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Certificate of Training

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



Approved OMB Number 1219-0009, Expires January 31, 2018.

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.

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|---|--|
| → Issue Certificate Immediately Upon Completion of Training | Serial Number (for operator's use) A 4257 |
|---|--|

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

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 | Studet | | | Instr | Studet |
| 6/8/2015 | confine space | <i>BA</i> | <i>JAC</i> | | | | |
| 6/8/2015 | fall protect | <i>BA</i> | <i>JAC</i> | | | | |

3. Check Type of Operation and Related Industry:

A. Surface Construction Underground Shaft & Slope

B. Coal Metal Nonmetal

4. Date Training Requirements Completed
6/8/2015 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):

| | | |
|---|---|--|
| <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) |

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)
Brodley Nelson

7. Mine Name, ID, & Location of Training (if institution, give name & address)
Humboldt Mill 2000420
4547 County Road 601
Champion Mi 49814

8. Date
6/8/2015

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