

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)

TIMOTHY J GERVAE

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	Stud			Instr	Stud
1-27-94	RIT	J	TJC				

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

3-27-94 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)

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

4305 W US 2 Summit, Pa

8. Date

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