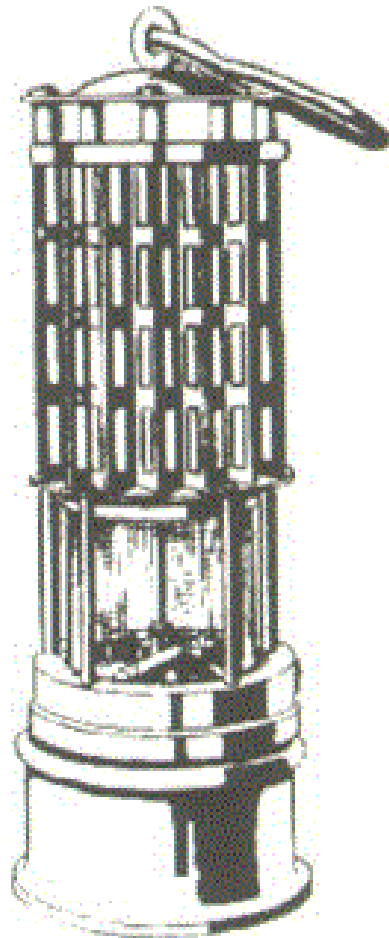


2016
HARLAN
SAFETY DAYS
PRE-SHIFT CONTEST



STATEMENT

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

YOU ARE THE PRE-SHIFT EXAMINER FOR THE 001 SECTION AND THE #4 BELT.

MINERS ARE SCHEDULED TO WORK ON THE 001 SECTION AND ON THE #4 BELT.

THE #4 BELT IS NOT RUNNING AT THIS TIME.

YOU WILL ENTER THE MINE UP THE NUMBER 1 INTAKE ENTRY.

JUDGES INSTRUCTIONS

1. IF THE CONTESTANT DOES NOT TAKE A GAS TEST OR AIR READING DO NOT DISCOUNT FOR IMPROPER TEST OR AIR READING.
2. IF CONTESTANT CHECKS TELEPHONES TELL THEM (PHONES OK).
3. IF CONTESTANT CHECKS BELT SWITCH TELL THEM THE BELT IS OFF.

