


Mine Safety & Health Administration
Certificate of Training

OMB Control Number 1219-0009, Approval Expires 5/31/2027

This certificate is required under the Federal Mine Safety and Health Act of 1977 (Mine Act), Pub. L. 95-164 (Nov. 9, 1977), as amended. Failure to comply may result in penalties and other sanctions as provided by sections 108 and 110 of the Mine Act. This form is affected by the Paperwork Reduction Act (see page 4).

 Issue Certificate immediately upon Completion of Training	Serial Number (for operator's use)
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1. Print Full Name of Person Trained (first, middle, last)

2. Check Type of Approved Training Received:

- | | | |
|--|--|--|
| <input type="checkbox"/> Annual Refresher | <input type="checkbox"/> Experienced Miner | <input type="checkbox"/> Hazard Training |
| <input type="checkbox"/> New Task
(Specify below) | <input type="checkbox"/> New Miner | <input type="checkbox"/> Other (Specify) |

Date	Task	Initials	Date	Task	Initials
		Instr / Studt			Instr / Studt

3. Check Type of Operation and Related Industry:

- | | | | |
|-------------------------------------|---------------------------------------|--------------------------------------|--|
| A. <input type="checkbox"/> Surface | <input type="checkbox"/> Construction | <input type="checkbox"/> Underground | <input type="checkbox"/> Shaft & Slope |
| B. <input type="checkbox"/> Coal | <input type="checkbox"/> Metal | <input type="checkbox"/> Nonmetal | |

4. Date Training Requirements Completed

Check if not completed and go to Item 5, below.

 If completed, go to item 6, below.

5. Check Subjects Completed (Use only for partially completed training):

- | | | |
|---|---|--|
| <input type="checkbox"/> Introduction to Work Environment | <input type="checkbox"/> Roof/Ground Control & Ventilation | <input type="checkbox"/> Health |
| <input type="checkbox"/> Hazard Recognition | <input type="checkbox"/> Mine Map; Escapeways; Emergency Evacuation; Barricading | <input type="checkbox"/> Electrical Hazards |
| <input type="checkbox"/> Emergency Medical Procedures | <input type="checkbox"/> Cleanup; Rock Dusting | <input type="checkbox"/> First Aid |
| <input type="checkbox"/> H&S Aspects of Tasks Assigned | <input type="checkbox"/> Mandatory Health & Safety Standards | <input type="checkbox"/> Mine Gases |
| <input type="checkbox"/> Statutory Rights of Miners | <input type="checkbox"/> Authority & Responsibility of Supervisors & Miners Representatives | <input type="checkbox"/> Explosives |
| <input type="checkbox"/> Self-Rescue & Respiratory Devices | | <input type="checkbox"/> Prevention of Accidents |
| <input type="checkbox"/> Transport & Communications Systems | | <input type="checkbox"/> Other (specify) |

6. False certification is punishable under section 110(a) and (f) of the Mine Act.	I certify that the above training has been completed (signature of person responsible for training)
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7. Mine Name, ID, and Location of Training (if institution, give name and address)

8. Date	I verify that I have completed the above training (signature of person trained)
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Instructions for Completing Mine Safety and Health Administration Certificate of Training, Form 5000-23

All part 48 training must be properly recorded on a Mine Safety and Health Administration (MSHA) Form 5000-23 (training certificate), or on an MSHA approved alternate form. For additional policy information on the 5000-23 form, you may refer to the MSHA Program Policy Manual. To review the applicable policy use [this link](#).

The printed version comes with four copies. Listed below are notations, which appear on the bottom right-hand side of the form, showing the intended use of each copy:

- Copy 1 (white) - Employer's Personnel Record
- Copy 2 (pink) - Employee's Record
- Copy 3 (yellow) - Employee's Separation
- Copy 4 (green) - Record keeping

The following is a description of how to complete each item of the 5000-23.

ITEM	DESCRIPTION
Serial Number (for operator's use)	This is an optional field which may be used to help track employees by an identification number. There is no Federal requirement to use this field.
Item 1. Print Full Name of Person Trained (first, middle, last)	Enter the person's name who has received the training.
Item 2. Check Type of Approved Training Received	There are five boxes for the five types of training required. Check the appropriate box(es) to indicate what training was given. When New Task is checked, additional space is provided to record 1-8 task training events. This space is used to identify each task and to allow for the initials of the instructor(s) and the student (miner), as needed.

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<p>Item 3. Check Type of Operation and Related Industry</p>	<p>(1) Mark the box for the appropriate commodity: coal, metal or nonmetal. (2) Mark the box for the appropriate location: surface or underground. (3) Mark the appropriate box if the training is for construction or shaft and slope work. When completed the box should identify the type of mining, location and if construction or shaft and slope activities are involved.</p>
<p>Item 4. Date Training Requirements Completed</p>	<p>Depending on whether the training is complete or partial will determine how this item is completed. Only entering a date indicates that the training marked in item 2 is completed.</p> <p>Placing a check in the box to the right of the date entry, indicates that the training for the program(s) marked in item 2 is not complete. The appropriate boxes in item 5 must then be checked to indicate what subjects were completed.</p> <p>The following are some examples of partially completed training: (1) training for new miners given away from the mine site (which will then require site specific training at the mine site); (2) utilizing the 8 and 16 hours of new miner training within 60-day provision for new surface miners; and (3) providing partially completed annual refresher training.</p>
<p>Item 5. Check Subjects Completed (use only for partially completed training)</p>	<p>This is generally used for conducting annual refresher training in increments throughout an annual refresher cycle; or for new miner training which does not cover mine specific courses that are required to be covered at the mine site.</p>
<p>Item 6. Signature of person responsible for training</p>	<p>Upon completion of a MSHA approved training program, such as experienced miner, task, or annual refresher training, you must record and certify on the 5000-23 form that the miner has received the specified training.</p>

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	<p>The person signing the form in item 6 is representing that the miner has received the indicated training. Anyone falsifying the 5000-23 form is criminally liable under section 110(a) and (f) of the Federal Mine Safety and Health Act.</p> <p>Generally, the person signing the form is the mine operator or a person acting on behalf of the operator. For example, a company safety official, a trainer employed or contracted by the operator, or a cooperative instructor (such as, a state grantee).</p>
<p>Item 7. Mine Name, ID, & Location of Training (if instruction, give name & address)</p>	<p>List the mine name, mine ID and location where training was conducted. If the training was conducted by a cooperative instructor or state grantee and a class participant is not employed at a particular mine, fill in the cooperative instructor's name or state name and address.</p>
<p>Item 8. Date and (signature of person trained)</p>	<p>The person trained has the option of signing and dating the form, acknowledging that the training indicated on the form was received.</p> <p>A copy of the 5000-23 form must be given to the miner upon completion of each MSHA approved training program, such as experienced miner, task, or annual refresher training.</p>

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

The information for this form is required by section 115 of the Mine Act, 30 U.S.C § 825. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is mandatory. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Mine Safety and Health Administration, Office of Standards, Regulations, and Variances, 200 Constitution Avenue NW, Room C3522 Washington, DC 20210. Note: Please do not return the completed form to this address.

DO NOT SEND THE COMPLETED FORM TO THE OFFICE SHOWN ABOVE