

Train the Trainer Instructor Training Workshop



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

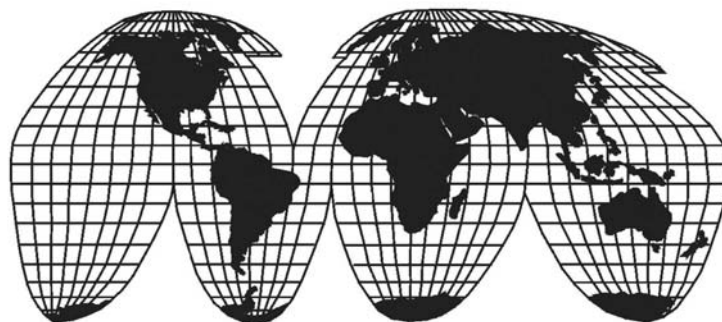
MSHA-3191c

Revised February 2009

5000-23 Form Exercise

Scenarios & Answers

Visit the Mine Safety and Health Administration
at www.msha.gov



What's Wrong With This Picture?



FORM 5000-23 TRAINING SCENARIOS

The student is to read each scenario and determine what training under Part 48 is required, and then complete a Form 5000-23 to indicate the required training has been Completed.

You are the safety director at the No. 1 mine, I.D. No. 46-00001, a large coal company with several mines.

An experienced underground miner from the company's central shop has arrived at your mine to work on an underground project that is scheduled to take 3 weeks before completion.

Name of Miner Trained

Certificate of Training

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



Approved OMB Number 1219-0070, Expires November 30, 2004.
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)

JERRY R. TRAINEE

2. Check Type of Approved Training Received:

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

Date	Task	Initials		Date	Task	Initials	
		Inst	Shuff			Inst	Shuff

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

07/26/2007

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):

- Introduction to Work Environment
- Hazard Recognition
- Emergency Medical Procedures
- H&S Aspects of Tasks Assigned
- Statutory Rights of Miners
- Self-Rescue & Respiratory Devices
- Transport & Communication Systems
- Roof/Ground Control & Ventilation
- Mine Map; Escapeways; Emergency Evacuation; Barricading
- Cleanup; Rock Dusting
- Mandatory Health & Safety Standards
- Authority & Responsibility of Supervisors & Miners' Representatives
- Health
- Electrical Hazards
- First Aid
- Mine Gases
- Explosives
- Prevention of Accidents
- 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)

James Doe

7. Mine Name, ID, & Location of Training (if institution, give name & address)

NO. 1 MINE, 46-00001,

8. Date

I verify that I have completed the above training (signature of person trained)

Check Hazard Coal and Underground

The date Training Is completed

The mine name, ID, and training location are listed.

The person responsible for the Training record.

An experienced miner is hired from the company panel to begin work at your No.1 mine as an underground utility worker.

The miner has not worked in a coal mine for the last 10 years. You did not provide the miner with the necessary task training.

Name of Miner Trained

Certificate of Training

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Mine Safety and Health Administration



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➔ Issue Certificate Immediately Upon Completion of Training

Serial Number (for operator's use)

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

JERRY R. TRAINEE

2. Check Type of Approved Training Received

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

8 hours

Date	Task	Initials		Date	Task	Initials	
		Instr	Student			Instr	Student

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

07/26/2007

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):

- Introduction to Work Environment
- Hazard Recognition
- Emergency Medical Procedures
- H&S Aspects of Tasks Assigned
- Statutory Rights of Miners
- Self-Rescue & Respiratory Devices
- Transport & Communication Systems
- Roof/Ground Control & Ventilation
- Mine Map; Escapeways; Emergency Evacuation; Barricading
- Cleanup; Rock Dusting
- Mandatory Health & Safety Standards
- Authority & Responsibility of Supervisors & Miners' Representatives
- Health
- Electrical Hazards
- First Aid
- Mine Gases
- Explosives
- Prevention of Accidents
- 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)

James Doe

7. Mine Name, ID, & Location of Training (if institution, give name & address)

NO. 1 MINE, 46-00001,

8. Date

I verify that I have completed the above training (signature of person trained)

Check Experienced miner, Coal, Underground, also Indicate 8 hours

The date Training Is completed

The mine name, ID, and training location are listed.

The person responsible for the Training record.

A person is hired off the street to begin work at your No. 1 underground mine.

This person has never worked in a coal mine and has never received any required training.

You did not conduct task training.

Name of Miner Trained

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Mine Safety and Health Administration



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➔ Issue Certificate Immediately Upon Completion of Training

Serial Number (for operator's use)

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

JERRY R. TRAINEE

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	
		Inst	Stud			Inst	Stud

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

07/26/2007

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):

- Introduction to Work Environment
- Hazard Recognition
- Emergency Medical Procedures
- H&S Aspects of Tasks Assigned
- Statutory Rights of Miners
- Self-Rescue & Respiratory Devices
- Transport & Communication Systems
- Roof/Ground Control & Ventilation
- Mine Map; Escapeways; Emergency Evacuation; Barricading
- Cleanup; Rock Dusting
- Mandatory Health & Safety Standards
- Authority & Responsibility of Supervisors & Miners' Representatives
- Health
- Electrical Hazards
- First Aid
- Mine Gases
- Explosives
- Prevention of Accidents
- 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)

James Doe

7. Mine Name, ID, & Location of Training (if institution, give name & address)

NO. 1 MINE, 46-00001,

8. Date

I verify that I have completed the above training (signature of person trained)

Check Newly Employed Inexperienced miner, Coal, Underground

The date Training Is completed

The mine name, ID, and training location are listed.

