

Division of Mine Safety

Reporting Form
Violation of Drug and Alcohol Free Condition of Mining Certification

Date: [Click here to enter a date.](#)

State File #:

License #:

Company (licensee):

Address:

City:

State:

Zip:

Person reporting:

Title:

Phone Number:

District:

In compliance with KRS 351.170 (2), we are reporting to the Division of Mine Safety the certified individual named below;

has been discharged for violation of our company's substance or alcohol abuse policies for the following reason:

[Click here to enter text.](#)

refused to submit to a test required by our company's substance or alcohol abuse policies or KRS 351.182, 351.183, 351.184, 351.185 and 352.180.

tested positive and failed to complete an employee assistance program.

Certified Person Name:

Miner ID #:

Date of Birth:

Address:

City:

State:

Zip:

THE SAME DAY AS THE VIOLATION, EMAIL OR FAX A COPY OF THIS FORM AS WELL AS THE DRUG SCREEN / LAB RESULTS TO THE KY DIVISION OF MINE SAFETY DRUG POLICY PROGRAM

Email to: Tim.Fugate@ky.gov and to Brittany.price@ky.gov OR Fax to 502-564-4245 (Email is preferred)

Mail the original to the attention of the Division Director to:

Kentucky Division of Mine Safety

300 Sower Boulevard, 2nd Floor

Frankfort, KY 40601

Phone: (502) 782-6711 Fax: (502) 564-4245

KRS 351.170 Reports of licensee

(1) All reports of any facility licensed pursuant to this chapter shall be made to the division director. The licensee of each commercial coal mine shall give at the end of each calendar year accurate information, on blank forms furnished by the commissioner, as to the number of accidents that have occurred, the number of persons employed, the tons of coal mined and any other related information that the commissioner requests.

(2) The operator or superintendent of each licensed facility shall report by the close of the next business day, any certified persons who:

(a) Have been discharged for violation of a company's substance or alcohol abuse policies;

(b) Refused to submit to a test required by the company's substance or alcohol abuse policies or KRS 351.182, 351.183, 351.184, 351.185, and 352.180; or

(c) Tested positive and failed to complete an employee assistance program.