

**KENTUCKY RIVER MINE RESCUE CONTEST  
SUPERINTENDENT STATEMENT DAY 1  
JUNE 18, 2014**

Thank you for coming to help us. You are located at the fresh air base of the Hazco #1 mine. This is a very large mine with multiple working section and interconnected fans and air courses.

This morning 75 miners entered the mine. Around 9:00 am this morning the incident occurred. There was a loud rush of air out the portals and the CO system alarmed. The Responsible Person tried to contact the miners underground but was not able to contact anyone. We reported this to MSHA and contacted mine rescue teams. At 10:30 am forty nine miners were able to escape. The other 26 miners are unaccounted for. There are multiple mine rescue teams working different areas of the mine at the same time you will be working. Teams are working bare face out-by. The fan you are working with is running. The air is currently going across the fresh air base and the return has been established so you can send smoke, and any gases out and they will not travel over any ignition source or unexplored area.

The mine has a history of bad roof, water and methane. The mine maps are up to date. We have a competent life line person to give and take life line signals if necessary. There are back up and standby teams ready to assist you.

Once your team goes in-by, the Briefing Officer will be stationed in an airtight isolation area and you will only be able to contact him through your communication system.

You will be given two maps you are to denote which one is the Team map and which one is the Briefing Officer map.

Please find the 7 missing miners that were in this area of the mine that you will be exploring. Thank you and good luck.

## **PROBLEM**

**THE FAN YOU ARE WORKING WITH CAN BE TURNED OFF, REVERSED BUT CANNOT BE STALLED DUE TO CAUSING DAMAGE TO THE FAN.**

**THE RETURN AND INTAKE OUTBY THE FAB HAS BEEN EXPLORED AND IS SAFE TO VENTILATE THROUGH.**

**ACCOUNT FOR ALL MISSING 7 MINERS AND BRING SURVIVORS TO THE FAB**

**EXPLORE ALL AREAS OF THE MINE THAT CAN BE DONE SAFELY**

**YOU CAN ONLY CARRY TWO SETS OF BRATTICE CLOTH WITH YOU AT A TIME**

**YOU HAVE 105 MINUTES TO WORK BEFORE BEING REPLACED BY ANOTHER TEAM**

**PATIENT STATEMENT  
BARICADE**

**HELP!! GET ME OUT**

Written Examination Day 1 Kentucky River

Team Name \_\_\_\_\_ Contestant Name \_\_\_\_\_

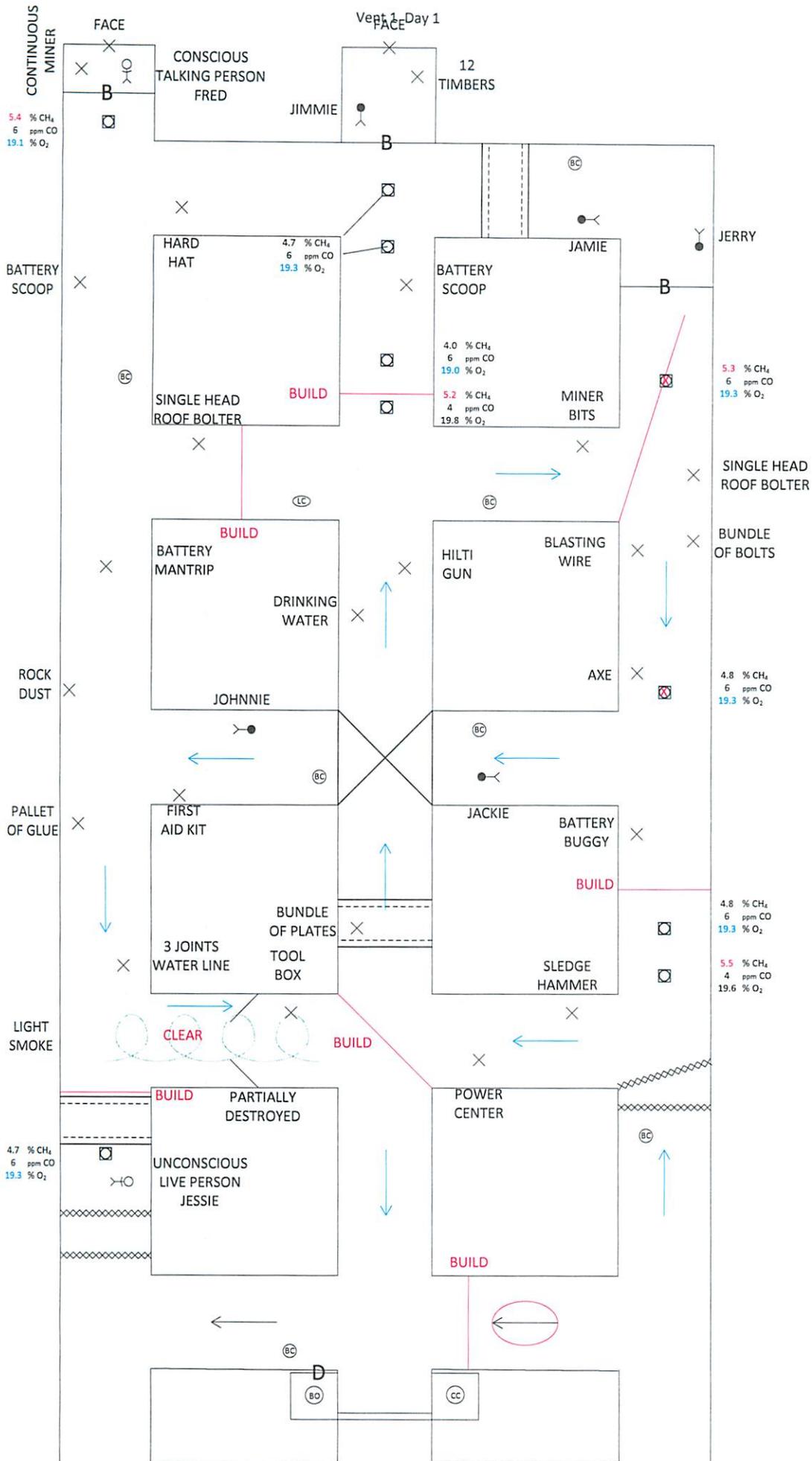
1. Under no circumstances will the team ever alter ventilation without orders to do so from the \_\_\_\_\_. (MSHA 3028, pp. 3-3)
  - A. \_\_\_ Briefing Officer
  - B. \_\_\_ Command Center
  - C. \_\_\_ Mine Superintendent
  