The person responsible for the Training record.

An experienced miner is hired off the street at your No. 1 underground mine.

His occupation will be a continuous-mining-machine operator, working on the 1 Left Section.

He was employed by Tom Cat Coal Company up until this past Friday.

You did not provide task training.

Name of Miner Trained

Certificate of Training

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Mine Safety and Health Administration



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➔ Issue Certificate Immediately Upon Completion of Training

Serial Number (for operator's use)

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

JERRY R. TRAINEE

2. Check Type of Approved Training Received

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

Date	Task	Initials		Date	Task	Initials	
		Inst	Stud			Inst	Stud

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

07/26/2007

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):

- Introduction to Work Environment
- Hazard Recognition
- Emergency Medical Procedures
- H&S Aspects of Tasks Assigned
- Statutory Rights of Miners
- Self-Rescue & Respiratory Devices
- Transport & Communication Systems
- Roof/Ground Control & Ventilation
- Mine Map; Escapeways; Emergency Evacuation; Barricading
- Cleanup; Rock Dusting
- Mandatory Health & Safety Standards
- Authority & Responsibility of Supervisors & Miners' Representatives
- Health
- Electrical Hazards
- First Aid
- Mine Gases
- Explosives
- Prevention of Accidents
- 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)

James Doe

7. Mine Name, ID, & Location of Training (if institution, give name & address)

NO. 1 MINE, 46-00001,

8. Date

I verify that I have completed the above training (signature of person trained)

Check Experienced miner, Coal, Underground

The date Training Is Completed

The mine name, ID, and training location are listed.

The person responsible for the Training record.

A service worker for Joy Manufacturing Company has arrived at the No. 1 underground mine.

He is at the mine to help repair a continuous-mining machine that is broken down and out of service on the 2 Left Section.

This person will be accompanied by the section electrician.

Name of Miner Trained

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Mine Safety and Health Administration



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➔ Issue Certificate Immediately Upon Completion of Training

Serial Number (for operator's use)

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

JERRY R. TRAINEE

2. Check Type of Approved Training Received:

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

Date	Task	Initials		Date	Task	Initials	
		Instr	Student			Instr	Student

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

07/26/2007

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):

- Introduction to Work Environment
- Hazard Recognition
- Emergency Medical Procedures
- H&S Aspects of Tasks Assigned
- Statutory Rights of Miners
- Self-Rescue & Respiratory Devices
- Transport & Communication Systems
- Roof/Ground Control & Ventilation
- Mine Map; Escapeways; Emergency Evacuation; Barricading
- Cleanup; Rock Dusting
- Mandatory Health & Safety Standards
- Authority & Responsibility of Supervisors & Miners' Representatives
- Health
- Electrical Hazards
- First Aid
- Mine Gases
- Explosives
- Prevention of Accidents
- 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)

James Doe

7. Mine Name, ID, & Location of Training (if institution, give name & address)

NO. 1 MINE, 46-00001,

8. Date

I verify that I have completed the above training (signature of person trained)

Check Hazard Coal and Underground

The date Training Is completed

The mine name, ID, and training location are listed.

The person responsible for the Training record.

A contract experience miner arrives at the mine.

He has been at the No. 1 underground mine for the past 5 days.

He is employed by Vasco Belt Vulcanizing Company, a contractor that makes belt splices and vulcanizes the mine conveyor belts.

On the miner's first day you completed hazard training for the miner.

Name of Miner Trained

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➔ Issue Certificate Immediately Upon Completion of Training

Serial Number (for operator's use)

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

JERRY R. TRAINEE

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	
		Inst	Stud			Inst	Stud

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

07/26/2007

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):

- Introduction to Work Environment
- Hazard Recognition
- Emergency Medical Procedures
- H&S Aspects of Tasks Assigned
- Statutory Rights of Miners
- Self-Rescue & Respiratory Devices
- Transport & Communication Systems
- Roof/Ground Control & Ventilation
- Mine Map; Escapeways; Emergency Evacuation; Barricading
- Cleanup; Rock Dusting
- Mandatory Health & Safety Standards
- Authority & Responsibility of Supervisors & Miners' Representatives
- Health
- Electrical Hazards
- First Aid
- Mine Gases
- Explosives
- Prevention of Accidents
- 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)

James Doe

7. Mine Name, ID, & Location of Training (if institution, give name & address)

NO. 1 MINE, 46-00001,

8. Date

I verify that I have completed the above training (signature of person trained)

Check Experienced miner, Coal, Underground

The date Training Is completed

The mine name, ID, and training location are listed.

