



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.

<b>➔ Issue Certificate Immediately Upon Completion of Training</b>	Serial Number (for operator's use) <b>7985</b>
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1. Print Full Name of Person Trained (first, middle, last)  
**Paul Anthony Donati**

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
11-4-14	Genie 2-60/34 BM	BA	PD				
11-4-14	JLG 600R3 BM	BA	PD				

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  
**11-4-14**

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):

<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)  
**Eagle Mill 2000430 Humboldt MI**

8. Date  
**11-4-14**

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



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.

<p>➔ Issue Certificate Immediately Upon Completion of Training</p>	<p>Serial Number (for operator's use) <b>7985</b></p>
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1. Print Full Name of Person Trained (first, middle, last)  
**Raul Anthony Donati**

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
<b>9-29-14</b>	<b>HL740-7A LOADER</b>	<b>BY</b>	<b>PD</b>				

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  
**9-29-14**  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):

<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)  
**EAGLE MINE**  
**2000420** **Humboldt, Mi.**

8. Date  
**9-29-14**

I verify that I have completed the above training (signature of person trained)  
**Raul Anthony Donati**



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Serial Number (for operator's use)

7985

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

Paul Anthony Donati

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
9/27/14	Overhead Crane	ET	PD				

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

9/27/14

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
- 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)

Ed Tarnowski

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

Eagle Mill 2000420

Humboldt, Mi

8. Date

9/27/14

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

Paul A Donati

## 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.

**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

1. A confined space is defined as having limited egress, can be bodily entered, and is not designed for Continuous Human 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 oxy levels, 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 Closets and Trunkies.
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.



# 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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**Paul Anthony Donati**

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<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
11/5/2014	Genie Z80/60	<b>PA</b> <del>PD</del>			Instr Stud

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  
11/5/2014

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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 & Communications Systems		<input type="checkbox"/> Other (specify)

<p>6. False certification is punishable under section 110 (a) and (f) of the Federal Mine Safety &amp; Health Act (P. L. 91-173 as amended by P. L. 95-164).</p>	<p>I certify that the above training has been completed (signature of person responsible for training) <b>Bradley Nelson</b></p>
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7. Mine Name, ID, & Location of Training (if institution, give name & address)  
Eagle Mill 2000420 Humboldt Mi

8. Date  
11/5/2014

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



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1. Print Full Name of Person Trained (first, middle, last)  
**Paul Anthony Donati**

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
11/6/2014	Snorkel AB60J	AD			

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

11/6/2014

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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; Rook Ducting  | <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 Geology            |
| <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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(signature of person responsible for training)

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

Eagle Mill 2000420 Humboldt Mi

8. Date

11/6/2014

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

*Paul Donati*

# Certificate of Training

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



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Paul Anthony Donati

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<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
11/6/2014	Manitou 523 fork lift	<span style="color: blue;">PA</span>	<span style="color: blue;">PD</span>				

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

8. Date  
11/6/2014

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