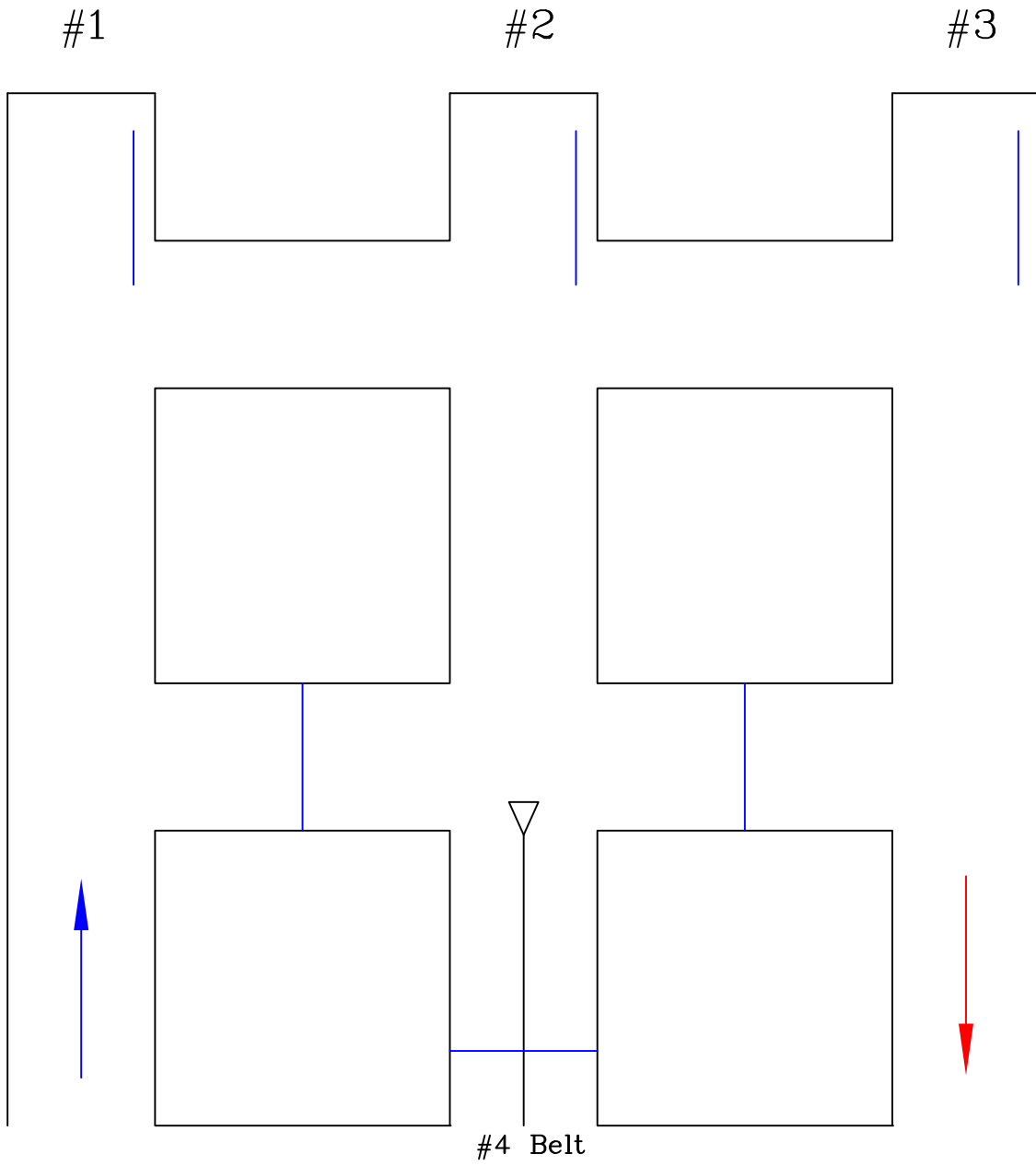
ROOF CONTROL PLAN

- (1) The maximum cut depth for this mine is 20 feet.
- (2) Openings that create an intersection should be permanently supported or at least one row of temporary supports should be installed on not more than 5 foot centers across the opening before any other work or travel in the intersection, except to conduct examinations or make safety corrections.
- (3) The sub-mains and pillar panels are driven on 60-foot X 60-foot centers minimum.
- (4) The roof bolt pattern is 4-foot by 4 foot centers.
- (5) The maximum entry and crosscut width is 20 feet.
- (6) Roof test holes shall be drilled 72 inches deep in all intersections.

