

Operator's Annual Certification of Mine Rescue Team Qualifications

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



Instructions: 30 CFR Part 49 Subpart B requires the mine operator to certify annually that each of the two mine rescue teams designated to provide mine rescue coverage for this underground coal mine meets the requirements of this subpart. To use this optional form for the annual certification statement, fill-in information indicated in each box. Check the circle to indicate a "yes" response. Print or make a copy of the completed form for your records. Sign, date and send the form to the appropriate MSHA District Manager.

MSHA Mine ID No.		Contractor ID No.			Company Name:	
Mine Name:			Mine size: <input type="radio"/> Large <input type="radio"/> Small		<input type="radio"/> Team is available at all times when miners are underground	
Team Name:			Type of Team: <input type="radio"/> Mine-site <input type="radio"/> Composite <input type="radio"/> Contract <input type="radio"/> State-sponsored			
<input type="radio"/> Mine Rescue Team is available within 1-hour ground travel time from the Mine Rescue Station					<input type="radio"/> Appropriate mine rescue equipment is provided, inspected, tested, and maintained	
Address of Mine Rescue Station:						
Member's name	1	2	3	4	5	Alternate
Employer's name						
Experience working in underground coal mine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physically fit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New member training	<input type="radio"/> Initial 20 hrs.	<input type="radio"/> Initial 20 hrs.	<input type="radio"/> Initial 20 hrs.	<input type="radio"/> Initial 20 hrs.	<input type="radio"/> Initial 20 hrs.	<input type="radio"/> Initial 20 hrs.
Annual training	<input type="radio"/> Refresher training totals 96 hrs. or more	<input type="radio"/> Refresher training totals 96 hrs. or more	<input type="radio"/> Refresher training totals 96 hrs. or more	<input type="radio"/> Refresher training totals 96 hrs. or more	<input type="radio"/> Refresher training totals 96 hrs. or more	<input type="radio"/> Refresher training totals 96 hrs. or more
8 hrs. training every 2 mos; includes wearing apparatus for 2 hrs.	<input type="radio"/> Jan-Feb <input type="radio"/> Mar-Apr <input type="radio"/> May-Jun <input type="radio"/> Jul-Aug <input type="radio"/> Sep-Oct <input type="radio"/> Nov-Dec	<input type="radio"/> Jan-Feb <input type="radio"/> Mar-Apr <input type="radio"/> May-Jun <input type="radio"/> Jul-Aug <input type="radio"/> Sep-Oct <input type="radio"/> Nov-Dec	<input type="radio"/> Jan-Feb <input type="radio"/> Mar-Apr <input type="radio"/> May-Jun <input type="radio"/> Jul-Aug <input type="radio"/> Sep-Oct <input type="radio"/> Nov-Dec	<input type="radio"/> Jan-Feb <input type="radio"/> Mar-Apr <input type="radio"/> May-Jun <input type="radio"/> Jul-Aug <input type="radio"/> Sep-Oct <input type="radio"/> Nov-Dec	<input type="radio"/> Jan-Feb <input type="radio"/> Mar-Apr <input type="radio"/> May-Jun <input type="radio"/> Jul-Aug <input type="radio"/> Sep-Oct <input type="radio"/> Nov-Dec	<input type="radio"/> Jan-Feb <input type="radio"/> Mar-Apr <input type="radio"/> May-Jun <input type="radio"/> Jul-Aug <input type="radio"/> Sep-Oct <input type="radio"/> Nov-Dec

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Trains underground every 6 mos.	<input type="radio"/> Jan-Feb <input type="radio"/> Jul-Dec	<input type="radio"/> Jan-Feb <input type="radio"/> Jul-Dec	<input type="radio"/> Jan-Feb <input type="radio"/> Jul-Dec	<input type="radio"/> Jan-Feb <input type="radio"/> Jul-Dec	<input type="radio"/> Jan-Feb <input type="radio"/> Jul-Dec	<input type="radio"/> Jan-Feb <input type="radio"/> Jul-Dec
Wears apparatus in smoke annually	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Familiar with operations of mine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of operations & ventilation of mine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participates in two local mine rescue contests <i>(insert dates)</i>						
Trains at this mine <i>(insert dates)</i>						

I certify the information above is true and accurate to the best of my knowledge.

Printed Name _____ Position held at the mine: _____

Signature _____ Date: _____

Public Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Responses to the collection of information are mandatory whereas 30 CFR § 49.50 requires mine operators to certify the qualifications of mine rescue teams. MSHA developed this form as an optional-use compliance tool to ease the burden of complying with 30 CFR Part 49 Subpart B. MSHA offers no pledge of confidentiality in association with this information collection. As a practical matter, MSHA would only release this information in accordance with the provisions of the Freedom of Information Act (5 U.S.C. § 552) or as otherwise required by law. The time required to complete this form is estimated to average 31 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestion for reducing this burden, to the Office of information Management, Department of Labor, Room N-1301, 200 Constitution Avenue, N.W., Washington, D.C. 20210. PLEASE DO NOT SEND COMPLETED FORMS TO THIS ADDRESS.