SITE-SPECIFIC HAZARD AWARENESS TRAINING RECORD/CERTIFICATE

Miner's Full Name (Print)_____

Mine or Contractor Name _____**ID#**

Location: **Mine Site**_____

Length of Training: _____

Date Training Provided: _____

Competent Person Providing the Training: _____

Miner's Initials: _____

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)

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