

Certificate of Training

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



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)

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

SHANNAH FRATH

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 |
| 8/7/15 | SAFETY REFRESH | RJB | SE | | | | |
| | | | | | | | |
| | | | | | | | |

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

8/7/15

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)

[Signature]

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

MARQUETTE TRAINING FACILITY

1221 DIVISION ST MCFM, 49855

8. Date

8/7/15

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

[Signature]