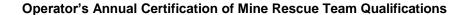


Operator's Annual Certification of Mine Rescue Team Qualifications

This form is affected by the Privacy Act of 1974 Form Approved: OMB Number 1219-0144 Approval Expires July 31, 2026

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.

12th Street South, Suite 401, Arilington, 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: O Large O Small		Team is available at all times when miners are underground				
Team Name:			Type of Team: 🔲 Mir	e of Team:		ate-sponsored			
☐ Mine Rescue Tea Address of Mine R		our ground travel time f	from the Mine Rescue S	tation	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									
Physically fit									
New member training	☐ Initial 20 hr	☐Initial 20 hr	☐Initial 20 hr	☐Initial 20 hr	☐ Initial 20 hr	☐ Initial 20 hr			
Annual training	Refresher training totals 96 hr or more	Refresher training totals 96 hr or more	Refresher training totals 96 hr or more	Refresher training totals 96 hr or more	Refresher training totals 96 hr or more	Refresher training totals 96 hr or more			
8 hr training every 2 mos; includes wearing apparatus for 2 hr	□ Jan-Feb □ Mar-Apr □ May-Jun □ Jul-Aug □ Sep-Oct □ Nov-Dec	☐ Jan-Feb☐ Mar-Apr☐ May-Jun☐ Jul-Aug☐ Sep-Oct☐ Nov-Dec	☐ Jan-Feb☐ Mar-Apr☐ May-Jun☐ Jul-Aug☐ Sep-Oct☐ Nov-Dec	□ Jan-Feb □ Mar-Apr □ May-Jun □ Jul-Aug □ Sep-Oct □ Nov-Dec	□Jan-Feb □Mar-Apr □May-Jun □Jul-Aug □ Sep-Oct □Nov-Dec	☐ Jan-Feb☐ Mar-Apr☐ May-Jun☐ Jul-Aug☐ Sep-Oct☐ Nov-Dec			





Trains underground every 6 mos	Jan-Jun Jul-Dec	□Jan-Jun □Jul-Dec	□Jan-Jun □Jul-Dec	□ _{Jan-Jun} □ _{Jul-Dec}	□Jan-Jun □Jul-Dec	□Jan-Jun □Jul-Dec			
Wears apparatus in smoke annually									
Familiar with operations of mine					□				
Knowledge of operations & ventilation of mine									
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 & Date: Position held at the mine:									
Signature:									

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.