

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.

→ Issue Certificate Immediately Upon Completion of Training

Serial Number (for operator's use)
PART 48 B

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

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):

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

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