

Certificate of Training

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



Approved OMB Number 1219-0009, 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)

8274

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

LUKE JAMES BOUNDACE

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	Stuct			Instr	Stuct
10/23/14	GS 1930	TD	CB				

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

10/23/14

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
- Hazard Recognition
- Emergency Medical Procedures
- H&S Aspects of Tasks Assigned
- Statutory Rights of Miners
- Self-Rescue & Respiratory Devices
- Transport & Communication Systems
- Roof/Ground Control & Ventilation
- Mine Map; Escapeways; Emergency Evacuation; Barricading
- Cleanup; Rock Dusting
- Mandatory Health & Safety Standards
- Authority & Responsibility of Supervisors & Miners' Representatives
- Health
- Electrical Hazards
- First Aid
- Mine Gases
- Explosives
- Prevention of Accidents
- Other (specify) Genie GS 1930

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)

*Tim J. Leake*

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

Eagle Mill

Humbolt MI

8. Date

10/23/14

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

*Luke James Boundace*

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- Experienced Miner
- Hazard Training
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- Other (specify)

Date	Task	Initials		Date	Task	Initials	
		Instr	Studt			Instr	Studt
10-2-14	manitcu	TD	ZB				

3. Check Type of Operation and Related industry:

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

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10-2-14

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

*Thomas Bourdax*

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

Humboldt mi

8. Date

10/2/14

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

*Luke James Bourdax*

Certificate of Training

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Mine Safety and Health Administration



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<p>➔ Issue Certificate Immediately Upon Completion of Training</p>	<p>Serial Number (for operator's use) <b>8274</b></p>
--	---

1. Print Full Name of Person Trained (first, middle, last)  
**LUKE JAMES BOURNAGE**

2. Check Type of Approved Training Received:

<input type="checkbox"/> Annual Refresher	<input type="checkbox"/> Experienced Miner	<input type="checkbox"/> Hazard Training
<input checked="" type="checkbox"/> New Task (specify below)	<input type="checkbox"/> Newly Employed, Inexperienced Miner	<input type="checkbox"/> Other (specify)

Date	Task	Initials		Date	Task	Initials	
		Instr	Stude			Instr	Stude
9-30-14	OVERH. CRANE BN		LB				

3. Check Type of Operation and Related Industry:

A. <input checked="" type="checkbox"/> Surface	<input type="checkbox"/> Construction	<input type="checkbox"/> Underground	<input type="checkbox"/> Shaft & Slope
B. <input type="checkbox"/> Coal	<input checked="" type="checkbox"/> Metal	<input type="checkbox"/> Nonmetal	

4. Date Training Requirements Completed  
**9-30-14**

➔ If completed, go to item 6, below.  Check if not completed and go to item 5, below.

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

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

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

7. Mine Name, ID, & Location of Training (if institution, give name & address)  
**2000 420 EAGLE MILL HUMBOLDT, ME**

8. Date **9-30-14**

I verify that I have completed the above training (signature of person trained)  
**[Signature]**



Approved OMB Number 1219-0009, Expires July 31, 2014.

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➔ Issue Certificate Immediately Upon Completion of Training

Serial Number (for operator's use)

F/A Industrial

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LUKE JAMES Bourange

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

Date	Task	Initials		Date	Task	Initials	
		Instr	Stud			Instr	Stud
9/15	Rock Curing	BY	LB				

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

9-15-14

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

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

- Introduction to Work Environment
- Hazard Recognition
- Emergency Medical Procedures
- H&S Aspects of Tasks Assigned
- Statutory Rights of Miners
- Self-Rescue & Respiratory Devices
- Transport & Communication Systems
- Roof/Ground Control & Ventilation
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- Cleanup; Rock Dusting
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I certify that the above training has been completed (signature of person responsible for training)

Bredly Nelson

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

EAGLE mine 2000420 Humbolt, MI

8. Date

9-15-14

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

Luke Bourange

Certificate of Training

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



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<input checked="" type="checkbox"/> Issue Certificate Immediately Upon Completion of Training	Serial Number (for operator's use) <span style="font-size: 2em; color: blue;">8274</span>
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1. Print Full Name of Person Trained (first, middle, last)  
LUKE JAMES BOUNDACE

