

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)**Preshift required within 3 hours prior to any 8 hour period**

Location	Hazardous Condition	Action Taken

Air Measurements

Location	CFM	Location	CFM

Velocities

Longwall Headgate: _____

Longwall Tailgate: _____

Remarks: _____

Signed by Preshift – Certified Examiner_____
Date_____
Certification Number_____
Countersigned by Mine Foreman_____
Date_____
Certification Number_____
Countersigned by Operator / Agent_____
Date_____
Certification Number

THIS RECORD TO BE MAINTAINED FOR ONE (1) YEAR