

Certificate of Training

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



Approved OMB Number 1218-0009 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)

ANTHONY S HAMEL

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	Stud			Instr	Stud
12-27-14	REF	AS	AH				

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

12-27-14

Check if not completed and go to item 5, below.

➔ If completed, go to item 5, 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)

FA Ind. of - 4305 WUS2

8. Date

12-27-14

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