

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)

Terry Lee Lehtinen

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 <small>Instr</small>	Date	Task	Initials <small>Instr</small>

3. Check Type of Operation and Related Industry:

A. Surface

B. Coal

Construction

Metal

Underground

Nonmetal

Shaft & Slope

4. Date Training Requirements Completed

1/3/15

→ 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)

Check if not completed and go to item 5, below.

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)

Capreolus Hall 1219 First Ave S

Escanaba MI 49829

8. Date

1-3-15

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

[Signature]