

X

CERTIFICATE OF TRAINING

Confined Space

SPECIFIC TASK COMPLETED

TASK TRAINING

"surface" "metal/non-metal"

Mine I.D. #02-00024

SAFETY

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.

False certification is punishable under Section 110(a) and (f) of the Federal Mine Safety and Health Act (P.L. 91-173 as amended by P. L. 95-164)

"MSHA Approved Alternate Form 5000-23

<i>A.L.S</i>	<i>Armando Hinojos</i>
PAYROLL NUMBER	EMPLOYEE NAME

MCB006 Confined Space

GROUP CODE-TASK CODE AND DESCRIPTION

I certify that task training was completed on

[Signature]

SUPERVISOR SIGNATURE

1/16/12

DATE

055679

PAYROLL NUMBER

I verify that I have completed the above training on

Armando Hinojos

EMPLOYEE SIGNATURE

1/16/12

DATE

1/16/12

DATE

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"MSHA Approved Alternate Form 5000-23

<i>A-L-S</i> PAYROLL NUMBER	EMPLOYEE NAME <i>Manuel Delgado</i>
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MCB006 Confined Space GROUP CODE-TASK CODE AND DESCRIPTION
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I certify that task training was completed on

2-20-12
DATE

[Signature]
SUPERVISOR SIGNATURE

055679
PAYROLL NUMBER

I verify that I have completed the above training on

2-20-12
DATE

Manuel Delgado
EMPLOYEE SIGNATURE

2-20-2
DATE

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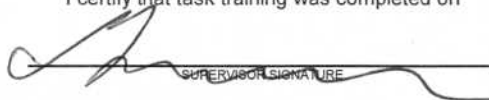
"MSHA Approved Alternate Form 5000-23

A.L.S	Gustavo Rios
PAYROLL NUMBER	EMPLOYEE NAME

MCB006 Confined Space
GROUP CODE-TASK CODE AND DESCRIPTION

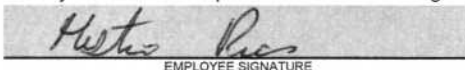
I certify that task training was completed on

02-20-12
DATE



055679
PAYROLL NUMBER

I verify that I have completed the above training on


EMPLOYEE SIGNATURE

02-20-12
DATE
02-20-12
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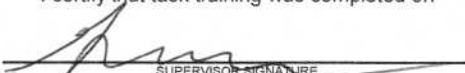
"MSHA Approved Alternate Form 5000-23

A.L.S.	RAFAGI BOTGILLO
PAYROLL NUMBER	EMPLOYEE NAME

MCB006 Confined Space
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DATE


SUPERVISOR SIGNATURE

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EMPLOYEE SIGNATURE

2-20-12
DATE
2-20-12
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**"MSHA Approved Alternate Form 5000-23
May 1996"**

Advanced Lining	Emmanuel Delgado
PAYROLL NUMBER	EMPLOYEE NAME

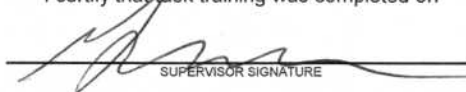
MCB006 Confined Space

GROUP CODE-TASK CODE AND DESCRIPTION

I certify that task training was completed on

2.20.12

DATE



SUPERVISOR SIGNATURE

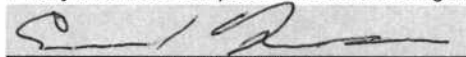
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PAYROLL NUMBER

I verify that I have completed the above training on

2.20.12

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EMPLOYEE SIGNATURE

2.20.12

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**"MSHA Approved Alternate Form 5000-23
May 1996"**

<i>A.L.S</i>	<i>Lorenzo Hernandez</i>
PAYROLL NUMBER	EMPLOYEE NAME

MCB006 Confined Space
GROUP CODE-TASK CODE AND DESCRIPTION

I certify that task training was completed on

2/20/2012

DATE

[Signature]

SUPERVISOR SIGNATURE

055679

PAYROLL NUMBER

I verify that I have completed the above training on

2/20/2012

DATE

[Signature]

EMPLOYEE SIGNATURE

2/20/2012

DATE

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ALS	EDMUNDO URIBE
PAYROLL NUMBER	EMPLOYEE NAME

MCB006 Confined Space
GROUP CODE-TASK CODE AND DESCRIPTION

I certify that task training was completed on

1/30/12
DATE


SUPERVISOR SIGNATURE

055679
PAYROLL NUMBER

I verify that I have completed the above training on


EMPLOYEE SIGNATURE

1/30/12
DATE

1/30/12
DATE



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A.L.S	Ramon Castillo
PAYROLL NUMBER	EMPLOYEE NAME

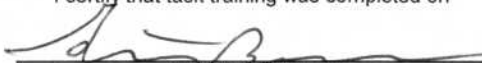
MCB006 Confined Space

GROUP CODE-TASK CODE AND DESCRIPTION

I certify that task training was completed on

01-16-2012

DATE


SUPERVISOR SIGNATURE

055679

PAYROLL NUMBER

I verify that I have completed the above training on

01-16-2012

DATE

Ramon Castillo

01-16-2012

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<i>A L S</i>	<i>Ramon Hinojos</i>
PAYROLL NUMBER	EMPLOYEE NAME

MCB006 Confined Space
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01-16-2012
DATE

[Signature]
SUPERVISOR SIGNATURE

055679
PAYROLL NUMBER

I verify that I have completed the above training on

01-16-2012
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Ramon Hinojos
EMPLOYEE SIGNATURE

01-16-2012
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<i>A-2-S</i>	<i>SOCORNO TARANGO</i>
PAYROLL NUMBER	EMPLOYEE NAME

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1-16-12
DATE

[Signature]
SUPERVISOR SIGNATURE

055679
PAYROLL NUMBER

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<i>A.L.S</i>	<i>ROBERTO FORANO</i>
PAYROLL NUMBER	EMPLOYEE NAME

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[Signature]

SUPERVISOR SIGNATURE

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PAYROLL NUMBER

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ROBERTO FORANO

1-16-12

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Advanced	Florencia M Castillo
PAYROLL NUMBER	EMPLOYEE NAME

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PAYROLL NUMBER

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EMPLOYEE SIGNATURE

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May 1996"**

ALS	Alejandro Lobato
PAYROLL NUMBER	EMPLOYEE NAME

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A.L.S.	Hector Flores
PAYROLL NUMBER	EMPLOYEE NAME

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SUPERVISOR SIGNATURE

2/20/2012
DATE

055679
PAYROLL NUMBER

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EMPLOYEE SIGNATURE

2/20/2012
DATE

2/20/2012
DATE