

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)

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

Christopher L. Brooks

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	Student			Instr	Student
9-5-18	Pantera	BT	CB				

3. Check Type of Operation and Related Industry:

- A. Surface Construction Underground Shaft & Slope
- B. Coal Metal Nonmetal

4. Date Training Requirements Completed

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 & Communication 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)

Brooks

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

General Drilling
16565 River Rd
Noblesville IN. 46062 minesite

8. Date

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

9-5-18

Christopher L. Brooks



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

Date	Task	Initials		Date	Task	Initials	
		Instr	Studt			Instr	Studt
7-30-18	Work area inspection	BT	CB				

3. Check Type of Operation and Related Industry:

- A. Surface Construction Underground Shaft & Slope
- B. Coal Metal Nonmetal

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- Hazard Recognition
- Emergency Medical Procedures
- H&S Aspects of Tasks Assigned
- Statutory Rights of Miners
- Self-Rescue & Respiratory Devices
- Transport & Communication 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)

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Signature of person responsible for training

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

General Drilling
16565 River Rd.
Noblesville IN 46062

mine site

8. Date

7-30-18

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

Signature of Christopher L. Brooks

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- New Task (specify below)
- Experienced Miner
- New Miner
- Hazard Training
- Other (specify)

Date	Task	Initials		Date	Task	Initials	
		Instr	Studt			Instr	Studt
11-25-19	Di 550	B*	CB				

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I certify that the above training has been completed (signature of person responsible for training)

[Signature]

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

General Drilling
16545 River Rd
Noblesville IN 46062

Mine Site

8. Date

11-25-19

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

[Signature: Christopher L. Brooks]