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

This form is affected by the Privacy Act of 1974

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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 reudcing 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	mall O Team is available at all times when miners are underground	
Team Name:			Type of Team: Mir	ne-site Composite	ite Contract State-sponsored	
Mine Rescue Team is available within 1-hour ground travel time Address of Mine Rescue Station:			from the Mine Rescue Station		Appropriate mine rescue equipment is provided, inspected, tested, & maintained	
Member's name	1	2	3	4	5	5`HYfbUHY
Employer's name						
Experience working in underground coal mine	0	0	0	0	0	0
Physically fit	0	0	0	0	0	0
New member training	O Initial 20 hr	O Initial 20 hr				
Annual training	O 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 Mar-Apr May-Jun Jul-Aug Sep-Oct Nov-Dec	Jan-Feb Mar-Apr May-Jun Jul-Aug Sep-Oct Nov-Dec	Jan-Feb Mar-Apr May-Jun Jul-Aug Sep-Oct Nov-Dec	Jan-Feb Mar-Apr May-Jun Jul-Aug Sep-Oct Nov-Dec	Jan-Feb Mar-Apr May-Jun Jul-Aug Sep-Oct Nov-Dec	Jan-Feb Mar-Apr May-Jun Jul-Aug Sep-Oct Nov-Dec



Trains underground every 6 mos	O Jan-Jun O Jul-Dec					
Wears apparatus in smoke annually	0	0	0	0	0	0
Familiar with operations of mine	0	0	0	0	0	0
Knowledge of operations & ventilation of mine	0	0	0	0	0	0
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.