

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)

Company

*Stephen V. Kimmel*

2. Check Type of Approved Training Received:

Annual

Refresher

New Task

(specify below)

*8 HR.*

Experienced Miner

Newly Employed, Inexperienced Miner

Hazard Training

Other (specify)

Date	Task	Initials		Date	Task	Initials	
		Instr	Studt			Instr	Studt

3. Check Type of Operation and Related Industry:

A.  Surface

B.  Coal

Construction

Metal

Underground

Nonmetal

Shaft & Slope

4. Date Training Requirements Completed

*8-16-14*

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

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)

*Alan J. Mattheis*

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

*Iron Workers Local 8  
United Building Trades Marquette MI*

8. Date

*8/16/14*

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

*Stephen Kimmel*

MSHA Form 5000-23, Jan. 99 (revised)

White (Employer's Personnel Record) - Pink (Employee's Record copy) - Yellow (Employee's Separation copy) - Green (Record Keeping)

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