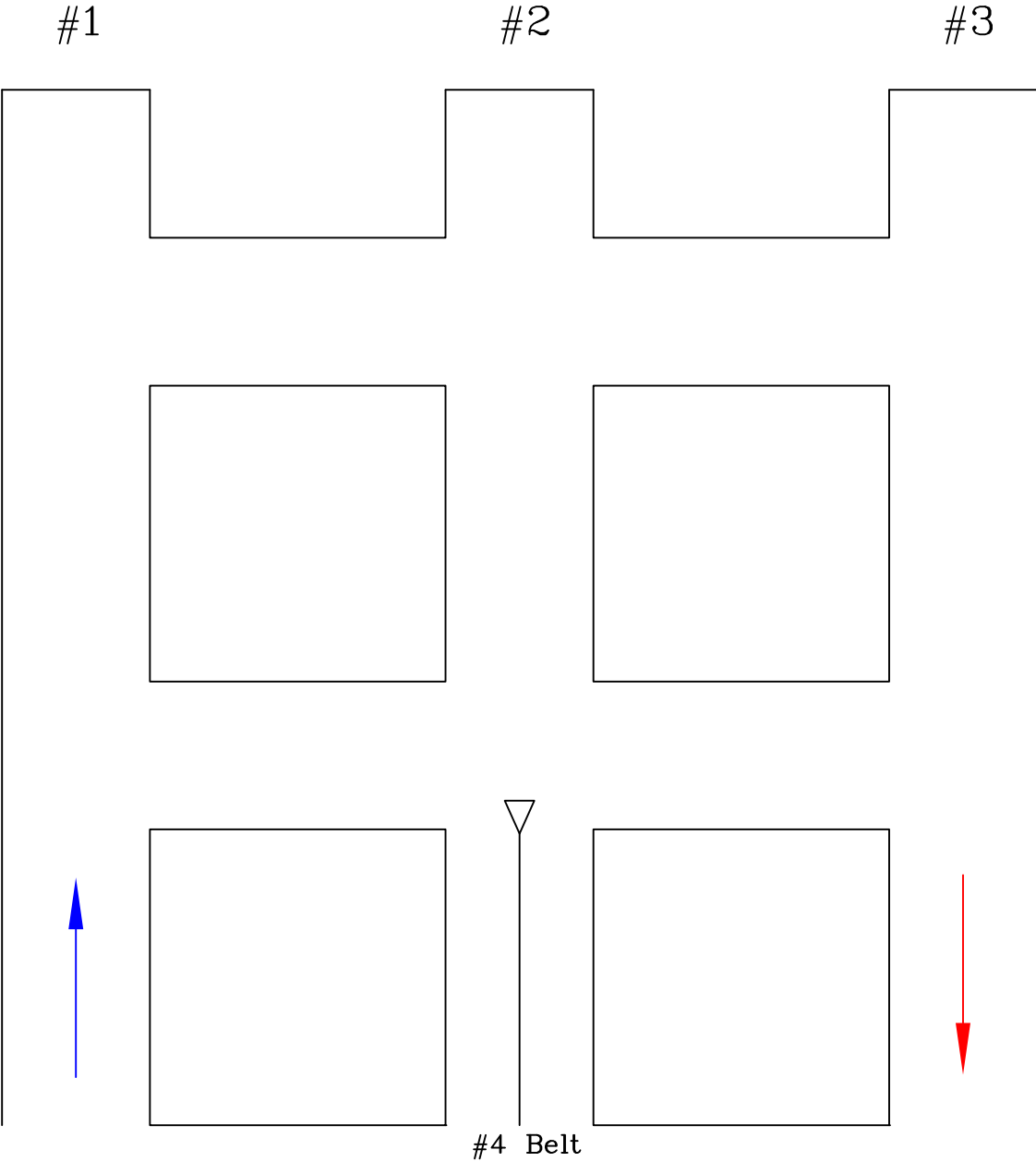
VENTILATION PLAN

- (1) A line curtain shall be maintained to within 5 feet of face in supported places and to the last row of permanent support in unbolted places.
- (2) The line curtain shall extend into the crosscut.
- (3) The minimum volume of air in the last open crosscut shall be 15,000 CFM when three open crosscuts are present or 9,000 cfm when 2 open crosscuts are present.

