

Use Indelible Pencil or Ink PRESHIFT - CERTIFIED EXAMINER'S REPORT
 Report Shall Be Signed When Finished

Date of Examination _____ Time from: _____ AM/PM To: _____ AM/PM

Section/Area _____ 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	Action taken
Power Center	480 volt pump not labeled	Danger off or labeled to identify
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No. 1 entry face	Cut at face 25 feet deep	Hazard card
No. 1 entry face	Cut at face not bolter w/in 24 hrs	Hazard card
1 to 2 entry, xc 35	Check curtain down	Re-hung
1 to 2 entry xc 37	Missing fire ext at 480 volt pump	Installed fire ext from PC
1 to 2 entry xc 37	Mandoor open	Closed mandoor
No. 2 entry xc 37 to 38	Loose bearing plate	Hazard card
No. 2 entry xc 37	Loose coal	Hazard card
No. 2 entry xc 36 to 37	Missing check curtain	Installed curtain
No. 2 face area	No danger flag	Installed danger flag
No. 2 entry 2 xc35	Only 2 cribs in intersection	Hazard card
No. 2 xc35 to 36	Co sensor in wrong location	Move to center of entry
No. 3 entry face	19.5% O2 and 5.2 CH4	Knocked power
No. 3 face	Line curtain missing	hung curtain
No. 3 to 2 entry xc 35	Mandoor open	Closed mandoor
No. 3 to 2 entry xc 35	Sphere missing on life line	Hazard card
No. 3 entry xc 35 to 36	No fire ext.	Placed fire ext at location

Air Measurements

Location	CFM	Location	CFM
Last open cross cut between entry 2 and 3	57,996		

Signed by Preshift Certified Examiner _____ Date _____ Certification Number _____

Countersigned by Mine Foreman _____ Date _____ Certification Number _____

