

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)

*THOMAS PAOLILLA*

2. Check Type of Approved Training Received:

Annual Refresher

Experienced Miner

New Task (specify below)

Newly Employed, Inexperienced Miner

Hazard Training

Other (specify)

Date	Task	Initials		Date	Task	Initials	
		Instr	Stud			Instr	Stud

3. Check Type of Operation and Related Industry:

A.  Surface

Construction

B.  Coal

Metal

Underground

Nonmetal

Shaft & Slope

4. Date Training Requirements Completed

*4-6-14*

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

5. Check Subjects Completed (use only for partially completed training):

Introduction to Work Environment

Roof/Ground Control & Ventilation

Health

Hazard Recognition

Electrical Hazards

Emergency Medical Procedures

Mine Map; Escapeways; 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 & Communication 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)

*Michael J. [Signature]*

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

*UNITED TRADES... 119 S FRONT STREET*

8. Date

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

*[Signature]*