

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.

<p>➔ Issue Certificate Immediately Upon Completion of Training</p>	<p>Serial Number (for operator's use) <i>Jamar</i></p>
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1. Print Full Name of Person Trained (first, middle, last)
Steven D. Lindstrom

2. Check Type of Approved Training Received:

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

Date	Task	Initials	Date	Task	Initials
<i>10-19-15</i>	<i>Hazard</i>	<i>[Signature]</i>			<i>Instr</i> <i>Studt</i>

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed
10-19-15

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 & Communications 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 Mill, Mine ID 20-00420 ---Eagle Mine, Mine ID 20-03454
Eagle Mine LLC - 4547 County Road 601
Champion, MI 49814*

8. Date
10-19-15

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