Health Activity Certification or Hoisting Engineer Qualification Request Form

Reset Form

U.S. Department of Labor
Mine Safety and Health Administration

This form is affected by the Privacy Act of 1974

Approved for use through July 31, 2006, OMB Number1219-0069. This form replaces MSHA forms 5000-4 and 5000-7.

Item 1. Company name and address, if the address below is blank, information will be sent to address selected in Item 4.
Company name and address:

Attn:

Street 1

Street 2

City State Zip –

Item 2. Mine ID – or **Contractor ID**

30 CFR 75.100, 30 CFR 77.100 (Health and Safety Certification) establish the procedures under which miners are certified to make certain tests and examinations which are required by MSHA regulations to be performed by certified persons. For mines located in states that do not have provisions for certifying miners, 30 CFR 75.100(c)(1) and 30 CFR 77.100(b)(2) require mine operators to make application to MSHA to obtain certification for miners who meet certain minimum experience requirements. A certified person is one who has been certified as a Foreman, Asst. Foreman (UG only), or Pre-Shift Examiner (UG only).

30 CFR 75.155 and 30 CFR 77.105 (Hoisting Engineers Qualification) establish the procedures under which miners are qualified to operate hoists (Steam Driven/Electrical-UG; Slope & Shaft Sinking Operation-Sur). For mines located in states that do not have provisions for qualifying hoist operators, 30 CFR 75.155/77.105 require mine operators to make application to MSHA to obtain qualification for miners who meet certain minimum experience requirements.

MSHA for 5000-41 provides all mine operators with a standard reporting format which expedites the certification and qualification process while ensuring compliance with regulations. The information provided on the form enables MSHA to determine if miners satisfy the requirements to obtain the certification/qualification sought.

This collection of information is covered by the Privacy Act notice published in the Federal Register. Computer safeguards are as described in the National Bureau of Standards Publication, "Computer Security Guidelines for Implementing the Privacy Act of 1974," and in accordance with procedures developed by MSHA under GSA Circular E-34.

Public reporting burden for this collection of information is estimated to average 17 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information. Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: **Records Management Branch**
Mine Safety and Health Administration
1100 Wilson Boulevard
Arlington, VA 22209-3939

	Item 3. Social Security Number	Item 5. Name (Last, First, Middle Initial)	Item 6. Address if cards are to be sent to miner	Item 7. Certifications: Surface Foreman	Underground Only: Foreman	Underground Only: Assistant Foreman	Underground Only: Pre-Shift Examiner	Item 8. Hoisting: Hoisting Only: Underground	Hoisting Only: Surface
1.	– – **Item 4. Select where the cards are to be sent** ☐ Mine Address ☐ Contractor ☐ Company Address ☐ Miner Address	Last First MI	Attn: Street 1 Street 2 City State Zip –	☐	☐	☐	☐	☐	☐
2.	– – ☐ Mine Address ☐ Contractor ☐ Company Address ☐ Miner Address	Last First MI	Attn: Street 1 Street 2 City State Zip –	☐	☐	☐	☐	☐	☐
3.	– – ☐ Mine Address ☐ Contractor ☐ Company Address ☐ Miner Address	Last First MI	Attn: Street 1 Street 2 City State Zip –	☐	☐	☐	☐	☐	☐

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	Item 3. Social Security Number	Item 5. Name (Last, First, Middle Initial)	Item 6. Address if cards are to be sent to miner	Item 7. Certifications: Surface: Foreman	Item 7. Certifications: Underground Only: Foreman	Item 7. Certifications: Underground Only: Assistant Foreman	Item 7. Certifications: Underground Only: Pre-Shift Examiner	Item 8. Hoisting: Hoisting Only: Underground	Item 8. Hoisting: Hoisting Only: Surface
4.	___ – ___ – ___ **Item 4. Select where the cards are to be sent** ☐ Mine Address ☐ Contractor ☐ Company Address ☐ Miner Address	Last First MI	Attn: Street 1 Street 2 City State Zip –	☐	☐	☐	☐	☐	☐
5.	___ – ___ – ___ ☐ Mine Address ☐ Contractor ☐ Company Address ☐ Miner Address	Last First MI	Attn: Street 1 Street 2 City State Zip –	☐	☐	☐	☐	☐	☐
6.	___ – ___ – ___ ☐ Mine Address ☐ Contractor ☐ Company Address ☐ Miner Address	Last First MI	Attn: Street 1 Street 2 City State Zip –	☐	☐	☐	☐	☐	☐
7.	___ – ___ – ___ ☐ Mine Address ☐ Contractor ☐ Company Address ☐ Miner Address	Last First MI	Attn: Street 1 Street 2 City State Zip –	☐	☐	☐	☐	☐	☐

I certify that the persons listed are qualified to operate the type of hoist shown above, at a coal mine, that they had at least one year experience associated with this type of hoisting equipment and successfully operated a hoist at a mine for a period of six months immediately preceding this application.

False certification is punishable under section 110(a) and (f) of the Federal Mine Safety and Health Act (PL 91-173 as amended by PL 95-164).

Return to:
MSHA Qualification & Certification
P.O. Box 25367
Denver, CO 80225

I certify that the information in this application is correct and that each person listed has had at least two years experience at a coal mine or equivalent experience and meets all applicable requirements of sections 75.100 and 77.100.

False certification is punishable under section 110(a) and (f) of the Federal Mine Safety and Health Act (PL 91-173 as amended by PL 95-164).

Item 9. Type of Hoist: Electrical ___ **Steam** ___ **or Both** ___

Item 10. Signature for Hoisting Qualification Request
(Not valid unless signed)

Title

Item 11. Date

Item 12. Signature for Activity Certification Request
(Not valid unless signed)

Title

Item 13. Date