

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)
FA

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

Benjamin Francis Picfala

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			Instr
		Studt			Studt
<u>6-8-15</u>	<u>Hazard</u>	<u>DC</u>			<u>BF</u>

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

6-8-15

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; 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 & 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)

Paul Kypreos

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

6-8-15

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

Ben Picfala