

Date of Examination 4/25/13 Time From: _____ AM/PM To: _____ AM/PM

Section/Area 004 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	Combustibles rock dust bags			removed
Entry #1, XC #1	Oil container			removed
Entry #1, XC #1	Empty oil can			removed
Entry #1 XC #2	Knee deep water			Pump turned on
Entry #1, XC 2	Fire outlet not at tail piece			Dangered
Entry #1 face		0.0%	20.9%	None observed
Entry #2 face	Vent tube too far back	0.0%	20.9%	extended
Entry #2 face	No warning indicator bolts			Warning installed
Entry #3 face		0.0%	20.9%	None observed
Entry #2, XC#1	No door indicator on life line			Installed indicator
Power Center		0.0%	20.9%	
Entry #3	Gas reading	0.0%	20.9%	
Entry #3	Door indicator on life line no door			Removed indicator
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	25085		
Entry #1	5045*	*Not required	
Entry #2	3080*		

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