2. High temperatures (or heat) cause gases to expand, so they diffuse more \_\_\_\_\_. (MSHA 3028, pp. 2-6)
  - A. \_\_\_ Rapidly
  - B. \_\_\_ Easily
  - C. \_\_\_ Quickly
  
3. The Command Center considers several factors before it orders a change in ventilation, most importantly; it has to consider how the \_\_\_\_\_ will affect ventilation into an unexplored area. (MSHA 3028 pp. 3-16)
  - A. \_\_\_ Changes
  - B. \_\_\_ Alterations
  - C. \_\_\_ Pressures
  
4. A dangerous and sometimes fatal mistake that \_\_\_\_\_ make is entering an unsafe or hazardous scene. (Brady First Responder, p. 165)
  - A. \_\_\_ Rescuers
  - B. \_\_\_ Responders
  - C. \_\_\_ Miners
  
5. With the \_\_\_\_\_ open place your ear over the patient's nose and mouth, and watch for chest movement. (Brady First Responder, p. 172)
  - A. \_\_\_ Mouth
  - B. \_\_\_ Airway
  - C. \_\_\_ Throat

6. If the patient is not \_\_\_\_\_, check for a carotid pulse at the neck to determine if blood is circulating. (Brady First Responder, p. 174)
- A. \_\_\_ Responsive
  - B. \_\_\_ Breathing
  - C. \_\_\_ Choking
7. One of the first critical steps when fighting fire in a mine is to \_\_\_\_\_ water (preferably as fog) downstream (inby the fire) into the path of (as close as possible to) the oncoming flames. (Donald W. Mitchell Mine Fires, p. 5)
- A. \_\_\_ Spray
  - B. \_\_\_ Apply
  - C. \_\_\_ Put
8. \_\_\_\_\_ smoke rollback is a must because if you cannot control the rollback you probably can't get close enough to fight the fire effectively. (Donald W. Mitchell Mine Fires, p. 19)
- A. \_\_\_ Controlling
  - B. \_\_\_ Stopping
  - C. \_\_\_ Preventing
9. Gas layering is like smoke rollback with Methane and \_\_\_\_\_ the likely gases to form layers during a fire. (Donald W. Mitchell Mine Fires, p. 23)
- A. \_\_\_ Oxygen
  - B. \_\_\_ Hydrogen
  - C. \_\_\_ Ethane
10. The IDLH of \_\_\_\_\_ is 40,000 ppm. (NIOSH Chemical Hazards, p. 52)
- A. \_\_\_ Carbon Monoxide
  - B. \_\_\_ Carbon Dioxide
  - C. \_\_\_ Sulfur Dioxide

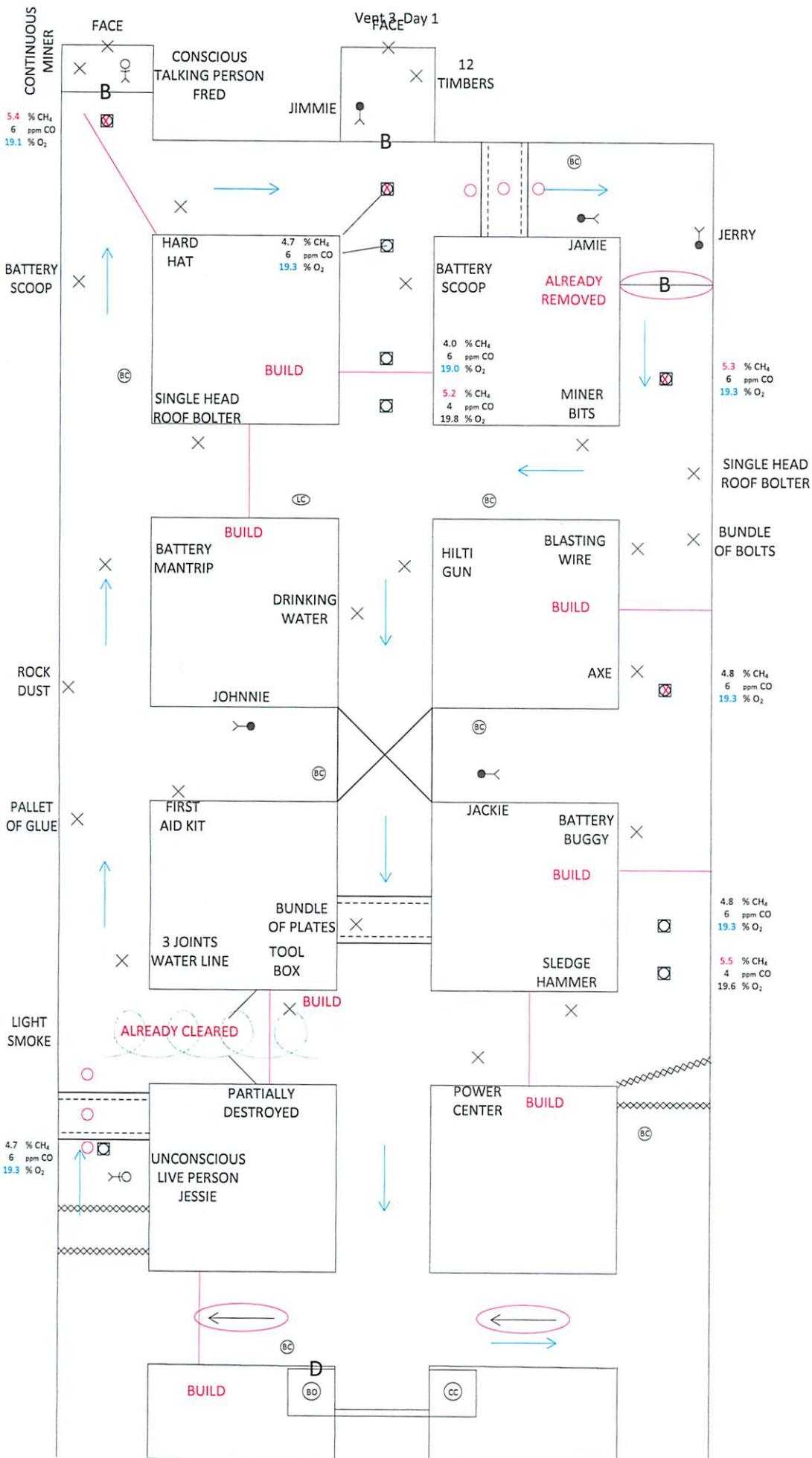
## Written Examination Day 1 Kentucky River Answer Key

