

NEW TASK TRAINING RECORD/CERTIFICATE

Miner's Full Name (Print) _____

Mine or Contractor Name _____ ID# _____

| New Task 30 CFR Part 46.7 | Subject Length | Date | Competent Person | Location <small>(Name & Address of Institution)</small> | Miner's Initials |
|--|----------------|------|------------------|--|------------------|
| <i>The miner received the following training before performing a new task, or a change occurred in an assigned task that affects health and safety risk:</i> | | | | | |
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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)