

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)

*Jessie McPerson*

2. Check Type of Approved Training Received:

Annual Refresher

Experienced Miner

New Task (specify below)

Newly Employed, Inexperienced Miner

Hazard Training  
 Other (specify)

Date	Task	Initials		Date	Task	Initials	
		Instr	Stud			Instr	Stud
<i>10/30/14</i>	<i>NEW</i>	<i>JM</i>	<i>JS</i>				

3. Check Type of Operation and Related Industry:

A.  Surface

Construction

B.  Coal

Underground

Shaft & Slope

4. Date Training Requirements Completed

*10/30/14*

Check if not completed and go to item 5. 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
- Health
- Electrical Hazards
- First Aid
- Mine Gases
- Explosives
- Prevention of Accidents
- 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)

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

*MARONETTE TRAINING FACILITY*  
*1221 DIVISION ST*  
*MET M, 49885*

8. Date

*10/30/14*

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