

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



This form is affected by the Privacy Act of 1974

Form Approved: OMB Number 1219-0144 Approval Expires October 31, 2013

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 voluntary. 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, 1100 Wilson Blvd., Arlington, VA 22209, Paperwork Reduction Project (1219-0144), NOTE: Do not send your completed form to this address.

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| MSHA Mine ID No.:  |  | Contractor ID No.:   |  |  | Company Name:  |  |
| Mine Name:   |  |  | Mine size:      Large      Small                               |  | <input type="radio"/> Team is available at all times when 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<br>Address of Mine Rescue Station: |  |  |  |  | Appropriate mine rescue equipment is provided, inspected, tested, & maintained   |  |
| Member's name  | 1  | 2  | 3  | 4  | 5  | .....5' hfbUH  |
| 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 hr                            | <input type="radio"/> Initial 20 hr                            | <input type="radio"/> Initial 20 hr                            | <input type="radio"/> Initial 20 hr                            | <input type="radio"/> Initial 20 hr  | <input type="radio"/> Initial 20 hr                            |
| Annual training  | <input type="radio"/> Refresher training totals 96 hr or more  | Refresher training totals 96 hr or more                        | Refresher training totals 96 hr or more                        | Refresher training totals 96 hr or more                        | Refresher training totals 96 hr or more  | Refresher training totals 96 hr or more                        |
| 8 hr training every 2 mos; includes wearing apparatus for 2 hr   | Jan-Feb<br>Mar-Apr<br>May-Jun<br>Jul-Aug<br>Sep-Oct<br>Nov-Dec | Jan-Feb<br>Mar-Apr<br>May-Jun<br>Jul-Aug<br>Sep-Oct<br>Nov-Dec | Jan-Feb<br>Mar-Apr<br>May-Jun<br>Jul-Aug<br>Sep-Oct<br>Nov-Dec | Jan-Feb<br>Mar-Apr<br>May-Jun<br>Jul-Aug<br>Sep-Oct<br>Nov-Dec | Jan-Feb<br>Mar-Apr<br>May-Jun<br>Jul-Aug<br>Sep-Oct<br>Nov-Dec                   | Jan-Feb<br>Mar-Apr<br>May-Jun<br>Jul-Aug<br>Sep-Oct<br>Nov-Dec |

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| Trains underground every 6 mos                                | <input type="radio"/> Jan-Jun<br><input type="radio"/> Jul-Dec | <input type="radio"/> Jan-Jun<br><input type="radio"/> Jul-Dec | <input type="radio"/> Jan-Jun<br><input type="radio"/> Jul-Dec | <input type="radio"/> Jan-Jun<br><input type="radio"/> Jul-Dec | <input type="radio"/> Jan-Jun<br><input type="radio"/> Jul-Dec | <input type="radio"/> Jan-Jun<br><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 (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 & Signature:   | Date: | Position held at the mine: |

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.