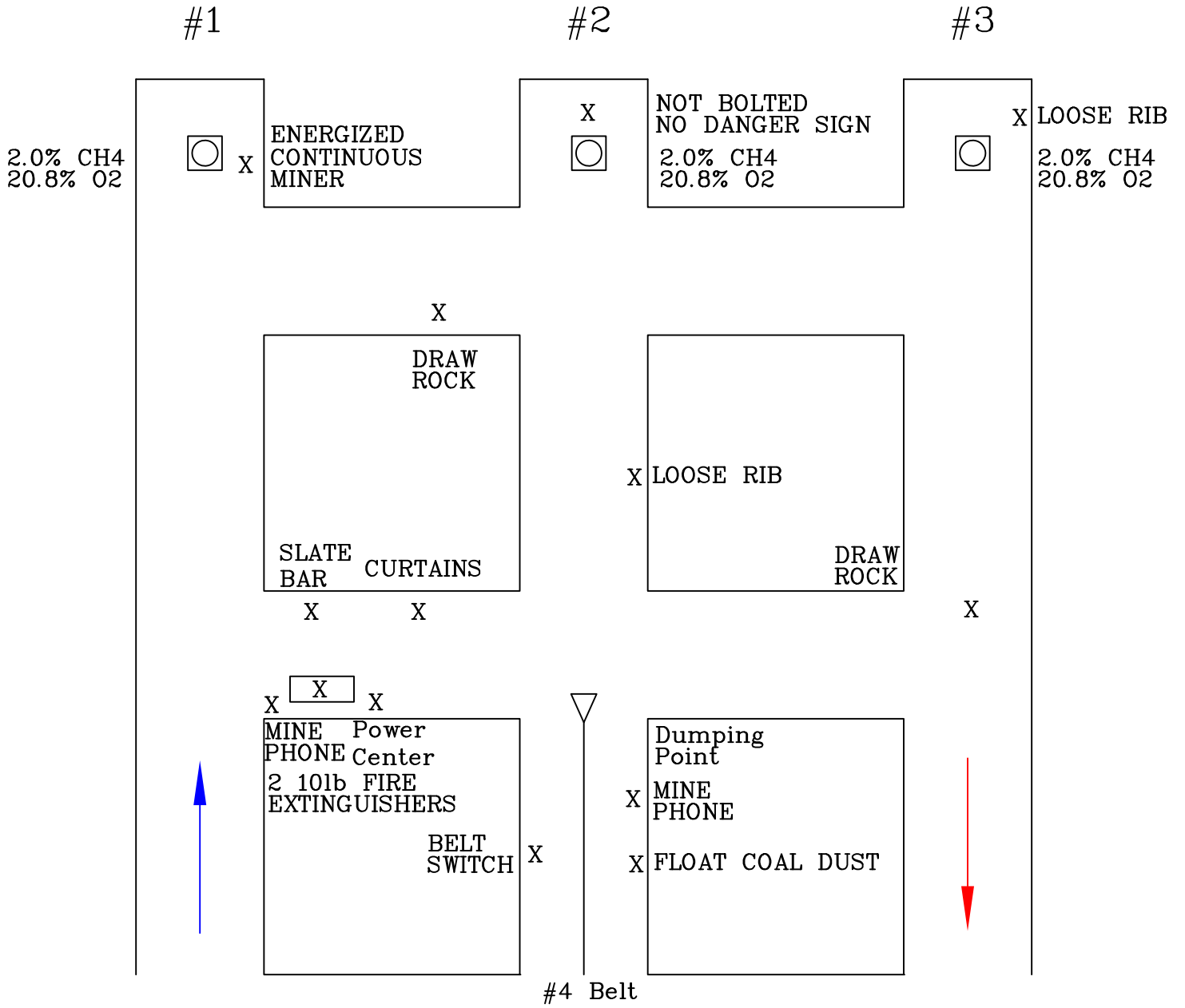
Ventilation Map



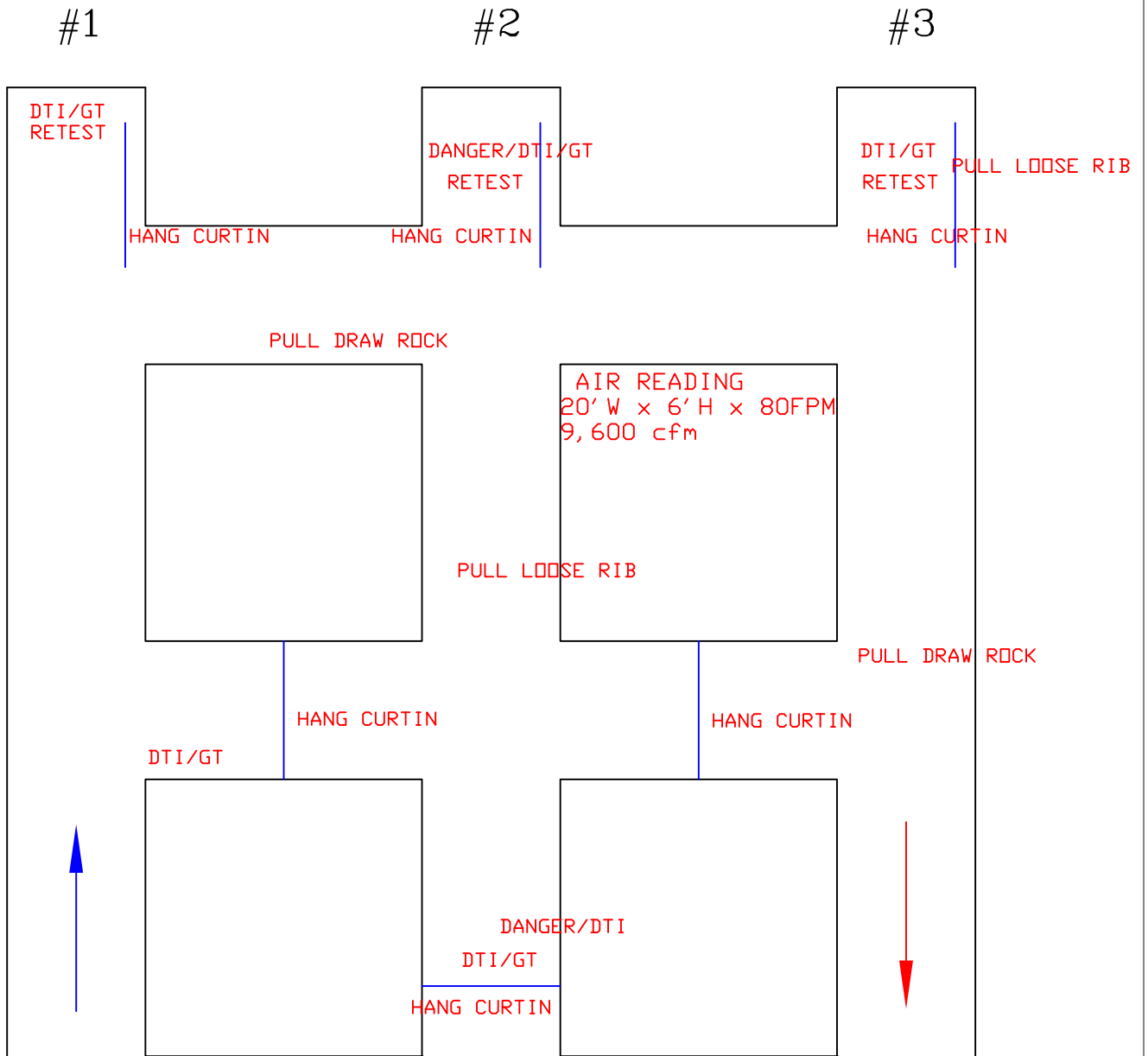
Blank Map



Problem Map



Judges Map



**PRE-SHIFT EXAMINATION CONTEST
JUDGES DISCOUNT SHEET**

CONTESTANT _____ NO. _____ * DENOTES DISCOUNT

WORKING TIME _____

**REQUIRED EQUIPMENT
TWO POINT DISCOUNT FOR EACH OMITTED ITEM RULE 2
MARK AN X IF AVAILABLE**

SAFETY CAP	___	SAFETY BOOTS	___
MINING BELT WITH ID TAG	___	CHECK IN TAG	___
CAP LIGHT	___	SCSR	___
ANEMOMETER	___	WATCH (OR EQUIVALENT)	___
GAS DETECTOR	___	DEVICE FOR TESTING ROOF	___
MEASURING DEVICE	___	BLANK INDEX CARDS	___

OUTSIDE

	<u>YES</u>	<u>NO</u>	<u>RULE</u>
(1) DID CONTESTANT CHECK IN	___	___*	1
(2) DID CONTESTANT CHECK SCSR	___	___*	3
(3) DID CONTESTANT CHECK METHANE/OXYGEN DETECTOR	___	___*	19
(4) DID CONTESTANT CHECK OUT	___	___*	1
(5) DID CONTESTANT HAVE ALL REQUIRED EQUIPMENT	___	___*	2
(6) WAS CONTESTANT EQUIPMENT MAINTAINED IN OPERABLE CONDITION	___	___*	14
