

Certificate of Training

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



Approved OMB Number 1219-0009, Expires December 30, 2007.

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)

*F+A Industrial*

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

*David R. Benish*

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	Studt			Instr	Studt
2/07/14	Cincinnati #1810 Shear	Jm	DRB	2-7-14	MARVEL	Sm	DRB
	Empire Pellet Plant			2-7-14	MARK II BAND SAW	Sm	DRB

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

2/07/14

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       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)

*Jeff Miller*

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

Cliffs Natural Resources Inc.

Empire Plant 20-01012

8. Date

2/07/14

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

*David R. Benish*

MSHA Form 5000-23, Jan. 99 (revised)

Trainer Jeff Miller

Print Name

Payroll Number 330160