

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)
A4257

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

ERICK Andrew ONKALO

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
2/16/2015	Confine space	BN	EO				
2/16/2015	Fall protect	BN	EO				

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

2/16/2015

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; Electrical Hazards
 Emergency Medical Procedures Emergency Evacuation; Barricading First Aid
 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 Representatives 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)

Eagle Mill 2000420
Humboldt Mi

8. Date

2/16/2015

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

Erick Onkalo