## **Train the Trainer Instructor Training Workshop**



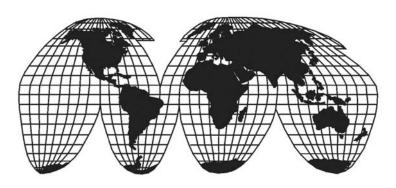
U.S. Department of Labor Mine Safety and Health Administration National Mine Health and Safety Academy

MSHA-3191c

Revised February 2009

# 5000-23 Form Exercise Scenarios & Answers

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





## 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 experience 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.

The date Training Is completed

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

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### U.S. Department of Labor

Task

Underground

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

Nonmetal

& Ventilation

Barricading

Mine Map; Escapeways; Emergency Evacuation;

Cleanup; Rock Dusting

Mandatory Health & Safety Standards

Representatives

Mine Safety and Health Administration Approved OMB Number 1219-0070, Expires November 30, 2004.

Hazar

er (specify)

Initials instr

Shaft & Slope

Electrical Hazards

Prevention of Accidents

Mine Gases

Explosives

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, Senal Number (for operator's use) Issue Certificate Immediately

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

- orroom Type or Stppsore	a maining resource.
Annual	Expenenced Miner
Refresher	L Expension willer

New Task Newly Employed, (specify below)

on and Related Industry:

Inexperienced Mir Date Date Initials

3. Check Type of Open A. Surface

Construction B. Coat Metal

4. Date Training Requirements Completed

If completed, go to item 6, below.

5. Check Subjects Completed (use only for partially completed training): Introduction to Work Environment Roof/Ground Control

Hazard Recognition

Emergency Medical Procedures

H&S Aspects of Tasks Assigned

Statutory Rights of Miners

amended by P. L. 95-164).

Self-Rescue & Respiratory Devices Transport & Communication Systems

6. False certification is punishable under section 110 (a) and (f) of the Federal Mine Safety & Health Act (P. L. 91-173 as

I certify that the above training has been completed James Doe

Authority & Responsibility Other (specify)

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

MINE, 46-00001

8. Date

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

**Check Hazard** Coal and **Underground** 

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.

The date

Training Is

completed

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. Senal Number (for operator's use) Issue Certificate Immediately Upon Completion of Training Print Full Name of Person Trained (first, middle, last) 2. Check Type of Approved Training Received Annual Hazard ] Experienced Miner Refresher Oth New Task Newty Employed. 8 hours (specify below) Inexperienced Mi Date Date Task Initials Task Initials 3. Check Type of C eration and Related Industry: Construction Underground Shaft & Slope Metal Nonmetal 4. Date Training Requirements Completed Check if not completed and go to item 5, below. If completed, go to item 6, below. Check Subjects Completed (use only for partially completed training). Introduction to Work Environment Roof/Ground Control & Ventilation Hazard Recognition Electrical Hazards Mine Map: Escapeways: Emergency Evacuation; **Emergency Medical Procedures** Barricading Mine Gases H&S Aspects of Tasks Assigned Cleanup; Rock Dusting Explosives Statutory Rights of Miners Mandatory Health & Safety Standards Prevention of Accidents Self-Rescue & Respiratory Devices Authority & Responsibility Other (specify) Transport & Communication Systems Representatives 6. False certification is punishable under I certify that the above training has been completed section 110 (a) and (f) of the Federal Mine Safety & Health Act (P. L. 91-173 as James Doe amended by P. L. 95-164). 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 mine name, ID, and training location are listed.

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.

The date

Training Is

completed

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. Senal Number (for operator's use) Issue Certificate Immediately Upon Completion of Training Print Full Name of Person Trained (first, middle, last) 2. Check Type of Approved Training Received: Annual Hazard i Expense Refresher Oth New Task (specify) Newly Employed, (specify below) Inexperienced Mi Date Task Initials Initials Task 3. Check Type of C eration and Related Industry: Construction Underground Shaft & Slope 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) Introduction to Work Environment Roof/Ground Control & Ventilation Hazard Recognition Electrical Hazards Mine Map: Escapeways: Emergency Evacuation; **Emergency Medical Procedures** Barricading Mine Gases H&S Aspects of Tasks Assigned Cleanup; Rock Dusting Explosives Statutory Rights of Miners Mandatory Health & Safety Standards Prevention of Accidents Self-Rescue & Respiratory Devices Authority & Responsibility Other (specify) Transport & Communication Systems Representatives 6. False certification is punishable under I certify that the above training has been completed section 110 (a) and (f) of the Federal Mine Safety & Health Act (P. L. 91-173 as James Doe amended by P. L. 95-164). 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 mine name, ID, and training location are listed.