The person responsible for the Training record.

You have conducted and completed annual refresher training for Jerry R. Trainee, an underground roof-bolt-machine operator.

Name of Miner Trained

Certificate of Training

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



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➔ Issue Certificate Immediately Upon Completion of Training

Serial Number (for operator's use)

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

JERRY R. TRAINER

2. Check Type of Mine Use Training Received:

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

Date	Task	Initials		Date	Task	Initials	
		Inst	Shift			Inst	Shift

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

07/26/2007

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):

- Introduction to Work Environment
 Hazard Recognition
 Emergency Medical Procedures
 H&S Aspects of Tasks Assigned
 Statutory Rights of Miners
 Self-Rescue & Respiratory Devices
 Transport & Communication Systems
- Roof/Ground Control & Ventilation
 Mine Map; Escapeways; Emergency Evacuation; Barricading
 Cleanup; Rock Dusting
 Mandatory Health & Safety Standards
 Authority & Responsibility of Supervisors & Miners' Representatives
- Health
 Electrical Hazards
 First Aid
 Mine Gases
 Explosives
 Prevention of Accidents
 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)

James Doe

7. Mine Name, ID, & Location of Training (if institution, give name & address)

NO. 1 MINE, 46-00001,

8. Date

I verify that I have completed the above training (signature of person trained)

Check Annual Refresher, Coal, Underground

The date Training Is completed

The mine name, ID, and training location are listed.

The person responsible for the Training record.

You have conducted a portion of the 48A annual refresher training for Jerry R. Trainee, a continuous-mining-machine operator for the 2 Left Section.

The training consisted of 2½ hours first-aid training and 30 minutes of prevention of accidents.

Name of Miner Trained

Certificate of Training

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



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➔ Issue Certificate Immediately Upon Completion of Training

Serial Number (for operator's use)

Check Annual Refresher, Coal, Underground

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

JERRY R. TRAINEE

2. Check Type of Approved Training Received:

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

Date	Task	Initials		Date	Task	Initials	
		Instr	Student			Instr	Student

3. Check Type of Operation and Related Industry:

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

Check box for Not completed

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):

- Introduction to Work Environment
- Hazard Recognition
- Emergency Medical Procedures
- H&S Aspects of Tasks Assigned
- Statutory Rights of Miners
- Self-Rescue & Respiratory Devices
- Transport & Communication Systems
- Roof/Ground Control & Ventilation
- Mine Map; Escapeways; Emergency Evacuation; Barricading
- Cleanup; Rock Dusting
- Mandatory Health & Safety Standards
- Authority & Responsibility of Supervisors & Miners' Representatives
- Health
- Electrical Hazards
- First Aid
- Mine Gases
- Explosives
- Prevention of Accidents

Initial subject completed

JD
3-7-07
JD
3-7-07

The mine name, ID, and training location are listed.

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)

NO. 1 MINE, 46-00001,

8. Date I verify that I have completed the above training (signature of person trained)

A new inexperienced miner is hired for the 2 Left Section as a utility man at your underground No. 1 mine, I.D. 46-00001.

The individual has completed a state agency apprenticeship underground training program for the state the mine is located. You did not provide task training.

Name of Miner Trained

Certificate of Training

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Mine Safety and Health Administration



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Issue Certificate Immediately Upon Completion of Training

Serial Number (for operator's use)

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

JERRY R. TRAINEE

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	Student			Instr	Student

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

07/26/2007

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):

- Introduction to Work Environment
 Hazard Recognition
 Emergency Medical Procedures
 H&S Aspects of Tasks Assigned
 Statutory Rights of Miners
 Self-Rescue & Respiratory Devices
 Transport & Communication Systems
- Roof/Ground Control & Ventilation
 Mine Map; Escapeways; Emergency Evacuation; Barricading
 Cleanup; Rock Dusting
 Mandatory Health & Safety Standards
 Authority & Responsibility of Supervisors & Miners' Representatives
- Health
 Electrical Hazards
 First Aid
 Mine Gases
 Explosives
 Prevention of Accidents
 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)

James Doe

7. Mine Name, ID, & Location of Training (if institution, give name & address)

NO. 1 MINE, 46-00001,

8. Date

I verify that I have completed the above training (signature of person trained)

Check Experience miner, Coal, Underground

The date Training Is completed

The person responsible for the Training record.

The mine name, ID, and training location are listed.

An experience miner is hired at your underground No. 1 mine, I.D. 46-00001, as a shuttle-car operator.

You have several models of shuttle cars at your operation. He will be operating a 10SC-22. His last employment at a coal mine was October 2, 2005.

Today's date is 01/19/2009. His occupation was a continuous-mining-machine operator. You have conducted all the required training including task.

