battery ☐ Diesel ☐ Other (specify) _____

17. Roof Bolter Type: Number of Bolters
- ☐ I. Twin Head _____
- ☐ II. Single Head _____
- ☐ III. Integral _____

A. Ventilation
- I. Operates on Separate Split of Air: ☐ Yes ☐ No
- II. Operates on Return-Side of DO: ☐ Yes ☐ No

B. Is Roof Bolter DA Established? ☐ Yes ☐ No

C. Type of Dust Control ☐ I. Wet Head ☐ II. Dust Collector

18. Dust Control Parameters - Ventilation System:

A. Method of Face Ventilation:
- ☐ I. Blowing
- ☐ II. Exhausting
- ☐ III. Both

B. Face Ventilation Device:
- ☐ I. Curtain
- ☐ II. Tubing
- ☐ III. Both

C. Line Curtain/Tubing Distance: _____ ft.

D. Is Face Area Ventilated with Belt Air? ☐ Yes ☐ No

E. If, Yes, Quantity in Belt Entry: _____ cfm

F. Air Quantity: Longwall (Between 50 and 100 feet of Headgate and Tailgate)

Quantity (Q), cfm

Location	Observed	
Headgate		
Tailgate		

Velocity (V), fpm

Location	Plan	Observed	
Headgate			
Tailgate			

Continuous/Conventional/Handloading

	Plan	Observed					
Face (Q)							
MEAV (V)							
Scrubber*							

MEAV (V) - for exhausting only

* - operational cfm only

MSHA Form 2000-86, July 93 (revised)

(Continued on Reversed Side)

19. Dust Control Parameters - Water Spray System:

Location	Number of Operating Sprays			Operating PSI		
	Plan	Observed		Plan	Observed	

Sprays Located per Plan ☐ Yes ☐ No

Sprays Angled per Plan ☐ Yes ☐ No

20. Auxilliary Controls:

Scrubber Frequency Screen Checked: _____

Frequency Ductwork Checked: _____

Fan Spray Sprays Located per Plan ☐ Yes ☐ No Sprays Angled per Plan ☐ Yes ☐ No

Work Practices Describe: _____

Enclosures Describe: _____

Other (Wetting Agents; Wetting face, supports and roadways; ect.) Describe: _____

21. Are Approved Respirators Being Worn?: ☐ Yes ☐ No If Yes, By Whom: _____

Make: _____ Model: _____

22. Do Miners Work Downwind of the Longwall Shearer?: ☐ Always ☐ Part of the Shift ☐ Never

23. Was the Operator Cited for Violating the Dust Control Parameters of the Ventilation Plan?: ☐ Yes ☐ No

If Yes, specify: _____

24. Were Dust Control Parameters Changed During Sampling?: ☐ Yes ☐ No If Yes, specify: _____

25. Production (tons): At Time of Sampling: _____ tons At Time of Monitoring: _____ tons During Last 30 Shifts: _____ tons

26. Bi-monthly Sampling Conducted By: ☐ Operator ☐ Contractor Contractor I.D.: _____

27. Sampling Equipment: Provided By ☐ Operator ☐ Contractor Calibrated and Maintained By ☐ Operator ☐ Contractor

28. Inspector Recommendations and Comments: _____

USE SPACE BELOW FOR SKETCHES OR OTHER INFORMATION

MSHA Form 2000-86, July 93 (revised) ☆U.S. GPO: 1998—709-164

FORM 2000-86 RESPIRABLE DUST SAMPLING AND MONITORING DATA

This form is used to record the respirable dust control parameters that are observed and measured during inspection activities involving either the collection of respirable dust samples or the monitoring of the operator's dust sampling program. This form should also be completed whenever the inspector believes that the approved plan parameters are not effective in maintaining dust concentrations at or below the applicable dust standard.

It is essential that the information/data recorded on MSHA Form 2000-86 accurately reflect the dust control measures and practices being used and the actual quantities measured, and is consistent with Chapter 1 – Respirable Dust as the completed form will serve as supporting documentation when plan changes are required and/or enforcement actions are taken.

The following instructions explain how to complete the form. Mine-specific information, or approved plan-specific information, may be completed in the office prior to the inspection.

1. **Type of Inspection:** This item contains three blocks. The inspector should check the appropriate block (s) to identify the type (s) of inspection activity being conducted.

Regular: If conducting dust sampling under an E01 inspection activity code, check the ***Regular*** block and complete items **1** through **25** and **28**. If not sampling and the inspector believes that the parameters in the mine operator's approved mine ventilation plan are not effective, complete items **1** through **7, 9** through **23,** and **28.**

Technical: If conducting other than a regular E01 inspection that involves collecting respirable dust samples, check the ***Technical*** block, note the inspection activity code, and complete items **1** through **25** and **28.** If samples are not taken, complete item **1** through **7, 9** through **23,** and **28**.

Monitoring: If the inspection activity involves monitoring the operator's respirable dust sampling program, check the ***Monitoring*** block and complete **all** items on the form.

NOTE: It is possible that more than one block could be checked depending on the type (s) of inspection activity conducted.

2. **Date:** The date the inspector actually conducted the evaluations.

3. **Field Office Code:** The five-digit identification number of the MSHA CMS&H office assigned the responsibility for inspecting the coal mine.

4. **Mine I.D.** - The seven-digit MSHA identification number assigned to the coal mine.

5. **Mine Name** - The name of the mine as it appears on the Legal Identity Report Form No. 2000-7.

6. **Company Name** - The name of the coal company as it appears on the Legal Identity Report Form.

7. **MMU/DA/SA** - The four-digit MSHA identification number assigned to the Mechanized Mining Unit (MMU), Designated Area (DA) or Surface Area (SA) that was evaluated.

   NOTE: A separate MSHA Form 2000-86 should be completed for each MMU or DA evaluated.

8. **Times Entity/Mine Cited for Excessive Dust Last 12 Months** The number of excessive dust citations issued on the MMU/DA being evaluated, and the total number of excessive dust citations issued to the mine operator during the previous 12 month period.

9. **AR Signature/AR Number** - The signature of the inspector performing the evaluation and his/her five-digit identification number from the AR's card of authorization (MSHA Form 1000-186).

10. **Supervisor Signature** - The signature of the supervisor assigned inspection responsibility for the affected mine after reviewing the form for completeness and accuracy.

11. **Type of Mining System** - Check the appropriate box that best describes the mining system in use: **A.** Longwall; **B.** Continuous; or **C.** Conventional. Also check each appropriate box under the type of system to more fully identify the type of equipment being used and the cut sequence.

NOTE: Under Conventional, the inspector should identify the type of system used to extract the coal, such as, scoop shooting-off-solid, cutting machine, etc.

12. **Mining Ht** - The total mining height in inches, and the total amount of rock being mined in inches.

13. **Remote Operation of Miner** - Check the appropriate block.

14. **Type of Mining** - Check the appropriate block. **Note:** Longwall mining systems that do not mine from previously driven entries are considered development.

15. **Physical Conditions** - Check the appropriate blocks.

16. **Type of Haulage Equipment** - This item applies only to continuous and conventional mining sections. Check the appropriate block to identify the type of haulage equipment that is being used to transport the coal from the face to the section dumping point.

17. **Roof Bolter Type** - This item applies only to continuous and conventional mining sections. Check the appropriate block(s) to identify the type of roof bolting machine (s) used on the MMU and show the number of each type being used. **A.** Check the appropriate block to identify whether the roof bolting machine is being operated on a separate split of air from the Designated Occupation (DO), or working downwind of the DO. **B.** Check this block if there is a Designated Area (DA) established for the roof bolting machine operator. **C.** Check the block that describes the type of dust collecting system used on the roof bolting machine(s).

NOTE: If more than one roof bolting machine is operated on the MMU and the machines have different types of dust collecting system, the inspector should specify which machine has which type of dust collecting system.

18. **Dust Control Parameters – Ventilation System** - This is a six-part question that requires the inspector to record what was actually observed and/or measured at the time of the evaluation.

