

Certificate of Training

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



Approved OMB Number 1219-0070, Expires November 30, 2004.

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.

<input checked="" type="checkbox"/> Issue Certificate Immediately Upon Completion of Training	Serial Number (for operator's use)
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1. Print Full Name of Person Trained (first, middle, last)

Gary Kendall

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"/> Newly Employed, Inexperienced Miner | <input type="checkbox"/> Other (specify) |
- 48.8

Date	Task	Initials		Date	Task	Initials	
		Instr	Student			Instr	Student

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

2/2/09

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 & Communication 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)

Howard R. [Signature]

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

Martin Marietta / 4814 Ave Mine 1201762
Weihe Engineers / Contractor

8. Date

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

2/2/09

[Signature]

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Serial Number (for operator's use)

1. Print Full Name of Person Trained (first, middle, last)

Rory Bryndal

2. Check Type of Approved Training Received:

- Annual Refresher **4818**
- New Task (specify below)
- Experienced Miner
- 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. Surface Construction Underground Shaft & Slope
- B. Coal Metal Nonmetal

4. Date Training Requirements Completed

2/2/09

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 & Communication 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
- Electrical Hazards
- First Aid
- Mine Gases
- Explosives
- Prevention of Accidents
- Other (specify)

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I certify that the above training has been completed (signature of person responsible for training)

Howard [Signature]

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

Martin Marietta 8831 Ky Avenue Mine 1201762
Weihe Engineers / Contractor

8. Date

2/2/09

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

[Signature]

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Serial Number (for operator's use)

1. Print Full Name of Person Trained (first, middle, last)

Steve Dickover

2. Check Type of Approved Training Received:

- Annual Refresher **48.8** Experienced Miner Hazard Training
 New Task (specify below) Newly Employed, Inexperienced Miner Other (specify)

Date	Task	Initials		Date	Task	Initials	
		Instr	Studet			Instr	Studet

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

2/2/09

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 & Communication Systems | | <input type="checkbox"/> Other (specify) |

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I certify that the above training has been completed (signature of person responsible for training)

Howard R. [Signature]

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

Martin Marietta Agg / 14 Avenue Mine 1201762
Weihe Engineering / Contractor

8. Date

2-2-09

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

Steve Dickover

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Serial Number (for operator's use)

1. Print Full Name of Person Trained (first, middle, last)

Craig Clark

2. Check Type of Approved Training Received:

- Annual Refresher Experienced Miner Hazard Training
- New Task (specify below) Newly Employed, Inexperienced Miner Other (specify)

488

Date	Task	Initials		Date	Task	Initials	
		Instr	Studt			Instr	Studt

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

2/2/09

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)
- Transport & Communication Systems
- Prevention of Accidents

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I certify that the above training has been completed (signature of person responsible for training)

Andrew R. Gyle

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

Martin Marietta Agg / Ky Ave Mine 1261762
Weihe Engineers / Contractor

8. Date

2/2/09

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

Craig S. Clark

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➔ Issue Certificate Immediately Upon Completion of Training	Serial Number (for operator's use)
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1. Print Full Name of Person Trained (first, middle, last)
Jeff Pennington

2. Check Type of Approved Training Received:

Annual Refresher 48.8 Experienced Miner Hazard Training

New Task (specify below) Newly Employed, Inexperienced Miner Other (specify)

Date	Task	Initials		Date	Task	Initials	
		Instr	Stu			Instr	Stu

3. Check Type of Operation and Related Industry:

A. Surface Construction Underground Shaft & Slope

B. Coal Metal Nonmetal

4. Date Training Requirements Completed 2/2/09

➔ If completed, go to item 6, below. Check if not completed and go to item 5, 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 & Communication 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)
Howard R. Taylor

7. Mine Name, ID, & Location of Training (if institution, give name & address)
Martin Marietta Agg / Ky Ave Mine 1201762
Weibe Engineers / Contractor

8. Date 2-2-09

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

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1. Print Full Name of Person Trained (first, middle, last)

Zach Farrell

2. Check Type of Approved Training Received:

- Annual Refresher 4818
 New Task (specify below)
 Experienced Miner
 Newly Employed, Inexperienced Miner
 Hazard Training
 Other (specify)

Date	Task	Initials		Date	Task	Initials	
		Instr	Studd			Instr	Studd

3. Check Type of Operation and Related Industry:

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

4. Date Training Requirements Completed

2/2/09

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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 & Communication Systems
 Roof/Ground Control & Ventilation
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Martin Marietta Agg / Ky Ave Mine 1201762
Weihe Engineers / Contractor

8. Date

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ZACH FARRELL

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Serial Number (for operator's use)

1. Print Full Name of Person Trained (first, middle, last)

Jim Dial

2. Check Type of Approved Training Received:

- Annual Refresher 48.8
- Experienced Miner
- Hazard Training
- New Task (specify below)
- Newly Employed, Inexperienced Miner
- Other (specify)

Date	Task	Initials		Date	Task	Initials	
		Instr	Studt			Instr	Studt

3. Check Type of Operation and Related Industry:

- A. Surface Construction Underground Shaft & Slope
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- Health
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- First Aid
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I certify that the above training has been completed (signature of person responsible for training)

Howard H. Jugh

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

Martin Marietta Agg / Ky Ave Mine 1201762
Weihe Engineers / Contractor

8. Date

2/2/09

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

Jim Dial