

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)

4429

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

Randy R Johnson

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	Student			Instr	Student
10-30-14	J14-600M	BJ	RJ				
10-30-14	GENIE 76/14/14	BJ	RJ				

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

10-30-14

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       Other (specify)  
 Transport & Communication Systems

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)

2000450 (MILL)  
EAGLE MINE Humboldt MI

8. Date

10-30-14

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

Randy Johnson

# Certificate of Training

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Mine Safety and Health Administration



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 New Task (specify below)       Newly Employed Inexperienced Miner       Other (specify)

Date	Task	Initials	Date	Task	Initials
11/5/2014	Genie Z80/60	Instr Stud			Instr Stud

3. Check Type of Operation and Related Industry:

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

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11/5/2014

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 Emergency Medical Procedures       Cleanup; Rock Dusting       First Aid  
 H&S Aspects of Tasks Assigned       Mandatory Health & Safety Standards       Mine Gases  
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 Transport & Communications Systems

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Bradley Nelson

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

Eagle Mill 2000420 Humboldt Mi

8. Date

11/5/2014

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Randy Johnson

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**Randy R Johnson**

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			Instr
		Stud			Stud
11/6/2014	Snorkel AB60J	<b>RD RJ</b>			

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 type="checkbox"/> Nonmetal    |  |

4. Date Training Requirements Completed

11/6/2014

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➔ 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; Rook Dueting  | <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)         |

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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)

Eagle Mill 2000420 Humboldt Mi

8. Date

11/6/2014

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 New Task (specify below)       Newly Employed Inexperienced Miner       Other (specify)

Date	Task	Initials	Date	Task	Initials
		Instr / Studt			Instr / Studt
11/13/2014	Over crane	PD RJ			

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

11/13/2014

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- |   |   |  |
|---|---|--|
| <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 |
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Eagle Mill 2000420 Humboldt Mi

8. Date

11/13/2014

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

*[Signature]*

Randy Johnson 11/4/14

1. A confined space is defined as having limited egress, can be bodily entered, and is not designed for

Continuous Occupance.

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 content, 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 Closets and trenches.

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 goes off.

Randy Johnson 11/4/14

## 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.

6. The use of body belts for fall protection during construction activity was outlawed in 1998, however, the use of a body belt for positioning is still acceptable?

True  False

7. Who is responsible for inspecting all components of a Personal Fall Arrest System?

Only a Competent Person

Safety Director

The person wearing the Personal Fall Arrest System

The Manufacturer

8. A properly adjusted full body harness should:

Be loose and easy to take off

Fit like a comfortable jacket

Fit snug but allow for full range of movement

Accommodate many users

9. When using a 6 ft. shock-absorbing lanyard as part of your Fall Arrest System, how do you calculate the necessary fall clearance?

Height of Worker + Length of Lanyard + Distance to next level

Height of Worker + Length of lanyard + Shock Absorber Deceleration/Free-Fall Distance + Three (3) ft. Safety Factor

Height of Worker + Distance to next level + Three (3) ft. Safety Factor

Distance to next level minus the Height of Worker

10. After a fall, a shock-absorbing lanyard that has been deployed must be:

Inspected before the next use

Cut into small pieces

Sent back to the manufacturer

Taken out of service

**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