

Certificate of Training

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



Approved OMB Number 1219-0009, May 31, 2024

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.

<p> Issue Certificate immediately Upon Completion of Training</p>	<p>Serial Number (for operator's use) Y68</p>
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1. Print Full Name of Person Trained (first, middle, last)
Wesley Moore

2. Check Type of Approved Training Received:

<input checked="" type="checkbox"/> Annual Refresher	<input type="checkbox"/> Experienced Miner	<input type="checkbox"/> Hazard Training
<input type="checkbox"/> New Task (Specify below)	<input type="checkbox"/> New Miner	<input type="checkbox"/> Other (Specify)

Date	Task	Initials	Date	Task	Initials
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3. Check Type of Operation and Related Industry:

A. <input checked="" type="checkbox"/> Surface	<input type="checkbox"/> Construction	<input type="checkbox"/> Underground	<input type="checkbox"/> Shaft & Slope
B. <input type="checkbox"/> Coal	<input checked="" type="checkbox"/> Metal	<input checked="" type="checkbox"/> 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 & Communications 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)

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

General Drilling
16565 River Rd. Noblesville IN 46062

8. Date

12/16/2022

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