

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)

8708

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

Travis M DeWoe

2. Check Type of Approved Training Received:

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

Date	Task	Initials		Date	Task	Initials	
		Instr	Studt			Instr	Studt
10-2-14	Genie Z-30	T	TD				

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

10-2-14

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)

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)

Thomas DeWoe

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)

Travis M DeWoe

Certificate of Training

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



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➔ Issue Certificate Immediately Upon Completion of Training

Serial Number (for operator's use)

8708

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

Travis M DeVore

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
9-29-14	HR 740-7A B&E TD Loader	BA	TD				

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

9-29-14

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) Prevention of Accidents
 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)

Bradley Nelson

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

EAGLE MILL
 2000420 HUMBOLDT, MI.

8. Date

9-29-14

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

Travis M DeVore



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Travis M DeVoue

2. Check Type of Approved Training Received:

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

Overhead crane

Date	Task	Initials		Date	Task	Initials	
		Instr	Studt			Instr	Studt
9/11/14	Overhead crane	ET	TD				

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

9/11/14

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)

overhead crane

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)

[Signature]

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

Eagle Mill 2000420 Humbolt, Md

8. Date

9/11/14

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

[Signature]

Certificate of Training

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



Approved OMB Number 1219-0009, Expires December 31, 2010

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➔ Issue Certificate Immediately Upon Completion of Training	Serial Number (for operator's use) 8708
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1. Print Full Name of Person Trained (first, middle, last)
Travis M DeVowe

2. Check Type of Approved Training Received:

<input checked="" type="checkbox"/> Annual Refresher	<input type="checkbox"/> Experienced Miner	<input type="checkbox"/> Hazard Training
<input 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	Stud			Instr	Stud
10/23/14	GS 1930	TR	TD				

3. Check Type of Operation and Related Industry:

A. <input checked="" type="checkbox"/> Surface	<input checked="" 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
10/23/14

➔ 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) 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)
Mark Richards

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)
Travis DeVowe



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

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) 8708
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1. Print Full Name of Person Trained (first, middle, last)
Travis M DeVowe

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
10-31-14	60126 260151	BN	TD				
10-31-14	226 60015	BN	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
10-31-14

➔ 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)

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)
Bradley Nelson

7. Mine Name, ID, & Location of Training (if institution, give name & address)
2000420
EAGLE MILL **Numboldt Mi**

8. Date
10-31-14

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

Certificate of Training

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



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

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→ Issue Certificate Immediately Upon Completion of Training

Serial Number (for operator's use)
FA Industrial

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

Tavis Michael DeVore

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
9/4/2014	Fall protection	<i>TD</i>			
9/4/2014	Confine space	<i>TD</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

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) |

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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)

Tavis Michael DeVore

Certificate of Training

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



Approved OMB Number 1219-0009, Expires September 30, 2014.

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→ Issue Certificate Immediately Upon Completion of Training

Serial Number (for operator's use)
8708

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

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
11/10/2014	Genie Z-80/60	SM DS			

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed
11/10/2014 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)
Bradley Nelson

7. Mine Name, ID, & Location of Training (if institution, give name & address)
Eagle Mill 2000420 Humboldt MI

8. Date
11/10/2014

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

Fall Protection Quiz

[Handwritten Signature]
9/4/14

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?

~~X~~ 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.

~~X~~ 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.

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

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 O₂, 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 rail road cars and below grade trenches

7. Confined space entry is a leading cause of occupational fatalities in the United States. True or False

8. Annual emergency 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.