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)
   Jeffery C. Nelson

2. Check Type of Approved Training Received:

- [X] Annual Refresher
- [ ] New Task (specify below)
- [ ] Experienced Miner
- [ ] Newly Employed nexperienced 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 & Slope
B. [ ] Coal [X] Metal [X] 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
- [ ] ElectricalHazards
- [ ] 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)
   General Drilling Y68
   100 Tilley Way
   Hopkinsville KY 42240

8. Date
   01/19/2026

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

MSHA Form 5000-23, Jan. 99 (revised)