A. **Method of Face Ventilation:** Check the appropriate block(s) to show the type of ventilation used. If **Both** is checked, briefly explain the circumstances under Item 28.

B. **Face Ventilation Devices:** Check the appropriate block(s).

C. **Line Curtain/Tubing Distance:** Enter the maximum observed distance in feet that the ventilation device (s) is located from the area of deepest point of penetration to which any portion of the face has been advanced.

D. **Is Face Area Ventilated with Belt Air?** Check the appropriate block.

E. **If Yes, Quantity in the Belt Entry (cfm):** Enter the quantity of air in the belt entry in cubic feet per minute (cfm).

F. **Air Quantity:** Fill in the information for the type of mining system being used. This is a two-part question. Each part requires the inspector to enter both the approved plan minimum requirements and the actual quantities and velocities that were measured at the time of the evaluation for each of the listed control parameters. The recorded scrubber operational cfm must be the result of an actual full pitot tube traverse as determined in accordance with Chapter 1 or a correlated centerline measurement. Also, identify whether the readings were obtained during the 1^{st} or 2^{nd} half of the shift.

19. **Dust Control Parameters – Water Spray System** - This is a three-part question. The first part requires the inspector to enter both the approved minimum plan requirements and what was actually observed in use and/or measured at the time of the inspection. When determining the operating water spray pressure, remove the spray nozzle and place the pressure gauge in the spray hole using a tee fitting and then place the spray nozzle in the tee to obtain an accurate reading. The second and third parts are self-explanatory and require the inspector to check the appropriate blocks.

20. **Auxiliary Controls** - Enter the appropriate information about the auxiliary dust controls or work practices observed in use at the time of the inspection, even if these controls are not listed in the approved mine ventilation plan.

    For example, this may include the use of additional ventilation controls to divert the dust away from the miners; use of wetting agents; additional wetting of the coal prior to mining; the frequency of wetting down roadways; administrative controls such as limiting the amount of time roof bolter operators or others work downwind of the mining machine; the frequency the roof bolter operator cleans the dust box; and where the fines from the dust box are deposited.

    The dust control measures and work practices that are in use but are not listed in the approved plan may be critical in determining if the miners are adequately protected during normal mining operations. If these measures are being used only when dust sampling is occurring, it is likely that miners may be exposed to higher dust concentrations during normal mining operations. Inspectors should ask a representative number of miners if these control measures are in use all the time. If not, the inspector should make note of this in Item 28.

21. **Are Approved Respirators being Worn?** - Check the appropriate block. If miners are observed wearing respirators, the inspector should identify which miners are wearing respirators and the make and model of the device being worn. Additionally, the inspector should determine if the affected miners have been fit-tested and trained in the proper use and maintenance of the respirators.

22. **Do Miners Work Downwind of the Longwall Shearer?** - Check the appropriate block that most accurately describes the amount of time miner (s) was observed working downwind of the shearer at the time of the inspection.

23. **Was the Operator Cited for Violating the Dust Control Parameters of the Ventilation Plan?** - This question applies to this inspection. If the operator was cited for violating the plan during this inspection, the inspector should record the citation number and what provisions of the plan were violated. If possible, the inspector should determine approximately how much material was mined during the period of time that the plan was not being complied with.

24. **Were Dust Control Parameters Changed During Sampling?** -This item should only be completed when the inspector collects respirable dust samples or monitors the operator's respirable dust sampling program. Check the appropriate block; if **Yes**, indicate the specific changes that were made here and under Item 28. This item is critical in determining if there is a need to require the mine operator to upgrade the plan's minimum parameters.

25. **Production (tons)** - This item applies only to MMUs. It should be completed whenever dust samples are collected and/or the operator's respirable dust sampling program is monitored. Fill in the information that applies to the type of inspection activity conducted. If the inspector sampled and monitored the same MMU, it is not necessary to place the tonnage in both blocks. The tonnage reported represents the best estimate of the amount of material in tons that was mined on the MMU at the time of sampling or monitoring. The tonnage may be based on either the number of feet advanced or the number of passes. This is raw tonnage and not clean coal, so it should include all material that was mined.

    The tonnage information for the last 30 production shifts is an average. The preferred method of determining this value is to measure the mine map for the distance mined and calculate the volume of material mined in cubic feet as discussed in Chapter 1. In the event the mine map has not been sufficiently updated, another acceptable method is to use operator provided production data. If the data is based on production shifts longer than eight hours, the 30-shift average must be adjusted to an 8-hour average equivalent production using the factor ***8/t***, where ***t*** is actual length of the normal production shift over which the operator production level was obtained. For example, if the 30-shift average is calculated as 1250 tons based on a 9-hour production shift, this quantity is multiplied by **8/9**, yielding an 8-hour average equivalent production of 1111 tons. The inspector should record the date range for the data used.

26. **Bi – monthly Sampling Conducted By** - This item applies to the mine operator's respirable dust sampling program and should only be completed when monitoring operator's bi-monthly sampling. Check the appropriate block. If the bi-monthly samples are collected by a contractor, fill in the contractor's I.D. number.

27. **Sampling Equipment** - This item applies to the mine operator's dust sampling program and should only be completed when monitoring the operator's bi-monthly sampling. Check the appropriate blocks.

NOTE: If the sampling equipment is calibrated or maintained by a different contractor, other than the one conducting bi-monthly sampling, the inspectors should also include the I.D. number of the contractor who calibrates and maintains the sampling equipment.

28. **Inspector Recommendations and Comments** - Self explanatory. If the inspector recommends that the approved plan be revised, or a proposed plan should not be approved, he/she should provide the rationale for that determination in the space provided. This space should also be used whenever the inspector believes that the additional controls employed by the operator should be included in the approved plan. Also, record the shift length here, as well as the method used to determine the average production over the last 30 production shifts, and any other information required by Chapter 1.

This space below Item 28 should be used to sketch the placement of water sprays and for other information that would be useful in evaluating the observed parameters.

Inspector's Review of Waiver Request

U.S. Department of Labor
Mine Safety and Health Administration

I. Administrative Data

1. Date of Review | 2. District | 3. Mine ID Number | 4. Mine Name

5. Company Name | 6. To District Manager

7. Through | 8. Request for

☐ Waiver ☐ Extension of Waiver

9. Number of Employees | 10. Remaining Life of Mine

➡ **Note: Life of mine must include all of the area within boundries of Mine ID Number which the operator may mine in the future.**

II. Inspector's Review

11. Is it practical to develop a private water supply and sanitary waste disposal program?
☐ Yes ☐ No

12. Is electricity available?
☐ Yes ☐ No

13. Is it practical to construct a central bathhouse and change room and make it available to all workers of several different operations?
☐ Yes ☐ No

14. Operator submitted a signed statement by all employees agreeing that a waiver should be granted.
☐ Yes ☐ No

15. Contract or agreement made between operator and employees for bathing at home.
☐ Yes ☐ No

16. Availability of facilities through third party
☐ Available
☐ Non-available
If available, describe in remarks.

17. Are adequate drainage facilities available?
☐ Yes ☐ No
If no, is it practical to provide the facilities?
☐ Yes ☐ No

18. If surface mine, copy of application posted on mine bulletin board with addresses of Regional Program Director, NIOSH, and District Manager, MSHA, per Section 71.404(b).
☐ Yes ☐ No

19. Sanitary facilities provided at administrative office or other relatively permanent installation connected with company.
☐ Yes ☐ No
If yes, is it practical to expand them for miners' use? Explain.

