APPENDIX TO SUBPART B—OPTIONAL FORM FOR CERTIFYING MINE RESCUE TEAMS

Operator's Annual Certification of Mine Rescue Team Qualifications

MSHA Mine ID No.:		Contractor ID No.:		Company Name:	
Mine Name:			Mine size: O Large O Small	O Team is available at all times when miners are underground	
Team Name:			Type of Team: O Mine-site O Composite O Contract O State-sponsored		
O Mine Rescue Team is available within 1-hour ground travel time from the Mine Rescue Station Address of Mine Rescue Station:				O Appropriate mine rescue equipment is provided, inspected, tested, & maintained	
Member's name	1	2	3	4	5	Alternate
Employer's name						
Experience working in underground coal mine	O	O	O	O	O	O
Physically fit	O	O	O	O	O	O
New member training	O Initial 20 hr	O Initial 20 hr	O Initial 20 hr	O Initial 20 hr	O Initial 20 hr	O Initial 20 hr
Annual training	O Refresher training totals 96 hr or more	O Refresher training totals 96 hr or more	O Refresher training totals 96 hr or more	O Refresher training totals 96 hr or more	O Refresher training totals 96 hr or more	O Refresher training totals 96 hr or more
8 hr training every 2 mos; includes wearing apparatus for 2 hr	O Jan-Feb O Mar-Apr O May-Jun O Jul-Aug O Sep-Oct O Nov-Dec	O Jan-Feb O Mar-Apr O May-Jun O Jul-Aug O Sep-Oct O Nov-Dec	O Jan-Feb O Mar-Apr O May-Jun O Jul-Aug O Sep-Oct O Nov-Dec	O Jan-Feb O Mar-Apr O May-Jun O Jul-Aug O Sep-Oct O Nov-Dec	O Jan-Feb O Mar-Apr O May-Jun O Jul-Aug O Sep-Oct O Nov-Dec	O Jan-Feb O Mar-Apr O May-Jun O Jul-Aug O Sep-Oct O Nov-Dec
Trains underground every 6 mos	O Jan-Jun O Jul-Dec	O Jan-Jun O Jul-Dec	O Jan-Jun O Jul-Dec	O Jan-Jun O Jul-Dec	O Jan-Jun O Jul-Dec	O Jan-Jun O Jul-Dec
Wears apparatus in smoke annually	O	O	O	O	O	O

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Familiar with operations of mine	O	O	O	O	O	O
Knowledge of operations & ventilation of mine	O	O	O	O	O	O
Participates in two local mine rescue contests (Insert dates)						
Trains at this mine (Insert dates)						

MSHA Form No. _____ OMB Control No. _____

I certify the information above is true and accurate to the best of my knowledge.

Printed Name & Signature:

Position held at the mine:
Date:

Use of this form is optional.

An underground coal mine operator may file a copy of this form with the appropriate District Manager for each of the two designated mine rescue teams, that provide coverage for this mine, to certify that each team meets the requirements of 30 CFR Part 49 Subpart B.