## **Certificate of Training**

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



Approved OMB Number 1219-0009, Expires July 31, 2014.

1. Print Full Name of Person Trained (first, middle, last)  Grant Wooten  2. Check Type of Approved Training Received:  Annual Refresher Experienced Miner Other (specify Refresher New Task Superienced Miner Other (specify Specify below)  Date Task Initials Date Task Initials Date Instruction Underground Shaft Instruction Other (specify Date Instruction Other (specify Other (specify) Other	Issue Certificate Immediately Upon Completion of Training			1	alties and other sanctions as provided as amended by Public Law 95-164.  Serial Number (for operator's use)		
2. Check Type of Approved Training Received:  Annual Refresher				48b			
Annual Refresher	1. Print Full Name Grant Woote	of Person Trained en	d (first, middle,	last)			
Refresher New Task New Jemployed Inexperienced Miner  Date Task Initials  Instr Studt  Instr Ins	2. Check Type of A	Approved Training	Received:				
New Task (specify below)  Date  Task  Initials  Instr  Studt  Instr  A. Surface  Construction  B. Coal  Metal  And go to item 5, below.  Tompleted, go to item 6, below.  Tompleted, go to item 6, below.  Check Subjects Completed (Use only for partially completed training):  Introduction to Work Environment  Hazard Recognition  Hazard Recognition  Emergency Medical Procedures  Statutory Rights of Miners  Self-Rescue & Respiratory Devices  Transport & Communications Systems  Safety Standards  Authority & Responsibility of Supervisors & Miners Representatives  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).  Mine Name, ID, & Location of Training (if institution, give name & address) General Drilling Y68  Comfort Suites  210 Harvey Way Hopkinsville KY 42240			Experienced Miner		Hazard Training		
Instr	New Task				Othe	Other (specify)	
3. Check Type of Operation and Related Industry:  A. Surface Construction Underground Shaft  B. Coal Metal Nonmetal  4. Date Training Requirements Completed  12/04/2023 Check if not completed  12/04/2023 Check if not completed and go to item 5, below.  5. Check Subjects Completed (Use only for partially completed training):  Introduction to Work Environment Reating Secapeways;  Emergency Evacuation;  Hazard Recognition Mine Map; Escapeways;  Emergency Evacuation;  Barricading Mine Gases  Statutory Rights of Miners Mandatory Health & Safety Standards  Self-Rescue & Respiratory Devices Affects Standards  Transport & Communications Systems Addition 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  Comfort Suites  210 Harvey Way Hopkinsville KY 42240	Date	Task	Initials	Date	Task	Initials	
3. Check Type of Operation and Related Industry:  A. Surface Construction Underground Shaft  B. Coal Metal Nonmetal  4. Date Training Requirements Completed  12/04/2023 Check if not completed  12/04/2023 Check Go to item 6, below.  5. Check Subjects Completed (Use only for partially completed training):  Introduction to Work Environment Reot/Ground Control Ventilation Emergency Medical Procedures Emergency Evacuation;  Barricading Mine Map; Escapeways; ElectricalHazar Emergency Evacuation;  Barricading Mine Gases  Statutory Rights of Miners Mandatory Health & Safety Standards  Self-Rescue & Respiratory Devices Safety Standards Prevention of A Authority & Responsibility of Supervisors & Miners Representatives  3. 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).  7. Mine Name, ID, & Location of Training (if institution, give name & address)  General Drilling Y68  Comfort Suites  210 Harvey Way Hopkinsville KY 42240				-		Instr	
A. Surface Construction Underground Shaft B. Coal Metal Nonmetal  4. Date Training Requirements Completed  12/04/2023 Check if not completed  12/04/2023 Check if not completed  and go to item 5, below.  5. Check Subjects Completed (Use only for partially completed training):  Introduction to Work Environment Roof/Ground Control  Hazard Recognition Mine Map; Escapeways; ElectricalHazard  Emergency Medical Procedures Emergency Evacuation; Barricading Mine Gases  Statutory Rights of Miners Mandatory Health & Explosives  Self-Rescue & Respiratory Devices Authority & Responsibility of Supervisors & Miners Prevention of A authority & Responsibility of Supervisors & Miners Representatives  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).  7. Mine Name, ID, & Location of Training (if institution, give name & address)  General Drilling Y68  Comfort Suites  210 Harvey Way Hopkinsville KY 42240							
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Hazard Recognition    Hazard Recognition	12/04/2023  → If completed, go to item 6, below.			artially completed training):			
Emergency Medical Procedures  Emergency Medical Procedures  Emergency Evacuation; Barricading  H&S Aspects of Tasks Assigned  Cleanup; Rock Dusting  Mine Gases  Statutory Rights of Miners  Self-Rescue & Respiratory Devices  Transport & Communications Systems  First Aid  Mine Gases  Mandatory Health & Explosives  Safety Standards  Prevention of A Authority & Responsibility of Supervisors & Miners Representatives  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).  Mine Name, ID, & Location of Training (if institution, give name & address)  General Drilling Y68  Comfort Suites  210 Harvey Way Hopkinsville KY 42240			Roof/Ground Control & Ventilation				
H&S Aspects of Tasks Assigned Cleanup; Rock Dusting Mine Gases  Statutory Rights of Miners Mandatory Health & Explosives  Self-Rescue & Respiratory Devices Authority & Responsibility of Supervisors & Miners Representatives  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).  Mine Name, ID, & Location of Training (if institution, give name & address)  General Drilling Y68  Comfort Suites  210 Harvey Way Hopkinsville KY 42240			Emergency Evacuation;		, <u> </u>	ElectricalHazards	
Statutory Rights of Miners  Self-Rescue & Respiratory Devices  Transport & Communications Systems  Transport & Communications Systems  Safety Standards  Prevention of A Supervisors & Miners Representatives  I certify that the above training has been consistent of person responsible for training.  I certify that the above training has been consistent of person responsible for training.  I certify that the above training has been consistent of person responsible for training.  I certify that the above training has been consistent of person responsible for training.  I mine Name, ID, & Location of Training (if institution, give name & address)  General Drilling Y68  Comfort Suites  210 Harvey Way Hopkinsville KY 42240	H&S Aspects of T	asks Assigned	_	~	=		
Self-Rescue & Respiratory Devices  Transport & Communications Systems  Authority & Responsibility of Supervisors & Miners Representatives  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).  Mine Name, ID, & Location of Training (if institution, give name & address)  General Drilling Y68  Comfort Suites  210 Harvey Way Hopkinsville KY 42240	Statutory Rights o						
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section 110 (a) and (f) of the Federal Mine Safety & Health Act (P. L. 91-173 as amended by P. L. 95-164).  Mine Name, ID, & Location of Training (if institution, give name & address)  General Drilling Y68  Comfort Suites 210 Harvey Way Hopkinsville KY 42240	Transport & Comm	nunications Systems	S of Supe	rvisors & Miners	Othe	er (specify)	
General Drilling Y68 Comfort Suites 210 Harvey Way Hopkinsville KY 42240	section 110 (a) an Safety & Health A	d (f) of the Feder ct (P. L. 91-173 a	ral Mine (sig	ertify that the a	bove training has	as been completed	
D. D. L.	General Drill Comfort Suite	ling Y68 es			address)		
Tromy that I have completed the above	. Date					he above training	
12/04/2023 (signature of person trained)  Sum L Ward							

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