Name of Miner Trained

Certificate of Training

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



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➔ Issue Certificate Immediately Upon Completion of Training

Serial Number (for operator's use)

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

JERRY R. TRAINEE

2. Check Type of Approved Training Received:

- Annual Refresh
- Experienced Miner
- Hazardous Training
- New Task (specify below)
- Newly Employed, Inexperienced Miner
- Other (specify)

Date	Task	Initials		Date	Task	Initials	
		Inst	Shuff			Inst	Shuff
03/07/2007	Shuttle Car 10SC-22	JD				JT	

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

07/26/2007

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):

- Introduction to Work Environment
- Hazard Recognition
- Emergency Medical Procedures
- H&S Aspects of Tasks Assigned
- Statutory Rights of Miners
- Self-Rescue & Respiratory Devices
- Transport & Communication Systems
- Roof/Ground Control & Ventilation
- Mine Map; Escapeways; Emergency Evacuation; Barricading
- Cleanup; Rock Dusting
- Mandatory Health & Safety Standards
- Authority & Responsibility of Supervisors & Miners' Representatives
- Health
- Electrical Hazards
- First Aid
- Mine Gases
- Explosives
- Prevention of Accidents
- 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)

James Doe

7. Mine Name, ID, & Location of Training (if institution, give name & address)

NO. 1 MINE, 46-00001,

8. Date

I verify that I have completed the above training (signature of person trained)

Check Experience miner, New Task, Coal, Underground

Insert Date, task and initial

The date Training Is completed

The mine name, ID, and training location are listed.

The person responsible for the Training record.

You are an MSHA approved trainer for a private association.

Bill Wilson has been sent to you for the appropriate training. He will be working at the No. 1 mine.

You have completed newly employed underground inexperienced miner training. You have all the approved plans for the mine and the training models of SCSR'S provided at the mine.

Your company business name and identification number is Basic Training, WXYZ.

You did not instruct the miner in the following subjects; introduction of the work environment and health a safety aspects of the task.

Name of Miner Trained

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➔ Issue Certificate Immediately Upon Completion of Training

Serial Number (for operator's use)

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

Bill Wilson

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	
		Inst	Shft			Inst	Shft

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

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):

- Introduction to Work Environment
- Hazard Recognition
- Emergency Medical Procedures
- H&S Aspects of Tasks Assigned
- Statutory Rights of Miners
- Self-Rescue & Respiratory Devices
- Transport & Communication Systems
- Roof/Ground Control & Ventilation
- Mine Map; Escapeways; Emergency Evacuation; Barricading
- Cleanup; Rock Dusting
- Mandatory Health & Safety Standards
- Authority & Responsibility of Supervisors & Miners' Representatives
- Health
- Electrical Hazards
- First Aid
- Mine Gases
- Explosives
- Prevention of Accidents
- 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)

James Doe

7. Mine Name, ID, & Location of Training (if institution, give name & address)

Basic Training, I.D. WXYZ, MORGANTOWN

8. Date

I verify that I have completed the above training (signature of person trained)

Check Newly Employed Inexperienced miner, Coal, Underground

Check Not Completed

The person responsible for the Training record.

Initial Subjects completed

The company name, ID, and training location

Bill Wilson, truck driver, arrives at the No. 1 Preparation Plant to pick up a piece of equipment for repair that is in the supply yard.

He does not need to leave the cab of his truck for the pick up.

Name of Miner Trained

Certificate of Training

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



Approved OMB Number 1219-0070, Expires November 30, 2004.
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)

BILL WILSON

2. Check Type of Approved Training Received:

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

Date	Task	Initials	Date	Task	Initials
		Instr	Student		Instr

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

07/26/2007

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):

- Introduction to Work Environment
- Hazard Recognition
- Emergency Medical Procedures
- H&S Aspects of Tasks Assigned
- Statutory Rights of Miners
- Self-Rescue & Respiratory Devices
- Transport & Communication Systems
- Roof/Ground Control & Ventilation
- Mine Map; Escapeways; Emergency Evacuation; Barricading
- Cleanup; Rock Dusting
- Mandatory Health & Safety Standards
- Authority & Responsibility of Supervisors & Miners' Representatives
- Health
- Electrical Hazards
- First Aid
- Mine Gases
- Explosives
- Prevention of Accidents
- 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)

JOHN Doe

7. Mine Name, ID, & Location of Training (if institution, give name & address)

NO. 1 MINE, 46-00001, PREP PLANT

8. Date

I verify that I have completed the above training (signature of person trained)

Check Hazard Coal and Surface

The date Training Is completed

The mine name, ID, and training location are listed.

The person responsible for the Training record.

Bill Wilson, an inexperienced miner, is hired today at your No.1 Preparation Plant, I.D. 46-00001.

All the training is to be conducted by you. The miner has completed 40 hours of newly employed inexperienced miner training from an educational institution. The miner's previous employment was with a road construction company. His job classification was front-end-loader operator. The miner is hired to operate a 988-B Front-End Loader.

You have conducted all the required training including task training.

Name of Miner Trained

Check Experience miner, New Task, Coal, Surface

Insert Date, task and initial

The date Training Is completed

The mine name, ID, and training location are listed.

The person responsible for the Training record.