20. Agreement Mine
☐ Yes ☐ No

21. Discussion held with representative number of miners, or, if agreement mine, with Safety Committee.
☐ Yes ☐ No
Comments of representatives contacted:

Remarks (reverse may be used)

22. Date Submitted | 23. Recommend Waiver Be
☐ Granted ☐ Denied | 24. Signature, Federal Coal Mine Inspector

MSHA Form 2000-87, Sept 80 (revised, supercedes Apr 79)

☆U.S. GPO: 1998—709-164

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FORM 2000-87 - INSPECTOR'S REVIEW OF WAIVER REQUEST

The "Inspector's Review of Waiver Request" shall be completed by each inspector conducting an investigation pursuant to Part 71, Subpart E, "Surface Bathing Facilities, Change Rooms and Sanitary Flush Toilet Facilities at Surface Coal Mines" and Part 75, Section 75.1712, "Bathhouse and Toilet Facilities at Underground Mines." The following instructions give a step-by-step description of how this form is to be used:

1. Date of Review - Date an investigation was conducted at the mine site to review this waiver request.

2. District - Coal Mine Safety and Health District number.

3. Mine ID Number - Mine identification number assigned by MSHA.

4. Mine Name - Name of the coal mine as submitted on the Legal Identity form submitted by the coal company.

5. Company Name - Name of the company as reported on the Legal Identity form.

6. To District Manager - District Manager's name.

7. Through - Through inspector's immediate supervisor or subdistrict manager.

8. Request for - Mark appropriate box.

9. Number of Employees - Number of mine employees that will be affected by this waiver.

10. Remaining Life of Mine - Life in years and months of the area within the boundaries of the mine ID number which the operator may mine in the future.

11. Is it practical to develop a private water supply and sanitary waste disposal? Describe on the reverse side of this form, the local water supplies available; i.e., well, city, town or community water supply and the availability of a septic tank, community waste disposal system or company system.

12. Is electricity available?

    If no, is availability practical? - If no, sketch the mine and location of nearest available electrical supply. Indicate distance to electrical supply.

13. Is it practical to construct a central bathhouse and change room and make it available to all workers of several different operations? - The company may operate several small mines in the same vicinity. If so, sketch the mine or mines, roads used, and location of the bathhouse facility. Show the route of travel (with mileage) and number of miners traveling each, route.

14. Operator submitted a signed statement by all employees agreeing that a waiver should be granted. - Check to see that all of the mine employees have freely signed the statement.

15. Contract or agreement made between the operator and employees for bathing at home. - Mine may be operated by members of a single family or the operator may pay the miners to bathe at home.

16. Availability of facilities through a third party. If there is an agreement through a third party to provide facilities, then a copy of the agreement must be submitted.

17. Are adequate drainage facilities available? - The location of the mine may make it impractical to construct adequate drainage facilities.

18. Yes or No - Check appropriate block.

19. Yes or No - Check appropriate block.

20. Agreement Mine - Are the miners represented by a labor union?

21. Yes or No - Check appropriate block.

22. Date Submitted - Date inspector's Review of Waiver Request was submitted to his supervisor.

23. Recommend Waiver Be - Check appropriate block. If the inspector recommends the waiver not be granted or extended, explain reasons for that recommendation under remarks.

24. Signature, Federal Coal Mine Inspector.

Waiver Request Action
(underground)

U. S. Department of Labor
Mine Safety and Health Administration

1. Date | 2. District | 3. Mine ID Number

4. Mine Name | 5. Company Name

6. *Post Office Address of Mine Operator* | 7. *Waiver Number*

8.

☐ Based on an investigation by Mine Safety and Health Administration personnel concerning the application, a waiver of bath house requirements, as outlined in Sections 75.1712-1, 75.1712-2, and 75.1712-3 of the Code of Federal Regulations cannot be granted for this mine.

☐ This waiver entitles the operator to waive the installation of the requirement of 75.1712-1, 75.1712-2, and 75.1712-3.

Note
This waiver is issued because it is impracticable for the operator to construct the necessary facilities now. This waiver is issued with the stipulation that sanitary *toilet facilities* approved under Section 71.500(a), 30 CFR 71, will be provided at each surface worksite.

This waiver must be posted on the mine bulletin board for at least 30 days.

9.

This waiver is nontransferable and may be modified or terminated if an inspection reveals such facilities should be provided.

10. This waiver ☐ is, or ☐ is not, granted for the following reason(s) and is subject to periodic review:

11. District Manager

MSHA Form 2000-88, May 80 (replaces Apr 79)

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FORM 2000-88 - WAIVER REOUEST ACTION (UNDERGROUND)

This form is intended to be used by the district office to notify the mine operator of the results of an investigation concerning a request for a waiver of sanitary facilities at an underground mine. In the event this waiver is granted, a copy of it shall be placed in the field office Mine File for as long as the waiver continues in effect at the mine.

The following instructions give a step-by-step description of how this form is to be used:

1. Date - The date the district issued this waiver.

2. District - The district number where the mine is located.

3. Mine ID Number - Mine ID number as reported on the Legal Identity Report (MSHA Form 2000-7).

4. Mine Name - Mine name as it appears on the Legal Identity Report (MSHA Form 2000-7).

5. Company Name - Company name as reported on the Legal Identity Report (MSHA Form 2000-7).

6. Post Office Address of Mime Operator - The nearest post office to location of the mine.

7. Waiver Number - The number of this waiver.

8. Based on an investigation by Mine Safety and Health personnel concerning the application, a waiver of bathhouse requirements, as outlined in Sections 75.1712-1, 75.1712-2, 75.1712-3, 30 CFR, cannot be granted for this mine.

   This explains why a waiver for this mine could not be granted. Additional explanations may be included under Item 10.

   This waiver entitles the operator to waive the installation of the requirements of Sections 75.1712-1, 75.1712-2, and 75.1712-3.

   This explains to the operator the provisions of the regulations that have been waived for this particular mine.

   NOTE: This waiver is issued because it is impracticable for the operator to construct the necessary facilities now. This waiver is issued with the stipulation that sanitary toilet facilities approved under Section 71.500(a), 30 CFR, will be provided at each surface worksite.

This waiver must be posted on the mine bulletin board for at least 30 days. The inspector should check to see that the mine operator posts this waiver on the mine bulletin board for at least 30 days.

9. This waiver is nontransferable and may be modified or terminated if an inspection reveals such facilities should be provided.

10. This waiver is. or is not. granted for the following reason(s) and is subject to periodic review - District Manager should explain why the waiver was or was not granted in this space.

    If the waiver involves a third party agreement for bathing facilities the following statement should be added:

    "This waiver is granted due to a third party agreement: MSHA retains the right to inspect third party bathing facilities for compliance with MSHA health standards and to require corrective action where necessary."

11. District Manager - Signature of the District Manager should appear here.

Waiver Request Action
(surface)

U. S. Department of Labor
Mine Safety and Health Administration

1. Date 2. District 3. Mine ID Number

4. Mine Name 5. Company Name

6. Post Office Address of Mine Operator 7. Waiver Number

8. Issuing Date 9. Expiration Date

10.

☐ Based on an investigation by Mine Safety and Health Administration personnel concerning the application, a waiver of bathhouse requirements, as outlined in Section 71.400 of the Code of Federal Regulations, Title 30, cannot be granted for this mine.

☐ In accordance with Section 71.403 of the Code of Federal Regulations, Title 30, a waiver is issued to waive the requirements of Section 71.400, Code of Federal Regulations, as they apply to sanitary bathing facilities, change rooms and sanitary flush toilets; however, sanitary toilet facilities, meeting the requirements of Section 71.500 of the Code of Federal Regulations, must be provided at surface worksites.

This waiver must be posted on the mine bulletin board for at least 30 days, and is effective for a maximum of one year from the date of issued.

11.

This waiver is nontransferable and may be modified or terminated if an inspection or investigation reveals such facilities should be provided.

12. This waiver ☐ is, or ☐ is not, granted for the following reason(s) and is subject to periodic review:

13. District Manager

MSHA Form 2000-90, Apr 79 (replaces Apr 79 edition)

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FORM 2000-90 - WAIVER REOUEST ACTION (SURFACE)

This form is intended to be used by the district office to notify the mine operator of the results of an investigation concerning a request for a waiver of sanitary facilities at a surface mine. In the event this waiver is granted, a copy of it shall be placed in the field office Mine File for as long as the waiver continues in effect at that mine.

