## Electrically Operated Mining Equipment Field Approval Application (coal operator)

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



(Complete this form for each electrically operated machine.)

OMB No. 1219-0066, Expires July 31, 2021

Public reporting burden for this form is estimated to average 11 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting 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 the Mine Safety and Health Administration, U.S. Department of Labor, Office of Standards Regulations and Variances, 201 12th Street South, Suite 401, Arlington, VA 22202-5452, Paperwork Reduction Project (1219-0066). NOTE: Do not send your completed form to this address.

Date of Request Name and Title of	Applicant	Address		
Mine in Which Machine will be Used	Mine ID			
Type or Model Number	Serial Number		Type of Machine	
Voltage Phase		Hertz	AC or DC	
L' Commonante en Machine subish	Demined to be Demissional	I- /-II - unlesien meet analogung matera	and the same and the hand	
•	· ·	le (all explosion-proof enclosures, motors, r	,	
Component	Manufacturer	Serial or ID Number	MSHA Approval/Certification Number	
Do not write in this space – MSHA Use	Onlv	I	I	
Initial Review of Application	Date of Initial Review of Const			
Title Nevew of Application	and Design Requirements	9 Accepted	9 Rejected 9 Section 18.94 Waived	
	Reasons for Rejection of Appli	lication		
		Signature (authorized elec	ctrical representative)	
Scheduled Field Inspection	Date Time	Location		
	Special Instructions (preparation	ion of machine for field inspection)		
Following an initial review by this Distric	ct Office. vour request for a Special	I Field Approval		
of the machine described above has been	en accepted. Further inspection of the	the machine will		
be required prior to final approval of thi			ing and health district manager)	
the time and place stated above. Pleas this form to the authorized electrical rep		ion and present Signature (coai iii	nine safety and health district manager)	
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Result of Field Inspection	Date Time	Location		
	Reasons for Rejection of Mach	hine		
	-	Signature (authorized electrical representative)		
Authorization for Issuance of Field A	Approval for Electrically Operat	ted Mining Machine		
To: Approval & Certification Center, RF				
		ecial Field Approval for the machine describe	ed above.	
Date	Signature (district manager)		District	
Disapproval of Application				
	reasons set forth above, I hereby	/ disapprove your application for Special Fie	eld Approval for the machine described above.	
Date	Signature (district manager)		District	