

Mine Foreman Guide

Use Indelible Pencil or Ink

PRE-SHIFT CERTIFIED EXAMINER'S REPORT Pre-Shift required within 3 hours prior to any 8-hour interval

Report Must be Signed When Made

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)

Report of Examination, Hazardous Conditions and Violations of Health/Safety Standards

Location	Results of Examination and Violations	Action Taken	CH ₄ - %
1.	-----		
2.	-----		
3.	-----		
4.	-----		
5.	-----		
6.	-----		
7.	-----		
8.	-----		
9.	-----		
10.	-----		
11.	-----		
12.	-----		
13.	-----		
14.	-----		
<p>Identify, record and correct violations of health and safety standards with special emphasis on violations involving roof support, roof control plan, ventilation/methane, accumulations of combustible material, rock dust, travelways along belts, haulage roadways, track haulage roadways, guarding, and maintenance of belt conveyor components.</p>			

THIS RECORD TO BE RETAINED FOR ONE YEAR

Mine Foreman Guide

SAMPLE

Use Indelible Pencil or Ink

PRE-SHIFT CERTIFIED EXAMINER'S REPORT
 Pre-Shift required within 3 hours prior to any 8-hour interval

Report Must be Signed When Made

Date of Examination: July 25, 2012
 Section/Area: West Mains - 003
 Reported by: John Deel

Time From: 2:00 AM/PM PM To: 3:15 AM/PM PM
 Reported Outside: Yes No Time 3:20 AM/PM PM
 Received by: Jim Smith JD 7-25-12 (Initial)
 (Authorized Person)

Report of Examination, Hazardous Conditions and Violations of Health/Safety Standards

Location	Results of Examination and Violations	Action Taken	CH ₄ -%
1. #1	None observed		.2%
2. #2			0%
3. #3			0%
4. #3 Feeder and Section Belt	Coal spillage (4" in depth) at feeder and extending outby	Coal spillage – removal will begin at start of next shift	
5.	on section belt for 25 feet		
6. #3R			.1%
7. #4			0%
8. #4	Water across entry (4" in depth) – two crosscuts outby	Pumping – will begin at start of next shift	
9.	face area		
10. #4R			.3%
11. #5	None observed		0%
12. Section Power Center	Power left on-miner, roofbolter and shuttle car cables	Deenergized circuit breakers	
13.			
14.			

Identify record and correct violations of health and safety standards with special emphasis on violations involving roof support, roof control plan, ventilation/methane, accumulations of combustible material, rock dust, travelways along belts, haulage roadways, track haulage roadways, guarding, and maintenance of belt conveyor components.

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Air Measurements

Location	CFM	Location	CFM
LOCC #1 to #2	21,000		
LOCC	Longwall Intake Entry(ies)	Intake End Pillar Line	LOCC Where Equipment Being Installed or Removed

Velocities: Longwall Headgate: _____ Longwall Tailgate: _____

Remarks:

REPORT OF HAZARDOUS CONDITIONS ENCOUNTERED

Location	Hazardous Condition	Action Taken
#2	Line curtain down – 1.2% CH4 Detected	Installed curtain – CH4 reduced to 0%
#4	Pump – located two crosscuts outby (smoking and exposed conductor in cable	De-energized circuit breaker disconnected cathead and reported to repairman
#3	One crosscut – outby face area - 7 roof bolt heads sheared off	Dangered/posted area – area will be re-bolted on next shift

John Deel
Signed by Pre-shift Examiner(s)

7-25-12
Date

01234
Certification Number(s)

Bill Jessie
Countersigned by Mine Foreman or Equivalent Mine Official

7-25-12
Date

02345
Certification Number(s)

Jim Craft
Countersigned by Operator/Agent

7-25-12
Date

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ON-SHIFT CERTIFIED EXAMINER'S REPORT

Report Must be Signed When Made

Section/Area: _____

Reported Outside: Yes ___ No ___ Time _____ AM/PM

Date: _____ Shift: _____

Received by _____
(Authorized Person) (Initials)

Report of Examination, Hazardous Conditions and Violations of Health/Safety Standards

Location	Results of Examination and Violations	Action Taken	CH4 - %
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			

Identify, record and correct violations of health and safety standards with special emphasis on violations involving roof support, roof control plan, ventilation/methane, accumulations of combustible material, rock dust, travelways along belts, haulage roadways, track haulage roadways, guarding, and maintenance of belt conveyor components.

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**SAMPLE
ON-SHIFT CERTIFIED EXAMINER'S REPORT**

Report Must be Signed When Made

Section/Area: North Mains - 001

Reported Outside: Yes ___ No ✓ Time _____
AM/PM

Date: 7/25/12 Shift: Evening (2nd)

Received by _____
(Authorized Person) (Initials)

Report of Examination, Hazardous Conditions and Violations of Health/Safety Standards

1.	Location	Results of Examination and Violations	Action Taken	CH4 - %
	#1	-----	-----	.3%
2.	#2	None observed	-----	0%
3.	#3	Needs rock dusting from feeder extending inby 100 feet	-----	.2%
4.	#4	None observed	-----	0%
5.	#5	-----	-----	0%
6.		-----	-----	
7.		-----	-----	
8.		-----	-----	
9.		-----	-----	
10.		-----	-----	
11.		-----	-----	
12.		-----	-----	
13.		-----	-----	
14.		-----	-----	

Identify, record and correct violations of health and safety standards with special emphasis on violations involving roof support, roof control plan, ventilation/methane, accumulations of combustible material, rock dust, travelways along belts, haulage roadways, track haulage roadways, guarding, and maintenance of belt conveyor components.

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AIR MEASUREMENTS			EXAMINATIONS FOR METHANE (NOT TO EXCEED 4 HOURS)	
Location	CFM	Location	Time	% CH ₄
#5 intake - immediately	17,000	#1 – 100 ft. outby	6:00 p.m.	.3%
outby LOCC		breaker timbers		
		#1 – 100 ft. outby	9:30 p.m.	.3%
		breaker timbers		
* LOCC	* Pillar Intake	* Longwall Intake	* Immediate Returns	

Velocities: Longwall Headgate: _____ Longwall Tailgate: _____

Roof Bolt Checks:

No. of Bolts Tested: _____ No. of Bolts Torqued Above Range: _____ Below Range: _____

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

Methane Monitor Functional Checks:

Jim Clark functionally tested – O.K.

Remarks (Statement as to general conditions of mine or area of mine): **Dust parameters checked by Jim Jones -**

water pressure increased from 95 PSI to 115 PSI

REPORT OF HAZARDOUS CONDITIONS ENCOUNTERED

Location	Hazardous Condition	Action Taken
#1	Immediate return – 1.2% CH4 detected	Improved ventilation – CH4 reduced to .3%
#1 (crosscut) to #2	Breaker timbers – set on timber butts	Posted area – danger signs - set 8 replacement timbers
#5	Roof cutter along right rib 1” separation in roof	Posted area – danger signs - set 8 breaker timbers across entry

Willis Cutting

Signed by On-shift Examiner(s)

7/25/12

Date

01234

Certification Number(s)

Sammy Smith

Countersigned by Mine Foreman or Equivalent Mine Official

7/25/12

Date

02345

Certification Number(s)

John Cutting

Countersigned by Operator/Agent

7/25/12

Date

THIS RECORD TO BE RETAINED FOR ONE YEAR