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

His occupation will be a continuous-miningmachine 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.

The date

Training Is

Completed

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Check Experienced miner, Coal, Underground

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

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.

The date Training Is completed

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

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### U.S. Department of Labor

Task

Underground

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

Nonmetal

& Ventilation

Barricading

Mine Map; Escapeways; Emergency Evacuation;

Cleanup; Rock Dusting

Mandatory Health & Safety Standards

Representatives

Mine Safety and Health Administration Approved OMB Number 1219-0070, Expires November 30, 2004.

Hazar

er (specify)

Initials instr

Shaft & Slope

Electrical Hazards

Prevention of Accidents

Mine Gases

Explosives

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

- orroom Type or Stppsore	a maining resource.
Annual	Expenenced Miner
Refresher	L Expension willer

New Task Newly Employed, (specify below)

on and Related Industry:

Inexperienced Mir Date Date Initials

3. Check Type of Open A. Surface

Construction B. Coat Metal

4. Date Training Requirements Completed

If completed, go to item 6, below.

5. Check Subjects Completed (use only for partially completed training): Introduction to Work Environment Roof/Ground Control

Hazard Recognition

Emergency Medical Procedures

H&S Aspects of Tasks Assigned

Statutory Rights of Miners

amended by P. L. 95-164).

Self-Rescue & Respiratory Devices Transport & Communication Systems

6. False certification is punishable under section 110 (a) and (f) of the Federal Mine Safety & Health Act (P. L. 91-173 as

I certify that the above training has been completed James Doe

Authority & Responsibility Other (specify)

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

MINE, 46-00001

8. Date

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

**Check Hazard** Coal and **Underground** 

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.

The date

Training Is

completed

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(signature of person trained)

Check Experienced miner, Coal, Underground

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

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

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

Senal Number (for operator's use)

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

Refres New Ta	sher	☐ New	anenced Miner dy Employed, operienced Miner		Hazard Truming Other (specify)
Date	Task	Initials	Date Studi	Task	Initials Inst Shutt
3 Check T	une of O scation	and Related Indu	istor.		
	rtace	Construct Metal	tion 🔲	Inderground Nonmetal	Shaft & Slope

The date Training Is completed

and go to item 5, below. if completed, go to item 6, below. Check Subjects Completed (use only for partially completed training): Introduction to Work Environment Roof/Ground Control Health & Ventilation Hazard Recognition Electrical Hazards Mine Map: Escapeways: Emergency Evacuation; Barricading Emergency Medical Procedures Mine Gases H&S Aspects of Tasks Assigned Cleanup; Rock Dusting Explosives Statutory Rights of Miners Mandatory Health & Safety Standards Prevention of Accidents Self-Rescue & Respiratory Devices Authority & Responsibility of Supervisors & Miners' Other (specify)

Representatives

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

I certify that the above training has been completed

(signature of person responsible for training)

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Transport & Communication Systems

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).

**Check Annual** Refresher, Coal, **Underground** 

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.

Certificate of Training U.S. Department of Labor **Check Annual** 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. Refresher, Coal, 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, **Underground** Senal Number (for operator's use) Issue Certificate Immediately Upon Completion of Training 1. Print Full Name of Person Trained (first, middle, last) raining Received: Hazard Expenenced Miner Refresher New Task Other Newly Employed, (specify below) Inexperienced Mine Date Task Date Initials Task Initials 3. Check Type of Or ation and Related Industry: Construction Underground Shaft & Slope 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): Roof/Ground Control Introduction to Work Environment Health & Ventilation Initial subject Hazard Recognition Electrical Hazards Mine Map: Escapeways: First Aid Emergency Evacuation; Barricading Emergency Medical Procedures completed -7107e Gases H&S Aspects of Tasks Assigned Cleanup; Rock Dusting Explosives Statutory Rights of Miners Mandatory Health & Safety Standards Prevention of Accidents Self-Rescue & Respiratory Devices Authority & Responsibility 3-7,00 er (specify) Transport & Communication Systems Representatives I certify that the above training has been completed 6. False certification is punishable under section 110 (a) and (f) of the Federal Mine (signature of person responsible for training) Safety & Health Act (P. L. 91-173 as amended by P. L. 95-164). 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)

Check box for

Not completed

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

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.

