

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)

08

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

Marcus Arnold Pinkola

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	Studt			Instr	Studt

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

9-20-2014

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):

- 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)

*Ally Jones*

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

UNITED TRADES BID  
 119 S. FRONT ST Mt MI 49855

8. Date

9-20-2014

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

*Marcus Arnold Pinkola*