1. B Command Center
2. C Quickley
3. B Alterations
4. B Responders
5. B Airway
6. B Breathing
7. A Spray
8. B Stopping
9. B Hydrogen
10. B Carbon Dioxide









CONTINUOUS MINER

BATTERY SCOOP

ROCK DUST

PALLET OF GLUE

LIGHT SMOKE

4.7 % CH<sub>4</sub>  
6 ppm CO  
19.3 % O<sub>2</sub>

4.7 % CH<sub>4</sub>  
6 ppm CO  
19.3 % O<sub>2</sub>

Vent 3 Day 1

FACE

FACE

CONSCIOUS TALKING PERSON FRED

12 TIMBERS

JIMMIE

JERRY

HARD HAT  
SINGLE HEAD ROOF BOLTER

BATTERY SCOOP  
MINER BITS

SINGLE HEAD ROOF BOLTER

BUNDLE OF BOLTS

BATTERY MANTRIP  
DRINKING WATER  
JOHNNIE

HILTI GUN  
BLASTING WIRE  
AXE

4.8 % CH<sub>4</sub>  
6 ppm CO  
19.3 % O<sub>2</sub>

FIRST AID KIT  
BUNDLE OF PLATES  
TOOL BOX  
3 JOINTS WATER LINE

JACKIE  
BATTERY BUGGY  
SLEDGE HAMMER

4.8 % CH<sub>4</sub>  
6 ppm CO  
19.3 % O<sub>2</sub>

5.5 % CH<sub>4</sub>  
4 ppm CO  
19.6 % O<sub>2</sub>

PARTIALLY DESTROYED  
UNCONSCIOUS LIVE PERSON JESSIE

POWER CENTER

BUILD

5.4 % CH<sub>4</sub>  
6 ppm CO  
19.1 % O<sub>2</sub>

5.3 % CH<sub>4</sub>  
6 ppm CO  
19.3 % O<sub>2</sub>

4.7 % CH<sub>4</sub>  
6 ppm CO  
19.3 % O<sub>2</sub>

4.7 % CH<sub>4</sub>  
6 ppm CO  
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Vent 3 Day 1

FACE

FACE

CONSCIOUS TALKING PERSON FRED

12 TIMBERS

JIMMIE

JERRY

HARD HAT  
SINGLE HEAD ROOF BOLTER

BATTERY SCOOP  
MINER BITS

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PARTIALLY DESTROYED  
UNCONSCIOUS LIVE PERSON JESSIE

POWER CENTER

BUILD

**KENTUCKY RIVER MINE RESCUE CONTEST  
SUPERINTENDENT STATEMENT DAY 2  
JUNE 19, 2014**

Thank you for coming to help us. You are located at the fresh air base of the Hazco #1 mine. This is a very large mine with multiple working sections and interconnected fans and air courses.

This morning 75 miners entered the mine. Around 9:00 am this morning the incident occurred. There was a loud rush of air out the portals and the CO system alarmed. The Responsible Person tried to contact the miners underground but was not able to contact anyone. We reported this to MSHA and contacted mine rescue teams. At 10:30 am forty nine miners were able to escape. The other 26 miners are unaccounted for. There are multiple mine rescue teams working different areas of the mine at the same time you will be working. The fan you are working with is running blowing. The air is currently going across the fresh air base and the return and intake has been established so you can send smoke, and any gases out and they will not travel over any ignition source or unexplored area.

The mine has a history of bad roof, water and methane. The mine maps are up to date. We have a competent life line person to give and take life line signals if necessary. There are back up and standby teams ready to assist you.

Once your team goes in-by, the Briefing Officer will be stationed in an airtight isolation area and you will only be able to contact him through your communication system.

You will be given two maps you are to denote which one is the Team map and which one is the Briefing Officer map.

Please find the 4 missing miners that were in this area of the mine that you will be exploring. Thank you and good luck.

## **PROBLEM**

**THE FAN YOU ARE WORKING WITH CAN BE TURNED OFF, REVERSED BUT CANNOT BE STALLED DUE TO CAUSING DAMAGE TO THE FAN.**

**MINE RESCUE TEAMS HAVE EXPLORED TO THE UNSAFE ROOF IN THE NUMBER 1 ENTRY CUT THROUGH.**

**THE AREA INBY THAT SIDE OF THE UNSAFE ROOF HAS BEEN EXPLORED AND IS SAFE TO VENTILATE THROUGH ONCE YOU HAVE EXPLORED TO THE POINT WHERE THE MINE RESCUE TEAMS HAVE EXPLORED.**

**THE RETURN AND INTAKE OUTBY THE FAB HAS BEEN EXPLORED AND IS SAFE TO VENTILATE THROUGH.**

**THERE IS A FAN VENTILATING OTHER AREAS OF THE MINE AND IF YOU DO NOT MAINTAIN AN AIRLOCK AIR WILL BE PULLED THROUGH THE UNSAFE ROOF.**

**ACCOUNT FOR ALL 4 MISSING MINERS  
AND BRING SURVIVORS TO THE FAB.  
EXPLORE ALL AREAS OF THE MINE THAT  
CAN BE DONE SAFELY.**

**YOU HAVE 105 MINUTES TO WORK  
BEFORE BEING REPLACED BY ANOTHER  
TEAM.**

**PATIENT STATEMENT  
BARICADE**

**HELP!! GET ME OUT**

Written Examination Day 2 Kentucky River

Team Name \_\_\_\_\_ Contestant Name \_\_\_\_\_

1. To detect oxygen deficient atmospheres teams will use an \_\_\_\_\_ .  
(MSHA 3028 pp. 2-14)
  - A. \_\_\_ Multi-gas Detector
  - B. \_\_\_ Oxygen Indicator
  - C. \_\_\_ Oxygen Detector
  
2. To test for methane, use a \_\_\_\_\_ or chemical analysis. (MSHA 2102, p. 33)
  - A. \_\_\_ Multi-gas Detector
  - B. \_\_\_ Methane Indicator
  - C. \_\_\_ Methane Detector
  
3. Because fire consumes such large \_\_\_\_\_ of oxygen, there is a hazard of oxygen-deficient air in the mine. (MSHA 3028, pp. 5-18)
  - A. \_\_\_ Amounts
  - B. \_\_\_ Quantities
  - C. \_\_\_ Areas
  
4. Nitrogen dioxide is \_\_\_\_\_ by burning and by the detonation of explosives. (MSHA 2102, p. 37)
  - A. \_\_\_ Produced
  - B. \_\_\_ Created
  - C. \_\_\_ Exhausted
  