The date Training Is completed

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

8. Date

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

Failure to comply and 110, Public L	required unde may result in aw 91-173 as	r Public L penalties amended	November 30, 2 aw 91-173 as and other sand by Public Law	amended by P	ublic Law 95-164. ded by sections 10
	icate Immedi pletion of Tra of Person Train	ining		Number (for ape	natur s use)
2. Check Type of Annual Refresher New Task (specify below		☐ Expe	ed enenced Miner dy Employed, sperienced Miner		Hazard Training Other specify)
Date Ti		Initials	Date	Task	Initials Inst Sher
3. Check Type of (	Operation and R	elated Indu		Underground	Shaft & Slope
A. Surface B. C al  4. Date Training R	Requirements Co	Construct Metal Impleted	tion I	Underground Nonmetal k if not completed to to item 5, below	d
A. Surface B. Call  4. Date Training R  07/2  If completed, gr  5. Check Subjects Introduction to Hazard Recog	Requirements Co 6/2007 o to item 6, below s Completed (us) work Environmention edical Procedure of Tasks Assigne	Construct Metal Impleted W. e only for pent	Check and grantially complete Roof/Ground Co. & Ventilation Mine Map: Esc Emergency Eve Barricading Cleanup; Rock Mandatory Hea	Nonmetal  k if not completed to to item 5, belowed training): ontrol Heapeways; accuation; Busting Mi Dusting E	d .
A. Surface B. Call  4. Date Training R  07/2  If completed, gr  5. Check Subjects Introduction to Hazard Recog Emergency Me H&S Aspects of Statutory Right	Requirements Co 6/2007 o to item 6, below s Completed (us) work Environmention edical Procedure of Tasks Assigne	Construct Metal Impleted W. e only for pent es ad uvices	check and g cartially complete Roof/Ground C & Ventilation Mine Map; Esc Emergency Eve Barricading Cleanup; Rock	Nonmetal  k if not completed to to item 5, belowed training): ontrol Heapeways; Eleacuation; Fire Miles Heapeways; accuation; Fire Heapeways; H	d w. ealth ectrical Hazards rst Aid ine Gases

I verify that I have completed the above training

Check Experience miner, Coal, Underground

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.

Insert Date, task and initial

The date Training Is completed

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

Cer	tifical	le	of	T	ra	in	ing
							-

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

Senal Number (for operator's use)

ask

Underground

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

Nonmetal

Mine Map; Escapeways; Emergency Evacuation;

Cleanup; Rock Dusting

Mandatory Health & Safety Standards

Representatives

Barricading

Other

nitials

Shaft & Slope

Electrical Hazards

Prevention of Accidents

Mine Gases

Explosives

inst

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Upon Completion of Training

Issue Certificate Immediately

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

Sec.	oriocu i jbo or ribbioso	a Made and
	Annual	expenenced Miner
_	Refrech	L

Newly Employed, (specify below) Inexperienced Miner Initials Date

03/07/2007 Shuttle Car **0SC-22** 

Naw Task

Date

3. Check Type of Ope son and Related Industry:

Construction Metal

4. Date Training Requirements Completed

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 Hazard Recognition

Emergency Medical Procedures

H&S Aspects of Tasks Assigned

Statutory Rights of Miners

Self-Rescue & Respiratory Devices

Transport & Communication Systems

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

James Doe

Authority & Responsibility Other (specify)

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

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** 

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.

