

**U.S. DEPARTMENT OF LABOR**

Office of Workers' Compensation Programs  
Division of Coal Mine Workers' Compensation  
Washington, DC 20210



**JUN 12 2014**

RELEASE – REVISION OF EXHIBIT 17, RESOURCE BOOK, COAL MINE (BLBA) PROCEDURE MANUAL

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BLBA TRANSMITTAL NO. 14-04

June 2014

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**EXPLANATION OF MATERIAL TRANSMITTED:**

This transmittal updates Exhibit 17, a sample of our standard Form CM-913, Description of Coal Mine Work and Other Employment.

A handwritten signature in blue ink, appearing to read "Michael A. Chance".

MICHAEL A. CHANCE  
Director, Division of Coal  
Mine Workers' Compensation

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**FILING INSTRUCTIONS:**

Remove Old Exhibit

BLBA PM Resource Book

Exhibit 17

Insert New Exhibit

BLBA PM Resource Book

Exhibit 17

DISTRIBUTION: List No. 3  
(All Supervisors, Claims Examiners, Workers' Compensation Specialists)

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COAL MINE (BLBA) PROCEDURE MANUAL

Resource Book

Exhibits

CM-913, Description of Coal Mine Work and Other Employment

|  |   |
|--|---|
| <p><b>Description of Coal Mine Work and Other Employment</b></p>   | <p align="center"><b>U. S. Department of Labor</b><br/>Office of Workers' Compensation Programs<br/>Division of Coal Mine Workers' Compensation</p> |
| <p><small>This report is authorized by the Black Lung Benefits Act (30 U.S.C. 901 et. seq.). Your response is required in order for your benefit claim to receive proper consideration.</small></p>  |   |
| <p><small>Miner's Name (Last, First, Middle Initial)</small></p>   | <p><small>Claim Number</small></p>  |
| <p><small>Please provide the following information concerning your current or last coal mine work, or the miner's last coal mine work prior to death.</small></p>  |   |
| <p><b>PART I. DESCRIPTION OF COAL MINE WORK</b></p>  |   |
| <p><b>1. Job Title</b></p>   | <p><b>2. Dates Worked</b><br/>From: _____ To: _____</p>   |
| <p><b>3. Highest or current rate of pay</b></p>  | <p><b>4. Number of days worked per week</b></p>   |
| <p><b>5. Describe the duties of this job in your own words:</b></p><br><br><br><br><br>  |   |
| <p><b>6. List all other jobs you or the deceased miner did in the coal mines for at least one year.</b></p>  |   |
| <p><small>Job Title</small></p>  | <p><small>Dates Worked</small></p>  |
| <p>_____</p>   | <p>From: _____ To: _____</p>  |
| <p>_____</p>   | <p>From: _____ To: _____</p>  |
| <p>_____</p>   | <p>From: _____ To: _____</p>  |
| <p>_____</p>   | <p>From: _____ To: _____</p>  |
| <p>_____</p>   | <p>From: _____ To: _____</p>  |
| <p>_____</p>   | <p>From: _____ To: _____</p>  |
| <p>_____</p>   | <p>From: _____ To: _____</p>  |
| <p><b>Public Burden Statement</b></p>  |   |
| <p><small>Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Division of Coal Mine Workers' Compensation, Room C3526, 200 Constitution Avenue NW., Washington, D.C. 20210. DO NOT SEND THE COMPLETED FORM TO THIS OFFICE.</small></p> |   |
| <p><small>NOTE: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number</small></p>  |   |
| <p><small>Form CM-913<br/>Rev. Dec. 2013</small></p>   |   |

(See BLBA PM Chapter 2-300.11, 2-801.13, and 2-1002.11)

COAL MINE (BLBA) PROCEDURE MANUAL

Resource Book

Exhibits

CM-913, Description of Coal Mine Work and Other Employment

7. Describe the physical activity required by the coal mine job described in number 5.

Sitting for \_\_\_\_\_ hours (give number of hours per day).

Standing for \_\_\_\_\_ hours (give number of hours per day).

Crawling \_\_\_\_\_ (distance) for \_\_\_\_\_ hours per day.

Lifting \_\_\_\_\_ pounds \_\_\_\_\_ times per day.  
(example: 25 pounds ten times per day).

Lifting \_\_\_\_\_ pounds \_\_\_\_\_ times per day.

Lifting \_\_\_\_\_ pounds \_\_\_\_\_ times per day.

Carrying \_\_\_\_\_ pounds \_\_\_\_\_ (distance) \_\_\_\_\_ times per day.  
(example: 20 pounds 50 feet 15 times per day)

Carrying \_\_\_\_\_ pounds \_\_\_\_\_ (distance) \_\_\_\_\_ times per day.

Carrying \_\_\_\_\_ pounds \_\_\_\_\_ (distance) \_\_\_\_\_ times per day.