The following instructions give a step-by-step description of how this form is to be used:

1. Date - Issue date of the waiver.

2. District - The district number where the mine is located.

3. Mine ID Number - Mine ID number as reported on the Legal Identity Report (MSHA Form 2000-7).

4. Mine Name - Mine name as it appears on the Legal Identity Report (MSHA Form 2000-7).

5. Company Name - Company name as reported on the Legal Identity Report (MSHA Form 2000-7).

6. Post Office Address of Mine Operator - The nearest post office to location of the mine.

7. Waiver Number - The number of this waiver.

8. Expiration Date - The date this waiver expires.

9. Based on an investigation by Mine Safety and Health personnel concerning the application, a waiver of bathhouse requirements, as outlined in Section 71.400, 30 CFR, cannot be granted for this mine. This is an explanation of why a waiver cannot be granted for this mine. Additional information may be added in Item 11.

   In accordance with Section 71.403, 30 CFR, a waiver is issued to waive the requirements of Section 71.400, as they apply to sanitary bathing facilities, change rooms and sanitary flush toilets; however, sanitary toilet facilities, meeting the requirements of' 71.500, 30 CFR, must be provided at surface work sites.

   This is an explanation of what facilities must be required at the mine even though a waiver of the other surface facilities has been granted.

This waiver must be posted on the mine bulletin board for at least 30 days, and is effective for a maximum of 1 year from the date issued.

10. This waiver is nontransferable and may be modified or terminated if an inspection or investigation reveals such facilities should be provided.

11. This waiver is. or is not granted for the following reasons and is subject to periodic review - Explain why the waiver was or was not granted in this space. If the waiver involves a third party agreement for bathing facilities, the following statement should be added:

> "This waiver is granted due to a third party agreement: MSHA retains the right to inspect third party bathing facilities for compliance with MSHA health standards and to require corrective action where necessary."

12. District Manager - The signature of the District Manager will be provided here.

Mine Operator's Respirable Dust Sampling Program Survey

U. S. Department of Labor
Mine Safety and Health Administration

1. Date | 2. District | 3. Mine ID Number | 4. Mine Name

5. Company

6. Name (person responsible for calibration and maintenance of approved sampling devices)

7. Name (person qualified to conduct sampling program)

8. Number of Dust Pumps (in use at mine)

9. All Dust Pumps Have Been Calibrated within Last 200 Hours ☐ Yes ☐ No

10. Name(s) of Person(s) Assigned to Check Pumps During Sampling

11. Results of at Least Six Checks by Soap Film Calibrator

Check	Pump Number															
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
Avg																

12. Reverse May Be Used for Remarks

13. Person Conducting Survey

▷ Attach a copy of this form to the Technical Inspector's Appraisal of the Dust Control Plan, MSHA Form 2000-86.

MSHA Form 2000-95, Apr 79

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FORM 2000-95
MINE OPERATOR'S RESPIRABLE DUST SAMPLING PROGRAM SURVEY

This form shall be filled out at the completion of each technical health evaluation. The following instructions give a step-by-step description of how this form is to be used:

1. Date - Date the operator's sampling equipment was checked.

2. District - MSHA District in which the mine was located.

3. Mine ID Number - Self-explanatory.

4. Mine Name - Self-explanatory.

5. Company - Self-explanatory.

6. Name (person responsible for calibration and maintenance of approved sainplina devices) - Self-explanatory.

7. Name (person qualified to conduct sampling program) - Self- explanatory.

8. Number of Dust Pumps (in use at the mine) - Self- explanatory.

9. All Dust Pumps Have Been Calibrated Within the Last 200 Hours? - Self-explanatory.

10. Name(s) of Person(s) Assigned to Check Pumps During Sampling - Self-explanatory.

11. Results of at Least Six Checks by Soap Film Calibrator - The results of the checks should be averaged to determine if the pumps are operating within their specified tolerance range. See MSHA Informational Report 1121 (1980), "Standard Calibration and Maintenance Procedures for Wet Test Meters and Coal Mine Respirable Dust Samplers (Supersedes IR 1073)," for an explanation of the proper procedures to follow when using a wet test meter.

12. Reverse May be Used for Remarks - Self-explanatory.

13. Person Conducting Survey - Self-explanatory.

LEAVE BLANK

Designated Occupation
Change Notice

U.S. Department of Labor
Mine Safety and Health Administration

1. Date | 2. District Number | 3. Mine ID Number

4. Mine Name | 5. Company

6. Post Office Address of Mine Operator

7.

Notice is hereby given that the "designated occupation" on which sampling is required with respect to each working section by Title 30, Code of Federal Regulations, Part 70—Mandatory Health Standards —Underground Coal Mines, is changed as follows:

8. Changed from (occupation code) | 9. Changed to (occupation code) | 10. On MMU

11.

Beginning with the next bimonthly period, you are hereby directed to initiate action to establish a bimonthly sampling cycle for the new "designated occupation".

12. Remarks

13. District Manager | 14. Signature

MSHA Form 2000-98, Mar 82 (revised)

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FORM 2000-96 - DESIGNATED OCCUPATION CHANGE NOTICE

If it is determined by respirable dust samples collected during safety and health technical inspections that an occupation, other than the designated occupation, has average dust concentrations which exceed the designated occupation, MSHA may change the designated occupation by notifying the operator in writing of such a change. The subdistrict office shall immediately complete a new "MMU/DA/DWP STATUS" form and enter the information into the AIS computer.

Instructions for completing MSHA form 2000-96 are as follows:

1. Date - Date this designated occupation change notice was completed.

2. District Number - Coal Mine Safety and Health District number.

3. Mine ID Number - MSHA identification number assigned to the mine where the designated occupation was changed.

4. Mine Name - Name of coal mine as reported on the Legal Identity form submitted by the coal company.

5. Company - Name of the coal company as reported on the legal Identity form submitted by the coal company.

6. Post Office Address of Mine Operator - Self-explanatory.

7. N/A

8. Changed from (occupation code) - Occupation code number that was used before this form was completed.

9. Changed to (occupation code) - New occupation code number.

10. On MMU - MMU number where the occupation was changed.

11. N/A

12. Remarks

13. District Manager - Name of District Manager.

14. Signature - Signature of District Manager.

LEAVE BLANK

MMU/DA/DWP Data

U.S. Department of Labor
Mine Safety and Health Administration

The following items must always be completed:

1. Action	A. New Entry		B. Update		
2. Mine ID	—		3. Organization Code 2		4. Effective Date of Action Mo Da Yr
5. Entity Type (select one)	A. MMU ☐	MMU Number —	Occupation Code (DO or NDO)		
	B. DA ☐	DA Number —			
	C. DWP ☐	SA Number —	Occupation Code		

MMU/DA/DWP Information (complete as required)

6. MMU/DA/DWP Status	A. Producing	B. Nonproducing	C. Abandoned	D. Sampling N/R (is not required) (DA or DWP only)
7A. Location Description				
7B. DA Dust Level: (check one) Check how 70.100b applies to DA (1.0 max dust level if it does)	☐ N—No ☐ Y—Yes	7C. Dust Standard: Immediate Setting Headquarters Only	•	

MMU Information (complete each item for new MMU entry, or complete only items to be updated)

