



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)

5851

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

Joseph E Kanagas

2. Check Type of Approved Training Received:

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

JLG Manlift

Date	Task	Initials		Date	Task	Initials	
		Instr	Studt			Instr	Studt
2/5/15	JLG Manlift E300 ATP	E.K.	JEK				

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

2/5/15

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)

*[Signature]*

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

Eagle Mill 2000420

Humboldt, MI

8. Date

2/5/15

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

*[Signature]*