5. A mixture of coal dust in air reduces the explosive \_\_\_\_\_ of methane. (MSHA 2102, p. 32)
  - A. \_\_\_ Limit
  - B. \_\_\_ Range
  - C. \_\_\_ Amount

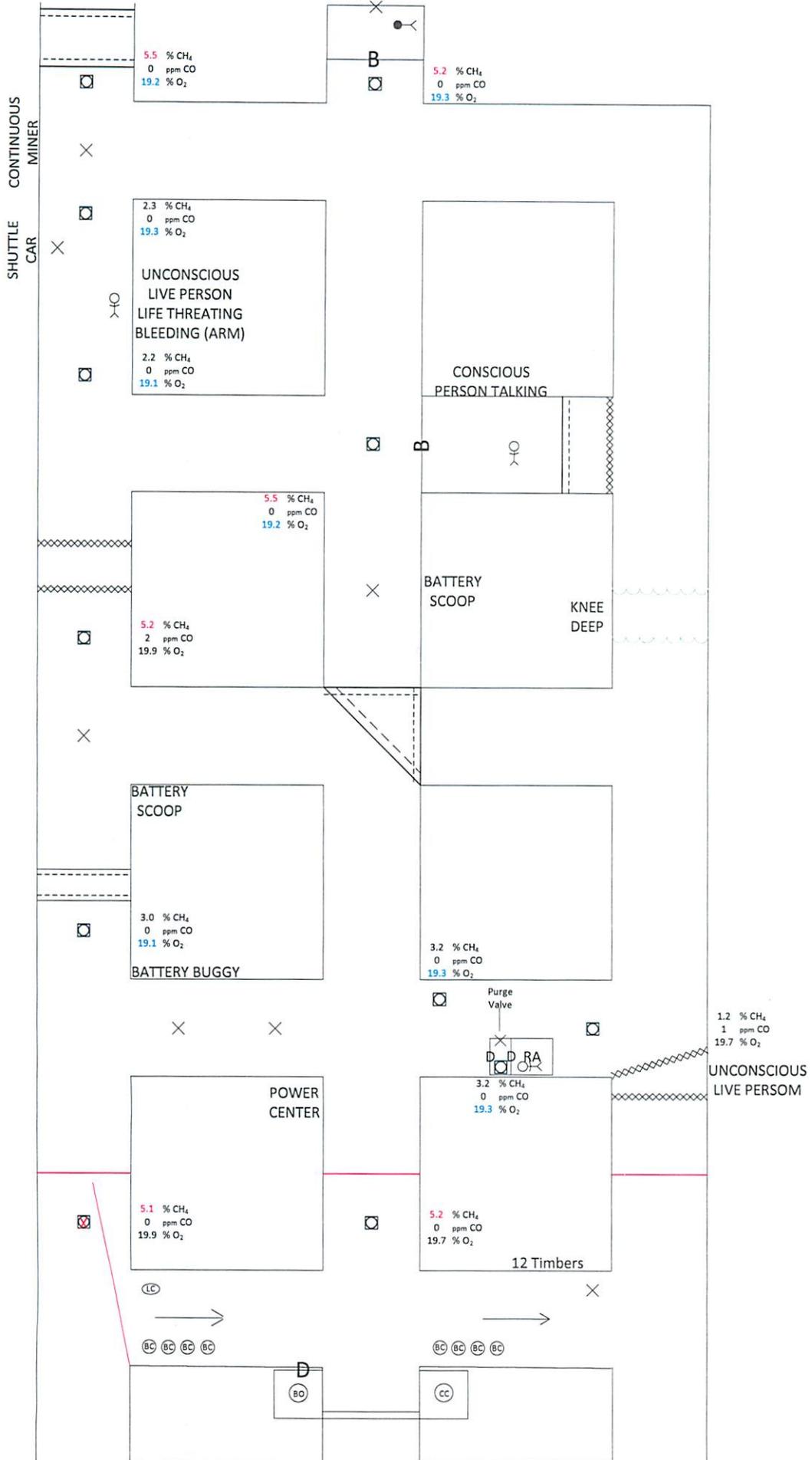
6. If the mine has had an explosion, the team may encounter a great deal of \_\_\_\_\_, damage to stoppings, and hazardous roof and rib conditions. (MSHA 3028, pp. 3-22)
- A. \_\_\_ Smoke
  - B. \_\_\_ Debris
  - C. \_\_\_ Methane
7. Mines below the water table tend to have more \_\_\_\_\_ than those above the water table. (MSHA 2102, p. 33)
- A. \_\_\_ Methane
  - B. \_\_\_ Gas
  - C. \_\_\_ Water
8. After a fire or explosion in a mine, rescue teams are usually needed to go into the mine to assess and \_\_\_\_\_ ventilation. (MSHA 2103, p. 5)
- A. \_\_\_ Re-establish
  - B. \_\_\_ Establish
  - C. \_\_\_ Maintain
9. When the fresh air base is set up underground, an air lock must be \_\_\_\_\_ to isolate the fresh air base from the unexplored area beyond it. (MSHA 3028, pp. 4-7)
- A. \_\_\_ Built
  - B. \_\_\_ Erected
  - C. \_\_\_ Established
10. Any flammable gas can explode under certain \_\_\_\_\_. (MSHA 2102, p. 15)
- A. \_\_\_ Conditions
  - B. \_\_\_ Amounts
  - C. \_\_\_ Circumstances

