

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
March 31, 2016

Telephone