



# Operator's Annual Certification of Mine Rescue Team Qualifications

This form is affected by the Privacy Act of 1974

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Public reporting burden for this collection of information is estimated to average 31 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing the form. This collection of information is mandatory. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: to DOL/MSHA, Office of Standards Regulations and Variances, 201 12th Street South, Suite 401, Arlington, VA 22202-5452, Paperwork Reduction Project (1219-0144), **NOTE:** Do not send your completed form to this address.

MSHA Mine ID No.:		Contractor ID No.:			Company Name:	
Mine Name:			Mine size: <input type="radio"/> Large <input type="radio"/> Small		<input type="checkbox"/> Team is available at all times when miners are underground	
Team Name:			Type of Team: <input type="checkbox"/> Mine-site <input type="checkbox"/> Composite <input type="checkbox"/> Contract <input type="checkbox"/> State-sponsored			
<input type="checkbox"/> Mine Rescue Team is available within 1-hour ground travel time from the Mine Rescue Station Address of Mine Rescue Station:					<input type="checkbox"/> Appropriate mine rescue equipment is provided, inspected, tested, & maintained	
Member's name	1	2	3	4	5	Alternate
Employer's name						
Experience working in underground coal mine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physically fit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New member training	<input type="checkbox"/> Initial 20 hr	<input type="checkbox"/> Initial 20 hr	<input type="checkbox"/> Initial 20 hr	<input type="checkbox"/> Initial 20 hr	<input type="checkbox"/> Initial 20 hr	<input type="checkbox"/> Initial 20 hr
Annual training	<input type="checkbox"/> Refresher training totals 96 hr or more	<input type="checkbox"/> Refresher training totals 96 hr or more	<input type="checkbox"/> Refresher training totals 96 hr or more	<input type="checkbox"/> Refresher training totals 96 hr or more	<input type="checkbox"/> Refresher training totals 96 hr or more	<input type="checkbox"/> Refresher training totals 96 hr or more
8 hr training every 2 mos; includes wearing apparatus for 2 hr	<input type="checkbox"/> Jan-Feb <input type="checkbox"/> Mar-Apr <input type="checkbox"/> May-Jun <input type="checkbox"/> Jul-Aug <input type="checkbox"/> Sep-Oct <input type="checkbox"/> Nov-Dec	<input type="checkbox"/> Jan-Feb <input type="checkbox"/> Mar-Apr <input type="checkbox"/> May-Jun <input type="checkbox"/> Jul-Aug <input type="checkbox"/> Sep-Oct <input type="checkbox"/> Nov-Dec	<input type="checkbox"/> Jan-Feb <input type="checkbox"/> Mar-Apr <input type="checkbox"/> May-Jun <input type="checkbox"/> Jul-Aug <input type="checkbox"/> Sep-Oct <input type="checkbox"/> Nov-Dec	<input type="checkbox"/> Jan-Feb <input type="checkbox"/> Mar-Apr <input type="checkbox"/> May-Jun <input type="checkbox"/> Jul-Aug <input type="checkbox"/> Sep-Oct <input type="checkbox"/> Nov-Dec	<input type="checkbox"/> Jan-Feb <input type="checkbox"/> Mar-Apr <input type="checkbox"/> May-Jun <input type="checkbox"/> Jul-Aug <input type="checkbox"/> Sep-Oct <input type="checkbox"/> Nov-Dec	<input type="checkbox"/> Jan-Feb <input type="checkbox"/> Mar-Apr <input type="checkbox"/> May-Jun <input type="checkbox"/> Jul-Aug <input type="checkbox"/> Sep-Oct <input type="checkbox"/> Nov-Dec



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Trains underground every 6 mos	<input type="checkbox"/> Jan-Jun <input type="checkbox"/> Jul-Dec	<input type="checkbox"/> Jan-Jun <input type="checkbox"/> Jul-Dec	<input type="checkbox"/> Jan-Jun <input type="checkbox"/> Jul-Dec	<input type="checkbox"/> Jan-Jun <input type="checkbox"/> Jul-Dec	<input type="checkbox"/> Jan-Jun <input type="checkbox"/> Jul-Dec	<input type="checkbox"/> Jan-Jun <input type="checkbox"/> Jul-Dec
Wears apparatus in smoke annually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Familiar with operations of mine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of operations & ventilation of mine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in two local mine rescue contests (Insert dates)						
Trains at this mine (Insert dates)						

I certify the information above is true and accurate to the best of my knowledge.

Printed Name &

Signature:

Date:

Position held at the mine:

Use of this form is optional.

An underground coal mine operator may file a copy of this form with the appropriate District Manager for each of the two designated mine rescue teams, that provide coverage for this mine, to certify that each team meets the requirements of 30 CFR Part 49 Subpart B.