



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

□ s	SURFACE UNDERGR	OUND	ICATION	
APPLICANT'S INFORMATION	DN	MINING EXPERIENCE		
Last Name		Occupation	Years of experience	
First Name		Employed by		
Address		Mailing Address		
City		City		
Territory/Province	Postal Code	Territory/Province	Postal Code	
Telephone #		Manager's Name		
CERTFICATION				
Do you currently hold any of the following mine rescue certificates?				
☐ Surface ☐ Underground Jurisdiction (BC, NWT, etc.)				
Certificate # Expiry of		date	Advanced? ☐ Yes ☐ No	
FIRST AID & TRANSPORT ENDORSEMENT CERTIFICATE				
Certificate type		Certificate #	Expiry date YY/MM/DD	
A copy of the First Aid and Transport Endorsement Certificate must accompany this application.				
CANDIDATES FOR RE-CER	TEICATION ONLY			
		ning for		
Has the candidate participated in and met the required training for: ☐ Surface ☐ Underground				
Training Location		From	To	
Verified by	ESENTATIVE			

APPENDIX A: INSTRUCTOR SECTION

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

Hours of training Ty	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.			
☐ Respiratory protective equipment (mine specific)	☐ Mine ventilation		
☐ Oxygen therapy	☐ Refuge stations		
☐ Mine gases	☐ Electrical safety		
☐ Knots	☐ Cold weather problems		
☐ Pulley systems	☐ Avalanches		
☐ Gas detection instruments (mine specific)	☐ Harnesses		
☐ Fire emergencies	☐ Stretcher loading and tie-ins		
☐ Fire extinguishers	☐ 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	Instructor's Signature		
PLEASE PRINT	<u> </u>		
Certificate #	Expiry date		
Applicant's Signature			
Safety Officer	Safety Officer Signature		
	Date		

This information is being collected under the authority of the Occupational Health and Safety (OHS) Act and the Access to Information and Protection of Privacy Act for the purposes of administering and enforcing the OHS Act and Regulations. If you have any questions about the collection of this information, please contact the Privacy Officer at YWCHSB at the above listed address or at (867) 667-5645 or 1-800-661-0443.

WCBOHS(AMRT) Rev.08/2017 YG(6430Q)F2