

☐ Jul-Aug

Sep-Oct

■Nov-Dec

☐ Jul-Aug

☐ Sep-Oct

■ Nov-Dec

□Jul-Aug

☐ Sep-Oct

□ Nov-Dec

## Operator's Annual Certification of Mine Rescue Team Qualifications

## Form Approved: OMB Number 1219-0144 Approval Expires February 29, 2020 This form is affected by the Privacy Act of 1974 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: Team is available at all times when Mine size: Charge Small Mine Name: miners are underground Team Name: Type of Team: ☐ Mine-site Composite ☐ Contract ☐ State-sponsored Mine Rescue Team is available within 1-hour ground travel time from the Mine Rescue Station Appropriate mine rescue equipment Address of Mine Rescue Station: is provided, inspected, tested, & maintained 5 **Alternate** 2 3 4 Member's name Employer's name Experience working in underground coal mine Physically fit ☐ Initial 20 hr Initial 20 hr New member training | Initial 20 hr ☐Initial 20 hr Initial 20 hr Initial 20 hr Refresher training Refresher training Refresher training Refresher training Refresher training Annual training Refresher training totals 96 hr or more □Jan-Feb ☐ Jan-Feb ☐Jan-Feb □Jan-Feb □Jan-Feb □Jan-Feb 8 hr training every ☐ Mar-Apr ☐ Mar-Apr ☐ Mar-Apr ☐ Mar-Apr ☐ Mar-Apr □Mar-Apr ■ May-Jun May-Jun May-Jun ☐May-Jun 2 mos: includes May-Jun ☐May-Jun

☐ Jul-Aug

☐ Sep-Oct

■Nov-Dec

☐Jul-Aug

Sep-Oct

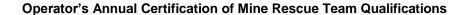
☐ Nov-Dec

☐ Jul-Aug☐ Sep-Oct☐

■Nov-Dec

wearing apparatus

for 2 hr





Trains underground	Jan-Jun Jul-Dec	□Jan-Jun □Jul-Dec	□Jan-Jun □Jul-Dec	□Jan-Jun □Jul-Dec	□Jan-Jun □Jul-Dec	□Jan-Jun □Jul-Dec
every 6 mos	Jul-Dec	Jul-Dec	Jul-Dec	Jul-Dec	□ <sub>Jul-Dec</sub>	□ <sub>Jul-Dec</sub>
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.