## Written Examination Day 2 Kentucky River Answer Key

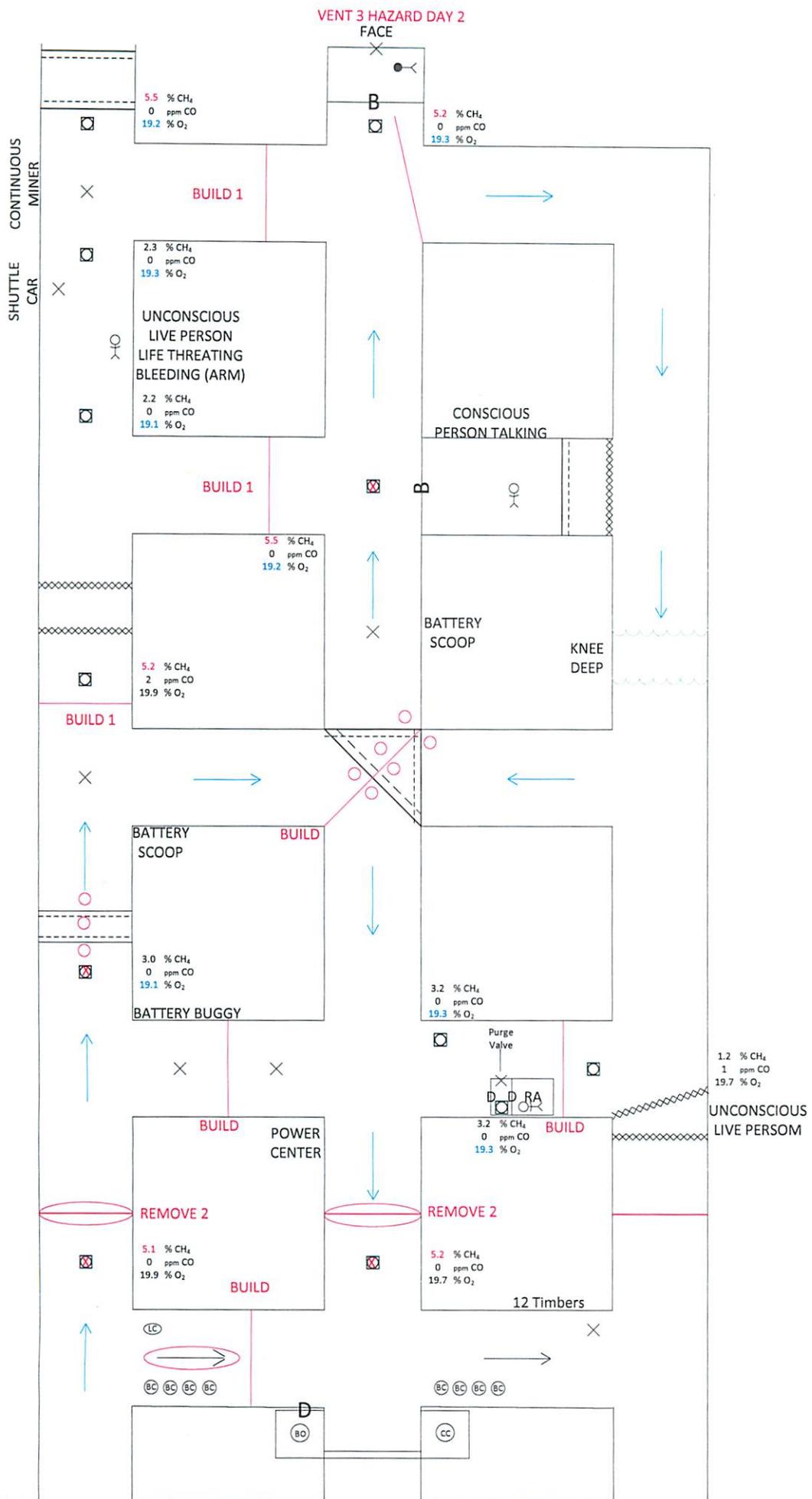
1. B Oxygen Indicator
2. C Methane Detector
3. B Quantities
4. A Produced
5. A Limit
6. B Debris
7. A Methane
8. A Re-establish
9. A Built
10. A Conditions



VENT 1 HAZARD DAY 2  
FACE







# KENTUCKY RIVER MINE RESCUE CONTEST



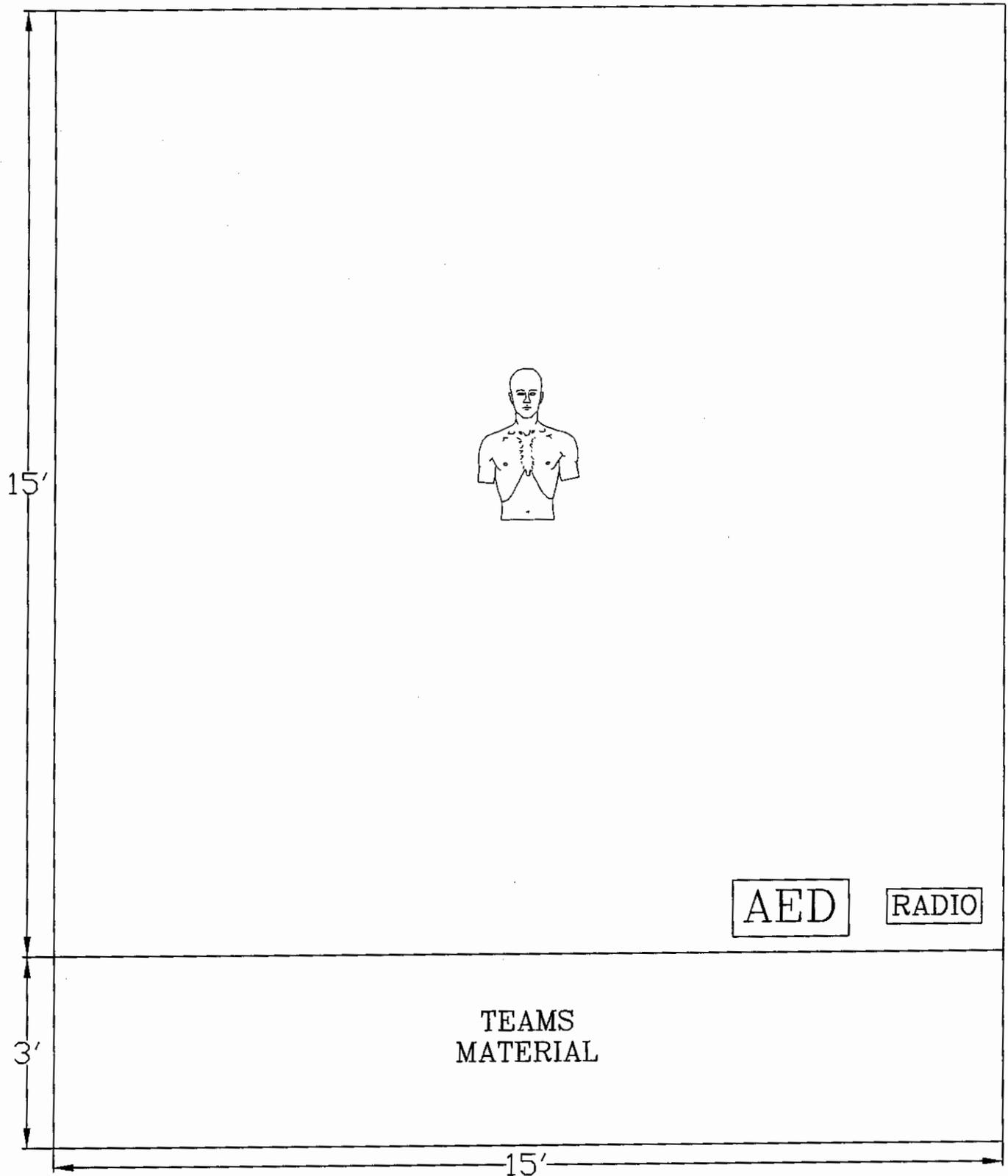
## FIRST AID SKILLS PROBLEM

2014

# **PROBLEM**

**Sparky Combs is the 001 section electrician and is working on a splice in the #2 shuttle car trailing cable when he receives a severe electrical shock. You and your partner witness the accident and immediately knock the circuit breaker. When you get to Sparky he is not breathing and does not have a pulse. An AED is immediately available. Please help Sparky.**