Initial Subjects completed

The company name, ID, and training location

	ning		epartment of lifety and Health		C	heck Newly
Approved OMB Numb This certificate is req Failure to comply ma and 110, Public Law	uired under Publiy result in penal	ires November 30, 3 lic Law 91-173 as ties and other san	2004. amended by P actions as provi	ublic Law 95-164.	08	mployed experienced
Upon Complet			Number (for op-	erator's use)		iexperienced iner, Coal,
	ilson					nderground
2. Check Type of App Annual Refresher New Task		Expensor Miner Newly Employed,		Hazard Training Other (specify)		
(specify below)		Inexperienced Mine			5	
Date Task	Initials	Date	Task	Initials Inst Stud	-	
					4	
					-	
3. Check Type of Case	ration and Related	Industry:			}	Chook Not
3. Check Type of Dee A. Surace B. 46oal 4. Date Training Requ	Cons	truction	Underground Nonmetal	Shaft & Slope	}	
A. Surace B. Goal 4. Date Training Requ	Cons Meta irements Complete	truction ded	Nonmetal go to item 5, belo			Check Not Completed
A. Surface B. Goal 4. Date Training Requ	Cons Meta irrements Complete item 6, below. empleted (use only rk Environment	for partially complet  Roof/Ground C & Ventilation  Mine Map: Esc Emergency Ev	go to item 5, bek			
A. Surace B. 4-Soal 4. Date Training Requirements 5. Check Subjects Completed, go to 1. Introduction to Wo	Cons     Meta irements Complete item 6, below. impleted (use only rk Environment n al Procedures	for partially complet  Roof/Ground C & Ventilation  Mine Map; Esc	Nonmetal  go to item 5, beken training): Control D H capeways; Accuation; D F Dusting D	ealth lectrical Hazards rst Aid line Gases		
A. Surfice B. Foal 4. Date Training Requ  If completed, go to 5. Check Subjects Co Introduction to Wo ID Hazard Recognitio ID Emergency Medic	Cons	for partially completed a Ventilation  In Mine Map: Est Emergency Ev Barricading	Nonmetal  go to item 5, belo ted training): Control	ealth lectrical Hazards irst Aid		

I verify that I have completed the above training

responsible Basic Training, I.D. WXYZ, MORGANTOWN for the Training record.

8. Date

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

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.

The date Training Is completed

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

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Contract Con		3.00		1.64	89.30	41.0	3

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

Task

Underground

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

Nonmetal

Roof/Ground Control & Ventilation

Barricading

Mine Map; Escapeways; Emergency Evacuation;

Cleanup; Rock Dusting

Mandatory Health & Safety Standards

Representatives

Hazard Training

Other (specify)

Shaft & Slope

Electrical Hazards

Prevention of Accidents

First Aid

Mine Gases

Explosives

Initials instr

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

Check Type of Approved Training Received: Annual Expenenced Mine Refresher

Issue Certificate Immediately

- New Task Newty Emple (specify below) Inexper
- Date Task Initials
- ation and Related Industry:
- 3. Check Typ.
  - Construction Metal
- 4. Date Training Requirements Completed

- 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
- 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).

Authority & Responsibility Other (specify)

- 7. Mine Name, ID, & Location of Training (if institution, give name & address)
- MINE, 46-00001, PREP PLANT
- 8. Date

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

I certify that the above training has been completed

Check Hazard Coal and **Surface** 

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 frontend-loader operator. The miner is hired to operate a 988-B Front-End Loader.

You have conducted all the required training including task training.

Insert Date, task and initial

The date Training Is completed

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

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1000	CHARLEST AND ADDRESS OF THE PARTY OF THE PAR		3.00		1.64	F ( 3)	H. P.

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

Senal Number (for operator's use)

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Underground

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

Nonmetal

Other (specify)

Shaft & Slope

Electrical Hazards

Prevention of Accidents

First Aid

Explosives

Mine Gases

Initials

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Date

Roof/Ground Control & Ventilation

Barricading

Mine Map; Escapeways; Emergency Evacuation;

Cleanup; Rock Dusting

Mandatory Health & Safety Standards

Representatives

Upon Completion of Training

Issue Certificate Immediately

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

### BILL WILSON

- Check Type of Approved Training Received:
   Annual English Approved Miner
   Refresh
  - New Task Newly Employed, (specify below) Inexperienced Miner
- Date Task Initials

  03-07-07 988-B endloader
- 3. Check Lase of Quantion and Related Industry;
- A. Surtae
  - Construction
    Metal
- 4. Date Training Requirements Completed
- .07/26/2007
- 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
- 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

Authority & Responsibility Other (specify)

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, Surface

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 inexperience miner training is not complete.

You are to complete the training and record.

