

Certificate of Training

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



Approved OMB Number 1219-0009, Expires December 31, 2010

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)  
**0650**

1. Print Full Name of Person Trained (first, middle, last)  
**WILLIE C KOBIE**

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 Inst.    Studt.	Date	Task	Initials Inst.    Studt.
9-16-14	Overhead CRANE	WCK			

3. Check Type of Operation and Related Industry:

A.  Surface       Construction       Underground       Shaft & Slope

B.  Coal       Metal       Nonmetal

4. Date Training Requirements Completed  
**9-16-14**       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       Roof/Ground Control & Ventilation       Health

Hazard Recognition       Mine Map; Escapeways; Emergency Evacuation; Barricading       Electrical Hazards

Emergency Medical Procedures       Cleanup; Rock Dusting       First Aid

H&S Aspects of Tasks Assigned       Mandatory Health & Safety Standards       Mine Gases

Statutory Rights of Miners       Authority & Responsibility of Supervisors & Miners' Representatives       Explosives

Self-Rescue & Respiratory Devices       Other (specify) **OVERHEAD CRANE**

Transport & Communication Systems

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)  
**Tom Herbilla**

7. Mine Name, ID, & Location of Training (if institution, give name & address)  
**EAGLE MILL 200042 Humboldt Mi**

8. Date  
**9-16-14**

I verify that I have completed the above training (signature of person trained)  
**W. Kobie**

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<input checked="" type="checkbox"/> Issue Certificate Immediately Upon Completion of Training	Serial Number (for operator's use) <div style="font-size: 2em; font-family: cursive;">0650</div>
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1. Print Full Name of Person Trained (first, middle, last)

*WILLIE KOBIE*

2. Check Type of Approved Training Received:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Annual Refresher                    | <input type="checkbox"/> Experienced Miner                   | <input type="checkbox"/> Hazard Training |
| <input checked="" type="checkbox"/> New Task (specify below) | <input type="checkbox"/> Newly Employed, Inexperienced Miner | <input type="checkbox"/> Other (specify) |

Date	Task	Initials		Date	Task	Initials	
		Instr	Studt			Instr	Studt
10-2-14	Genie Z-30	TD	WK				

3. Check Type of Operation and Related Industry:

- |  |  |                                      |  |
|--|--|--------------------------------------|--|
| A. <input checked="" type="checkbox"/> Surface | <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Underground | <input type="checkbox"/> Shaft & Slope |
| B. <input type="checkbox"/> Coal               | <input checked="" type="checkbox"/> Metal        | <input type="checkbox"/> Nonmetal    |  |

4. Date Training Requirements Completed

*10-2-14*

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):

- |  |  |  |
|--|--|--|
| <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 & Communication 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)

*[Signature]*

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

*Humboldt mi*

8. Date

*10-2-14*

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

*[Signature]*

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WILLYE KOBIE

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	Stude			Instr	Stude
9-24-14	MANITOU BH 523 Fork	BH	WK				

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

9-24-14

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)

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I certify that the above training has been completed (signature of person responsible for training)

Bradley Nelson

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

2000420  
EAGLE MINE Humboldt, Mo.

8. Date

9-24-14

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

W. Kobie