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

Approved OMB Number 1219-0070, Expires November 30, 2004.
 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)
BILL WILSON

2. Check Type of Approved Training Received:

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

Date	Task	Initials	Date	Task	Initials
		First Last			First Last
03-07-07	988-B endloader	JD			

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.
07/26/2007

➔ If completed, go to item 6, below.

5. Check Subjects Completed (use only for partially completed training):

Introduction to Work Environment Roof/Ground Control & Ventilation Health
 Hazard Recognition Mine Map; Escapeways; Emergency Evacuation; Barricading Electrical Hazards
 Emergency Medical Procedures First Aid
 H&S Aspects of Tasks Assigned Cleanup; Rock Dusting Mine Gases
 Statutory Rights of Miners Mandatory Health & Safety Standards Explosives
 Self-Rescue & Respiratory Devices Authority & Responsibility of Supervisors & Miners' Representatives Prevention of Accidents
 Transport & Communication Systems 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)
James Doe

7. Mine Name, ID, & Location of Training (if institution, give name & address)
NO. 1 MINE, 46-00001

8. Date I verify that I have completed the above training (signature of person trained)

MSHA Form 5000-23, Jan. 99 (revised)

Bill Wilson arrives at the No. 1 underground mine to begin work.

He has a 5000-23 certificate signed from Basic Training, I.D. WXYZ, indicating that underground newly employed inexperienced miner training is not complete.

You are to complete the training and record.

Certificate of Training

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



Approved OMB Number 1219-0070, Expires November 30, 2004.
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)

Bill Wilson

2. Check Type of Approved Training Received:

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

Date	Task	Initials		Date	Task	Initials	
		Instr	Student			Instr	Student

3. Check Type of Operation and Related Industry:

A. Surface Construction Underground Shaft & Slope
B. Coal Metal Nonmetal

4. Date Training Requirements Completed

07/26/2007

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 checked="" 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 checked="" 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)

**Bill Frank
James Doe**

7. Mine Name, ID, & Location of Training (if institution, give name & address)

Basic Training, I.D. WXYZ, MORGANTOWN

8. Date

I verify that I have completed the above training (signature of person trained)

Insert Completion Date

Initial Subjects completed

The person responsible for the Training record.

Name of Miner Trained

Certificate of Training

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



Approved OMB Number 1219-0070, Expires November 30, 2004.
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)

Bill Wilson

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	
		Inst	Stud			Inst	Stud

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

07/26/2007

Check if not completed and go to item 5, below.

5. Check Subjects Completed (use only for partially completed training):

- Introduction to Work Environment
- Hazard Recognition
- Emergency Medical Procedures
- H&S Aspects of Tasks Assigned
- Statutory Rights of Miners
- Self-Rescue & Respiratory Devices
- Transport & Communication Systems
- Roof/Ground Control & Ventilation
- Mine Map; Escapeways; Emergency Evacuation; Barricading
- Cleanup; Rock Dusting
- Mandatory Health & Safety Standards
- Authority & Responsibility of Supervisors & Miners' Representatives
- Health
- Electrical Hazards
- First Aid
- Mine Gases
- Explosives
- Prevention of Accidents
- 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)

Bill Frank

7. Mine Name, ID, & Location of Training (if institution, give name & address)

Mine No. 1 46-00001

8. Date

I verify that I have completed the above training (signature of person trained)

Check Newly Employed Inexperienced miner, Coal, Underground

Insert Date Completed

Initial Subjects Completed

The mine name, ID, and training location

The person responsible for the Training record.

On January 28, 2008 a miner is hired at your No. 1 Preparation Plant. The miner had completed the state apprenticeship surface mine training. The miner's apprenticeship card indicates it was issued on January 14, 2006. The miner worked at a preparation plant two months before being laid off June 3, 2006. Today's date is 12/27/2008.

Name of Miner Trained

Certificate of Training

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



Approved OMB Number 1219-0070, Expires November 30, 2004.

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)

JERRY R. TRAINEE

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	Student			Instr	Student

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

07/26/2007

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):

- Introduction to Work Environment
- Hazard Recognition
- Emergency Medical Procedures
- H&S Aspects of Tasks Assigned
- Statutory Rights of Miners
- Self-Rescue & Respiratory Devices
- Transport & Communication Systems
- Roof/Ground Control & Ventilation
- Mine Map; Escapeways; Emergency Evacuation; Barricading
- Cleanup; Rock Dusting
- Mandatory Health & Safety Standards
- Authority & Responsibility of Supervisors & Miners' Representatives
- Health
- Electrical Hazards
- First Aid
- Mine Gases
- Explosives
- Prevention of Accidents
- 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)

James Doe

7. Mine Name, ID, & Location of Training (if institution, give name & address)

NO. 1 MINE, Prep Plant 46-00001,

8. Date

I verify that I have completed the above training (signature of person trained)

Check Experienced miner, Surface, Coal,

The date Training Is completed

The mine name, ID, and training location are listed.

The person responsible for the Training record.

On January 29, 2008 a miner is hired at your No. 1 underground mine as a shuttle-car operator. The miner has a state apprenticeship card indicating it was issued January 1, 2004. The miner had been employed as a shuttle-car operator at another mine and was layed off June 1, 2004. The miner has not worked in the coal industry since that time. You did not provide task training.

