

PRESHIFT - CERTIFIED EXAMINER'S REPORT

Date of Examination: _____ Time From: _____ AM/PM To: _____ AM/PM

Section/Area: 001 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	Action Taken	CH4
#1 Entry	No Fire Extinguisher at Water Pump	Placed 1-10 lb Fire Extinguisher at Pump	0.0%
#2 Entry	Float Coal Dust on #4 Belt Loose Rib Loose Rib 2.0% Gas in Heading Not Bolted No Danger Sign	Danger Danger Danger Turned off Power/Hung Curtain Danger	0.0% (Retest) 0.0%
#3 Entry	Loose Rib	Danger	0.0%

Air Measurements

Location	CFM	Location	CFM
LOCC Between 2 & 3	9,240		

*LOCC *Longwall Intake Entry(ies) *Intake End Pillar Line *LOCC Where Equipment Being Installed or Removed

SIGNATURE

Signed by Preshift Certified Examiner

Date

Certification Number