

Certificate of Training

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



Approved OMB Number 1219-0009, Expires April 30, 2021.

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.

<p>➔ Issue Certificate Immediately Upon Completion of Training</p>	<p>Serial Number (for operator's use) PART 48 B</p>
--	---

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

2. Check Type of Approved Training Received:

- Annual Refresher
 Experienced Miner
 Hazard Training
 New Task (specify below)
 New Miner
 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

12/13/19

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):

- | | | |
|---|---|--|
| <input type="checkbox"/> Introduction to Work Environment | <input type="checkbox"/> Roof/Ground Control & Ventilation | <input type="checkbox"/> Health |
| <input type="checkbox"/> Hazard Recognition | <input type="checkbox"/> Mine Map; Escapeways; Emergency Evacuation; Barricading | <input type="checkbox"/> Electrical Hazards |
| <input type="checkbox"/> Emergency Medical Procedures | <input type="checkbox"/> Cleanup; Rock Dusting | <input type="checkbox"/> First Aid |
| <input type="checkbox"/> H&S Aspects of Tasks Assigned | <input type="checkbox"/> Mandatory Health & Safety Standards | <input type="checkbox"/> Mine Gases |
| <input type="checkbox"/> Statutory Rights of Miners | <input type="checkbox"/> Authority & Responsibility of Supervisors & Miners Representatives | <input type="checkbox"/> Explosives |
| <input type="checkbox"/> Self-Rescue & Respiratory Devices | | <input type="checkbox"/> Prevention of Accidents |
| <input type="checkbox"/> Transport & Communications Systems | | <input type="checkbox"/> 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)

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

General Drilling
16565 River Rd
Noblesville, Indiana 46062

8. Date

12/13/19

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