2. Check Type of Approved Training Received:

<input type="checkbox"/> Annual Refresher	<input type="checkbox"/> Experienced Miner	<input type="checkbox"/> Hazard Training
<input checked="" type="checkbox"/> New Task (specify below)	<input type="checkbox"/> Newly Employed, Inexperienced Miner	<input type="checkbox"/> Other (specify)

Date	Task	Initials		Date	Task	Initials	
		Instr	Studt			Instr	Studt
11-18-14	JLG600A/TD	AJ	TD				

3. Check Type of Operation and Related Industry:

A. <input checked="" type="checkbox"/> Surface	<input type="checkbox"/> Construction	<input type="checkbox"/> Underground	<input type="checkbox"/> Shaft & Slope
B. <input type="checkbox"/> Coal	<input checked="" type="checkbox"/> Metal	<input type="checkbox"/> Nonmetal	

4. Date Training Requirements Completed  
11-18-14
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5. Check Subjects Completed (use only for partially completed training):

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

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

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

8. Date  
11-18-14

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

LUKE  
Bourage  
9-4-14

## Fall Protection Quiz

1. At what height are workers required to wear fall protection according to the MSHA standard?

6 feet    9 feet    12 feet    When there is a danger of falling

2. What are the three (3) components of a Personal Fall Arrest System?

Anchor/Anchorage Connector, Body Wear (Harness) and Connecting Device (Lanyard or Retractable)

Body Wear (Harness), Hard Hat and Steel-Toed Boots

Body Wear (Harness), Connecting Device (Lanyard or Retractable) and Sturdy Ladder

Hard Hat, Safety Glasses and Safety Training

3. An Anchor Point must be capable of supporting how many pounds per attached worker?

300 lbs.    2,000 lbs.    5,000 lbs.    10,000 lbs.

4. After selecting a proper Anchor Point, you can ensure a compatible anchorage connection by:

Joining multiple lanyards together to reach an anchorage point

Loop a rope around the anchor point.

Make sure the anchorage connection will cause a load to be applied to the snap hook keeper gate or snap hook lock

Use an anchorage connector such as a cross arm strap, beam anchor or a shock absorbing lanyard specifically-designed for tie-back use to maintain a compatible connection with the anchor point.

5. When wearing a full body harness, the fall forces must be limited to a maximum of:

900 lbs.    1,000 lbs.    1,200 lbs.    1,800 lbs.

LUKE  
Bourdaige  
9-4-14

6. The use of body belts for fall protection during construction activity was outlawed in 1998, however, the use of a body belt for positioning is still acceptable?

True       False

7. Who is responsible for inspecting all components of a Personal Fall Arrest System?

- Only a Competent Person
- Safety Director
- The person wearing the Personal Fall Arrest System
- The Manufacturer

8. A properly adjusted full body harness should:

- Be loose and easy to take off
- Fit like a comfortable jacket
- Fit snug but allow for full range of movement
- Accommodate many users

9. When using a 6 ft. shock-absorbing lanyard as part of your Fall Arrest System, how do you calculate the necessary fall clearance?

- Height of Worker + Length of Lanyard + Distance to next level
- Height of Worker + Length of lanyard + Shock Absorber Deceleration/Free-Fall Distance + Three (3) ft. Safety Factor
- Height of Worker + Distance to next level + Three (3) ft. Safety Factor
- Distance to next level minus the Height of Worker

10. After a fall, a shock-absorbing lanyard that has been deployed must be:

- Inspected before the next use
- Cut into small pieces
- Sent back to the manufacturer
- Taken out of service

11. The maximum deceleration distance of a 6' lanyard (elongation once deployed) is:

- 3 feet     3.5 feet     4 feet     Unlimited

12. Lanyards used in a Personal Fall Protection System cannot be shorter than 6 feet.

- True     False

13. A retractable lifeline is defined as:

- Connecting Device  
 Anchor Point  
 Body Wear  
 Shock-Absorbing Lanyard

14. What is the definition of Arresting Force?

- Force exerted on the body while stopping a fall  
 Force at the anchorage connection  
 Impact on the body when fall protection is not used  
 Secret unit of the U.S. military