(7) DID CONTESTANT ENTER MINE UP NUMBER 1 ENTRY	___	___*	17

POWER CENTER

	<u>YES</u>	<u>NO</u>	<u>RULE</u>
(1) DID CONTESTANT DTI AT POWER CENTER	___	___*	4
(2) DID CONTESTANT TAKE GAS TEST AT POWER CENTER.	___	___*	5
(3) DID CONTESTANT TAKE A PROPER GAS TEST	___	___*	6

#1 ENTRY

(1) DID CONTESTANT VERBALLY IDENTIFY ROOF & RIB	___	___*	10
(2) DID CONTESTANT IDENTIFY NO CHECK CURTAIN BETWEEN ENTRY 1 AND 2	___	___*	11
(3) DID CONTESTANT PLACE CHECK CURTAIN BETWEEN ENTRY 1 AND 2	___	___*	12

#1 HEADING

(1) DID CONTESTANT DTI AT #1 HEADING.	___	___*	4
(2) DID CONTESTANT TAKE GAS TEST AT #1 HEADING.	___	___*	5
(3) DID CONTESTANT TAKE A PROPER GAS TEST	___	___*	6
(4) DID CONTESTANT TURN OFF POWER TO CONTINUOUS MINER AT POWER CENTER	___	___*	12
(5) DID CONTESTANT RETAKE GAS TEST AT #1 HEADING AFTER HANGING CURTAIN?	___	___*	5
(6) DID CONTESTANT TAKE A PROPER GAS TEST	___	___*	6
(7) DID CONTESTANT HANG CURTAIN	___	___*	7
(8) DID CONTESTANT IDENTIFY 2% METHANE	___	___*	11

