

Certificate of Training

U S Department of Labor
Mine Safety and Health Administration



Approved OMB Number 1219-0009 Expires July 31, 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)

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

JAIME HELMUS

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 Instr	Date	Task	Initials Instr

3 Check Type of Operation and Related Industry

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

4 Date Training Requirements Completed

4-6-14

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)

Michael Passare

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

UNITED TRADES MARQUETTE
119 SOUTH FRONT STREET ME 49855

8 Date

4-6-14

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

Jaime Helmus