Insert Completion Date

Initial Subjects completed

Approved OMB Number 1219-0070, Expires N					
his certific ailure to co	ate is required omply may res	under Public Law 9 sult in penalties and 73 as amended by	91-173 as ame other sanction Public Law 95-	ended by Pu ns as provid -164.	ed by sections 108
ssue (	Certificate Im Completion o	nmediately		nber (for oper	ator's use)
1. Print Full		n Trained (first, middle	, last)		
2. Check Ty	ype of Approved	Training Received:			1300
Annual Refresh	her	Expenses  Newty Er	ced Miner	L	Hazard Training Other (specify)
LI (specify	below)	Inexperie	anced Miner	Q.	
Date	Task	Initials (	Date	Task	Initials Inst Shidt
B. Cos		Metal	Nonn	metal	
4. Date Tra  If comple  5. Check S  Introduct  Hazard I  Emerge  H&S Asi  Statutor  D Self-Res	7/26/20 ated, go to Item 6	onts Completed  O7  S, below.  ted (use only for partia vironment	Check if no and go to ally completed tradifferound Control entitles on the con	ot completed item 5, below alning):  ol D Her vays: D Elevation; D Firsting D Exp	
4. Date Tra  If comple  5. Check S  Introduct  D Hazard I  D Emerge  H&S Asi  D Statuton  D Self-Res  D Transpo  6. False cert section 11	ining Requirement / 26/20 sted, go to item 6 subjects Complete tion to Work Environment Medical Processor Tasks A y Rights of Mineraccue & Respirate ort & Communica tification is puni	onts Completed  O7 5, below.  ted (use only for partia vironment	Check if no and go to and go to ally completed traffGround Control entitation e Map; Escapewergency Evacual cading anup; Rock Dust adatory Health & sty Standards hority & Responsupervisors & Mirresentatives	ot completed item 5, below alning): of D Her ways: D Elevation; D Firsting D Exposibility Others	elth ctrical Hazards at Aid ne Gases plosives evention of Accident

I verify that I have completed the above training

The person responsible for the Training record.

8. Date

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. Senal Number (for operator's use) Issue Certificate Immediately Upon Completion of Training Print Full Name of Person Trained (first, middle, last) 2. Check Type of Approved Training Received: Annual Hazard Refresher Oth New Task (specify) Newly Employed, (specify below) Inexperienced Mi Date Task Initials Initials Task 3. Check Type of C eration and Related Industry: Construction Underground Shaft & Slope Metal Nonmetal 4. Date Training Requirements Completed 07/26/2007 If completed, go to item 6, below. Check if not completed and go to item 5, below. 5. Check Subjects Completed (use only for partially completed training) Introduction to Work Environment Roof/Ground Control & Ventilation Hazard Recognition Electrical Hazards Mine Map: Escapeways: Emergency Evacuation; Emergency Medical Procedures Barricading Mine Gases BF H&S Aspects of Tasks Assigned Cleanup; Rock Dusting Explosives Statutory Rights of Miners Mandatory Health & Safety Standards Prevention of Accidents Self-Rescue & Respiratory Devices Authority & Responsibility Other (specify) Transport & Communication Systems Representatives I certify that the above training has been completed 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). 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

The person responsible for the Training record.

The mine name, ID, and training location

**Insert Date** 

Completed

**Initial Subjects** 

Completed

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

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.

The date

Training Is

completed

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. Senal Number (for operator's use) Issue Certificate Immediately Upon Completion of Training Print Full Name of Person Trained (first, middle, last) 2. Check Type of Approved Training Received Annual Hazard Training Expenenced Miner Refresher New Task Other (specify) Newly Employed (specify below) Inexperienced Date Task Initials Task Initials 3. Check Type ation and Related Industry: Construction Underground Shaft & Slope Metal Nonmetal 4. Date Training Requirements Completed Check if not completed and go to item 5, below. If completed, go to item 6, below. Check Subjects Completed (use only for partially completed training). Introduction to Work Environment Roof/Ground Control & Ventilation Hazard Recognition Electrical Hazards Mine Map: Escapeways: Emergency Evacuation; First Aid **Emergency Medical Procedures** Barricading Mine Gases H&S Aspects of Tasks Assigned Cleanup; Rock Dusting Explosives Statutory Rights of Miners Mandatory Health & Safety Standards Prevention of Accidents Self-Rescue & Respiratory Devices Authority & Responsibility Other (specify) Transport & Communication Systems Representatives 6. False certification is punishable under I certify that the above training has been completed section 110 (a) and (f) of the Federal Mine Safety & Health Act (P. L. 91-173 as James Doe amended by P. L. 95-164). 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 mine name, ID, and training location are listed.

On January 29, 2008 a miner is hired at your No. 1 underground mine as a shuttlecar 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.

