

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)
48b

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

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

12-17-2021

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 & Communications 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)

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

16565 River Rd.
Noblesville IN 46062

8. Date

12-17-2021

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