

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)

CS3010A 100203

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

BEN EICHORN

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. Studt.	Date	Task	Initials Instr. Studt.
6-9-15	CS 1930	BJE			

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

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       Clean-up; 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)  
 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)

Steve Lindstrom

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

6-9-15

8. Date

Ben Eichhorn

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