



Certificate of Training

MSHA Form 5000-23, Jan. 03 (revised)

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

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. This is a mandatory collection of information as required by 30 CFR Part 48.9 and 48.29. The information provides MSHA with a monitoring tool for determining compliance requirements. The Certificate of Training provides a means for operators to record and certify mandatory training received by miners. Send comments regarding the collection of information, including suggestions for reducing this burden to the Mine Safety and Health Administration, Department of Labor, Records Management Branch, 1100 Wilson Boulevard, Arlington, Virginia 22209-3939.

DO NOT SEND THE COMPLETED FORM TO THE OFFICE SHOWN ABOVE

Certificate of Training

U.S. Department of Labor
Mine Safety and Health Administration



Approved OMB Number 1219-0009, Expires Month, Day, Year.

This certificate is required under Public Law 91-173 as amended by Public Law 95-164. Failure to comply may result in penalties and other sanctions as provided by sections 108 and 110, Public Law 91-173 as amended by Public Law 95-164.

<input type="checkbox"/> 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"/> Newly Employed, Inexperienced Miner | <input type="checkbox"/> Other (specify) |

Date	Task	Initials		Date	Task	Initials	
		Instr	Studet			Instr	Studet

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 & Communication Systems | | <input type="checkbox"/> Other (specify) |

6. **False certification is punishable under section 110 (a) and (f) of the Federal Mine Safety & Health Act (P. L. 91-173 as amended by P. L. 95-164).**

I certify that the above training has been completed
(signature of person responsible for training)

7. Mine Name, ID, & Location of Training (if institution, give name & address)

8. Date

I verify that I have completed the above training
(signature of person trained)