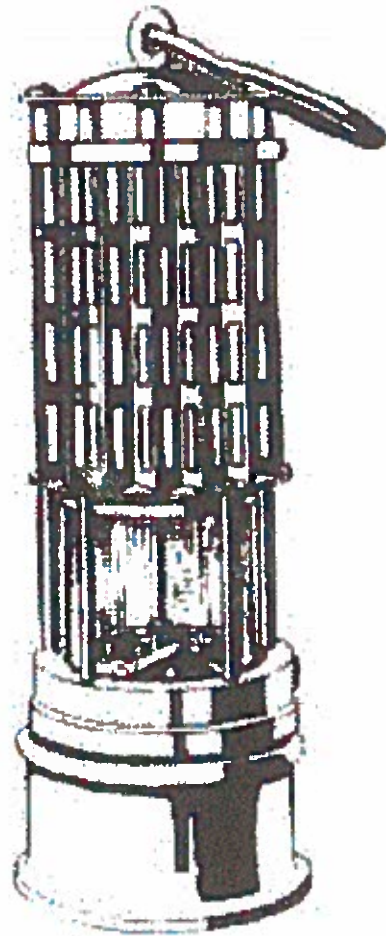


2015
HARLAN
SAFETY DAYS
PRE-SHIFT CONTEST

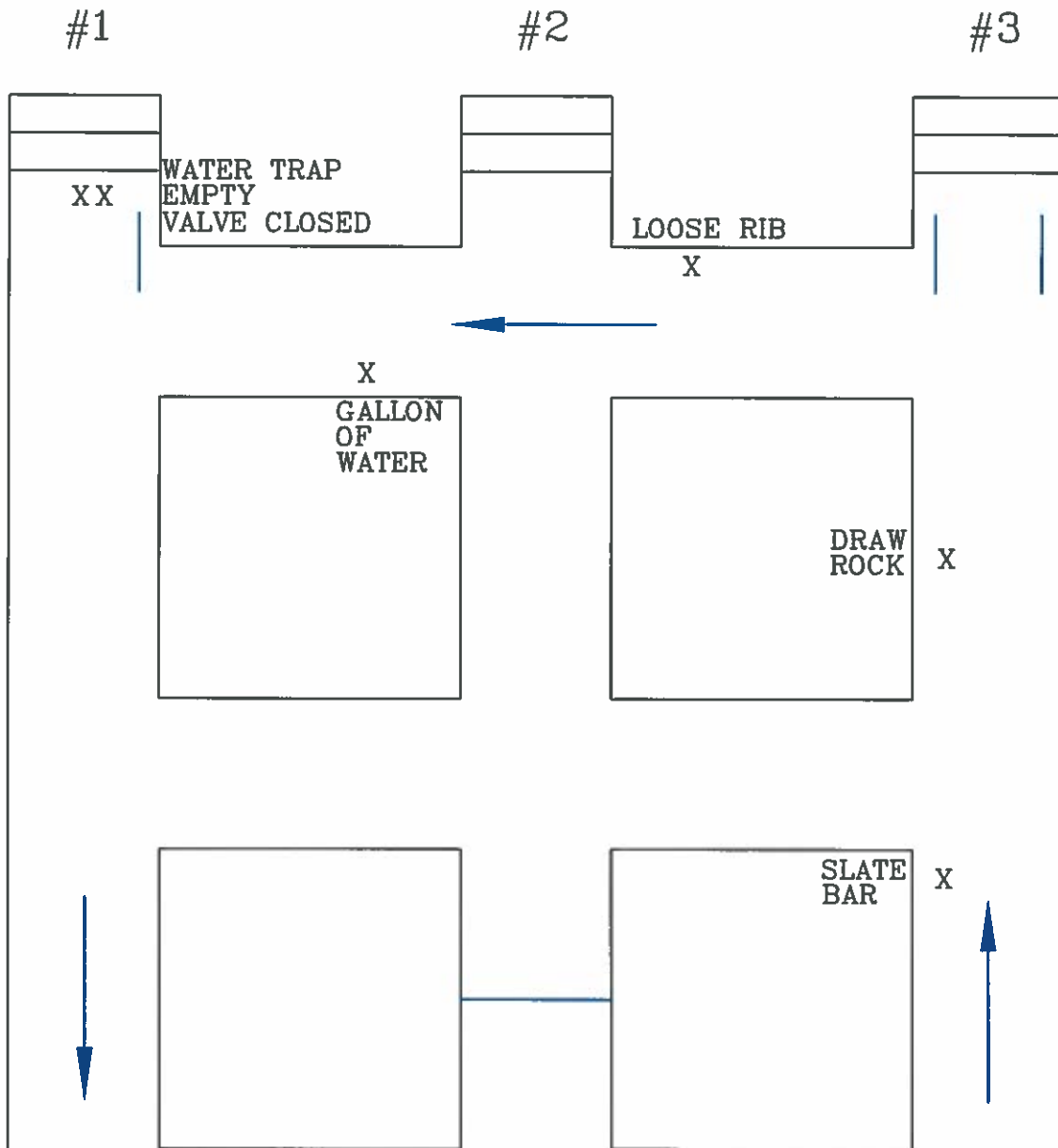


JUDGES INSTRUCTIONS

1. IF CONTESTANT DOES NOT TAKE A GAS TEST OR AIR READING DO NOT DISCOUNT FOR IMPROPER TEST OR AIR READING.
2. IF CONTESTANT DOES NOT PLACE DANGER SIGN DO NOT DISCOUNT FOR DTI ON DANGER SIGN.
3. IF CONTESTANT ASK ABOUT TEST HOLES. TELL THEM "NOT PART OF THE PROBLEM.
4. IF THE CONTESTANT SIMULATES OR VERBALLY STATES POURING WATER INTO THE WATER DRAINAGE PIPE TELL THEM IT IS FULL AND CORRECTED.

Problem Map

SEAL SET "A"



STATEMENT

WELCOME, I AM NAME-AGENCY AND THIS IS NAME-AGENCY.

YOU ARE THE PRE-SHIFT EXAMINER FOR THIS MINE.

MINERS ARE SCHEDULED TO WORK ON THE 001 SECTION, WHICH IS INBY SEAL SET "A".

THE INTAKE AIR PASSING BY SEAL SET "A" VENTILATES THE 001 SECTION.

ALL GAS READINGS ARE 0.0% CH₄ AND 20.8% O₂ UNLES FOUND OTHERWISE.

ANY HAZARDS OBSERVED MUST BE CORRECTED PRIOR TO STARTING THE SHIFT.

EXAMINE ALL ENTRIES AND CROSSCUTS LEADING TO SEAL SET "A" IF YOU CAN DO SO SAFELY.

