

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 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)

4322

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

Frank OISON

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	Studet			Instr	Studet
12/15/2014	Confined space	FO	FO				
12/15/2014	Fall protection	FO	FO				

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

12/15/2014

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):

- 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 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

12/15/2014

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

[Signature]

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→ Issue Certificate Immediately Upon Completion of Training	Serial Number (for operator's use) E/A Ind.
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1. Print Full Name of Person Trained (first, middle, last)

Frank Nels OLSON

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
12/15/14		DK	FD				

3. Check Type of Operation and Related Industry:

- | | | | |
|-------------------------------------|---|--|--|
| A. <input 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

12/15/14

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):

- | | | |
|---|---|--|
| <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).

Certify that the above training has been completed (signature of person responsible for training)

[Signature]

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

12/15/14

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

[Signature]

1. A confined space is defined as having limited egress, can be bodily entered, and is not designed for

continuous oxygen

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, combustibility and flammability, and toxic atmospheres.

Here

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 open tank and locker.

7. Confined space entry is a leading cause of occupational fatalities in the United States. True or False

8. Annual training 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 asked to get out

alarm gas off

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