Name of Miner Trained

Certificate of Training

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



Approved OMB Number 1219-0070, Expires November 30, 2004.

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)

JERRY R. TRAINEE

2. Check Type of Approved Training Received:

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

Date	Task	Initials		Date	Task	Initials	
		Inst	Shift			Inst	Shift

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

07/26/2007

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):

- Introduction to Work Environment
- Hazard Recognition
- Emergency Medical Procedures
- H&S Aspects of Tasks Assigned
- Statutory Rights of Miners
- Self-Rescue & Respiratory Devices
- Transport & Communication Systems
- Roof/Ground Control & Ventilation
- Mine Map; Escapeways; Emergency Evacuation; Barricading
- Cleanup; Rock Dusting
- Mandatory Health & Safety Standards
- Authority & Responsibility of Supervisors & Miners' Representatives
- Health
- Electrical Hazards
- First Aid
- Mine Gases
- Explosives
- Prevention of Accidents
- 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)

James Doe

7. Mine Name, ID, & Location of Training (if institution, give name & address)

NO. 1 MINE, Prep Plant 46-00001,

8. Date

I verify that I have completed the above training (signature of person trained)

Check Inexperienced miner, underground, Coal,

The date Training Is completed

The mine name, ID, and training location are listed.

The person responsible for the Training record.

- You have completed annual refresher training for the underground employees of your No. 1 mine, using your approved Part 48A underground training plan. Also attending your training was Bill Wilson a preparation plant employee. Document the training for Bill Wilson.

Name of Miner Trained

Certificate of Training

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



Approved OMB Number 1219-0070, Expires November 30, 2004.

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➔ Issue Certificate Immediately Upon Completion of Training

Serial Number (for operator's use)

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

Bill Wilson

2. Check Type of Approved Training Received:

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

Date	Task	Initials		Date	Task	Initials	
		Instr	Student			Instr	Student

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

Check 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):

- Introduction to Work Environment
- Hazard Recognition
- Emergency Medical Procedures
- H&S Aspects of Tasks Assigned
- Statutory Rights of Miners
- Self-Rescue & Respiratory Devices
- Transport & Communication Systems
- Roof/Ground Control & Ventilation
- Mine Map; Escapeways; Emergency Evacuation; Barricading
- Cleanup; Rock Dusting
- Mandatory Health & Safety Standards
- Authority & Responsibility of Supervisors & Miners' Representatives
- Health
- Electrical Hazards
- First Aid
- Mine Gases
- Explosives
- Prevention of Accidents
- 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)

James Doe

7. Mine Name, ID, & Location of Training (if institution, give name & address)

Mine No. 1 46-00001

8. Date

I verify that I have completed the above training (signature of person trained)

Check Annual Refresher, Coal, Surface

Check Incomplete

Initial courses covered that are similar for Underground and surface in 48.8 and 48.28

The mine name, ID, and training location

The person responsible for the Training record.

Courses covered for underground that would not be the same for surface are as follow:

Transportation & Communication
Emergency Medical Procedures
Roof/Ground Control

The company hired a security guard for your No. 1 mine. His duties include checking and keeping in operation the mine fan and water pumps at the surface area of the mine on weekends and holidays. Prior to this, he was employed as a security guard for a highway construction company for 10 years. You have conducted all required training.

Name of Miner Trained

Check Task Training and The task

The date Training Is completed

The mine name, ID, and training location are listed.

Check Inexperienced miner, surface, Coal,

The person responsible for the Training record.

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

Approved OMB Number 1219-0070, Expires November 30, 2004.
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Issue Certificate Immediately Upon Completion of Training

Serial Number (for operator's use)

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

2. Check Type of Approved Training Received:

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

Date	Task	Initials	Date	Task	Initials
		Instr	Shift		Instr
07/26/2007	Mine fan				
07/26/2007	Water pump				

3. Check Type of Operation and Related Industry:

A. Surface Construction Underground Shaft & Slope
 B. Coal Metal Nonmetal

4. Date Training Requirements Completed
07/26/2007 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):

Introduction to Work Environment Roof/Ground Control & Ventilation Health
 Hazard Recognition Mine Map; Escapeways; Emergency Evacuation; Barricading Electrical Hazards
 Emergency Medical Procedures First Aid
 H&S Aspects of Tasks Assigned Cleanup; Rock Dusting Mine Gases
 Statutory Rights of Miners Explosives
 Self-Rescue & Respiratory Devices Mandatory Health & Safety Standards Prevention of Accidents
 Transport & Communication Systems Authority & Responsibility of Supervisors & Miners' Representatives 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)
James Doe

7. Mine Name, ID, & Location of Training (if institution, give name & address)
NO. 1 MINE, 46-00001,

8. Date I verify that I have completed the above training (signature of person trained)

MSHA Form 5000-23, Jan. 99 (revised)

Steve Martin, a commercial logger, is traveling the mine haulage road to harvest timber that is located approximately two miles from the active working pit of your No. 1 surface mine, I.D. 46-00003.