8. Method of Mining (check only one entry)	9. Mining and Machine Configuration (check as many entries as necessary)	
01. Longwall/Shear	01. Advancing	16. Remote Controlled, Radio
02. Longwall/Plow	02. Retreating	17. Fixed Arm Shearer
03. Continuous/Ripper	03. Exhausting Ventilation	18. Ranging Arm Shearer
04. Continuous/Bore	04. Blowing Ventilation	19. Single Drum Shearer
05. Continuous/Auger	05. Exhausting/Blowing Ventilation	20. Double Drum Shearer
06. Continuous/Shortwall	06. Auxiliary Fan and Tubing	21. Fixed Cutting Head (cont./ripper)
07. Conventional with Cutting Machine	07. Diffuser Fans Used	22. Oscillating Cutting Head (cont./ripper)
08. Scoop with Cutting Machine	08. Homotropal Ventilation (longwall)	23. Spray Fan System Used
09. Scoop/Shoot Off Solids	09. Antitropal Ventilation (longwall)	24. Flooded-Bed Dust Scrubber
10. Conv./Shoot Off Solid-Loading Machine	10. Unidirectional Cutting (longwall)	25. Water-Powered Dust Scrubber
11. Hand Load/Cutting Machine	11. Bidirectional Cutting (longwall)	26. Wetted-Fan Dust Scrubber
12. Hand Load/Shoot Off Solid	12. Roof Bolting, Single Head	27. Drum Sprays
13. Hand Load/Anthracite	13. Roof Bolting, Dual Head	28. Shearer-Clearer System
	14. Diesel Equipment Used	29. Water Infused, Near-Face
	15. Remote Controlled, Cord	30. Water Infused, Panel

Complete for Update MMU Entry Only (when necessary)

10. New Production Tonnage	

11. Remarks:

12. Submitted By Date

13. Key Entered By Date

MSHA Form 2000-142, Oct 85 (Revised) * U.S. G.P.O.:1997 709-570

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FORM 2000-142 - MMU/DA/DWP DATA FORM

The form will be used to establish a new MMU, DA, or DWP on the MIS database, to change the status of an MMU, DA, or DWP, or to update any information on the form relevant to the MMTJ, DA, or DWP. This form should be completed in black ink. An explanation follows with corresponding reference numbers for the information required for each line, space or block.

1. Action - Indicate whether this is the initial action to add new information to the database, or if it is to update the information on the database.

2. Mine ID - Enter the authorized seven-digit number that identifies the mine.

3. Organization Code - Enter the last four digits of the code for the field office having jurisdiction over the mine.

4. Effective Date of Action - Enter the month, day and year the status shown in Item 6 became effective.

5. Entity type - Identify the type of entity, either "A", 'B', or "C", being affected by this action.

5A. MMU - If affected by this action, enter the four-digit identification number assigned to the MMU (001-0 through 099-0).

Occupation Code - Enter the appropriate three-digit code, beginning with "0", assigned to the affected designated occupation (DO) or the nondesignated occupation (NDO).

5B. DA - If affected by this action, enter the four-digit identification number assigned to the DA conforming to the established numbering scheme, beginning with digits one through nine.

5C. DWP - If affected by this action, enter the four-digit surface area (SA) number identifying the DWP which conforms to the established numbering scheme for surface mines (001-01 through 099-0) and for underground mines (900-0 through 999-0).

Occupation Code - Enter the appropriate three-digit code, beginning with "3", assigned to the designated surface work position.

6. MMU/DA/DWP Status - Indicate status of affected entity by checking either "A", "B", "C" or "D". Refer to 30 CFR 70.220 and 71.220 for definitions of each specific status.

6D. Sampling N/R - Check this item only when a DA or DWP sampling entity, currently in normal bimonthly processing with no outstanding advisories pending, is no longer in or is to be removed from sampling status after having met qualifying criteria.

7A. Location Description - Identify the location of the entity (MMU, DA or DWP) to be sampled. For example, MMU 001-0 is located "9 road 6 left."

7B. DA Dust Level - This item is coded whenever you are adding a DA. Indicates whether 70.100(b) applies to the entity (is within 200 feet outby the working face) and the applicable standard for that entity will be set at 1.0 milligrams of respirable dust per cubic meter of air (mg/in^3). However, if "N" is checked, indicating that 70.100(b) does not apply to the entity, the system will establish a maximum dust level of 2.0.

7C. Dust Standard - Completed by districts or subdistricts when necessary to administratively adjust the applicable dust standard to the correct standard. Once entered, it will be set immediately.

8. Methods of Mining - Complete this item for MMU's only. Complete this item for a new MMU or when the present method of mining has changed. Check only one entry.

9. Mining and Machine Configuration - Complete this item for MMU5 only. Complete this item for a new MMU or when the present method of mining has changed. Check as many entities as necessary to describe the MMU. Item 9 should be reviewed and updated as necessary on each BAB inspection.

10. New Production Tonnage - This item is applicable to MMUs only. The average production tonnage produced by an MMU is set by the last five valid bimonthly samples collected, and, therefore this item is normally left blank. This item should only be completed when the operator requests a change.

11. Remarks - Self explanatory.

12. Submitted By/Date - Self explanatory.

13. Key Entered By/Date - Self explanatory.

Part 90 Miner Status

U.S. Department of Labor
Mine Safety and Health Administration

The following items must always be completed.

1. Action — A. Initial or Additional Transition Period [ ] B. Update [ ]

2. Part 90 Number [ ][ ][ ][ ] — [ ][ ] — [ ][ ][ ][ ] 3. Mine ID [ ][ ] — [ ][ ][ ][ ][ ] 4. Organization Code 2 [ ][ ][ ][ ]

Complete the following to define a Part 90 work position:

5. MMU/DA/SA [ ][ ][ ][ ] — Ø 6. Occupation Code [ ][ ][ ]

7. Location Description

Complete the following when necessary for an additional transition period:

8. Date Additional Transition Period Begins Mo Da Yr 9. Discontinue Additional Transition Period Mo Da Yr

Complete the following to establish a new dust standard:

10. New Dust Standard (Headquarters Only) [ ] • [ ]

Complete the following to change status of miner:

11. Sampling Status A. Available [ ] B. Unavailable [ ] C. Terminated [ ] 11a. Date of Status Mo Da Yr

Complete the following to correct name or update address:

12. Last Name

13. First Name 14. Middle Initial

Miner's Mailing Address

15. Street or Box Number

16. City

17. State Name 18. Zip Code [ ][ ][ ][ ][ ] — [ ][ ][ ][ ]

19. Remarks:

20. Submitted By Date

21. Key Entered By Date

MSHA Form 2000-144, Oct 85 (Revised)

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FORM 2000-144 - PART 90 MINER STATUS

MSHA Form 2000-144 is completed primarily to record a Part 90 miner's (a miner with evidence of pneumoconiosis who exercises the option) work position in the MIS system. It also serves to update, restore missing information and correct some information without causing a change in the computer processing. The form should be completed in black ink.

1. Action - Indicate whether this action pertains to an initial or additional transition period, or is to update information about the miner on the database. A transition period is the 15 calendar days in which the operator must collect and submit five valid samples from a Part 90 miner's work position to determine if that position meets the dust standard.

2. Part 90 Number - Enter the miner's social security number.

3. Mine ID - Enter the authorized seven-digit number that identifies this mine.

4. Organization Code - Enter the last four digits of the code for the field office having jurisdiction over the mine.

5. MMUIDA/SA - Enter the three-digit number which identifies the type of entity. If the miner is assigned to an MMII, use the first three digits of that MMU number (001 through 099). If the miner is assigned to a nonface underground area, use the number "850". If the miner is assigned to a surface area, use the number "950".

6. Occupation Code - Enter the three-digit code assigned to a specific occupation by the Office of the Administrator (see MSHA Form 2000-157).

7. Location Description - Identify the location of the entity or describe the miner's job duties or equipment used. Shift information may also be included.

8. Date Additional Transition Period Begins - Enter the date when an additional transition period begins.

9. Discontinue Additional Transition Period -Enter the date an additional transition period was discontinued because the miner decided to return to the previous work position.

10. New Dust Standard - Completed only by DOH when necessary to administratively adjust the miner's applicable dust standard. The new standard cannot be greater than 1.0 or less than 0.1 mg/in^3 of air.

11A. Samp1ing Status - Complete this item to change the status of a miner. Refer to 30 CFR 90.220 for definitions of each specific operational status. Since initial entry of this form assumes availability, do not check the "A" box or it will cause the transaction to reject.

11B. Date of Status - Enter the effective date of the change in status.

