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)

PATRICK ALLEN DAVIS

2. Check Type of Approved Training Received:

- [ ] Annual Refresher
- [ ] New Task (specify below)
- [ ] Experienced Miner
- [x] Newly Employed Inexperienced 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: 07/01/2026

[ ] 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 Site training loc. ID 1200124
16565 River Rd
Noblesville IN 46062

8. Date: 07/01/2026

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

Patrick A. Davis

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