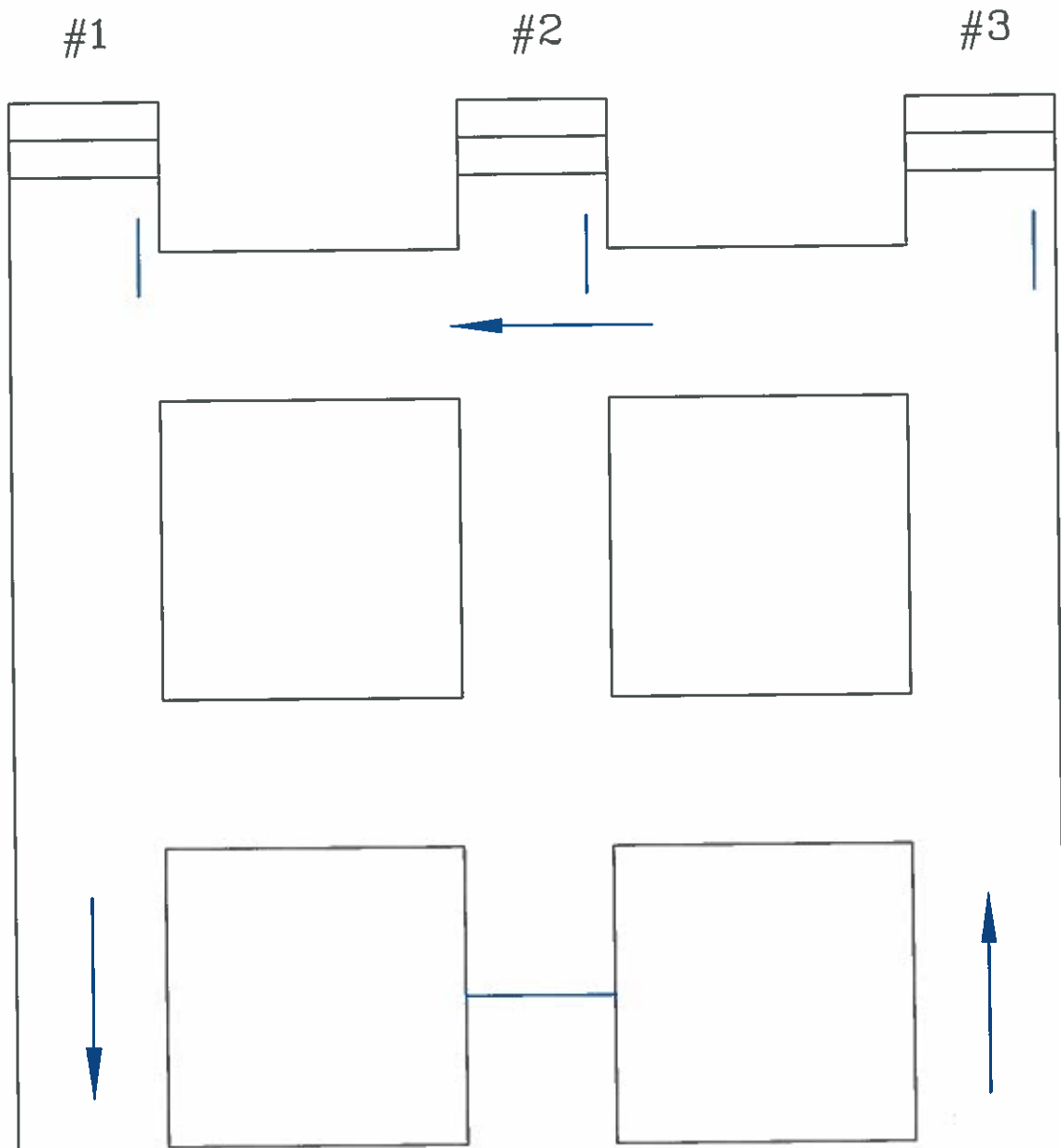
YOU WILL ENTER THE MINE UP THE NUMBER 3 INTAKE ENTRY.

VENTILATION PLAN

- (1) A blowing line curtain shall be maintained to within 4 feet of the face of seals to dilute, render harmless and carry away explosive, noxious and harmful gases from the outby face of the seal.
- (2) Examinations of seals will be conducted to determine the maintenance needs of seals. Only MSHA approved sealants and materials will be used to maintain each type of seals. Any repairs or maintenance work of seals will be performed in accordance with the original seal approval instructions.
- (3) Water drainage systems at seal locations must remain with the valve open to prevent buildup of water behind the seal. The water trap within the seal drainage system shall be kept full of liquid to prevent air exchange from the sealed area and the mine atmosphere.

