

Description of Coal Mine Work and Other Employment

U. S. Department of Labor

Office of Workers' Compensation Programs
Division of Coal Mine Workers' Compensation



This report is authorized by the Black Lung Benefits Act (30 USC 901 et seq.).

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Miner's Name (Last, First, Middle Initial)

Miner's Last Four Digits of Social Security Number or DOL's Case ID Number

PART I - DESCRIPTION OF MOST RECENT COAL MINE WORK

1. Job Title

2. Dates Worked (mm/dd/yyyy)

From:

To:

3. Highest or current rate of pay

4. Number of days worked per week

5. Please provide the following information for the MOST RECENT COAL MINE EMPLOYMENT. If you are still working in coal mine employment, describe your current position.

5a. What is the name of the coal mine operator and the state where you/the miner most recently worked?

5b. While working as a coal miner, did you/the miner ever use personal protective equipment? If yes, please explain if and how it prevented breathing coal mine dust.

FOR UNDERGROUND WORK

5c. How did you/the miner approach the coal seam?

tunneling slope a shaft a drift mine other

5d. What was the height of the coal seam?

5e. Where was the work being done? (examples: in the shaft, at the face)

5f. What type of mining equipment did you/the miner use? (examples: continuous miner, conventional mining, longwall)

FOR SURFACE WORK

5g. Where was the work being done? (examples: tippie, warehouse)

5h. What type of mining equipment did you/the miner use? (examples: dozer operator, haulage truck driver)

6. Describe the exertional requirements of the most recent coal mine job.

Sitting for _____ hours per day.

Standing for _____ hours per day.

Crawling _____ (distance) for _____ hours per day.

Lifting _____ pounds _____ times per day.

(example: 25 pounds 10 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.

7. Did the most recent coal mine job involve:

- a. The use of tools, machines or equipment:? Yes No
- b. Were you/the miner exposed to dust or fumes? Yes No
- c. Technical knowledge or special skills? Yes No
- d. Any supervisory responsibilities? Yes No

Please explain all "YES" answers. For example, state the specific type of tools, machines or equipment you/the miner used; what type of dust, fumes or gas you/the miner were exposed to during the operation of tools, machines or equipment (examples: rock dust, gas or diesel fumes); the nature of any technical knowledge or special skills you/the miner needed; and the nature of any supervisory duties, including the number and type of employees you/the miner supervised, the extent to which they had to be supervised, etc.

8. Were you/the miner ever transferred from a previous job due to health reasons? (example: Did you/the miner ever receive a 90 Miner Status from Mine Safety and Health Administration?)

If "YES", provide a copy and 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:

Part II - OTHER COAL MINE WORK

9. List all other coal mine jobs you/the miner worked for at least one year.

Job Title

Dates Worked

Job Title	Dates Worked	
_____	From: _____	To: _____
_____	From: _____	To: _____
_____	From: _____	To: _____
_____	From: _____	To: _____
_____	From: _____	To: _____
_____	From: _____	To: _____
_____	From: _____	To: _____

PART III: DESCRIPTION OF MOST RECENT NON-COAL MINE EMPLOYMENT

DESCRIBE MOST RECENT NON-COAL MINE EMPLOYMENT

10. Job Title _____ 11. Type of business or industry _____

12. Dates Worked _____ 13. Highest or current rate of pay _____ 14. Number of days worked per week _____
From: _____ To: _____

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

16. Describe the exertional requirements required by the NON-COAL MINE job.

Sitting for _____ hours per day.

Standing for _____ hours per day.

Lifting _____ pounds _____ times per day.
(example: 25 pounds 10 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 NON-COAL MINE job involve:

- a. The use of tools, machines or equipment:? Yes No
- b. Were you exposed to dust or fumes? Yes No
- c. Technical knowledge or special skills? Yes No
- d. Any supervisory responsibilities? Yes No

Please explain all "YES" answers. For example, state the specific type of tools, machines or equipment you/the miner used; what type of dust, fumes or gas were you/the miner exposed to during the operation of tools, machines or equipment (examples: construction dusts, gas or diesel fumes); the nature of any technical knowledge or special skills you/the miner needed; and the nature of any supervisory duties, including the number and type of employees you/the miner supervised, the extent to which they had to be supervised, etc.

18. If NON-COAL MINE work has stopped, give reason and last date worked: _____

PART - IV

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.

Public Burden Statement

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 C-3526, 200 Constitution Avenue, N.W., Washington, D.C. 20210. DO NOT SEND THE COMPLETED FORM TO THIS OFFICE.

NOTE: Persons are not required to respond to this collection of information unless it displays a current valid OMB control number.

Privacy Act Statement

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that: (1) the Black Lung Benefits Act (BLBA) (30 U.S.C. 901 et seq.), as amended, is administered by the Office of Workers' Compensation Programs (OWCP) of the U.S. Department of Labor, which receives and maintains personal information, relative to this application, on claimants and their immediate families; (2) information obtained by OWCP will be used to determine eligibility for benefits payable under the BLBA; (3) information may be given to other government agencies, coal mine operators potentially liable for payment of the claim or to the insurance carrier or other entity which secured the operator's compensation liability, contractors providing automated data processing services to the Department of Labor; and representatives of the parties to the claim; (4) information may be given to physicians or other medical service providers for use in providing treatment, making evaluations and for other purposes relating to the medical management of the claim; (5) information may be given to the Department of Labor's Office of Administrative Law Judges, or other person, board or organization, which is authorized or required to render decisions with respect to the claim or other matters arising in connection with the claim; (6) information may be given to Federal, state or local agencies for law enforcement purposes, to obtain information relevant to a decision under the BLBA, to determine whether benefits are being or have been paid properly, and where appropriate, to pursue administrative offset and/or debt collection actions required or permitted by law; (7) disclosure of the claimant's or deceased miner's Social Security Number (SSN) or tax identifying number (TIN) on this form is voluntary, and the SSN and/or TIN and other information maintained by the OWCP may be used for identification and for other purposes authorized by law; (8) failure to disclose all requested information, may delay the processing of this claim or the payment of benefits, or may result in an unfavorable decision or reduced level of benefits; and (9) this information is included in a System of Records, DOL/OWCP-2 published at 81 Federal Register 25765, 25858 (April 29, 2016) or as updated and republished.

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 under 30 USC 941 and, on conviction, subject to 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: _____