

Certificate of Training

U.S. Department of Labor
Mine Safety and Health Administration



Approved OMB Number 1219-0009, Expires January 31, 2018.

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)
Matthew Boatman

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
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3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed
12/16/2016

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 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)

[Signature]

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

General Drilling Inc. (MSHA ID Y68)
Training - Drury Inn, 8180 Shadeland Ave, Indpls, IN 46250
Records - General Drilling 16565 River Rd, Noblesville, IN 46062

8. Date

12/16/2016

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

[Signature]