The date

Training Is

completed

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. Senal Number (for operator's use) Issue Certificate Immediately Upon Completion of Training Print Full Name of Person Trained (first, middle, last) 2. Check Type of Approved Training Received: Annual Hazaro Expenence Refresher New Task r (specify) wty Employed, (specify below) Inexperienced M Date Task Initials Initials Task 3. Check Type of eration and Related Industry: Construction Underground Shaft & Slope 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) Introduction to Work Environment Roof/Ground Control & Ventilation Hazard Recognition Electrical Hazards Mine Map: Escapeways: Emergency Evacuation; **Emergency Medical Procedures** Barricading Mine Gases H&S Aspects of Tasks Assigned Cleanup; Rock Dusting Explosives Statutory Rights of Miners Mandatory Health & Safety Standards Prevention of Accidents Self-Rescue & Respiratory Devices Authority & Responsibility Other (specify) Transport & Communication Systems Representatives 6. False certification is punishable under I certify that the above training has been completed section 110 (a) and (f) of the Federal Mine Safety & Health Act (P. L. 91-173 as James Doe amended by P. L. 95-164). 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 mine name, ID, and training location are listed.

 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.

Certificate of Training **Check Annual** U.S. Department of Labor Mine Safety and Health Administration Approved OMB Number 1219-0070, Expires November 30, 2004. Refresher, Coal, 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 sect and 110, Public Law 91-173 as amended by Public Law 95-164. Surface Senal Number Issue Certificate Immediately Upon Completion of Training Print Full Name of Person Trained (fig Approved Training Received: aunti al Hazard Training Expenenced Miner Refresher New Task Other (specify) Newly Employed (specify below) Inexperienced Date Task Initials Task Initials 3. Check Type eration and Related Industry: Construction Underground Shaft & Slope Check Metal Nonmetal 4. Date Training Requirements Completed Incomplete X Check 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 Hazard Recognition Electrical Hazards Mine Map: Escapeways First Aid Emergency Evacuation; Emergency Medical Procedures Barricading Mine Gases H&S Aspects of Tasks Assigned Cleanup; Rock Dusting D Explosives Statutory Rights of Miners Mandatory Health & Safety Standards JD Prevention of Accidents D Self-Rescue & Respiratory Devices Authority & Responsibility Other (specify) Transport & Communication Systems Representatives I certify that the above training has been completed 6. False certification is punishable under section 110 (a) and (f) of the Federal Mine The person Safety & Health Act (P. L. 91-173 as James Doe amended by P. L. 95-164). 7. Mine Name, ID, & Location of Training (if institution, give name & address) responsible Mine No. 1 46-00001 for the Training 8. Date I verify that I have completed the above training record. (signature of person trained)

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

The mine name, ID, and training

location

In 48.8 and 48.28

Initial courses

covered that

Are similar for

Underground

and surface

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.

Check Task Training and The task

The date
Training Is
completed

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

	ficate of Training		U.S. Department of Labor Mine Safety and Health Administration			
This certificate Failure to com	e is required u	0070, Expires No Inder Public Lav It in penalties ar as amended b	ovember 30, 200 w 91-173 as am nd other sanction y Public Law 9	4. nended by Provid 5-164.	ublic Law 95-164. ded by sections 108	
	ertificate Imnompletion of		Senal Nu	imber (for ope	rator's use)	
JE	RRY F	Trained (first, midd R. TRAIN raining Received:	VEE			
Annual Refresher New Task (specify be		- awty	Employed, engaged Miner	[	Hazard Training Other (specify)	
Date	Task	Initials	Date	Task	Initials	
07/26/2007	Mine fan	Shu			Inst Shudt	
07/26/2007	Water		100000000000000000000000000000000000000			
0112012001	pump		-			
5. Check Sub	n to Work Envir	d (use only for par conment R &	rtially completed toof/Ground Cont Ventilation	rol He	ealth ectrical Hazards	
	y Medical Proce	edures E	mergency Evacu arricading	uation; ∐Fir	st Aid ne Gases	
I M&S ASDer	cts of Tasks Ass		leanup; Rock Du	sting	tomoscous resc	
	Rights of Miners	Пм	landatory Health	8 LIE	plosives	
Statutory F	Rights of Miners se & Respiratory & Communication	y Devices A	fandatory Health afety Standards authority & Respo f Supervisors & M epresentatives	& Pr		
Statutory F Self-Rescu Transport False certifit section 110 Safety & Hes	e & Respiratory & Communication catton is punis	y Devices A on Systems R hable under	afety Standards authority & Respo f Supervisors & M epresentatives I certify that the (separation of person in	above training	her (specify) has been completed	
Statutory F Self-Rescu Transport False certifit section 110 Safety & Heamended by Mine Name	& Respiratory & Communication is punis (a) and (f) of the aith Act (P. L. 9 P. L. 95-164).	y Devices A on Systems R hable under	afety Standards authority & Respo f Supervisors & N lepresentatives I certify that the legentum of person re stitution, give name	above training	her (specify) has been completed	

Check Inexperienced miner, surface, Coal,

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.

