

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)

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

Joseph KANGAS

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

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

2-21-15

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 Roof/Ground Control & Ventilation Health
 Hazard Recognition Mine Map; Escapeways; Emergency Evacuation; Barricading Electrical Hazards
 Emergency Medical Procedures First Aid
 H&S Aspects of Tasks Assigned Cleanup; Rock Dusting Mine Gases
 Statutory Rights of Miners Mandatory Health & Safety Standards Explosives
 Self-Rescue & Respiratory Devices Prevention of Accidents
 Transport & Communication Systems Authority & Responsibility of Supervisors & Miners' Representatives 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)

Mitch Payne

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

UNITED TRADES MARQUETTE
119 S FRONT STREET MI 49855

8. Date

2-21-15

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

Joseph Kangas