# FIELD LAYOUT



## AUTOMATED EXTERNAL DEFIBRILLATOR

PROCEDURES		CRITICAL SKILL
1. ASSESSES	<input type="checkbox"/> <input type="checkbox"/>	*A. Check for response  *B. Checks for no breathing or no normal breathing, only gasping (5-10 seconds)
2. ACTIVATE	<input type="checkbox"/>	*A. Emergency response system
3. CHECKS FOR PULSE	<input type="checkbox"/>	*A. No more than 10 seconds
4. GIVES HIGH-QUALITY CPR	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Correct compression hand placement  Adequate Rate: At least 100/min. (i.e., delivers each set of 30 chest compressions in 18 seconds or less)  B. Adequate Depth: Delivers compressions at least 2 inches in depth (at least 23 out of 30)  C. Allows complete chest recoil (at least 23 out of 30)  D. Minimizes interruptions: Gives 2 breaths with pocket mask in less than 10 seconds
5. SECOND RESCUER ARRIVES WITH AED (DURING FIFTH SET OF COMPRESSIONS)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. First rescuer continues compressions while second rescuer turns on AED and applies pads  *B. RESCUERS SWITCH - First rescuer clears victim, allowing AED to analyze  (Judges shall provide an envelope indicating a shockable or non-shockable rhythm)  *C. If AED indicates a shockable rhythm, first rescuer clears victim again and delivers shock.
6. RESUME HIGH-QUALITY CPR	<input type="checkbox"/> <input type="checkbox"/>	A. Second rescuer gives 30 compressions immediately after shock delivery (2 cycles)  B. First rescuer successfully delivers 2 breaths

**The AED has detected a shockable rhythm.**

**Sparky is now breathing and has a pulse.**

# KENTUCKY RIVER MINE RESCUE CONTEST



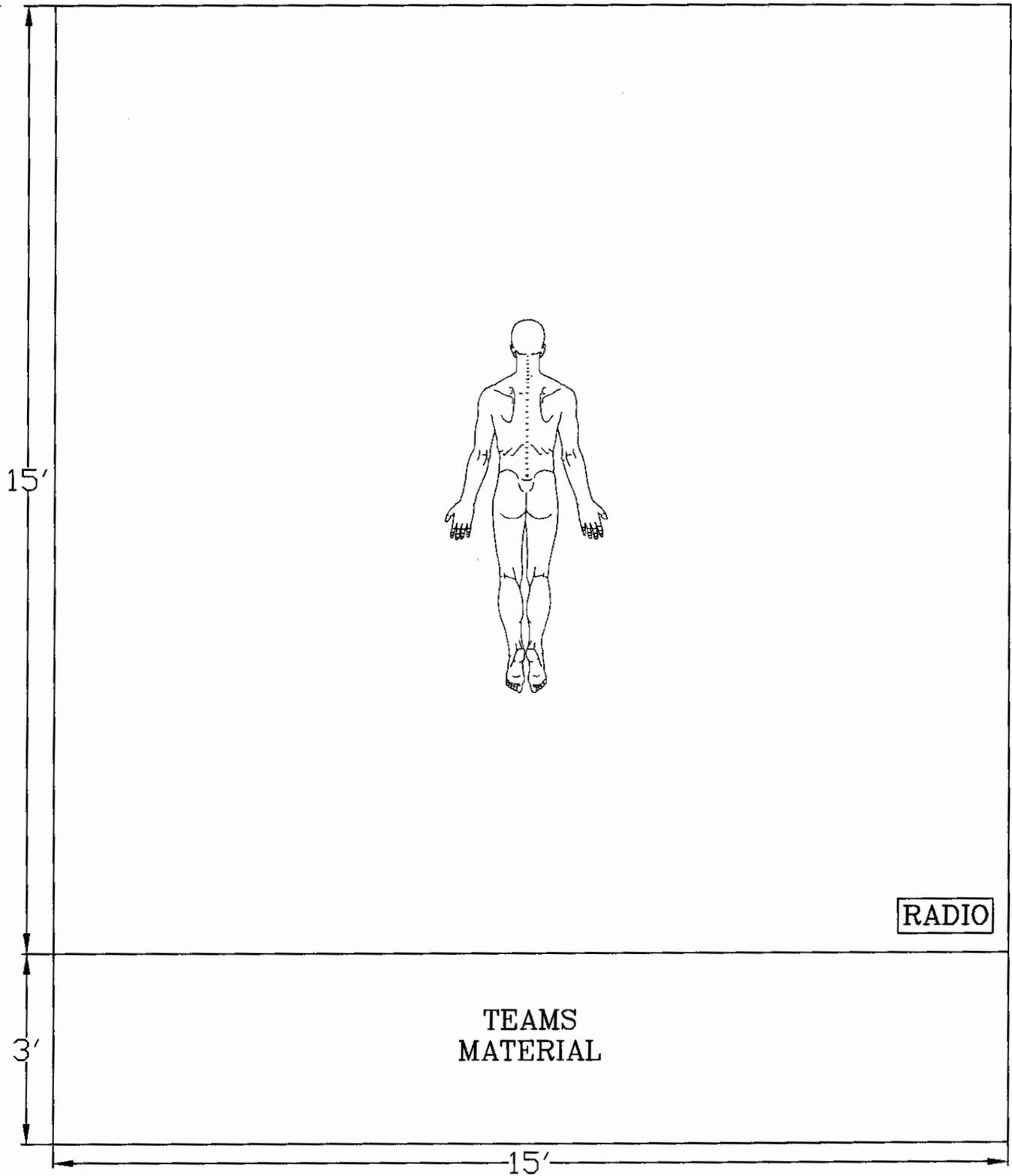
**FIRST AID PROBLEM**

**2014**

# **PROBLEM**

**Chuck Finley is standing on the #4 belt working on a scraper for the #5 head drive prior to the start of production when the belt suddenly starts up. Chuck is carried down the belt and under a turn chute at the 3A belt drive. Jim Bob witnessed the accident, shut off the belt and went to find help. You and your partner have been dispatched to the scene and find Chuck lying on the mine floor. You know that Chuck has recently been off work due to a blood clot in his lower leg and is taking Coumadin daily. Notify dispatch by radio that you have arrived on the scene and when Chuck is ready for transport. Please help Chuck.**

