

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed
when made

Date of Examination: _____ Shift: _____ Section or Area Examined: _____

Violations and Other Hazardous Conditions Observed and Reported

<i>Location</i>	<i>Violations or Hazardous Conditions</i>	<i>Action Taken</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. _____	_____	_____	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. _____	_____	_____	4. _____	_____	_____
2. _____	_____	_____	5. _____	_____	_____
3. _____	_____	_____	6. _____	_____	_____

Number of bolts tested _____ Number of bolts above range _____ Number of bolts below range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken.

Remarks: _____

_____ Assistant Mine Foreman	_____ Certification No.	_____ Mine Foreman – Mine Manager	_____ Certification No.	_____ Superintendent or Assistant
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