

Eagle Mine
 Certificate of Surface Hazard Training (30 CFR 48)
 Contractor/Vendor/Visitor Safety Information

Mine Site Mill Site Admin Office UG Induction

*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.
 Based on OMB# 1219-0009*

Welcome to Eagle Mine. In order to make your visit a safe one, please familiarize yourself with the following basic requirements.

If you have any questions about these requirements or other specific safety conditions see your Eagle Mine representative or contact site security or HSE.

1. Emergency & Incident Notification

- Report all unsafe work practices, unsafe work conditions, injuries or incidents to your contact.
- Eagle Mine Security (906) 339-7018
- Humboldt Mill Security (906) 339-7017
- Lara Sims, Health & Safety Superintendent (801) 913-1560
- If unable to reach security or HSE, Call 911

2. Personal Protection

At a minimum a hard hat, safety glasses w/ side shields, steel

<p>I Certify that the above training has been completed. False certification is punishable under § 110 (a) and (f) of the Federal Mine Safety and Health Act. (P.L. 91-173 as amended by P.L. 95-164).</p>		
<p>Person responsible for training (please print):</p>	<p>Signature of person responsible for training:</p>	<p>Date:</p>
<p>M. Roberts</p>	<p>M. Robert</p>	<p>1-5-15</p>

<p>I verify that I have completed the above training.</p>	
<p>Signature of person trained:</p>	<p><i>John A. Howell</i></p>
<p>Print Name:</p>	<p>John A. Howell</p>
<p>Company Name:</p>	<p>F/A</p>

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) <div style="font-size: 1.5em; font-family: cursive;">FA IND.</div>
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1. Print Full Name of Person Trained (first, middle, last)

John Arthur Hamel

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
1-5-15		<i>DC</i>	<i>JAH</i>				

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

→ *1/5/15* completed, go to item 6, below. Check if not completed and go to item 5, 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)

Paul [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

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

1-5-15

John Arthur Hamel