

# Certificate of Training

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



Approved OMB Number 1219-0009, Expires December 30, 2007.

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.

➔ Issue Certificate Immediately  
Upon Completion of Training

Serial Number (for operator's use)

1. Print Full Name of Person Trained (first, middle, last)

2. Check Type of Approved Training Received:

- ☐ Annual Refresher  
☐ New Task (specify below)
- ☐ Experienced Miner  
☐ Newly Employed, Inexperienced Miner
- ☐ Hazard Training  
☐ Other (specify)

Date	Task	Initials		Date	Task	Initials	
		Instr	Studet			Instr	Studet

3. Check Type of Operation and Related Industry:

- A. ☐ Surface ☐ Construction ☐ Underground ☐ Shaft & Slope
- B. ☐ Coal ☐ Metal ☐ 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)