He tells you it will take approximately 3 months to harvest the trees.

Name of Miner Trained

Certificate of Training

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



Approved OMB Number 1219-0070, Expires November 30, 2004.
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➔ Issue Certificate Immediately Upon Completion of Training

Serial Number (for operator's use)

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

STEVE MARTIN

2. Check Type of Approved Training Received:

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

Date	Task	Initials		Date	Task	Initials	
		Inst	Shift			Inst	Shift

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

07/26/2007

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):

- Introduction to Work Environment
- Hazard Recognition
- Emergency Medical Procedures
- H&S Aspects of Tasks Assigned
- Statutory Rights of Miners
- Self-Rescue & Respiratory Devices
- Transport & Communication Systems
- Roof/Ground Control & Ventilation
- Mine Map; Escapeways; Emergency Evacuation; Barricading
- Cleanup; Rock Dusting
- Mandatory Health & Safety Standards
- Authority & Responsibility of Supervisors & Miners' Representatives
- Health
- Electrical Hazards
- First Aid
- Mine Gases
- Explosives
- Prevention of Accidents
- 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)

James Doe

7. Mine Name, ID, & Location of Training (if institution, give name & address)

NO. 1 SURFACE MINE, 46-00003,

8. Date

I verify that I have completed the above training (signature of person trained)

Check Hazard Coal and Surface

The date Training Is completed

The mine name, ID, and training location are listed.

The person responsible for the Training record.

You are the person responsible for health and safety at Drill Deep Shaft Co, I.D. XYZ. You have just hired a worker that has worked in an underground coal mine as a continuous-miner operator for the past 15 years.

You have hired him to operate a rock drill in the shaft. You have conducted all required training.

Name of Miner Trained

Certificate of Training

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



Approved OMB Number 1219-0070, Expires November 30, 2004.
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Issue Certificate Immediately Upon Completion of Training
Serial Number (for operator's use)

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

Jerry R. Trainee

2. Check Type of Approved Training Received:

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

Date	Task	Initials		Date	Task	Initials	
		Inst	Shift			Inst	Shift
03/07/2007	Rock Drill	JD		JT			

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

07/26/2007

Check if not completed and go to item 5, below.

5. Check Subjects Completed (use only for partially completed training):

- Introduction to Work Environment
- Hazard Recognition
- Emergency Medical Procedures
- H&S Aspects of Tasks Assigned
- Statutory Rights of Miners
- Self-Rescue & Respiratory Devices
- Transport & Communication Systems
- Roof/Ground Control & Ventilation
- Mine Map; Escapeways; Emergency Evacuation; Barricading
- Cleanup; Rock Dusting
- Mandatory Health & Safety Standards
- Authority & Responsibility of Supervisors & Miners' Representatives
- Health
- Electrical Hazards
- First Aid
- Mine Gases
- Explosives
- Prevention of Accidents
- 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)

James Doe

7. Mine Name, ID, & Location of Training (if institution, give name & address)

DRILL DEEP SHAFT CO XYZ,

8. Date

I verify that I have completed the above training (signature of person trained)

Check Experience miner, New Task, Shaft & Slope

Insert Date, task and initial

The date Training Is completed

The mine name, ID, and training location are listed.

The person responsible for the Training record.

You are a contract employer providing miners to the No. 1 mine. You have an employee that was hired as an inexperienced miner on July 12, 2006 as a belt cleaner. You provided all the required training and documented the training on a 5000-23 at that time.

The mine provided experience miner training and task training when he arrived at the mine. The miner is a member of a National Guard unit and his unit was called up for active duty on September 6, 2006. On November 11, 2007, he returned to the mines to report for work.

Name of Miner Trained

Check Experience miner, coal and underground

Insert Date, task and initial

The date Training Is completed

The mine name, ID, and training location are listed.

The person responsible for the Training record.

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

Approved OMB Number 1219-0070, Expires November 30, 2004.
 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)
Jerry R. Trainee

2. Check Type of Approved Training Received

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

Date	Task	Initials	Date	Task	Initials
		Instr			Instr

3. Check Type of Operation and Related Industry:
 A. Surface Construction Underground Shaft & Slope
 B. Coal Metal Nonmetal

4. Date Training Requirements Completed
07/26/2007 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):

Introduction to Work Environment Roof/Ground Control & Ventilation Health
 Hazard Recognition Mine Map; Escapeways; Emergency Evacuation; Barricading Electrical Hazards
 Emergency Medical Procedures First Aid
 H&S Aspects of Tasks Assigned Cleanup; Rock Dusting Mine Gases
 Statutory Rights of Miners Explosives
 Self-Rescue & Respiratory Devices Mandatory Health & Safety Standards Prevention of Accidents
 Transport & Communication Systems Authority & Responsibility of Supervisors & Miners' Representatives 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)
James Doe

7. Mine Name, ID, & Location of Training (if institution, give name & address)
No. 1 Mine 46-00001,

8. Date I verify that I have completed the above training (signature of person trained)

MSHA Form 5000-23, Jan. 99 (revised)

Your company has hired Bill Wilson, an end-loader operator, for your No. 1 surface coal mine operation. Bill has worked for a surface sand and gravel company for the last two years.

