

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)

F.A. Industrial

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

Remi Paul Hunt

2. Check Type of Approved Training Received:

Annual Refresher

Experienced Miner

Hazard Training

New Task (specify below)

Newly Employed Inexperienced Miner

Other (specify)

Table with 6 columns: Date, Task, Initials, Date, Task, Initials. Row 1: 10/20/14, Hazard, [initials], [blank], [blank], [blank].

3. Check Type of Operation and Related Industry:

Surface

Construction

Underground

Shaft & Slope

Coal

Metal

Nonmetal

4. Date Training Requirements Completed

10/20/14

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

Roof/Ground Control & Ventilation

Health

Hazard Recognition

Mine Map; Escapeways; Emergency Evacuation; Barricading

Electrical Hazards

Emergency Medical Procedures

Cleanup; Rock Dusting

First Aid

H&S Aspects of Tasks Assigned

Mandatory Health & Safety Standards

Mine Gases

Statutory Rights of Miners

Authority & Responsibility of Supervisors & Miners Representatives

Explosives

Self-Rescue & Respiratory Devices

Prevention of Accidents

Transport & Communications Systems

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)

[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

10/20/14

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

[Signature]