



**Yukon Workers'
Compensation
Health and
Safety Board**



APPLICATION FOR MINE RESCUE CERTIFICATION

401 Strickland Street, Whitehorse, Yukon Y1A 5N8 Telephone: (867) 667-5645 Toll free: 1-800-661-0443 Fax: (867) 393-6279 Web: www.wcb.yk.ca

SURFACE UNDERGROUND RE-CERTIFICATION

APPLICANT'S INFORMATION

Last Name	
First Name	
Address	
City	
Territory/Province	Postal Code
Telephone #	

MINING EXPERIENCE

Occupation	Years of experience
Employed by	
Mailing Address	
City	
Territory/Province	Postal Code
Manager's Name	

CERTIFICATION

Do you currently hold any of the following mine rescue certificates?

Surface Underground Jurisdiction (BC, NWT, etc.) _____

Certificate # _____ Expiry date _____ Advanced? Yes No
YY/MM/DD

FIRST AID & TRANSPORT ENDORSEMENT CERTIFICATE

Certificate type	Certificate #	Expiry date <small>YY/MM/DD</small>
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A copy of the First Aid and Transport Endorsement Certificate must accompany this application.

CANDIDATES FOR RE-CERTIFICATION ONLY

Has the candidate participated in and met the required training for:

Surface Underground

Training Location _____ From _____ To _____
YY/MM/DD YY/MM/DD

Verified by _____
COMPANY REPRESENTATIVE

APPENDIX A: INSTRUCTOR SECTION

Other than your signature, do not complete this page - For Instructor Use Only

Hours of training _____ Type of breathing apparatus _____

Room search wearing breathing apparatus in simulated smoke conditions

Pulse before wearing apparatus _____ Pulse after exiting smoke room _____

CANDIDATE RATING – PRACTICAL

Each candidate will be required to either demonstrate a rescue technique or answer a minimum of 10 questions from the class on all particular aspects of mine rescue. An assessment of their performance will be made by the examiner.

<input type="checkbox"/> Respiratory protective equipment (mine specific)	<input type="checkbox"/> Mine ventilation
<input type="checkbox"/> Oxygen therapy	<input type="checkbox"/> Refuge stations
<input type="checkbox"/> Mine gases	<input type="checkbox"/> Electrical safety
<input type="checkbox"/> Knots	<input type="checkbox"/> Cold weather problems
<input type="checkbox"/> Pulley systems	<input type="checkbox"/> Avalanches
<input type="checkbox"/> Gas detection instruments (mine specific)	<input type="checkbox"/> Harnesses
<input type="checkbox"/> Fire emergencies	<input type="checkbox"/> Stretcher loading and tie-ins
<input type="checkbox"/> Fire extinguishers	<input type="checkbox"/> Airbag operating procedures

CANDIDATE RATING – THEORY

Interim Test One % _____ Interim Test Two % _____ Interim Test Three % _____ Final Exam % _____

Candidate must acquire a 70% rating in all tests/exams to pass

Instructor _____
PLEASE PRINT

Instructor's Signature _____

Certificate # _____

Expiry date _____
(YY/MM/DD)

Applicant's Signature _____

Safety Officer _____
PLEASE PRINT

Safety Officer Signature _____

Date _____
(YY/MM/DD)

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