

Certificate of Training

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



Approved OMB Number 1219-0009, Expires January 31, 2018.

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)
A 4257

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

Brandon Scott Lancour

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	Studet			Instr	Studet
6/8/2015	confine space	BN	BSL				
6/8/2015	fall protect	BN	BSL				

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

6/8/2015

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 Prevention of Accidents
 Transport & Communications Systems 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)

Bradley Nelson

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

Humboldt Mill 2000420
4547 County Road 601
Champion Mi 49814

8. Date

6/8/2015

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

Brandon Lancour