

Certificate of Training

U.S. Department of Labor
Mine Safety and Health Administration



Approved OMB Number 1219-0009, Expires December 31, 2010

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)

5804

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

Shane A. Perry

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	Stuct			Instr	Stuct
9-16-14	OVERHEAD CRANE	RN	SP				

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

9-16-14

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):

- 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)

Brodley Nelson

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

EAGLE MINE
200042

Humboldt, NC

8. Date

9-16-14

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

Shane Perry

Certificate of Training

U.S. Department of Labor
Mine Safety and Health Administration



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<input checked="" type="checkbox"/> Issue Certificate Immediately Upon Completion of Training	Serial Number (for operator's use) <div style="font-size: 2em; text-align: center;">2804</div>
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1. Print Full Name of Person Trained (first, middle, last)
Shane A Perry

2. Check Type of Approved Training Received:

<input type="checkbox"/> Annual Refresher	<input type="checkbox"/> Experienced Miner	<input type="checkbox"/> Hazard Training
<input checked="" 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	Student			Instr	Student
10-2-14	Genie 2-301D	JP	JP				

3. Check Type of Operation and Related Industry:

A. <input checked="" type="checkbox"/> Surface	<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Underground	<input type="checkbox"/> Shaft & Slope
B. <input type="checkbox"/> Coal	<input checked="" type="checkbox"/> Metal	<input type="checkbox"/> Nonmetal	

4. Date Training Requirements Completed
10-2-14
 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 & Communication 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).	I certify that the above training has been completed <small>(signature of person responsible for training)</small>
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7. Mine Name, ID, & Location of Training (if institution, give name & address)
Humboldt mi

8. Date 10/2/14 Shane Perry
I verify that I have completed the above training (signature of person trained)



Approved OMB Number 1219-0009, Expires December 31, 2010

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➔ Issue Certificate Immediately Upon Completion of Training

Serial Number (for operator's use)

2804

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

Shane Alan Perry

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	Student			Instr	Student
10-30-14	JLG 600A	BN	SP				
10-30-14	Genie 260	BN	SP				

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

10-30-14

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):

- 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)

Bradley Nelson

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

2000420
EAGLE MINE (MIL) Humboldt, M.I.

8. Date

10-30-14

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

Sh Perry

Eagle Mine
 Certificate of Surface Hazard Training (30 CFR 48)
 Contractor/Vendor/Visitor Safety Information

Mine Site Mill Site Admin Office UG Induction

*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.
 Based on OMB# 1219-0009*

Welcome to Eagle Mine. In order to make your visit a safe one, please familiarize yourself with the following basic requirements. If you have any questions about these requirements or other specific safety conditions see your Eagle Mine representative or contact site security or HSE.

1. Emergency Notification Procedures

- Report all unsafe work practices, unsafe work conditions, injuries or incidents to your contact.
- Eagle Mine Security (906) 339-7018 or by using the Motorola single channel handheld radio supplied at the guard post.
- Humboldt Mill Security (906) 339-7017
- Lara Sims, Health & Safety Superintendent (801) 913-1560
- If unable to reach security or HSE, Call 911

2. Personal Protection

- At a minimum a hard hat, safety glasses w/side shields, steel toed boots, and high visibility vests or clothing, (minimum Class 2) must be worn at all times while working at the Mine and Mill sites or any active work area.
- Additional safety equipment may be required based on the work being performed and/or exposure to various hazards on Eagle Mine property.
- All personnel who operate vehicles on Eagle Mine property must have a valid driver's license.
- Special rules apply to the use of ATVs and snowmobile.

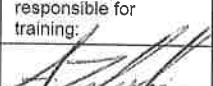
5. Security

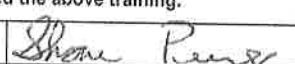
- The consumption, possession, or being under the influence of any drug or alcohol is prohibited
- Firearms are not permitted on Eagle Mine property.
- Park only in contractor/vendor/visitor designated areas.
- Cameras are not allowed without permission.

6. Liability Waiver and Indemnity

- My company and/or I will waive all claims and hold Eagle Mine harmless from injury to me or damage to property caused by our negligence which occurs at Eagle Mine.

I have reviewed the information provided above, and I understand my personal responsibility to comply with all HSE, security and liability requirements.

I Certify that the above training has been completed.		
<i>False certification is punishable under § 110 (a) and (f) of the Federal Mine Safety and Health Act. (P.L. 91-173 as amended by P.L. 95-164).</i>		
Person responsible for training (please print):	Signature of person responsible for training:	Date:
A. Zakoski		9/25/14

I verify that I have completed the above training.	
Signature of person trained:	
Print Name:	Shane Perry
Company Name:	F.A. Inc.

Issue Certificate Immediately Upon Completion of Training	Date Training Completed
	9/25/14

Short term contractors, vendors and visitors must have a current pink copy of this form in their possession while on Eagle Mine property

Certificate of Training

U.S. Department of Labor
Mine Safety and Health Administration



Approved OMB Number 1219-0009, Expires September 30, 2014.

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→ Issue Certificate Immediately Upon Completion of Training

Serial Number (for operator's use)
2804

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

Shane A Perry

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
12/4/2014	Genie Z-45/25	<i>BN SP</i>			

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

12/4/2014

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):

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

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

12/4/2014

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

Shane Perry

Certificate of Training

U.S. Department of Labor
Mine Safety and Health Administration



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➔ Issue Certificate Immediately Upon Completion of Training

Serial Number (for operator's use)

A4257

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

Shane Alan Perry

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
12-27-14	RCF		SP				

3. Check Type of Operation and Related Industry:

A. Surface

Construction

Underground

Shaft & Slope

B. Coal

Metal

Nonmetal

4. Date Training Requirements Completed

12-27-14

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

➔ If completed, go to item 8, 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

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)

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

FA Ind. etc 4305 WUS2

8. Date

12-27-14

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

Shane Perry