He has a 5000-23 indicating he had received Part 46 newly employed inexperience miner training at the sand and gravel company when hired and annual refresher training for this past year. You did not provided task training.

Name of Miner Trained

Check Newly employed Inexperience miner, coal and surface

Insert Date, task and initial

The date Training Is completed

The mine name, ID, and training location are listed.

The person responsible for the Training record.

Certificate of Training

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



Approved OMB Number 1219-0070, Expires November 30, 2004.
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)

Jerry R. Trainee

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	Student			Instr	Student

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

07/26/2007

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):

- Introduction to Work Environment
- Hazard Recognition
- Emergency Medical Procedures
- H&S Aspects of Tasks Assigned
- Statutory Rights of Miners
- Self-Rescue & Respiratory Devices
- Transport & Communication Systems
- Roof/Ground Control & Ventilation
- Mine Map; Escapeways; Emergency Evacuation; Barricading
- Cleanup; Rock Dusting
- Mandatory Health & Safety Standards
- Authority & Responsibility of Supervisors & Miners' Representatives
- Health
- Electrical Hazards
- First Aid
- Mine Gases
- Explosives
- Prevention of Accidents
- 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)

James Doe

7. Mine Name, ID, & Location of Training (if institution, give name & address)

No. 1 Mine 46-00003

8. Date

I verify that I have completed the above training (signature of person trained)

Bill Wilson, an underground employee for the last ten years at your No. 1 deep mine, has been transferred from the underground area to the preparation plant as a laborer.

He has no previous experience at a surface operation. You did not provide task training.

Name of Miner Trained

Check Newly employed Inexperience miner, coal and surface

Insert Date, task and initial

The date Training Is completed

The mine name, ID, and training location are listed.

The person responsible for the Training record.

Certificate of Training

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

Approved OMB Number 1219-0070, Expires November 30, 2004.
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)
Jerry R. Trainee

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	Student			Instr	Student

3. Check Type of Operation and Related Industry:

A. Surface Construction Underground Shaft & Slope
B. Coal Metal Nonmetal

4. Date Training Requirements Completed
07/26/2007

Check if not completed and go to item 5, below.

5. Check Subjects Completed (use only for partially completed training):

Introduction to Work Environment
 Hazard Recognition
 Emergency Medical Procedures
 H&S Aspects of Tasks Assigned
 Statutory Rights of Miners
 Self-Rescue & Respiratory Devices
 Transport & Communication Systems

Roof/Ground Control & Ventilation
 Mine Map; Escapeways; Emergency Evacuation; Barricading
 Cleanup; Rock Dusting
 Mandatory Health & Safety Standards
 Authority & Responsibility of Supervisors & Miners' Representatives

Health
 Electrical Hazards
 First Aid
 Mine Gases
 Explosives
 Prevention of Accidents
 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)
James Doe

7. Mine Name, ID, & Location of Training (if institution, give name & address)
No. 1 Mine 46-00001,

8. Date

I verify that I have completed the above training (signature of person trained)

MSHA Form 5000-23, Jan. 99 (revised)

You have hired Bill Wilson at your West Virginia No. 1 Preparation Plant as a refuse truck driver hauling refuse from the preparation plant to the refuse site approximately a mile from the prep plant.

He has to travel on the state highway to do so. He gives you a card indicating he has received Coal Truck Driver Training from the West Virginia Office of Miners' Health, Safety and Training.

Name of Miner Trained

Certificate of Training

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



Approved OMB Number 1219-0070, Expires November 30, 2004.
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)

Bill Wilson

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	Student			Instr	Student

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

07/26/2007

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):

- Introduction to Work Environment
- Hazard Recognition
- Emergency Medical Procedures
- H&S Aspects of Tasks Assigned
- Statutory Rights of Miners
- Self-Rescue & Respiratory Devices
- Transport & Communication Systems
- Roof/Ground Control & Ventilation
- Mine Map; Escapeways; Emergency Evacuation; Barricading
- Cleanup; Rock Dusting
- Mandatory Health & Safety Standards
- Authority & Responsibility of Supervisors & Miners' Representatives
- Health
- Electrical Hazards
- First Aid
- Mine Gases
- Explosives
- Prevention of Accidents
- 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)

James Doe

7. Mine Name, ID, & Location of Training (if institution, give name & address)

No. 1 Mine 46-00001,

8. Date

I verify that I have completed the above training (signature of person trained)

Check Newly employed Inexperience miner, coal and surface

Insert Date, task and initial

The date Training Is completed

The mine name, ID, and training location are listed.

The person responsible for the Training record.

1977 Mine Act

← Section 110 (F)

← Whoever knowingly makes any false statement, representation, or certification in any application, record, report, plan, or other document filed or required to be maintained pursuant to this Act shall, upon conviction, be punished by a fine of not more than \$10,000, or by imprisonment for not more than five years, or both.

