

# Certificate of Training

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



Approved OMB Number 1219-0009, Expires January 31, 2018.

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.

|  |  |
|--|--|
| <b>→ Issue Certificate Immediately Upon Completion of Training</b> | Serial Number (for operator's use)<br>A 4257 |
|--|--|

1. Print Full Name of Person Trained (first, middle, last)  
*Michael Don Hebert*

2. Check Type of Approved Training Received:
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Annual Refresher                    | <input type="checkbox"/> Experienced Miner                  | <input type="checkbox"/> Hazard Training |
| <input checked="" 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 |
| 4/28/2015 | Confine space | BN / MH       |      |      |               |
| 4/28/2015 | Fall protect  | BN / MH       |      |      |               |

3. Check Type of Operation and Related Industry:
- A.  Surface     Construction     Underground     Shaft & Slope
- B.  Coal     Metal     Nonmetal

4. Date Training Requirements Completed  
4/28/2015     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)  
*Bradley Nelson*

7. Mine Name, ID, & Location of Training (if institution, give name & address)  
Humboldt Mill 2000420  
4547 County Road 601  
Champion Mi 49814

8. Date  
4/28/2015

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