Certificate of Training

MSHA Form 5000-23, Jan. 99 (revised)

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. Serial Number (for operator's use) Issue Certificate Immediately Upon Completion of Training 1. Print Full Name of Person Trained (first, middle, last) Jeff Kiel 2. Check Type of Approved Training Received: Annuai Refresher Annual Hazard Training Experienced Miner Newly Employed Inexperienced Miner New Task Other (specify) (specify below) Task Inițials Task Initials Date Date Instr Studt Studt 3. Check Type of Operation and Related Industry: Shaft & Slope A. Surface Construction Underground B. Coal X Metal Nonmetal Nonmetal 4. Date Training Requirements Completed Check if not completed 12/08/2023 and go to item 5, below. → If completed, go to item 6, below. 5. Check Subjects Completed (Use only for partially completed training): Roof/Ground Control & Ventilation Introduction to Work Environment Health Hazard Recognition ☐ ElectricalHazards Mine Map; Escapeways; Emergency Evacuation; Barricading Emergency Medical Procedures First Aid H&S Aspects of Tasks Assigned Cleanup; Rock Dusting Mine Gases Statutory Rights of Miners Explosives Mandatory Health & Safety Standards Self-Rescue & Respiratory Devices Prevention of Accidents Authority & Responsibility of Supervisors & Miners Representatives Transport & Communications Systems Other (specify) 6. False certification is punishable under I certify that the above training has been completed section 110 (a) and (f) of the Federal Mine (signature of person responsible for training Safety & Health Act (P. L. 91-173 as amended by P. L. 95-164). 7. Mine Name, ID, & Location of Training (if institution, give name & address) General Drilling Y68 Drury Plaza Carmel 9625 North Meridian St Indianapolis IN 46290 8. Date I verify that I have completed the above training (signature of person trained) 12/08/2023