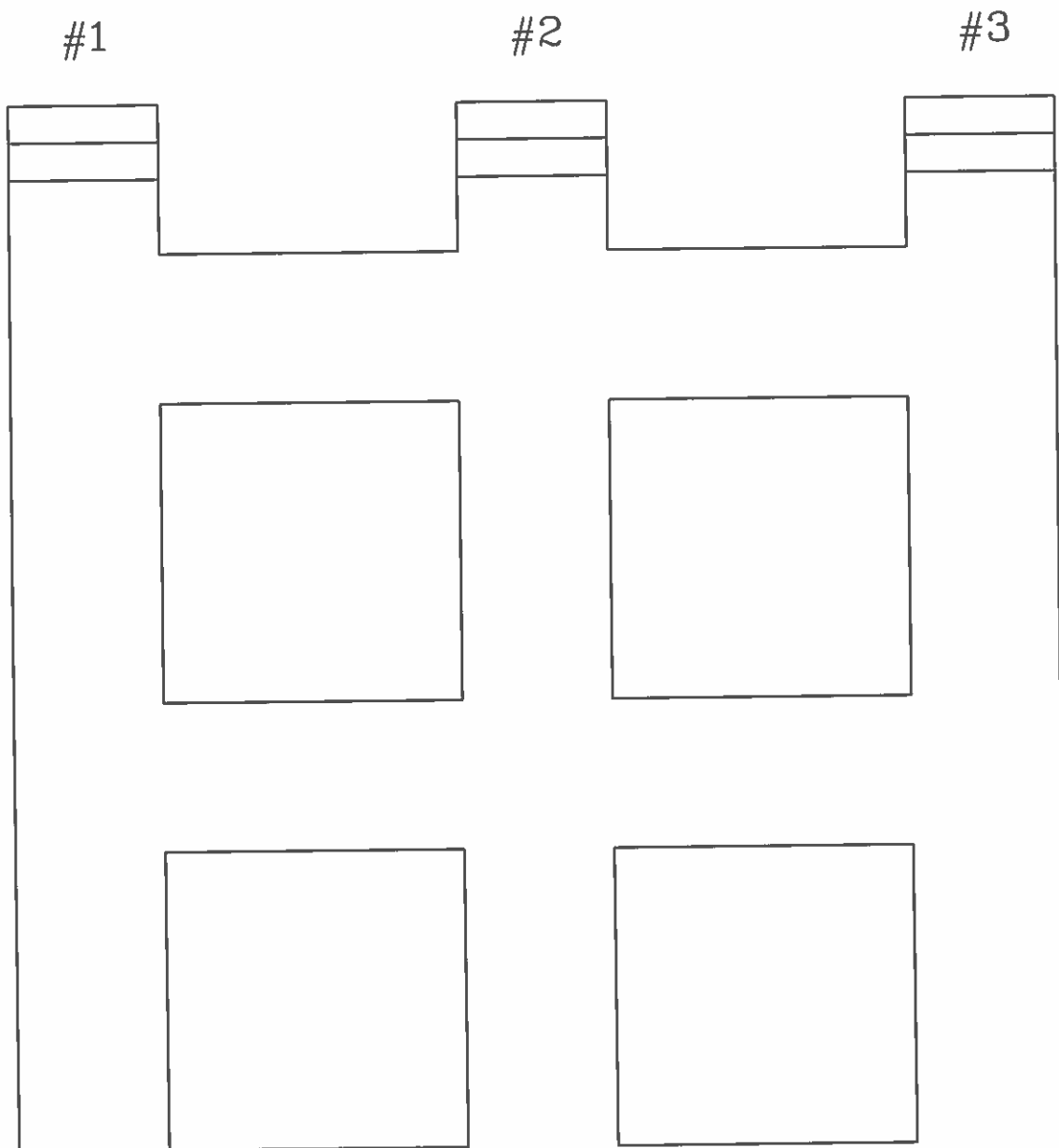
Ventilation Map

SEAL SET "A"



Blank Map

SEAL SET "A"



Use Indelible Pencil or Ink

PRESHIFT - CERTIFIED EXAMINER'S REPORT

Report Shall Be Signed When Finished

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

Section/Area: _____ Outby (Seal Set "A") _____ 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 Seal	No Water in Water Trap Valve Closed	Filled up water trap with water Open Valve	0.0%
#2 Seal	No Curtain	Hung Curtain	0.0%
#3 Seal	None	None	0.0%
Between Seal #2 and #3	Loose Rib	Pulled Loose Rib with Slate Bar	
Entry #3 Between xcut 1&2	Draw Rock	Pulled Draw Rock	

Air Measurements

Location	CFM	Location	CFM

*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

Use Indelible Pencil or Ink

PRESHIFT - CERTIFIED EXAMINER'S REPORT

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Location	Hazardous Condition	Action Taken	CH4

Air Measurements

Location	CFM	Location	CFM

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

SIGNATURE

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Date

Certification Number