

# 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)

Jamar

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

Scott Michael Powdercraft

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
3-24-15	Hazard	DK	SP				

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

3-24-15

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     
  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     
  Prevention of Accidents  
 Transport & Communications Systems     
  Authority & Responsibility of Supervisors & Miners Representatives     
  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)

*[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

3-24-15

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

*[Signature]*