

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)

A4257

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

Raul Antonio Donato

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 Instr | Initials Student | Date | Task | Initials Instr | Initials Student |
|----------|------|-------------------|---------------------|------|------|-------------------|---------------------|
| 12-27-14 | REF | RD | RD | | | | |
| | | | | | | | |
| | | | | | | | |

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

12-27-14

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

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

FA Ind. Min 4305 WUS 2

8. Date

12-27-14

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

[Signature]