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

→ Issue	Issue Certificate Immediately Upon Completion of Training			Serial Number (for operator's use)				
	Print Full Name of Person Trained (first, middle, last)							
		ained (first, midd	ie, iasti					
Mark S	Howson							
-	pe of Approved Trai	ining Received:						
Annual Refresh	ner	Experie	enced Mine	er	Haza	ard Training		
New Task (specify below)		New M	iner		er (specify)			
Date	Task	Initials	Date		Task	Initials		
		Instr	tudt			Instr		
		-						
0 0 - 1 T	pe of Operation and	L Dalata d la duat						
5. Check St. Introduction Hazard Reference H&S Aspension Statutory Self-Resc	eted, go to item 6, but bjects Completed (l on to Work Environmer	Use only for part	ially compof/Ground Clentilation ne Map; Esclergency Evricading lanup; Rock ndatory Healety Standar	leted trainicontrol capeways; acuation; Dusting alth & ds	Hea			
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 complete (signature of person responsible for training) M55239316					
Mirie Name	ID, & Location of T	raining (if institu	tion, give	name & 🎗	ldress)			
NEPSI	- 66 Carey R	d. Queens	bury, N	IY 128	04			
Complet	e Safety Solutio	ns, Akron PA	4		1			
Date			l verif			the above training		
10/25/	16		(sign _{it} y	e of person t	trained)	$< \Lambda /$		
	5000-23 May 13 (r		: //.	1	IN VII			

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i	This certificate 95-164. Failure by sections 108	is required und to comply ma and 110, Pu	der Public L ay result in p blic Law 91-	aw 9 ena 173	91-173 as a lties and o as amend	amended ther sand ed by Pu	l by Poctions ublic L	ublic Law as provided aw 95-164.		
	→ Issue Certificate Immediately Upon Completion of Training				Serial Number (for operator's use)					
	1. Print Full Name	of Person Traine	d (first, middle,	last)	·					
	John Caleb Steciuk									
	Check Type of Approved Training Received:									
	Annual Refresher	Experienc	ed M	iner Hazard Training						
	New Task (specify below	New Miner			Other (specify)					
	Date			Date	e	Task		Initials		
			Instr Studt					Instr Studt		
			0.00	1				9,00		
-	A. Surface Construction Underground Shaft & SI B. Coal Metal Nonmetal 4. Date Training Requirements Completed Check if not completed							an & Slope		
	10/25/16 → If completed, g	☐ and go to item 5, below.								
-	Check Subjects Completed (Use only for partially completed training):									
Introduction to Work Environment Roof/Ground Co						ontrol Health				
	Hazard Recognit			scapeways;	E	ElectricalHazards				
	Emergency Medical Procedures H&S Aspects of Tasks Assigned Statutory Rights of Miners Self-Rescue & Respiratory Devices		Barrica		Evacuation;	First Aid				
			Clean	Cleanup; Rock Dusting Mandatory Health & Safety Standards			Explosives			
		munications System	is of Sup	Authority & Responsibility of Supervisors & Miners Representatives			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).									
7.	Mine Name, ID, & Location of Training (if institution, give name & address)									
	NEPSI - 66 Carey Rd. Queensbury, NY 12804									
	Complete Safety Solutions, Akron PA									
8.	Date				rify that I have		d the al	oove training		
	10/25/16 (signature of person trained)									
				Ç	1000 -	· · · cicu	~			

MSHA Form 5000-23, May, 13 (revised)

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

This certificate i 95-164. Failure by sections 108	s required und to comply ma and 110, Pul	der Public La ay result in p blic Law 91-	aw 9 ena 173	11-173 as a Ities and o as amend	amender ther san ed by P	d by Public Law octions as provided ublic Law 95-164.				
Issue Certi Upon Com	Issue Certificate Immediately Upon Completion of Training			Serial Number (for operator's use)						
1. Print Full Name	of Person Traine	d (first, middle, l	last)							
Christopher	J Douglass	;								
2. Check Type of A						THE THE PARTY OF T				
Annual Refresher	[7] Annual			iner	Hazard Training					
New Task (specify below	v)	New Miner			Other (specify)					
Date	Task	Initials	Date	9	Task	Initials				
		Instr				Instr				
		Studt				Studt				
2. Ob tr Tr f	O	lada di la di sala di								
A. ✓ Surface B. ✓ Coal										
4. Date Training R	equirements Con	pleted		Chec	k if not co	mpleted				
10/25/16 → If completed, g	10/25/16 → If completed, go to item 6, below.				Check if not completed and go to item 5, below.					
5. Check Subjects	, ,			•	ng):					
Introduction to W			Roof/Ground Control Health							
Hazard Recogniti	Mine Map; Escapeways; Emergency Evacuation;			ElectricalHazards						
Emergency Medic	Barricading			First Aid						
H&S Aspects of T	Cleanu	p; Ro	ock Dusting		line Gases					
Statutory Rights o	Manda Safety		lealth & dards		Explosives					
	espiratory Devices munications System	Authori of Supe	ty & F	Responsibility ors & Miners		Prevention of Accidents Other (specify)				
6. False certification section 110 (a) an Safety & Health A amended by P. L.	id (f) of the Fede ict (P. L. 91-173	ral Mine (si	ertifo	that the abo	ve training	has been completed ning) M55239316				
7. Mine Name, ID, &	Location of Traini	ng (if institution	, giv	e name & add	dress)					
NEPSI - 66 Carey Rd. Queensbury, NY 12804										
Complete Safety Solutions, Akron PA										
8. Date				rify that I have ature of person to		ed the above training				
10/25/16			(1	Parto	بهر آ	Daulon				

MSHA Form 5000-23, May, 13 (revised)