

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	CH <sub>4</sub>	Action Taken
#1 Entry	Powder mag. By pump cable		Pump cable de-energized
#1 Entry	Non-permissible 110 v pump		Pump de-energized
#1 Entry	No fire extinguisher at pump	0.0%	Pump de-energized
#1 Entry	3 sticks of powder		Moved to powder mag.
#1 Entry	Over Knee deep water in return		Dangered and Reported
Entry #1 Face	Vent device too far back	0.0%	Advanced vent device
#2 Entry	AMS sensor back to far for belt air		Moved sensor
#2 Entry	Life line back from T.P.	0.0%	Advanced up
#2 Entry	Rock dust pod blocking escapeway		Dangered and reported
#2 Entry face		0.0%	
Entry #2 to #3, XC #2	Check curtain		Dangered and reported
Entry #2 to #3, XC #1	No balls on life line for door		Dangered and reported
#3 Entry	Roof bolter bolting no air		Installed line curtain
Power Center	Only 5 lb. ext. at Pwr. Center	0.0%	Added 5 lb. extinguisher
Entry #3 face	**Gas reading	0.0%	

**Air Measurements**

Location	CFM	Location	CFM
LOX	26560		

**Velocities**

Longwall Headgate: \_\_\_\_\_ Longwall Tailgate: \_\_\_\_\_

CH<sub>4</sub>: \_\_\_\_\_ O<sub>2</sub>: \_\_\_\_\_

Remarks:

\_\_\_\_\_  
Signed by Preshift Certified Examiner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Certification Number

\_\_\_\_\_  
Countersigned by Mine Foreman

\_\_\_\_\_  
Date

\_\_\_\_\_  
Certification Number

\_\_\_\_\_  
Countersigned by Operator/Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Certification Number