

Use Indelible Ink

PRE-SHIFT MINE EXAMINERS REPORT

Report shall be signed when made

Date of Examination: _____ Section or Area Examined: _____

Time of Examination: _____ a.m. or p.m. to _____ a.m. or p.m.

Was this report phoned outside: Yes _____ No _____

Report received by: _____ Time _____ a.m. or p.m.

Violations and Other Hazardous Conditions Observed and Reported

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

Air Measurements

<i>Location</i>	<i>CH₄</i>	<i>Direction</i>	<i>Location</i>	<i>CH₄</i>	<i>Direction</i>
_____	_____	_____	_____	_____	_____

Remarks: _____

This is to certify that I: (a) properly examined this section of the mine, (b) listed in this report all hazards and other unsatisfactory conditions and practices observed; and (c) listed in this report all violations of state mining laws, 30 CFR, and the Federal Coal Mine Health and Safety Act of 1977.

Signed by: _____
Pre-Shift Mine Examiner
Certification No.
Assistant Foreman
Certification No.

Countersigned by: _____
Mine Foreman
Certification No.
Assistant Foreman
Certification No.