#2 HEADING

	<u>YES</u>	<u>NO</u>	<u>RULE</u>
(1) DID CONTESTANT DTI AT #2 HEADING.	___	___*	4
(2) DID CONTESTANT TAKE GAS TEST AT #2 HEADING.	___	___*	5
(3) DID CONTESTANT TAKE A PROPER GAS TEST	___	___*	6
(4) DID CONTESTANT PULL DRAW ROCK (BETWEEN #1 AND #2 ENTRY)	___	___*	12
(5) DID CONTESTANT HANG CURTAIN	___	___*	7
(6) DID CONTESTANT IDENTIFY NO DANGER SIGN	___	___*	11
(7) DID CONTESTANT PLACE DANGER	___	___*	12
(8) DID CONTESTANT DTI DANGER.	___	___*	4
(9) DID CONTEST ENDANGER SELF IN NOT BOLTED	___	___*	16
(10) DID CONTESTANT RETAKE GAS TEST AT #2 HEADING AFTER HANGING CURTAIN?	___	___*	5
(11) DID CONTESTANT TAKE A PROPER GAS TEST	___	___*	6

#2 ENTRY (#4 BELT)

(1) DID CONTESTANT IDENTIFY FLOAT COAL DUST	___	___*	11
(2) DID CONTESTANT PLACE DANGER	___	___*	12
(3) DID CONTESTANT DTI DANGER.	___	___*	4
(4) DID CONTESTANT PULL LOOSE RIB	___	___*	12
(5) DID CONTESTANT TAKE A GAS TEST ALONG THE #4 BELT	___	___*	5
(6) DID CONTESTANT TAKE A PROPER GAS TEST	___	___*	6
(7) DID CONTESTANT PLACE CHECK CURTAIN IN THE NO. 2 ENTRY OUTBY DUMPING POINT	___	___*	12
(8) DID CONTESTANT PLACE CHECK CURTAIN BETWEEN ENTRY 2 AND 3	___	___*	12
(9) DID CONTESTANT VERBALLY IDENTIFY ROOF & RIB	___	___*	10

#3 HEADING

	<u>YES</u>	<u>NO</u>	<u>RULE</u>
(1) DID CONTESTANT DTI AT #3 HEADING.	___	___*	4
(2) DID CONTESTANT TAKE GAS TEST AT #3 HEADING.	___	___*	5
(3) DID CONTESTANT TAKE A PROPER GAS TEST	___	___*	6
(4) DID CONTESTANT PULL LOOSE RIB	___	___*	12
(5) DID CONTESTANT HANG CURTAIN	___	___*	7
(6) DID CONTESTANT RETAKE GAS TEST AT #2 HEADING AFTER HANGING CURTAIN?	___	___*	5

LOCC

	<u>YES</u>	<u>NO</u>	<u>RULE</u>
(1) DID CONTESTANT TAKE AIR READING	___	___*	9
(2) DID CONTESTANT TAKE PROPER AIR READING	___	___*	8

#3 ENTRY

(1) DID CONTESTANT VERBALLY IDENTIFY ROOF & RIB	___	___*	10
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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 Check Curtain (between 1&2) 2.0% Gas in Heading/No Line Curtain	Hung Curtain De-energized miner/Hung Curtain	(Retest) 0.0%
#2 Entry	No Line Curtain Float Coal Dust on #4 Belt Loose Rib Draw Rock Not Bolted No Danger Sign No Check Curtain at Dumping Point	Hung Curtain Danger Pulled Pulled Danger Hung Curtain	2% (Retest) 0.0% 0.0%
#3 Entry	Loose Rib Draw Rock No Check Curtain (between 2&3) No Line Curtain	Pulled Pulled Hung Curtain Hung Curtain	2% (Retest) 0.0%

Air Measurements

Location	CFM	Location	CFM
LOCC Between 2 & 3	9,600		

*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

READING

20 WIDE

6 HIGH

80 LINEAR