

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)

5357

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

Kelly Charles Lawson

2. Check Type of Approved Training Received:

- Annual Refresher *8 hr*
 Experienced Miner
 Hazard Training
 New Task (specify below)
 Newly Employed, Inexperienced Miner
 Other (specify)

Date	Task	Initials		Date	Task	Initials	
		Instr	Studt			Instr	Studt

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

9-25-2014 KL Check if not completed and go to item 5, below. *8 hr*

➔ 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) *6 H&S*
 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)

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

MULTAL #6026938508
 P.O. Box 164 Iron Mountain 49801

8. Date

9/25/2014

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

Kelly P. Lawson