

Certificate of Training



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

Approved OMB Number 1219-0070, Expires December 31, 2007

This certificate is required under Public Law 91-173 as amended by Public Law 95-164 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)

1. Print Full Name of Person Trained (first, middle, last) David Karl Casper 002

2. Check Type of Approved Training Received:

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

Date	Task	Initials Instr	Date	Task	Initials Instr	Studt

3. Check Type of Operation and Related Industry

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

4. Date Training Requirements Completed

6-20-2015  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)

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

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)  
UNITED TRADES Bldg  
119 S FRONT ST, MONTICELLO, TN 37132

8. Date

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

**MSHA VERIFICATION**

SECURITY OFFICER NAME (PRINT):

SECURITY OFFICER NAME (SIGN):

DATE CHECKED:

EAGLE MINE HSE APPROVAL (NAME):