

## 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 91-503 to comply with requirements and other sections as provided by sections 108 and 110, Public Law 91-173 as amended by Public Law 95-164.

Issue Certificate Immediately  Serial Number (for operator's use) F.A.  
Upon Completion of Training

1. Print Full Name of Person Trained (first, middle, last) Jeff Levey-Martin Mylward

2. Check Type of Approved Training Received:  
 Annual  Experienced Miner  Hazard Training  
 New Task  Newly Employed  Other (specify)  
 (Specify below)  Nonexperienced Miner

Date	Task	Initials	Date	Task	Initials
11-5-14		JK			

3. Check Type of Operation and Related Industry:  
 A.  Surface  Construction  Underground  Shaft & Slope  
 B.  Coal  Metal  Nonmetal

4. Date Training Requirements Completed 11-5-14  Check if not completed and go to item 5, below.

5. Check Subjects Completed (Use only for partially completed training):  
 → If completed, go to item 6, below.

- Introduction to Work Environment  Health
- Hazard Recognition  Roof/Ground Control & Ventilation
- Emergency Medical Procedures  Mine Map, Escapeways, Emergency Evacuation, Emergency
- H&S Aspects of Tasks Assigned  Cleanup/Rock Dusting  Mine Gases
- Statutory Rights of Miners  Mandatory Health & Safety Standards  Explosives
- Self-Rescue & Respiratory Devices  Authority & Responsibility of Supervisors & Miners  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).  
 Identify the above training that has been completed  
 Signature of person responsible for training: [Signature]

7. Mine Name, ID, & Location of Training (if institution, give name & address):  
Eagle Mine Mine ID 20-03454  
Champion, MI 49814

8. Date 11-5-14  
 I verify that I have completed the above training  
 Signature of person trained: [Signature]

<b>5000-23 Hazard Training Supplement Page</b>		Effective Date: <u>7/10/14</u>	Health & Safety Department	Version: <u>1</u>
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Date	Task	Instructor Initials	Trainee Initials
11-5-14	Vision Statement	JK	JL-M
11-5-14	Mission Statement	JK	JL-M
11-5-14	Our "Life Saving Rules"	JK	JL-M
11-5-14	Core H&S Rules	JK	JL-M
11-5-14	Energy Isolation - LOTO	JK	JL-M
11-5-14	Housekeeping	JK	JL-M
11-5-14	Work Place Examination	JK	JL-M
11-5-14	Pre-Task Hazard Assessment	JK	JL-M
11-5-14	Safe Work Permits Introduction	JK	JL-M
11-5-14	Work Place Exam	JK	JL-M

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<p>➔ Issue Certificate Immediately Upon Completion of Training</p>	<p>Serial Number (for operator's use) <b>1537</b></p>
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1. Print Full Name of Person Trained (first, middle, last)

**Jeff Leroy - Martin Nylund**

2. Check Type of Approved Training Received:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Annual Refresher                    | <input type="checkbox"/> Experienced Miner                  | <input type="checkbox"/> Hazard Training |
| <input checked="" 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
11/6/2014	Snorkel AB60J	<b>PD</b>	<b>JLMW</b>				

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 type="checkbox"/> Nonmetal    |  |

4. Date Training Requirements Completed

11/6/2014

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; Rook Dueting  | <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)

**Paul Donat**

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

Eagle Mill 2000420 Humboldt Mi

8. Date

11/6/2014

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

**JK** **Nylund**

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→ Issue Certificate Immediately Upon Completion of Training

Serial Number (for operator's use)  
1537

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

Jeff Levy - Martin Nyland

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
11/5/2014	Genie Z-60/34	<u>BN</u>	<u>JLMN</u>				
11/5/2014	JLG 600AJ	<u>BN</u>	<u>JLMN</u>				

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

11/5/2014

Check if not completed and go to item 5, below.