The date Training Is completed

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

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600	tifical	a.	nf.	1 00	Sir	SIP.
C C C C	Contractor (Contractor)		3.01	1.14	211:	SHE F

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

Hazard Training

Other (specify)

Shaft & Slope

Electrical Hazards

Prevention of Accidents

First Aid

Mine Gases

Explosives

Initials instr

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

Senal Number (for operator's use)

Task

Underground

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

Nonmetal

Mine Map; Escapeways; Emergency Evacuation;

Cleanup; Rock Dusting

Mandatory Health & Safety Standards

Representatives

Barricading

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

## Check Type of Approved Training Received:

- Annual Expenenced Miner Refresher New Task
  - Newty Employed (specify below) Inexperience
- Date Task Initials
- 3. Check Type of Open A. Surface
  - Construction
- B. Coal Metal
- 4. Date Training Requirements Completed
- 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

on and Related Industry:

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

### James Doe

Authority & Responsibility Other (specify)

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

## SURFACE MINE, 46-00003

8. Date

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

**Check Hazard** Coal and Surface

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.

Insert Date, task and initial

The date Training Is completed

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

### Certificate of Training

03/07/2007

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

Senal Number (for operator's use)

Task

Underground

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

Authority & Responsibility Other (specify)

Nonmetal

Hazard T

Initials

Shaft & Slope

Other

Electrical Hazards

Prevention of Accidents

Mine Gases

Explosives

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.

Upon Completion of Training

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

### Check Type of Approved Annual expenenced Miner

Issue Certificate Immediately

- www.Task Newly Employed, (specify below) Inexperienced Miner
- Date Date Task Initials

Rock Drill

- 3. Check Type of Operation and Related Industry:
- A. Surface Construction B. Coal Metal
- 4. Date Training Requirements Completed
- if completed, go to item 6, below.
- 5. Check Subjects Completed (use only for partially completed training): Roof/Ground Control
- Introduction to Work Environment Hazard Recognition
  - Emergency Medical Procedures
  - H&S Aspects of Tasks Assigned
- Statutory Rights of Miners

amended by P. L. 95-164).

- Self-Rescue & Respiratory Devices
- Transport & Communication Systems
- 6. False certification is punishable under section 110 (a) and (f) of the Federal Mine
  - Safety & Health Act (P. L. 91-173 as
- James Doe 7. Mine Name, ID, & Location of Training (if institution, give name & address)

& Ventilation

Barricading

Mine Map; Escapeways; Emergency Evacuation;

Cleanup; Rock Dusting

Mandatory Health & Safety Standards

Representatives

DEEP SHAFT CO

8. Date

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

I certify that the above training has been completed

Check Experience miner. New Task, Shaft & Slope

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.

Insert Date, task and initial

The date
Training Is
completed

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

Certificate of	of Training
----------------	-------------

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

Senal Number (for operator's

Task

Underground

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

Authority & Responsibility Other (specify)

James Doe

Nonmetal

Roof/Ground Control & Ventilation

Barricading

Mine Map; Escapeways; Emergency Evacuation;

Cleanup; Rock Dusting

Mandatory Health & Safety Standards

Representatives

d Training

ther (specify)

Initials

Shaft & Slope

Electrical Hazards

Prevention of Accidents

Mine Gases

Explosives

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

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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.

Upon Completion of Training

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

## Jerry R. Trainee Check Type of Approved Training Receive

Issue Certificate Immediately

- Annual Experienced Miner
  Refresher
  New Task Newly Employed
- U (specify below) Inexperience Min
- Check Type of Operation and Related Industry;
  - Surface Construction
- 4. Date Training Requirements Completed
- 07/26/2007
- if completed, go to item 6, below.
- 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
- 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).
- 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)

I certify that the above training has been completed

Check
Experience
miner, coal and
underground

The person responsible for the Training record.

