Date of Examination		_Time From:	AM/PN	И То:	AM/	PM
Section/Area	Rep	oorted Outside? Yes_	No	Time:	AM/	PM
Reported By:		Received By:		_ INITIAL (AUTHORIZED PERSON)		
Presh Location		uired within 3 hours p Jazardous Condition			l. Action Taken	·
Location	1	1azardous Condition	CH4		Action Taken	
	-					
	-					
	_					
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	-		_			
						<del></del>
	-		_			
		-				
		Air Measure	ments			
Location		CFM		Location		%CH4
Air Direction:		Velocitie	0.0		CO	PPN
Longwall Headgate:		_		Longwall Tailga	te:	
Remarks:		CH <sub>4</sub> :O <sub>2</sub> :_				
Signed by Preshift Certified Examiner		Date			Certification Number	
Countersigned by Mine Foreman		Date			Certificatio	n Number
Countersianed by Operator / Agent		Data			Cortification	n Number

PRESHIFT - CERTIFIED EXAMINER'S REPORT

Report Shall Be Signed When Finished

Use Indelible Pencil or ink