

Date of Examination 6/6/13 Time From: _____ AM/PM To: _____ AM/PM

Section/ Area 003 Reported Outside? Yes ___ No ___ Time: _____ AM/PM

Reported By: _____ Received By: _____ INITIAL (AUTHORIZED PERSON)

Preshift required within 3 hours prior to any 8-hour interval.

Location	Hazardous Condition	CH ₄	O ₂	Action Taken
Entry #1, XC #1	Not enough SCSR's for crew			Dangered
Entry #1, XC #1	Not enough air for Diesel			Turn off unit
Entry #1, XC #1	Not enough air in face			Repair vent curtain corner
Entry #1 face		0.0%	20.9%	
Entry #2	Broken fire hydrant			Dangered
Entry #2	Life line over belt			Re-route line
Entry #2 face		0.0%	20.9%	
Entry #3 face		0.0%	20.9%	
Entry #3	Roof bolter bolting downwind of miner			Stop bolting
Entry #3	Not enough air in face			Repair vent curtain corner
Power Center		0.0%	20.9%	
Entry #3	Gas reading	0.0%	20.9%	
Entry #1	Gas reading may be part of other entry above	0.0%	20.9%	
Entry #2	Gas reading may be part of other entry above	0.0%	20.9%	
Entry #3	Gas reading may be part of other entry above	0.0%	20.9%	

Air Measurements

Location	CFM	Location	CFM
LOX	23680		
Entry #1	4080*	*Not required	
Entry #2	16640*		
Entry #3	1824*		

Velocities

Longwall Headgate: _____ Longwall Tailgate: _____

CH₄: _____ O₂: _____

Remarks:

Signed by Preshift Certified Examiner

Date

Certification Number

Countersigned by Mine Foreman

Date

Certification Number

Countersigned by Operator/Agent

Date

Certification Number