

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)
 5851

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

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	Stud			Instr	Stud
2/28/15	ADDSAN						
	PRO BK	JS	JEL				
	FEELIFT						

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed
 2/23/15 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)
 EMMA MINE 20-00420 4547 CO. RD 601 CHAMBERLAIN ME

8. Date
 2/23/15

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