

Certificate of Training

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



Approved OMB Number 1219-0009, 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)

6290

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

Roni Hunt

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	Stude			Instr	Stude
10-20-14	DIVER CRANE	RN	RH				

3. Check Type of Operation and Related Industry:

- A. Surface Construction Underground Shaft & Slope
- B. 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
- 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)

Bradley Nelson

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

EAGLE MINE 2000420

Humboldt, Mic

8. Date

10-20-14

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

[Signature]



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6290

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

Rami Paul Hunt

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- Annual Refresher
- New Task (specify below)
- Experienced Miner
- Newly Employed, Inexperienced Miner
- Hazard Training
- Other (specify)

Date	Task	Initials		Date	Task	Initials	
		Instr	Studt			Instr	Studt
10-21-14	Manitou MKT523-pak	RY	PH				

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

10-21-14

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
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Bradley Nelson

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

2000 420
EAGLE MINE Humboldt, MS.

8. Date

10-21-14

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

[Signature]



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Serial Number (for operator's use)

97257

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

Raymond 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)

Date	Task	Initials		Date	Task	Initials	
		Instr	Studt			Instr	Studt
10-22-14	MSHA 1120		PH				

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

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
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[Signature]

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

Coal Mine Humboldt

8. Date

10-22-14

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

[Signature]

MSHA Form 5000-23, Jan. 99 (revised)

White (Employer's Personnel Record) - Pink (Employee's Record copy) - Yellow (Employee's Separation copy) - Green (Record Keeping)

To Reorder Call 1-800-590-5360



Approved OMB Number 1219-0009, Expires July 31, 2014

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➔ Issue Certificate Immediately Upon Completion of Training

Serial Number (for operator's use)

2210

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

Robert Allen Smith

2. Check Type of Approved Training Received:

- Annual Refresher
- New Task (specify below)
- Experienced Miner
- Newly Employed, Inexperienced Miner
- Hazard Training
- Other (specify)

Date	Task	Initials		Date	Task	Initials	
		Instr	Studt			Instr	Studt
11-4-14	6012-6013 P4						
11-4-14	216-6015						

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

11-4-14

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
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- Prevention of Accidents
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I certify that the above training has been completed (signature of person responsible for training)

Boedley Nelson

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

EAGLE MILL 2000430 Humboldt

8. Date

11-4-14

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

[Signature]

Certificate of Training

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



Approved OMB Number 1219-0009, Expires September 30, 2014.

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6290

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)

Date	Task	Initials		Date	Task	Initials	
		Instr	Studd			Instr	Studd
11/5/2014	Genie Z-60/34	BN	RA				
11/5/2014	JLG 600AJ	BN	RA				

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

11/5/2014

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 Other (specify)

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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)

Eagle Mill 2000420 Humboldt Mi

8. Date

11/5/2014

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

Remi Paul Hunt

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Mine Safety and Health Administration



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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)

Date	Task	Initials	Date	Task	Initials
		Instr / Stud			Instr / Stud
12/4/2014	Genie Z-45/25	BN / RA			

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

12/4/2014

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

→ If completed, go to item 6, below.

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- Introduction to Work Environment Roof/Ground Control & Ventilation Health
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I certify that the above training has been completed (signature of person responsible for training)

Brodley Nelson

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

Eagle Mill 2000420 Humboldt Mi

8. Date

12/4/2014

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

Remi Paul Hunt

Remi Hunt
IWB FA Industrial
11/5/14

1. A confined space is defined as having limited egress, can be bodily entered, and is not designed for continuous occupancy.
2. All confined spaces must be permit-required. True or False
3. The three hazards that must be tested for in a confined space are oxygen levels, combustibility and flammability, and toxic atmospheres.
4. Since entrants will view the hazards while in the space, it is not necessary that they know or review the hazards prior to entry. True or False
5. If a chemical storage tank is empty, it would not be considered a confined space. True or False
6. Two examples of typical non-permit-required confined spaces are below grade trench and closet.
7. Confined space entry is a leading cause of occupational fatalities in the United States. True or False
8. Annual emergency drills are required by the OSHA Confined Space Standard.
9. An attendant should be available to be the first person into the space to conduct a rescue. True or False
10. An entrant should exit a confined space if ordered to do so, unknown exposures are encountered, communication is lost, or alarm is sounded.

Remi Hunt
11-5-14

Fall Protection Quiz

1. At what height are workers required to wear fall protection according to the MSHA standard?

6 feet 9 feet 12 feet When there is a danger of falling

2. What are the three (3) components of a Personal Fall Arrest System?

Anchor/Anchorage Connector, Body Wear (Harness) and Connecting Device (Lanyard or Retractable)

Body Wear (Harness), Hard Hat and Steel-Toed Boots

Body Wear (Harness), Connecting Device (Lanyard or Retractable) and Sturdy Ladder

Hard Hat, Safety Glasses and Safety Training

3. An Anchor Point must be capable of supporting how many pounds per attached worker?

300 lbs. 2,000 lbs. 5,000 lbs. 10,000 lbs.

4. After selecting a proper Anchor Point, you can ensure a compatible anchorage connection by:

Joining multiple lanyards together to reach an anchorage point

Loop a rope around the anchor point.

Make sure the anchorage connection will cause a load to be applied to the snap hook keeper gate or snap hook lock.

Use an anchorage connector such as a cross arm strap, beam anchor or a shock absorbing lanyard specifically-designed for tie-back use to maintain a compatible connection with the anchor point.

5. When wearing a full body harness, the fall forces must be limited to a maximum of:

900 lbs. 1,000 lbs. 1,200 lbs. 1,800 lbs.

11. The maximum deceleration distance of a 6' lanyard (elongation once deployed) is:

3 feet 3.5 feet 4 feet Unlimited

12. Lanyards used in a Personal Fall Protection System cannot be shorter than 6 feet.

True False

13. A retractable lifeline is defined as:

Connecting Device

Anchor Point

Body Wear

Shock-Absorbing Lanyard

14. What is the definition of Arresting Force?

Force exerted on the body while stopping a fall

Force at the anchorage connection

Impact on the body when fall protection is not used

Secret unit of the U.S. military

15. What is the proper procedure, with regard to the fall protection equipment, to follow after a fall has occurred.

Stay quiet and hope your supervisor doesn't find out

Go back to work and act like nothing happened

Do not re-use and take all of the equipment out of service

Exchange the equipment but don't tell anyone

16. At what height are workers required to wear fall protection according to OSHA standards?

6 feet 9 feet 12 feet Bare feet