



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)
	9857

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

Steven Douglas Lindstrom

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	Student			Instr	Student
9-25-14	2-30/2010 Man lift	BN	SL				

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

9-25-14

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 Prevention of Accidents
 Transport & Communication 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)

2000420
EAGLE Mill Humboldt, MI

8. Date

9-25-14

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

Steve Lindstrom

Certificate of Training

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



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➔ Issue Certificate Immediately Upon Completion of Training	Serial Number (for operator's use) 9857
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1. Print Full Name of Person Trained (first, middle, last)

Steven Douglas Lindstrom

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
10-7-14	GS-1930	BN	SL				

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

10-7-14

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
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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

EABLE MINE Humboldt, MI.

8. Date

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

Steve Lindstrom

Certificate of Training

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



Approved OMB Number 1219-0009, Expires September 30, 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)

9857

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

Steven P. Lindstrom

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 / Studt			Instr / Studt
12/17/2014	Overhd crane	PD / SL			

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

12/17/2014

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)

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

Paul Donato

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

Eagle Mill 2000420 Humboldt Mi

12-17-14

Steven Lindstrom

8. Date

12/17/2014

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