# FIELD LAYOUT



# **LIST OF INJURIES**

**2 INCH LACERATION LEFT WRIST**

**2 INCH ABRASION ON FOREHEAD**

**FOREIGN OBJECT AND CUT IN LEFT EYE**

**CLOSED FRACTURE RIGHT RIB**

**INTERNAL BLEEDING IN ABDOMEN**

**DISLOCATED RIGHT KNEE**

**3 INCH LACERATION LEFT THIGH**

**CLOSED FRACTURE LEFT TIBIA AND FIBULA**

**OPEN MID-SHAFT FRACTURED HUMERUS**

**2 INCH ABRASION  
ON FOREHEAD**

**RESPIRATIONS: 28  
PERFUSION: 1 SECOND  
MENTAL STATUS: ABLE TO  
FOLLOW COMMANDS**

**OPEN MID-SHAFT  
FRACTURED  
HUMERUS**

**FOREIGN OBJECT  
AND CUT IN LEFT EYE**

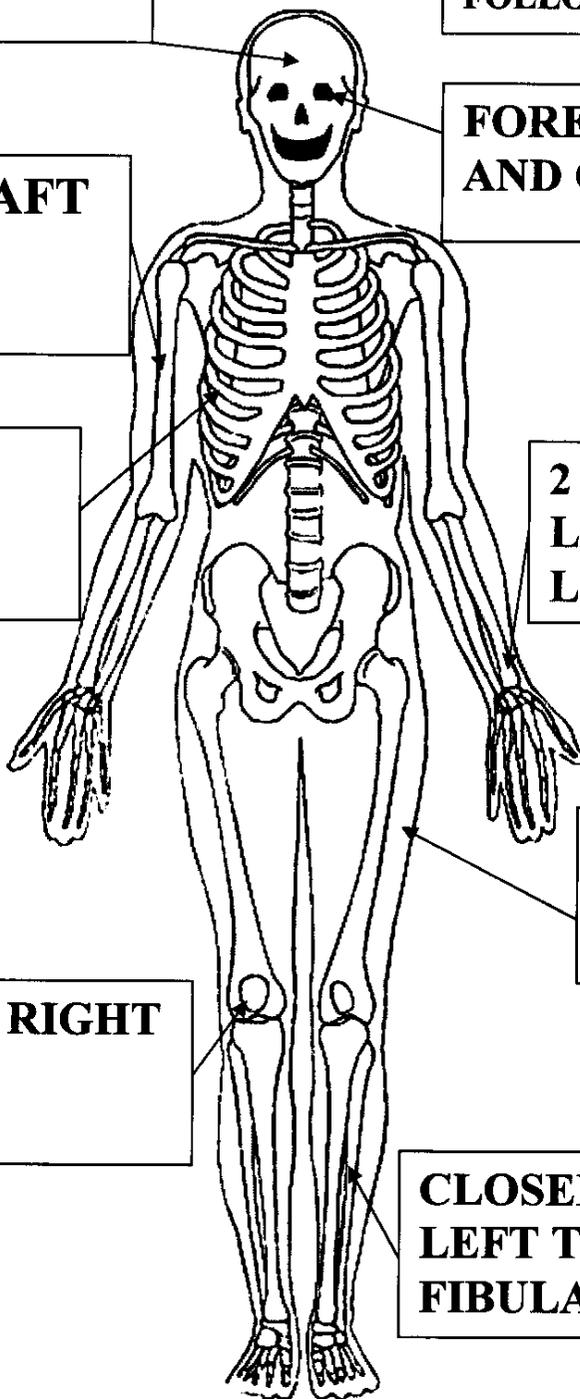
**CLOSED  
FRACTURE  
RIGHT RIB**

**2 INCH  
LACERATION  
LEFT WRIST**

**DISLOCATED RIGHT  
KNEE**

**3 INCH  
LACERATION  
LEFT THIGH**

**CLOSED FRACTURE  
LEFT TIBIA AND  
FIBULA**



## INITIAL ASSESSMENT

PROCEDURES	CRITICAL SKILL
1. SCENE SIZE UP	<input type="checkbox"/> *A. Observe area to ensure safety <input type="checkbox"/> *B. Call for help
2. MECHANISM OF INJURY	<input type="checkbox"/> *A. Determine causes of injury, if possible <input type="checkbox"/> *B. Triage: Immediate, Delayed, Minor or Deceased. <input type="checkbox"/> *C. Ask patient (if conscious) what happened
3. INITIAL ASSESSMENT	<input type="checkbox"/> *A. Verbalize general impression of the patient(s) <input type="checkbox"/> *B. Determine responsiveness/level of consciousness (AVPU) Alert, Verbal, Painful, Unresponsive <input type="checkbox"/> *C. Determine chief complaint/apparent life threat

## TWO-PERSON LOG ROLL

PROCEDURES	CRITICAL SKILL
1. STABILIZE HEAD	<input type="checkbox"/> *A. Stabilize the head and neck
2. PREPARING THE PATIENT	<input type="checkbox"/> A. When placing patient on board place board parallel to the patient <input type="checkbox"/> B. Kneel at the patient's shoulders opposite the board (if used) leaving room to roll the patient toward knees Raise the patient's arm, if not injured (the one closer to the rescuer) above the patient's head
3. PREPARING THE RESCUER	<input type="checkbox"/> A. Grasp the patient at the shoulder and pelvis area <input type="checkbox"/> B. Give instructions to bystander, if used to support
4. ROLLING THE PATIENT	<input type="checkbox"/> A. While stabilizing the head, roll the patient toward the rescuer by pulling steadily and evenly at the shoulder and pelvis areas <input type="checkbox"/> B. The head and neck should remain on the same plane as the torso <input type="checkbox"/> C. Maintain stability by holding patient with one hand and placing board (if used) with other <input type="checkbox"/> D. Roll the body as a unit onto the board (if used) (board may be slanted or flat) <input type="checkbox"/> E. Place the arm alongside the body

## CONTINUE INTIAL ASSESSMENT

4. ASSESS AIRWAY AND BREATHING	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<p>A. Correctly execute head-tilt/chin-lift or jaw thrust maneuver, depending on the presence of cervical spine (neck) injuries</p> <p>B. Look for absence of breathing (no chest rise and fall) or gasping, which are not considered adequate (within 10 seconds)</p> <p>C. If present, treat sucking chest wound</p>
5. ASSESS FOR CIRCULATION	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<p>A. Check for presence of a carotid pulse (5-10 seconds)</p> <p>B. If present, control life threatening bleeding</p> <p>C. Start treatment for all other life threatening injuries/conditions (reference Rule 2).</p>

**IMMEDIATE:** Rapid Patient Assessment treating all life threats Load and Go. If the treatment interrupts the rapid trauma assessment, the **assessment** will be completed at the end of the **treatment**.