8. Did the coal mine job discussed above involve:

1. The use of tools, machines or equipment?  Yes  No

2. Technical knowledge or special skills?  Yes  No

3. Any supervisory responsibilities?  Yes  No

Please explain all "Yes" answers. For example, the specific type of tools, machines or equipment used; the nature of any technical knowledge or special skills needed and the nature of any supervisory duties including the number and type of employees supervised, and: the extent to which they had to be supervised, etc..

9. Were you (or the deceased miner) transferred from a previous job due to health reasons? If "Yes", provide the following information:

a. Previous Job \_\_\_\_\_ b. Job Transferred To \_\_\_\_\_

|                                      |                 |
|--------------------------------------|-----------------|
| c. Effective date of transfer: _____ | d. Reason _____ |
|--------------------------------------|-----------------|

e. If coal mine work has stopped, give reason and last date worked: \_\_\_\_\_

Form CM-913  
Rev. Dec. 2013

(See BLBA PM Chapter 2-300.11, 2-801.13 and 2-1002.11)

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Resource Book

Exhibits

CM-913, Description of Coal Mine Work and Other Employment

**PART II - DESCRIPTION OF OTHER EMPLOYMENT**

Please provide the following information about current or last non-coal mine employment.

|   |                                    |                                    |  |
|---|------------------------------------|------------------------------------|--|
| 10. Job Title                             |                                    | 11. Type of business or industry   |  |
| 12. Dates Worked<br>From: _____ To: _____ | 13. Highest or current rate of pay | 14. Number of days worked per week |  |

15. Describe the duties of this job in your own words:

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16. Describe the physical activity required by the job described in number 15.

Sitting for \_\_\_\_\_ hours (give number of hours per day).

Standing for \_\_\_\_\_ hours (give number of hours per day).

Lifting \_\_\_\_\_ pounds \_\_\_\_\_ times per day.  
(example: 25 pounds ten times per day).

Lifting \_\_\_\_\_ pounds \_\_\_\_\_ times per day.

Lifting \_\_\_\_\_ pounds \_\_\_\_\_ times per day.

Carrying \_\_\_\_\_ pounds \_\_\_\_\_ (distance) \_\_\_\_\_ times per day.  
(example: 20 pounds 50 feet 15 times per day)

Carrying \_\_\_\_\_ pounds \_\_\_\_\_ (distance) \_\_\_\_\_ times per day.

Carrying \_\_\_\_\_ pounds \_\_\_\_\_ (distance) \_\_\_\_\_ times per day.

17. Did the job discussed above (10 to 16) involved:

a. The use of tools, machines or equipment?  Yes  No

b. Technical knowledge or special skills?  Yes  No

c. Any supervisory responsibilities?  Yes  No

Please explain all "Yes" answers. For example, the specific type of tools, machines or equipment used; the nature of any technical knowledge or special skills needed and the nature of any supervisory duties including the number and type of employees supervised, and the extent to which they had to be supervised, etc..

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18. If work has stopped, give reason and last date worked: \_\_\_\_\_

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Rev. Dec. 2013

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Resource Book

Exhibits

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PART - III

19. Use this section for additional space to answer any previous question, or to provide any other information you feel would be helpful. Please refer to previous questions by the corresponding number. If more space is needed, use a blank sheet and attach.

Privacy Act Statement

The following information is provided in accordance with the Privacy Act of 1974. (1) Submission of this information is required under the Black Lung Benefits Act. (2) The information will be used to determine eligibility for and the amount of benefits payable under the Act. (3) The information may be used by other agencies or persons in handling matters relating, directly or indirectly, to the subject matter of the claim, so long as such agencies or persons have received the consent of the individual claimant or beneficiary, or have complied with the provisions of 20 CFR 410 or 20 CFR 725. (4) Furnishing all requested information will facilitate the claims adjudication process; and the effects of not providing all or any part of the requested information may delay the process, or result in an unfavorable decision or a reduced level of benefits. (Disclosure of your social security number is voluntary; the failure to disclose such number will not result in the denial of any right, benefit or privilege to which an individual may be entitled.)

Notice

If you have a substantially limiting physical or mental impairment, Federal disability nondiscrimination law gives you the right to receive help from OWCP in the form of communication assistance, accommodation and modification to aid you in the claims process. For example, we will provide you with copies of documents in alternate formats, communication services such as sign language interpretation, or other kinds of adjustments or changes to account for the limitations of your disability. Please contact our office or the claims examiner to ask about this assistance.

I certify that the information given by me on and in connection with this form is true and correct to the best of my knowledge and belief. I am also fully aware that any person who willfully makes any false or misleading statement or representation for the purpose of obtaining any benefit or payment under this title shall be guilty of a misdemeanor and on conviction thereof shall be punished by a fine of not more than \$1,000, or by imprisonment for not more than one year or both.

Signature of claimant or person filing on his/her behalf:

Date: \_\_\_\_\_

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Rev. Dec. 2013

(See BLBA PM Chapter 2-300.11, 2-801.13 and 2-1002.11)