

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)

A-4257

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

Adam J Pindral

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	Stud			Instr	Stud
7-1-15	For N.F.T	DA	AP				
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3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

7-1-15

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  
 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)

*[Signature]*

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

Eagle Mill 2000420

8. Date

7-1-15

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

*[Signature]*

ENTERED

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