15. What is the proper procedure, with regard to the fall protection equipment, to follow after a fall has occurred.

- Stay quiet and hope your supervisor doesn't find out  
 Go back to work and act like nothing happened  
 Do not re-use and take all of the equipment out of service  
 Exchange the equipment but don't tell anyone

16. At what height are workers required to wear fall protection according to OSHA standards?

- 6 feet     9 feet     12 feet     Bare feet



LUKE BOURDAINE  
9-4-14

1. A confined space is defined as having limited egress, can be bodily entered, and is not designed for CONTINUOUS OCCUPANCY.
2. All confined spaces must be permit-required. ~~True~~ or False
3. The three hazards that must be tested for in a confined space are O<sub>2</sub> CO<sub>2</sub>, combustibility and flammability, and toxic atmospheres.
4. Since entrants will view the hazards while in the space, it is not necessary that they know or review the hazards prior to entry. True or False
5. If a chemical storage tank is empty, it would not be considered a confined space. ~~True~~ or False
6. Two examples of typical non-permit-required confined spaces are trenches and closet.
7. Confined space entry is a leading cause of occupational fatalities in the United States. True or False
8. Annual ~~re~~ refresh drills are required by the OSHA Confined Space Standard.
9. An attendant should be available to be the first person into the space to conduct a rescue. True or False
10. An entrant should exit a confined space if ordered to do so, unknown exposures are encountered, communication is lost, or ALARM SOUNDS.

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Serial Number (for operator's use)

FA Industrial

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LUKE JAMES BOUNDACE

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

Date	Task	Initials	Date	Task	Initials
9/4/2014	Fall protection	Instr <i>LB</i> Studt <i>LB</i>			
9/4/2014	Confine space	<i>LB</i> <i>LB</i>			

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

9/4/2014

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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)

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

*Bradley Nelson*

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

Humboldt Mill Mine 20-00420  
Eagle Mine LLC  
4547 Co RD 601 Champion Mi. 49814

8. Date

9/4/2014

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

*[Signature]*

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James Decker

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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
11-18-14	JLG600A	J	L				

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11-18-14

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- Emergency Medical Procedures  First Aid  Mine Gases
- H&S Aspects of Tasks Assigned  Cleanup; Rock Dusting  Explosives
- Statutory Rights of Miners  Mandatory Health & Safety Standards  Prevention of Accidents
- Self-Rescue & Respiratory Devices  Authority & Responsibility of Supervisors & Miners' Representatives  Other (specify)
- Transport & Communication Systems

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*[Signature]*

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Etble Mill

Humboldt MI

8. Date

11-18-14

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

*[Signature]*

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8274

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Luke Bourdax

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 New Task (specify below)       Newly Employed Inexperienced Miner       Other (specify)

Date	Task	Initials		Date	Task	Initials	
		Instr	Studet			Instr	Studet
12/3/2014	JLG 450AJ	WLD	ZB				

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

12/3/2014

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

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

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

Wayne Leese

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

Eagle Mill 2000420 Humboldt Mi

8. Date

12/3/2014

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

[Signature]

# Certificate of Training

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

**LUCAS JAMES BOUNDAGE**

2. Check Type of Approved Training Received:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Annual Refresher                    | <input type="checkbox"/> Experienced Miner                  | <input type="checkbox"/> Hazard Training |
| <input checked="" type="checkbox"/> New Task (specify below) | <input type="checkbox"/> Newly Employed Inexperienced Miner | <input type="checkbox"/> Other (specify) |

Date	Task	Initials		Date	Task	Initials	
		Instr	Studt			Instr	Studt
11/10/2014	Genie Z-80/60	SW	LB				

3. Check Type of Operation and Related Industry:

- |  |   |  |  |
|--|---|--|--|
| A. <input checked="" type="checkbox"/> Surface | <input type="checkbox"/> Construction     | <input type="checkbox"/> Underground         | <input type="checkbox"/> Shaft & Slope |
| B. <input type="checkbox"/> Coal               | <input checked="" type="checkbox"/> Metal | <input checked="" type="checkbox"/> Nonmetal |  |

4. Date Training Requirements Completed

11/10/2014

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

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*Bradley Nelson*

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Eagle Mill 2000420 Humboldt MI

8. Date

11/10/2014

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*Lucas James Boundage*