

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

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DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date of Examination: _____ 20____ Section or Area Examined _____
Time of Examination: from _____ a.m. or p.m. to _____ a.m. or p.m.
Was this report phoned to outside: Yes _____ No _____
By whom _____ Time _____ A.M. _____ P.M.
Report received by _____ (Signed)

Date _____ Shift _____ Area or Section _____
Violations and other Hazardous Conditions Observed and Reported
Violation or Hazardous Condition _____ Action Taken _____

Table with 3 columns: Location, Violations and other Hazardous Conditions Observed and Reported, Action Taken. Rows 1-10.

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Table with 4 columns: Location, Air Measurements (CFM, Air Direction Proper Y-N), Comments. Rows 1-10.

Table with 5 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-10.

Remarks: _____

Table with 5 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-10.

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1977 and other unsatisfactory conditions and practices observed by me are listed in this report.

Number of Bolts Tested _____
Number of Bolts Torqued Above Range _____ Below Range _____
If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Signed By _____ Preshift-Mine Examiner Certificate No. _____ Assistant Foreman Certificate No. _____
Countersigned _____ Mine Manager - Mine Foreman _____ Assistant Foreman _____ Superintendent or Assistant _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) _____
Assistant Mine Foreman Certificate No. _____ Mine Foreman-Mine Manager Certificate No. _____ Superintendent or Assistant _____