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

Your company has hired Bill Wilson, an endloader 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 Insert Date, task and initial

The date Training Is completed

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

	~~~	Mine Safety	artment of La and Health Ad	
e is required ply may res	under Public La ult in penalties	and other sanctic	nended by Pu	blic Law 95-164. ed by sections 10
		Senal Nu	ımber (for oper	ator's use)
	• 20 ES	ddle, last)		
of Approved	Training Receive Expe	er riced Miner by Employed		Hazard Training Other (specify)
Task	Initials	iD ite	Task	Initials
.8	Construct Metal	ion Un		Shaft & Slope
3/2007	3000-0000			•
ects Complet	ed (use only for p	Roof/Ground Cont & Ventilation	trol Hea	alth ctrical Hazards
y Medical Proc cts of Tasks A		Barricading	□Min	t Aid e Gases
AD UL LOSED M		Cleanup; Rock Du Mandatory Health	& Ext	olosives
Rights of Miner		Safety Standards	10~	evention of Acciden
	ply may resic Law 91-17 ertificate Impletion of Person R. Transport of Approved  Plow (Particular of Person Particular o	ply may result in penalties in Law 91-173 as amended princate Immediately impletion of Training are of Person Trained (first, may result in the property of Approved Training Receive Interval Initials Inex In the property of Security In the Interval Inte	ply may result in penalties and other sanctic Law 91-173 as amended by Public Law 9	ply may result in penalties and other sanctions as provided Law 91-173 as amended by Public Law 95-164, pertificate Immediately properties of Person Training part of Person Training Person T

7. Mine Name, ID, & Location of Training (if institution, give name & address) Mine 46-00003

8. Date

I verify that I have completed the above training

employed Inexperience miner, coal and surface

**Check Newly** 

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.

Insert Date, task and initial

The date Training Is completed

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

Certificate	of	T	ra	in	in	2

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

Senal Number (for operator's use

Task

Underground

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

Nonmetal

Roof/Ground Control & Ventilation

Barricading

Mine Map; Escapeways; Emergency Evacuation;

Cleanup; Rock Dusting

Mandatory Health & Safety Standards

Representatives

Hazard Training

Other (specify)

Shaft & Slope

Electrical Hazards

Prevention of Accidents

Mine Gases

Explosives

Initials instr

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Newty Empl

Inexper

Initials

Upon Completion of Training

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

Issue Certificate Immediately

	Check Type of Approved	Haining	rtes
٦	Annual		
_	Refresher	- 1	_

New Task

(specify below)

Date

eration and Related Industry:

Construction Metal

4. Date Training Requirements Completed

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

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).

James Doe

Authority & Responsibility Other (specify)

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)

I certify that the above training has been completed

**Check Newly** employed Inexperience miner, coal and surface

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

Insert Date, task and initial

The date Training Is completed

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

Cartificant			T		1.	-
Certifical	le:	-01	- 1	ra	H1	IEIC,
						-

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

Senal Number (for operator's use

Task

Underground

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

Authority & Responsibility Other (specify)

Nonmetal

Hazard Training

Other (specify)

Shaft & Slope

Electrical Hazards

Prevention of Accidents

Mine Gases

Explosives

Initials instr

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.

> Newty Emp Inexpe

Initials

Upon Completion of Training

Issue Certificate Immediately

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

	cuocu ilho oi vibbiosoc	riaming	d
٦	Annual	ī	-
	Refresher	L	

	New Task
201	(concibe bolows)

146M 15	56
(specify	below

Date	Tas
50000	

3. Check Type o	f C peration	and Relate	ed Industry:

J. J.		Jpo c
A.	6	Surf- Je
46.70	-	le mal

Surf- Je	Constru
Const	Metal

	-	oou.		
4.	Date	Training	Requirements	Completed

## 07/26/2007

100	U			' <i>I</i>	·		1000	
-	If C	omp	letec	, go	to	item	6,	below

7	II Comp	netec,	go to	nem o	, Delow
- 5	Check	Subje	cts C	omplet	ed (use

5.	Check Subjects	Completed	(use or
	Introduction to	Work Enviro	nment

ij	Introduction	to	Work	Env

	Hazard	Recognition	
_			

	Emergency Medical Procedures
$\neg$	1100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

	H&S	Aspects	of	Tasks	Assigne
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### Statutory Rights of Miners

### Self-Rescue & Respiratory Devices

### Transport & Communication Systems

## 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).

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

only for partially completed training): Roof/Ground Control

> Mine Map; Escapeways; Emergency Evacuation;

Cleanup: Rock Dusting

Mandatory Health & Safety Standards

Representatives

& Ventilation

Barricading

Mine 46-00001

8. Date

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

I certify that the above training has been completed

**Check Newly** employed Inexperience miner, coal and surface

## 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 that \$10,000, or by imprisonment for not more than five years, or both.