

NEW TASK TRAINING RECORD/CERTIFICATE

Miner's Full Name (Print) _____

Mine or Contractor Name _____ **ID#** _____

New Task 30 CFR Part 46.7	Subject Length	Date	Competent Person	Location <small>(Name & Address of Institution)</small>	Miner's Initials
<i>The miner received the following training before performing a new task, or a change occurred in an assigned task that affects health and safety risk:</i>					

False certification is punishable under section 110 (a) and (f) of the Federal Mine Safety and Health Act
I certify that the above training has been completed

(Signature of person responsible for health and safety training) (Date)