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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)

Bradley Nelson

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

Eagle Mill    2000420    Humboldt Mi

8. Date

11/5/2014

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

Jeff Levy

Jeff Nyland  
11/9/14

1. A confined space is defined as having limited egress, can be bodily entered, and is not designed for permanent occupancy.
2. All confined spaces must be permit-required. True or False
3. The three hazards that must be tested for in a confined space are oxygen level, combustibility and flammability, and toxic atmospheres.
4. Since entrants will view the hazards while in the space, it is not necessary that they know or review the hazards prior to entry. True or False
5. If a chemical storage tank is empty, it would not be considered a confined space. True or False
6. Two examples of typical non-permit-required confined spaces are closet and trench.
7. Confined space entry is a leading cause of occupational fatalities in the United States. True or False
8. Annual rescue drills are required by the OSHA Confined Space Standard.
9. An attendant should be available to be the first person into the space to conduct a rescue. True or False
10. An entrant should exit a confined space if ordered to do so, unknown exposures are encountered, communication is lost, or Alarm.

Jeff Nyland  
11/9/14

## Fall Protection Quiz

1. At what height are workers required to wear fall protection according to the MSHA standard?

6 feet    9 feet    12 feet    When there is a danger of falling

2. What are the three (3) components of a Personal Fall Arrest System?

Anchor/Anchorage Connector, Body Wear (Harness) and Connecting Device (Lanyard or Retractable)

Body Wear (Harness), Hard Hat and Steel-Toed Boots

Body Wear (Harness), Connecting Device (Lanyard or Retractable) and Sturdy Ladder

Hard Hat, Safety Glasses and Safety Training

3. An Anchor Point must be capable of supporting how many pounds per attached worker?

300 lbs.    2,000 lbs.    5,000 lbs.    10,000 lbs.

4. After selecting a proper Anchor Point, you can ensure a compatible anchorage connection by:

Joining multiple lanyards together to reach an anchorage point

Loop a rope around the anchor point.

Make sure the anchorage connection will cause a load to be applied to the ~~snap hook keeper gate or snap hook lock.~~

Use an anchorage connector such as a cross arm strap, beam anchor or a shock absorbing lanyard specifically-designed for tie-back use to maintain a compatible connection with the anchor point.

5. When wearing a full body harness, the fall forces must be limited to a maximum of:

900 lbs.    1,000 lbs.    1,200 lbs.    1,800 lbs.

6. The use of body belts for fall protection during construction activity was outlawed in 1998, however, the use of a body belt for positioning is still acceptable?

True  False

7. Who is responsible for inspecting all components of a Personal Fall Arrest System?

Only a Competent Person

Safety Director

The person wearing the Personal Fall Arrest System

The Manufacturer

8. A properly adjusted full body harness should:

Be loose and easy to take off

Fit like a comfortable jacket

Fit snug but allow for full range of movement

Accommodate many users

9. When using a 6 ft. shock-absorbing lanyard as part of your Fall Arrest System, how do you calculate the necessary fall clearance?

Height of Worker + Length of Lanyard + Distance to next level

Height of Worker + Length of lanyard + Shock Absorber Deceleration/Free-Fall Distance + Three (3) ft. Safety Factor

Height of Worker + Distance to next level + Three (3) ft. Safety Factor

Distance to next level minus the Height of Worker

10. After a fall, a shock-absorbing lanyard that has been deployed must be:

Inspected before the next use

Cut into small pieces

Sent back to the manufacturer

Taken out of service

**11. The maximum deceleration distance of a 6' lanyard (elongation once deployed) is:**

3 feet    3.5 feet    4 feet    Unlimited

**12. Lanyards used in a Personal Fall Protection System cannot be shorter than 6 feet.**

True    False

**13. A retractable lifeline is defined as:**

Connecting Device

Anchor Point

Body Wear

Shock-Absorbing Lanyard

**14. What is the definition of Arresting Force?**

Force exerted on the body while stopping a fall

Force at the anchorage connection

Impact on the body when fall protection is not used

Secret unit of the U.S. military

**15. What is the proper procedure, with regard to the fall protection equipment, to follow after a fall has occurred.**

Stay quiet and hope your supervisor doesn't find out

Go back to work and act like nothing happened

Do not re-use and take all of the equipment out of service

Exchange the equipment but don't tell anyone

**16. At what height are workers required to wear fall protection according to OSHA standards?**

6 feet    9 feet    12 feet    Bare feet