



DIVISIONS
ENERGY
GAS AND OIL
MINED LAND RECLAMATION
MINERAL MINING
MINERAL RESOURCES
MINES
ADMINISTRATION

COMMONWEALTH OF VIRGINIA

Department of Mines, Minerals and Energy

P.O. Drawer 900
Big Stone Gap, Virginia 24219-0900
(276) 523-8100
FAX (276) 523-8148

MEMORANDUM DM 20-01

TO: All Coal Mine Operators

FROM: *Randy Moore*
Randy Moore, Chief, Division of Mines

SUBJECT: Twenty Eighth Annual Virginia Coal Mine Safety Awards

DATE: April 9, 2020

The Virginia Coal Mine Safety Board and Department of Mines, Minerals and Energy are now accepting applications for the 2019 Virginia Coal Mine Safety Awards. Applications may be submitted for the following categories:

- Large Underground Mine
- Medium Underground Mine
- Small Underground Mine
- Large Surface Operation
- Medium Surface Operation
- Small Surface Operation
- Special Safety Award (recognizing the efforts of an individual or group)

Surface operations may include strip, auger, highwall miner, preparation plant, construction crew, and similar operations. Special safety awards will be considered for consecutive years without a lost time injury by individuals or operations, or other outstanding individual achievements in promoting mine safety.

Applications and a listing of eligibility criteria are enclosed for your information. **You must apply and meet minimum requirements to be considered for an award.** Applications will be accepted thru **August 1, 2020**. Applications can be hand delivered, e-mailed to mike.willis@dmme.virginia.gov or mailed to the attention of Donna Mullins at the Division of Mines' offices in Big Stone Gap (P.O. Drawer 900, Big Stone Gap, VA 24219) or Lebanon (P.O. Drawer 159, Lebanon, VA 24266).

The Virginia Coal Mine Safety Awards publicly recognize outstanding safety achievements in the state's coal mining industry. We would like to see Virginia mine operators and employees receive the recognition they deserve for their mine safety achievements, and we encourage you to submit an application for consideration.

If you have questions, please do not hesitate to contact any Division of Mines representative or call (276) 523-8229. Thank you.

Enclosures (3)

EQUAL OPPORTUNITY EMPLOYER
TDD (800) 828-1120 --- Virginia Relay Center

INDIVIDUAL RECOGNITION
Application For Consideration

NOTE: Please give complete information, including occupations(s) of individual and the total number of years without a lost time injury.

Name and Occupation of Miner recommended for award:

Last four (4) digits of Social Security No. _____

Name of Employer: _____

Address: _____

Virginia Mine Index No. _____ **MSHA I.D. No.** _____

Individual Categories: (Indicate One)

- Individual working 40+ Years or longer without a lost time injury**
- Individual working 30 Years or longer without a lost time injury**
- Individual working 20 Years or longer without a lost time injury**
- Individual working 10 Years or longer without a lost time injury**
- An underground mine working five consecutive years without a lost time injury; all miners will be recognized with a plaque.**
- A surface operation working ten consecutive years without a lost time injury; all miners will be recognized with a plaque.**

NOTE: Individuals may receive only one safety award within each category

Period of time worked by miner. (Give dates and locations worked and account for required time within category applied for.)

Applicants Signature

Title

Date

Telephone

Application Deadline
August 1, 2020

VIRGINIA COAL MINE SAFETY AWARD

Application For Consideration

Calendar Year _____

Category (Indicate One):

- | | |
|---|---|
| <input type="checkbox"/> Large Underground | <input type="checkbox"/> Large Surface |
| <input type="checkbox"/> Medium Underground | <input type="checkbox"/> Medium Surface |
| <input type="checkbox"/> Small Underground | <input type="checkbox"/> Small Surface |

Company Name: _____

Mailing Address: _____

Name or Number of Mine, Unit, Crew, etc. _____

Virginia Mine Index No. _____ **MSHA I.D. No.** _____

Average Number of Employees During Year: _____

Total Employee-hours Worked (Do Not Include Clerical or Office Workers): _____

Number of Days Worked During Year: _____

Number of Lost Time Accidents: _____ **NFDL Rate:** _____

I hereby certify that the information submitted on this application is correct to the best of my knowledge.

Person Completing Application _____

Signature

Title

Date

**Application Deadline
August 01, 2020**

Telephone

