

Certificate of Training

U.S. Department of Labor  
Mine Safety and Health Administration



Approved OMB Number 1218-0009, Expires December 31, 2010  
This certificate is required under Public Law 91-173 as amended by Public Law 95-164.  
Failure to comply may result in penalties and other sanctions as provided by sections 108 and 110, Public Law 91-173 as amended by Public Law 95-164.

➔ Issue Certificate Immediately Upon Completion of Training

Serial Number (for operator's use)

A4257

1. Print Full Name of Person Trained (first, middle, last)

Douglas Duane Barbeau

2. Check Type of Approved Training Received:

- Annual Refresher  Experienced Miner  Hazard Training  
 New Task (specify below)  Newly Employed, Inexperienced Miner  Other (specify)

Date	Task	Initials		Date	Task	Initials	
		Instr	Stud			Instr	Stud
12-27-14	REF	v	DC				

3. Check Type of Operation and Related Industry:

- A.  Surface  Construction  Underground  Shaft & Slope  
B.  Coal  Metal  Nonmetal

4. Date Training Requirements Completed

12-27-14

Check if not completed and go to item 5, below.

➔ If completed, go to item 6, below.

5. Check Subjects Completed (use only for partially completed training):

- Introduction to Work Environment  Roof/Ground Control & Ventilation  Health  
 Hazard Recognition  Mine Map; Escapeways; Emergency Evacuation; Barricading  Electrical Hazards  
 Emergency Medical Procedures  Cleanup; Rock Dusting  First Aid  
 H&S Aspects of Tasks Assigned  Mandatory Health & Safety Standards  Mine Gases  
 Statutory Rights of Miners  Authority & Responsibility of Supervisors & Miners' Representatives  Explosives  
 Self-Rescue & Respiratory Devices  Prevention of Accidents  
 Transport & Communication Systems  Other (specify)

6. False certification is punishable under section 110 (a) and (f) of the Federal Mine Safety & Health Act (P. L. 91-173 as amended by P. L. 95-164).

I certify that the above training has been completed (signature of person responsible for training)

7. Mine Name, ID, & Location of Training (if institution; give name & address)

FA Ind. of Ar. 4305 WUS2

8. Date

12-27-14

I verify that I have completed the above training (signature of person trained)

Doug Barbeau