Mine Safety & Health Administration

Certificate of Training

OMB Control Number 1219-0009, Approval Expires 5/31/2027

This certificate is required under the Federal Mine Safety and Health Act of 1977 (Mine Act), Pub. L. 95-164 (Nov. 9, 1977), as amended. Failure to comply may result in penalties and other sanctions as provided by sections 108 and 110 of the Mine Act. This form is affected by the Paperwork Reduction Act (see page 4).

Issue Certificate immediately upon Completion of Training	Serial Number (for operator's use)
	48b

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

Evan Jacob Murphy

2. Check Type of Approved Training Received:

- [X] Annual Refresher
- [ ] New Task (Specify below)
- [ ] Experienced Miner
- [ ] New Miner
- [ ] Hazard Training
- [ ] Other (Specify)

Date	Task	Initials	Date	Task	Initials
		Instr / Studt			Instr / Studt

3. Check Type of Operation and Related Industry:

A. [X] Surface [ ] Construction [ ] Underground [ ] Shaft & Slop

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):

- [ ] 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 Mine Act.**	I certify that the above training has been completed (signature of person responsible for training)
	[signature]

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

General Drilling Y68 9625 N. Meridian St. Indianapolis, IN 46290

8. Date	I verify that I have completed the above training (signature of person trained)
02/02/2026	[signature]

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MSHA Form 5000-23
(Rev.) September 2024
Previous editions are obsolete