

# Certificate of Training

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



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

<p>➔ Issue Certificate Immediately Upon Completion of Training</p>	<p>Serial Number (for operator's use) x <b>F.A. INDUSTRIAL</b></p>
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1. Print Full Name of Person Trained (first, middle, last)  
x **RICHARD A. 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  
x **09-25-2014**                       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):

<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
<input type="checkbox"/> Transport & Communications Systems		<input type="checkbox"/> 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)  
**Coop Berlin**

7. Mine Name, ID, & Location of Training (if institution, give name & address)  
Eagle Mine - MSHA ID 20-03454                      Humboldt Mill - MSHA ID 20-00420  
4547 County Road 601, Champion MI 49814

8. Date  
x **09-25-2014**

I verify that I have completed the above training (signature of person trained)  
x **Richard Kangas**