

Use Indelible Ink

Report shall be signed when made

### PRE-SHIFT MINE EXAMINERS REPORT

Date of Examination: Today's date Section or Area Examined: West Mains 003

Time of Examination: 5:00 a.m. or p.m. to 6:30 a.m. or p.m.

Was this report phoned outside: Yes  No

Report received by: James Miner Time 6:35 a.m. or p.m.

#### Violations and Other Hazardous Conditions Observed and Reported

Location	Violations or Hazardous Conditions	Action Taken
<u>#2 Face</u>	<u>1.2 % methane</u>	<u>Extended ventilation curtain; cleared methane</u>
<u>Belt Tailpiece</u>	<u>Tail roller guard missing; accumulation of loose coal</u>	<u>Dangered area off</u>
<u>Intersection outby #3 face</u>	<u>Six roof bolts sheared off</u>	<u>Dangered all approaches off</u>
<u>2 crosscuts outby #2 face</u>	<u>Exposed electrical wiring</u>	<u>Disconnected from power source and endangered off</u>
<u>Battery changing station</u>	<u>Fire extinguisher missing</u>	<u>Reported</u>
<u>SCSR storage area</u>	<u>Needs 2 additional SCSRs</u>	<u>Reported</u>

#### Air Measurements

Location	CH <sub>4</sub>	Direction	Location	CH <sub>4</sub>	Direction
<u>LOC</u>	<u>0 %</u>	<u>OK</u>	<u>#2 working face</u>	<u>1.2 %</u>	<u>OK</u>

Remarks: In the room off #5 entry, the ventilation control was down; repaired

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: \_\_\_\_\_ Certification No. \_\_\_\_\_ Assistant Foreman \_\_\_\_\_ Certification No. \_\_\_\_\_  
Pre-Shift Mine Examiner

Countersigned by: \_\_\_\_\_ Certification No. \_\_\_\_\_ Assistant Foreman \_\_\_\_\_ Certification No. \_\_\_\_\_  
Mine Foreman