ANNUAL REFRESHER TRAINING RECORD/CERTIFICATE

Miner's Full Name (Print) _____

Mine or Contractor Name _____**ID#**_____

Subject 30 CFR Part 46.8	**Subject Length**	**Date**	**Competent Person**	**Location** (Name & Address if Institution)	**Miner's Initials**
Instruction on changes at the mine that could adversely affect the miner's health or safety					
Health and safety subjects relevant to mining operations at the mine					
			xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		

False certification is punishable under section 110 (a) and (f) of the Federal Mine Safety and Health Act
I certify that the above training has been completed

_____
(Signature of person responsible for health and safety training) (Date)

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