

# Certificate of Training

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



Approved OMB Number 1219-0009, Expires September 30, 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)<br><div style="font-size: 1.5em; font-family: cursive;">FA</div> |
|---|---|

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

WOYNE Andrew Goldberg

2. Check Type of Approved Training Received:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Annual Refresher         | <input type="checkbox"/> Experienced Miner                  | <input checked="" type="checkbox"/> Hazard Training |
| <input 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 |
| 10/19/15 | Hazard | DK       | WB    |      |      |          |       |
|          |        |          |       |      |      |          |       |
|          |        |          |       |      |      |          |       |

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 checked="" type="checkbox"/> Nonmetal |  |

4. Date Training Requirements Completed

10/19/15

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):

- |   |   |  |
|---|---|--|
| <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)         |

**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)

Daniel D. [Signature]

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

Humboldt Mill, Mine ID 20-00420 - Eagle Mine, Mine ID 20-03454  
Eagle Mine LLC - 4547 County Road 601  
Champion, MI 49814

8. Date

10/19/15

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

Wayne [Signature]