

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)

x DAVID K ONKAB

2. Check Type of Approved Training Received:

- Annual Refresher
- New Task (specify below)
- Experienced Miner
- Newly Employed, Inexperienced Miner
- Hazard Training
- Other (specify)

Date	Task	Initials		Date	Task	Initials	
		Instr	Stud			Instr	Stud
6-1-15	JLG, G5-18A LB	LB	X.D.O				

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

6-1-15

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)

LUKE BOURDAGE

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

Humboldt Mill

8. Date

6-1-15

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

x David K. Onkab

added to Matrix
6-1-15