

PRINT NAME \_\_\_\_\_

**Ohio Mine Safety Program**  
(740) 942-9150

**TEMPORARY FOREMAN REQUEST (UNDERGROUND)**

Mail completed form to:            **ODNR – Division of Mineral Resources Management**  
**Mine Safety Training Center**  
**43029 Industrial Park Road**  
**Cadiz, Ohio 43907**

(Please Print)

**Date** \_\_\_\_\_ **County** \_\_\_\_\_ **State Mine I.D. (permit) #** \_\_\_\_\_

**Employer's Name** \_\_\_\_\_

**Employer's Address** \_\_\_\_\_

**Employer's Phone Number** \_\_\_\_\_

**1565.06 Appointment of non-certificate persons for emergency; temporary certificates, statue requirements:**

(A) In emergencies arising at a mine because of accident, death, illness, or any other cause, an operator may appoint non-certificate persons as forepersons and fire bosses to act until certified forepersons and fire bosses satisfactory to the operator can be secured. Such appointee may not serve in such capacity for a period longer than six (6) months, or until such time thereafter as an examination is held for the purpose of certifying such persons under section 1561.13 of the Revised Code. The employer of such non-certificate person shall, upon appointment of such non-certificate person in this capacity, forward the name of such non-certificate person to the Ohio Department of Natural Resources, Division of Mineral Resources Management (ODNR-DMRM), Mine Safety Program.

(B) An operator may appoint as a temporary foreperson or fire boss, a non-certificate person who is within six months of possessing the necessary actual, practical experience to qualify to take the examination for certification for the position to which the person is temporarily appointed. Upon appointment of a non-certificate person, the operator shall forward the name, social security number, and brief summary of the person's actual practical experience to ODNR-DMRM, Mine Safety Section. Mine Safety officials shall issue that person a temporary certificate for the position to which the individual has been temporarily appointed. A temporary certificate issued this provision is valid for six (6) months, or until such time thereafter as an examination is held under section 1516.13 of the Revised Code for the position to which the person has been temporarily appointed.

(C) A person who possesses a valid certificate issued by another state for a position for which ODNR-DMRM Mine Safety issues a certificate, shall be eligible for a temporary certificate from ODNR-DMRM. Upon presentation to division Mine Safety officials of a copy of the certificate from the other state mining agency/agencies, a temporary foreman certificate shall be issued under this provision by ODNR-DMRM, and shall be valid for a period of six (6) months from date of issue.

**No operator of a mine shall violate or fail to comply with this section.**  
**\*\*\*\*\*Temporary certificates are non-renewable.\*\*\*\*\***

**Company Representative** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name of Person for Whom Temporary Credential is Requested** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Last four digits of Social Security Number** \_\_\_\_\_

**Brief Summary and Length of Mining Experience**

If space provided is insufficient to list types of equipment operated or other applicable qualifying work performed, please use back of paper or attach another page.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TYPE OF CERTIFICATE REQUESTED**

**Please Check (✓) Applicable Exam and/or Certification Requested**

- Mine Foreman Gaseous Mine (5 years min. experience)
- Foreman Gaseous Mine (3 years min. experience)
- Underground Stone Mine Foreman
- Underground Stone Foreman
- Underground Salt Mine Foreman
- Underground Salt Foreman

**Note: \*Foreman applicants must have three (3) years minimum experience in the selected mining field.  
\*\*Mine Foreman applicants must have five (5) years minimum experience in the selected category.**

\_\_\_\_\_ (Applicant's signature) \_\_\_\_\_ (Date)



*Subscribed and duly sworn to before me according to law, by the above named applicant*

*this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_*

*County of \_\_\_\_\_ State of \_\_\_\_\_*

*(Official Impression Seal)*

*Signature of Officer \_\_\_\_\_*

*Official Title \_\_\_\_\_*

**FAMILIARIZATION WITH MINE PLANS, PRACTICES AND PROCEDURES**

• Before performing in a temporarily certified capacity the person for whom this temporary certificate is requested must be instructed in or display a working knowledge of the important subjects below related to underground supervision of miners and the conduct of examinations required under the Ohio Mine Safety Law. This serves to insure that any actions taken by a temporarily certified individual do not compromise the safety of miners in the mine, that this person has been thoroughly familiarized with methods and types of required examinations for hazardous mine gases and conditions, and to insure that to the best extent practicable that these examinations are made from a knowledge base of instruction or working familiarity as they pertain to the specific plans, practices and procedures of this underground mining operation in the State of Ohio.

• Check all boxes in which instruction has been given and received, or familiarization demonstrated, as they pertain to certified foreman duties at this operation:

- Mine Roof Control Plan
- Mine Map
- Self-Rescue Devices
- Mine Evacuation Plan
- Required Examinations
- Use of Specific Mine Instruments for Detection of Mine Gases, taking Ventilation Measurements and Monitoring Air Quality
- Haulage - Safe Practices
- Mine Ventilation Plan
- Mine Escapement Ways
- Mine Emergency Plan
- Communications and Communication Facilities
- Mine Records – Book Entries and Protocol – required documentation
- Conveyors and Belt Drives - Safe Practices

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*The above named individual for whom temporary foreman certification is requested has received instruction and/or exhibited familiarization with the subjects listed above as they pertain to the \_\_\_\_\_ (mine name) of the \_\_\_\_\_ (name of company).*

\_\_\_\_\_  
*(Signature and Title of authorizing management representative)* \_\_\_\_\_  
*(Date)*

*I acknowledge that I have received instruction in or have demonstrated familiarity with the topics listed above, and consider myself capable to perform in a temporarily certified foreman capacity at this mining operation.*

\_\_\_\_\_  
*(Signature of person for whom Temporary Certification is requested)* \_\_\_\_\_  
*(Date)*