

# Certificate of Training

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



Approved OMB Number 1219-0009, Expires January 31, 2018.

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)  
A 4257

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

*John Noble*

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
6/8/2015	confine space	<i>JN</i>			
6/8/2015	fall protect	<i>JN</i>			

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

6/8/2015

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)

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)

Humboldt Mill 2000420  
4547 County Road 601  
Champion Mi 49814

8. Date

6/8/2015

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

*John Noble*