12. Last Name - Enter the miner's last name, followed by "Jr." or "Sr." if applicable.

13. First Name - Enter the miner's first name.

14. Middle Initial - Enter the first letter of the miner's middle name if there is one.

15. Street or Box Number - Enter the miner's mailing address, leaving a single space between each part.

16. City - Enter the name of the city, abbreviate if necessary.

17. State Name - Enter the name of the state. Do not use the two-letter postal abbreviation for the state.

18. Zip Code - Enter the appropriate zip code. If only five digits are known, place them in the first five boxes and leave blanks in the rest.

19. Remarks - This space is used for additional information, explanations or administrative purposes, and is not entered into the system.

20. Submitted By/Date - Enter the name of the person completing this form and the date it was completed.

21. Key Entered By/Date - Signature of the person inputting this information into the computer and the date he/she entered it.

I.H. Inspection Data

U.S. Department of Labor
Mine Safety and Health Administration

A. First Day of Inspection	Mo	Da	Yr	B. Mine ID Number	C. Mine Name

D. Company Name	E. Inspector Name	F. AR Number	G. Field Office No.

H. Site Codes for: 1—MMU, 2—UG Shop, 3—UG Warehouse, 4—UG Other, 5—Surf Pit, 6—Surf Shop, 7—Surf Warehouse, 8—Laboratory, 9—Bathouse, 10—Prep Plant & 11—Surf Other.

I. Areas or Items Evaluated:

1. List Site Code(s) for Area(s) Inspected						
	In Blocks Below Check "Yes", "No", or "NA"					
2. Miners Knowledgable of Safe Work Procedures						
3. Engineering and Administrative Controls Adequate						
4. Personal Protective Equipment Adequate						
5. Change Room, Bathing and Toilet Facilities Adequate						
6. Change Room, Bathing and Toilet Facilities Sanitary						
7. Drinking Water Supply Adequate						
8. Drinking Water Sanitary						
9. Occupational Illnesses Reported (if any)						

J. For items checked "No" above, explain corrective action taken or planned. Also, list any special observations, recommendations, or improvements made during the course of this inspection:

K. List chemicals found on mine property on the back of this form. (if so, check box) ☐

MSHA Form 2000-187, Mar 86 (Revised)

L. Chemicals Used or Stored on Mine Property	Approximate Amount Stored (M)	Approximate Amount Used Last 12 Months (N)	Potential Exposure Number People (O)	Site Code (P)	(✓) MSDS (Q)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					

Attach list of remaining chemicals on additional sheet if necessary. ☐

Reverse, MSHA Form 2000-187, Mar 86 (Revised)

FORM 2000-187 - I.H. INSPECTION DATA

This form is normally used during an Industrial Hygiene Inspection to locate and identify chemicals being used or stored and to evaluate the surface or underground environment of the miners.

A. First Day of Inspection - Enter inspection start date in two-digit month-day-year format.

B. Mine I.D Number - Enter the seven-digit mine identification number assigned by MSHA.

C. Mine Name - Enter the mine name as it appears on the Legal Identity Report Form No. 2000-7.

D. Company Name - Enter the company name as it appears on the Legal Identity Report Form.

E. Inspector Name - Enter the name or names of the inspector(s) performing the sampling survey.

F. A.R. Number - Enter the five-digit identification number from the AR's card of authorization (MSHA Form 1000-186).

G. Field Office No. - Enter the five-digit number assigned to the MSHA CMS&H Office under which the coal mine is inspected.

H. Site Codes - The site codes listed are to be used in column (1-3) for showing the location of where the samples were collected.

I. Areas or Items Evaluated - Enter the appropriate site code(s) for Item 1. For Items 2 through 9 enter a "yes," "no" or "NA" in the blocks provided under each site inspected.

J. Comments - Space provided for the inspector to list any special observations, recommendations or improvements made during the inspection.

K. Block - Check block if chemicals are found on mine property.

L. Chemicals - List chemical names or trade names of all substances of concern found on the mine property. Chemical names are preferred. Be as accurate as possible.

M. Approximate Amount Stored - Enter quantity stored on mine property. Use appropriate measurement quantity in order to avoid ambiguous terms such as 3 drums, 10 cans, 2 bottles, etc.

N. Approximate Amount Used - Enter quantity used in the last 12 months. Use appropriate measurement quantity in order to avoid ambiguous terms such as 3 drums, 10 cans, 2 bottles, etc.

O. Potential exposure - Enter the number of people who could be exposed. Take into consideration the number of people who may be exposed on other work shifts.

P. Bite Code - Use one (1) site code number for each chemical. The codes are shown under Item H above.

Q. MSDS - Check the block if a material safety data sheet was obtained for the chemical noted.

I.H. Sampling Data

U.S. Department of Labor
Mine Safety and Health Administration

A. Date Samples Collected	Mo	Da	Yr	B. Mine ID Number	C. Mine Name
				—	

D. Company Name	E. Inspector Name	F. AR Number	G. Field Office No.

H. Site Codes for: 1—MMU, 2—UG Shop, 3—UG Warehouse, 4—UG Other, 5—Surf Pit, 6—Surf Shop, 7—Surf Warehouse, 8—Laboratory, 9—Bathouse, 10—Prep Plant & 11—Surf Other.

I. Sampling Data	Sample 1	Sample 2	Sample 3
1. Sample ID Number			
2. Type of Sample			
3. Site Code			
4. Occupation Code			
5. Pump Number			
6. Time Stop			
7. Time Start			
8. Total Time (minutes)			
9. Flow Rate			
10. Sample Medium			
11. Lot Number			
12. Temperature (°F)			
13. Humidity (%)			
14. Barometric Pressure (mmHg)			
J. Operation/Location			
K. Type Analysis Desired			

L. Special Instructions or Comments

M. Date Sample(s) Submitted for Analysis	Mo	Da	Yr

MSHA Form 2000-194, Mar 86

N. Analysis—This Page to be Completed by Analytical Laboratory Only	O. Date Samples Received	Mo	Da	Yr

P. Laboratory Sample Number's	Sample 1	Sample 2	Sample 3
Contaminant Number 1			
Amount			
TLV			
Analysis by (initials)			
Contaminant Number 2			
Amount			
TLV			
Analysis by (initials)			
Contaminant Number 3			
Amount			
TLV			
Analysis by (initials)			
Contaminant Number 4			
Amount			
TLV			
Analysis by (initials)			
Contaminant Number 5			
Amount			
TLV			
Analysis by (initials)			
Contaminant Number 6			
Amount			
TLV			
Analysis by (initials)			

Q. Special Instructions or Comments

R. Analysis Reviewed and Approved by (name)	S. Date Analysis Sent to Inspector	Mo	Da	Yr

Reverse, MSHA Form 2000-194 Mar 86

FORM 2000-194 - I.H. SAMPLING DATA

This form is also used during an Industrial Hygiene Inspection, but is used to record the collection of chemical samples or contaminants for analysis and subsequent determination of exposures.

A. Date Samples Collected - Enter date the samples were collected in two-digit month-day-year format. A separate form will need to be filled out for each sampling day.

B. Mine I.D. Number - Enter the seven-digit mine identification number assigned by MSHA.

C. Mine Name - Enter the mine name as it appears on the Legal Identity Report, MSHA Form No. 2000-7.

D. Company Name - Enter the company name as it appears on the legal identity report form.

E. Inspector Name - Enter the name or names of the inspector(s) performing the sampling survey.

F. A.R. Number - Enter the five-digit identification number from the AR's card of authorization (MSHA Form 1000-186).

G. Field Office No. - Enter the five-digit number assigned to the MSHA CMS&H Office under which the coal mine is inspected.

H. Site Codes - The site codes listed are to be used in column (1-3) for showing the location of where the samples were collected.

I. Sampling Data

1. Sample I.D. Number - A number that uniquely identifies each sample or container.

2. Type of Sample - Physical nature of samples; e.g. liquid, soil, bulk, oil, diesel fuel, etc. (If dosimeter sample, classify as personal or area).

