



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)

6254

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

Jessie Scott McPherson

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
11-3-14	Genie 240by	BN	SSM				
11-3-14	JLG 600AT	BN	SSM				

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

11-3-14

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
- 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)

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)

EAGLE MILL 2000430 Humboldt Mo.

8. Date

11-3-14

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

Jessie Scott McPherson

Certificate of Training

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



Approved OMB Number 1219-0009, Expires September 30, 2014.

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→ Issue Certificate Immediately Upon Completion of Training	Serial Number (for operator's use) <div style="font-size: 2em; text-align: center;">FA</div>
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1. Print Full Name of Person Trained (first, middle, last)

Jessie' Scott McPherson

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
		Instr / Studt			Instr / Studt

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

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)

Cory Brown

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

11-2-14

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

Jessie' Scott McPherson