

Certificate of Training

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



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)
A4257

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

SCOTT LEE MARIETTI

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 <small>Instr</small> / <small>Student</small>	Date	Task	Initials <small>Instr</small> / <small>Student</small>
7-28-15	Crane 260/34	S.L.M.			

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

7-28-15 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):

- Introduction to Work Environment Roof/Ground Control & Ventilation Health
- Hazard Recognition Mine Map; Escapeways; Emergency Evacuation; Barricading Electrical Hazards
- Emergency Medical Procedures First Aid
- H&S Aspects of Tasks Assigned Cleanup; Rock Dusting Mine Gases
- Statutory Rights of Miners Explosives
- Self-Rescue & Respiratory Devices Prevention of Accidents
- Transport & Communication Systems Authority & Responsibility of Supervisors & Miners' Representatives 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)

Sh. Pung

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

Humboldt Mill Champion Mi.

8. Date

7-28-15

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

Scott Lee Marietti