3. Site Code - Use one (1) site code number for each sample. The codes are shown under Item H above.

4. Occupation Code - Enter the three digit occupation code for the person sampled or the occupation code of the person working nearest the sample location.

5. Pump Number - Print in the MSHA property number found on the pump.

6. Time Stop - Print in the time the pump stopped sampling. Use military time 0000 to 2400 hours.

7. Time Start - Print in the time the pump started sampling.

8. Total Time - Total sampling time in minutes.

9. Flow Rate - Pump flow rate in millimeters per minute (ml/min).

10. Sample Medium - Description of adsorbing or absorbing media with which samples were taken; e.g. midget impinger with name of absorbing agent and/or solvent, charcoal tubes, florisil tubes, specific types of filters used.

11. Lot Number - the number of the particular batch or kind of sample media, e.g. each package of chemical tubes has a specific number.

12. Temperature - Ambient temperature measured in degrees Fahrenheit.

13. Humidity (%) - Relative humidity measured with a sling psychrometer in percent.

14. Barometric Pressure (mm/Hg) - Measured in millimeters of mercury.

J. Operation/Location - Print in the type of operation being sampled; e.g., degreasing, float-sink, frothing, welding, etc. Also, print in the location; e.g., 3rd floor, outside, etc.

K. Type Analysis Desired - Print the type or kind of analysis or analyses desired. Also list the suspected contaminants in each sample.

L. Special Instruction or Comments - Any additional comments that need to be made for the person doing analysis can be included in this space.

M. Date Sample(s) Submitted for Analysis - Enter the date the samples are to be mailed for analysis.

N-S. Analysis - This side of the page is to be completed only by the analytical laboratory and returned to the inspector.

Diesel Equipment Inventory

U.S. Department of Labor
Mine Safety and Health Administration

Mail To: Approval and Certification Center
P.O. Box 251, RR No. 1
Industrial Park Boulevard
Triadelphia, WV 26059

(Attn: Mine Equipment Branch)

Attention—For additional information contact the "Mine Equipment Branch" at (304) 547-0400 or (FTS) 723-1417.

1. Verify Type (check one)
☐ Active Machine
☐ Delete Machine

2. Date Prepared

3. Name of Inspector

4. AR Number

5. Field Office ID

6. Mine Name

7. Mine ID

8. Equipment Approval Number (if applicable)

9. Equipment Manufacturer

10. Equipment Model Number

11. Equipment Type

12. Serial Number

13. Date Manufactured

14. Engine Manufacturer

15. Engine Model

16. Machine Features (check type(s) applicable)
☐ Methane Monitor ☐ 2G Electrical Components ☐ Rail-Mounted

17. Type of Mine (check one)
☐ Coal ☐ Metal/Nonmetal

18. Comments:

MSHA Form 2000-198, Feb 88

LEAVE BLANK

FORM 2000-198 - DIESEL EOUIPMENT INVENTORY

The Diesel Equipment Inventory data form is to be filled out for each piece of diesel-powered equipment used underground at each mine. The information requested on this form should be obtained from an actual inspection of the equipment at the mine site. This will prevent possible discrepancies between the actual equipment and information obtained for a particular machine from records at the mine office. These records might list the machine purchased as a utility truck and the actual machine might, in fact, have been converted to a personnel carrier. However, some of the information (i.e., date manufactured, engine model number, etc.) might not be obtainable from examining the equipment. Therefore, you should attempt to obtain as much of the remaining information from the mine office records. If any equipment information still cannot be found, leave those lines blank. Do not speculate on what the missing equipment information should be.

1. Verify Type (check one):

   Active Machine - This is to be marked on the forms for equipment being used at that specific mine. Regardless of whether this piece of equipment was previously submitted for the inventory.

   Delete Machine - This is to be marked on the forms for equipment that is no longer being used or located at that specific mine.

2. Date - The date this form was filled out.

3. Inspector Name - The name of the inspector who filled out the data form. Note: The inspector's name is strictly in case there is a need for clarification with a piece of data on the form.

4. A.R. Number - The five-digit identification number assigned by the Mine Safety and Health Administration to all field inspectors.

5. Field Office ID Number - The five-digit identification number assigned by the Mine Safety and Health Administration to all field offices.

6. Mine Name - The full name of the mine. Example: Foidel Creek Mine.

7. Mine ID - The seven-digit identification number assigned by the Mine Safety and Health Administration.

8. Equipment Approval Number - (if applicable) The four-or-five-digit number assigned by MSHA's Approval and Certification Center to diesel equipment verifying that these machines are approved under either Parts 36 or 32 of the Code of Federal Regulations. Not all equipment will have an approval number.

Example: Part 36 number is 31-62 (permissible). Part 32 number is 24-153 (nonpermissible).

Note: The approval number will be stamped on a metal approval plate and attached to the machine.

9. Equipment Manufacturer - The name of the company that manufactures this particular piece of equipment.

   Example: Wagner Mining Equipment Incorporated

10. Equipment Model Number - The numbers and/or letters assigned by the equipment manufacturer to a certain model or type of equipment.

11. Equipment Type - A name given the equipment which describes its function or use at this particular mine.

    Example: Powder Loading Truck

12. Serial Number - The identification number assigned by the equipment manufacturer to a specific piece of equipment.

13. Date Manufactured - The year in which the machine was manufactured.

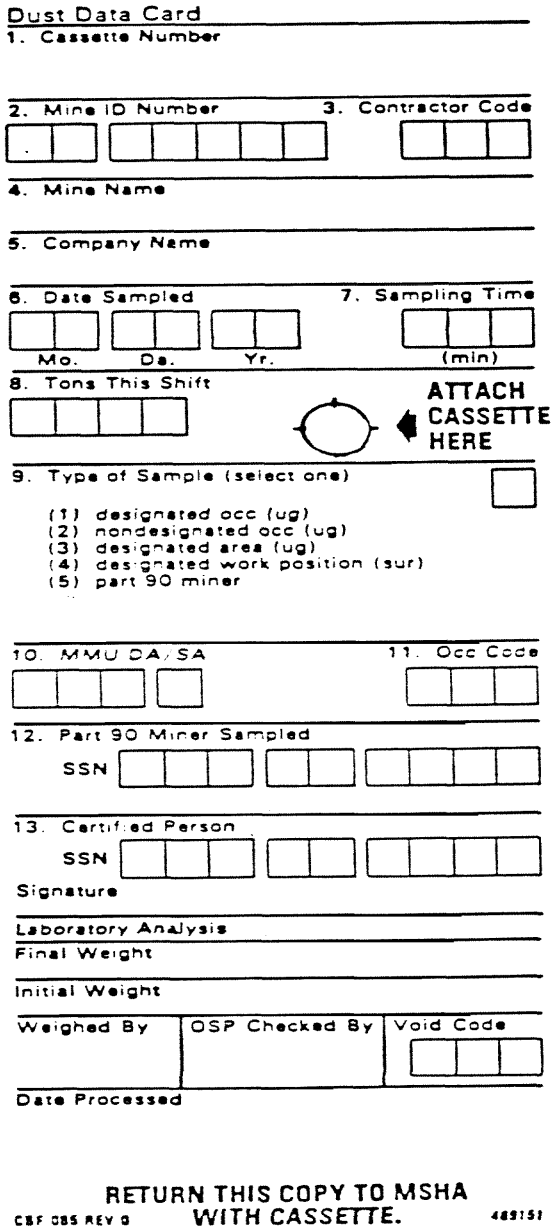
14. Engine Manufacturer - The name of the company that manufactured the engine used in this machine.

15. Engine Model - The numbers and/or letters assigned by the engine manufacturer to a certain model or type of engine.

16. Machine Features - (Methane Monitor, 2G Electrical Components and Rail-Mounted) Each box is to be marked if the diesel equipment is equipped with each machine feature listed beside the box.

17. Type of Mine - Coal or metal/nonmetal mine.

18. Comments - Only pertinent information pertaining to the equipment that cannot be noted anywhere else on the form.



Dust Data Card

1. Cassette Number

2. Mine ID Number

3. Contractor Code

4. Mine Name

5. Company Name

6. Date Sampled — Mo. Da. Yr.

7. Sampling Time (min)

8. Tons This Shift

ATTACH CASSETTE HERE

9. Type of Sample (select one)

(1) designated occ (ug)
(2) nondesignated occ (ug)
(3) designated area (ug)
(4) designated work position (sur)
(5) part 90 miner

10. MMU DA/SA

11. Occ Code

12. Part 90 Miner Sampled

SSN

13. Certified Person

SSN

Signature

Laboratory Analysis

Final Weight

Initial Weight

Weighed By | OSP Checked By | Void Code

Date Processed

RETURN THIS COPY TO MSHA WITH CASSETTE.

CSF 0BS REV 0 469151

LEAVE BLANK

DUST DATA CARD

The inspector should take extreme care in filling out the dust data card

The dust data card should be filled out as follows:

1. Cassette Number - The cassette number on the dust data card is supplied by the manufacturer and must correspond to the number on the filter cassettes. The card must be submitted along with the filter cassette bearing the identical serial number.

2. Mine ID Number - The mine ID number is a seven-digit number assigned by MSHA.

3. Contractor Code - A three-digit ID number assigned by MSHA.

4. Mine Name - The specific name of the mine is required. The mine ID number and the name of the mine must match.

5. Company Name - The name of the company that operates the mine is required.

6. Date Sampled - The date the sample was taken is required, not the date it was mailed or is due. When entering the date, be sure to enter a zero before single-digit months, or days so that each box contains a number.

7. Sampling Time - The sampling time, expressed in minutes, represents the actual elapsed time between when the pump was started and when the pump was turned off. Total time should not be more than 480 minutes or less than 360 minutes.

8. Tons This Shift - Tons of material produced. This item is required for samples taken on the mechanized mining unit. Tonnage less than four digits must be preceded by zeros. This item is not required to be filled out for samples taken in surface areas.

9. Type of Sample (select one) - The number of the correct sample type is entered in the box provided. The environment sampled should be numbered as follows:

   (1) designated occ (ug)

   (2) nondesignated occ (ug)

   (3) designated area (ug)

   (4) designated work position (sur)

(5) part 90 miner

(6) nondesignated area (ug)

(7) intake air (ug)

(8) nondesignated work position (sur)

Code numbers 1 through 5 will be used by coal operators and MSHA inspectors. Numbers 6 through 8 will be used by MSHA inspectors only. Code number 2 is to be used by MSHA inspectors when an underground nondesignated occupation is sampled. The only time that an operator would use code 2 would be after an excessive dust citation has been issued on a nondesignated occupation and the operator samples the environment to get back into compliance.

10. MMU/DA/SA - These four blocks are for the number assigned by MSHA to identify the mechanized mining unit (MMU), designated area (DA), surface area (SA), or Part 90 miner. Part 90 miners working underground should be coded 850-0 if not working on an MMU. If the Part 90 miner is working on an MMU, the MMU identification number shall be used. Part 90 miners working on the surface shall be coded 950-0.

11. Occ Code - The appropriate three-digit occupation code. This block does not need to be filled out when designated areas are sampled.

12. Part 90 Miner Sampled - This section need only be completed if the miner sampled is one who has exercised the option to work in a less dusty occupation (a "Part 90 miner"). The Part 90 miner's social security number shall be entered, one digit in each box.

13. Certified Person - The respirable dust certification number of the person taking the sample must be entered to verify the person's certification.

The information in the section marked "Laboratory Analysis" will be completed by the laboratory technician.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
'IONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

REQUEST FOR MINING HEALTH HAZARD EVALUATION

This form is provided to assist in registering a request for a health hazard evaluation with the U.S. Department of Health and Human Services as provided in Section 501(a)(11) of the Federal Mine Safety and Health Act of 1977. (See Statement of Authority on Reverse Side.) This section provides for evaluation of health hazards at a mine resulting from exposure to chemical substances or physical agents (such as noise, heat, radiation, etc.) including exposure to substances or agents resulting from equipment used in the mines.

Name of Establishment Where Evaluation is Requested _____

Company Address (Street) _____ (Telephone No.) _____

(City) _____ (State) _____ (Zip Code) _____

1. What Product or Service does the Establishment Produce? _____

2. Specify the particular building or worksite where the substances(s) or physical agent(s) is located, including address. _____

3. Specify the name, title, and phone number of the employer's agent(s) in charge. _____

4. Describe briefly the substance(s) or physical agent(s) which exists by completing the following:
   Identification of Hazardous Physical Agent(s) _____
   Identification of Toxic Substance(s) _____
   Trade Name(s) (if applicable) _____ Chemical Name(s) _____
   Manufacturer(s) _____
   Does the material have a warning label? ____Yes ____No. If yes, attach a copy of the information contained on the label.
   Physical Form of Substance(s): ☐ Dust ☐ Gas ☐ Liquid ☐ Mist ☐ Other
   How are you exposed? ☐ Breathing ☐ Swallowing ☐ Skin Contact ☐ Other
   Number of People Exposed _____ Length of Exposure (Hours/Day) _____
   Occupation of Exposed Employees _____

5. Using the space below, describe further the nature of the conditions or circumstances which prompted this request and other relevant aspects which you may consider important such as the nature of the illness or symptoms of exposure, the concern for the potentially toxic or hazardous effects of a new chemical substance or physical agent introduced into the workplace, etc. _____

CDC/NIOSH 2.108
Rev. 1/81

6. (a) To your knowledge has this substance or agent been considered previously by any Government agency? _____ (b) If so, give the name and address of each.

_____

_____

(c) and, the approximate date it was so considered. _____

7. (a) Is a similar request currently being filed with or under investigation by any other Government (State or Federal) agency? _____ (b) If so, give the name and address of each _____

_____

8. Requester - The undersigned Requester believes that a substance (or substances) or physical agent (or physical agents) normally found in the concentrations or levels used or found may have potentially toxic or hazardous effects in the concentrations or levels used or found.

Signature _____ Date _____

Typed or Printed Name _____

Phone: Home - _____ Business - _____

Address Street _____

City _____ State _____ Zip Code _____

Check One:

☐ I am an Operator Representative.

☐ I am an Authorized Representative of, or an officer of the organization representing the miners for purposes of collective bargaining. State the name and address of your organization. _____

_____

☐ I am an Authorized Representative of two or more miners in the workplace where the substance or physical agent is normally found. Add signatures of authorizing miners below:

Name: _____ Phone _____

Name: _____ Phone _____

☐ I am one of three or less miners in the workplace where the substance or physical agent is normally found.

Please indicate your desire: ☐ I do not want my name revealed to the employer.

☐ My name may be revealed to the employer.

Authority: In accordance with the provisions of the Federal Mine Safety and Health Act of 1977, Section 501(a) The ... the Secretary of Health and Human Services, as appropriate shall conduct such studies research, experiments, and demonstrations as may be appropriate... (11) to determine, upon the written request by any operator or authorized representative of miners, specifying with reasonably particularity the grounds upon which such request is made, whether any substance normally found in a coal or other mine has potentially toxic effects in the concentrations normally found in the coal or other mine or whether any physical agents or equipment found or used in a coal or other mine has potentially hazardouns effects, and shall submit such determinations to both the operators and miners as soon as possible ....(b) Activities under this section in the field of coal or other mine health shall be carried out by the Secretary of Health and Human Services through the National Institute for Occupational Safety and Health ....

For Further Information - Telephone: AC 304 599-7203

Send the completed form to:
National Institute for Occupational Safety and Health
Mining Health Hazard Evaluations
944 Chestnut Ridge Road
Morgantown, West Virginia 26505

REQUEST FOR MINING HEALTH HAZARD EVALUATIONS (HHEs)

This form is for mining health hazard evaluations requested by the mine operator or a representative of the miners. The form should be given to miner representatives or mine operators who have concerns about potential health hazards that do not involve compliance with existing regulations.