**DELAYED:** Detailed Patient Assessment treating all injuries and conditions and prepare for transport.

**MINOR:** (Can walk) Detailed Patient Assessment treating all injuries and conditions and prepare for transport. After all IMMEDIATE and DELAYED patient(s) have been treated and transported.

**DECEASED:** Cover

**NOTE:** Each critical skill identified with an asterisk (\*) shall be clearly verbalized by the team as it is being conducted. After initially stating what DOTS stands for, the team may simply state "DOTS" when making their checks.

- Teams may use the acronym "CSM" when checking circulation, sensation, and motor function.

## CHUCK IS A DELAYED PATIENT

# 2 INCH LACERATION LEFT WRIST

## LIFE-THREATENING BLEEDING

PROCEDURES	CRITICAL SKILL
1. DIRECT PRESSURE AND ELEVATION	<input type="checkbox"/> *A. Apply direct pressure with a gloved hand <input type="checkbox"/> *B. Apply a dressing to wound (cover entire wound) and continue to apply direct pressure <input type="checkbox"/> *C. Elevate the extremity except when spinal injury exists <input type="checkbox"/> *D. Bleeding has been controlled <input type="checkbox"/> *E. If controlled, bandage dressing in place

## BLEEDING IS NOT CONTROLLED

2. IF NOTIFIED THAT BLEEDING IS NOT CONTROLLED, PRESSURE POINTS SHALL BE UTILIZED	<input type="checkbox"/> *A. Apply pressure to appropriate pressure point and notify judge verbally that bleeding is controlled (Apply pressure to blood vessels leading to area - in arm, press just below armpit; in leg, press against groin where thigh and trunk join.) <input type="checkbox"/> B. If controlled, bandage dressing in place
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## BLEEDING IS NOT CONTROLLED

3. IF NOTIFIED THAT BLEEDING IS NOT CONTROLLED, APPLY TOURIQUET	<input type="checkbox"/> A. Apply as per tourniquet skill sheet
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### External Bleeding

To Control: 1<sup>st</sup>: direct pressure  
 2<sup>nd</sup>: elevation & direct pressure  
 3<sup>rd</sup>: pressure point  
 Last Resort: Tourniquet

## TOURNIQUET

PROCEDURES	CRITICAL SKILL
1. DETERMINE NEED OR USING TOURNIQUET	<p>If these conditions are met, a tourniquet may be the only alternative:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A. Direct pressure has not been successful in stopping bleeding</li> <li><input type="checkbox"/> B. Elevation of wound above heart has not been successful in stopping of bleeding</li> <li><input type="checkbox"/> C. Compression of pressure point has not been successful in stopping of bleeding.</li> </ul>
2. SELECT APPROPRIATE MATERIALS	<ul style="list-style-type: none"> <li><input type="checkbox"/> A. Select a band that will be between 3-4 inches in width and can be wrapped six or eight layers deep for improvised tourniquet or select factory tourniquet.</li> </ul>
3. APPLY TOURNIQUET	<ul style="list-style-type: none"> <li><input type="checkbox"/> Factory Tourniquet               <ul style="list-style-type: none"> <li>A. Wrap band around the extremity proximal to the wound (one inch above but not on a joint)</li> </ul> </li> <li><input type="checkbox"/> Improvised Tourniquet               <ul style="list-style-type: none"> <li>B. Apply a bandage around the extremity proximal to the wound (one inch above but not on a joint) and tie a half knot in the bandage</li> <li>C. Place a stick or pencil on top of the knot and tie the ends of the bandage over the stick in a square knot</li> <li>D. Twist the stick until the bleeding is controlled, secure the stick in position</li> </ul> </li> </ul>
4. APPLY PRESSURE WITH TOURNIQUET	<ul style="list-style-type: none"> <li><input type="checkbox"/> A. Do not cover the tourniquet with bandaging material</li> <li><input type="checkbox"/> *B. Notify other medical personnel caring for the patient</li> </ul>
5. MARK PATIENT APPROPRIATELY	<ul style="list-style-type: none"> <li><input type="checkbox"/> A. Mark a piece of tape on the patient's forehead "TQ" and time applied</li> </ul>
6. REASSESS	<ul style="list-style-type: none"> <li><input type="checkbox"/> *A. Assess level of consciousness (AVPU), respiratory status, and patient response</li> </ul>

## PATIENT ASSESSMENT

### PROCEDURES

### CRITICAL SKILL

PROCEDURES		CRITICAL SKILL
1. HEAD	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*A. Check head for DOTS: Deformities, Open wounds, Tenderness and Swelling *B. Check and touch the scalp *C. Check the face *D. Check the ears for bleeding or clear fluids *E. Check the eyes for any discoloration, unequal pupils, reaction to light, foreign objects and bleeding *F. Check the nose for any bleeding or drainage *G. Check the mouth for loose or broken teeth, foreign objects, swelling or injury of tongue, unusual breath odor and discoloration

**2 INCH ABRASION ON FOREHEAD  
NO TREATMENT REQUIRED**

# FOREIGN OBJECT WITH CUT IN LEFT EYE

## DRESSINGS AND BANDAGING - OPEN WOUNDS

PROCEDURES		CRITICAL SKILL
1. EMERGENCY CARE FOR AN OPEN WOUND	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*A. Control bleeding *B. Prevent further contamination *C. Bandage dressing in place after bleeding has been controlled *D. Keep patient lying still
2. APPLY DRESSING	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Use sterile dressing B. Cover entire wound C. Control bleeding D. Do not remove dressing
3. APPLY BANDAGE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Do not bandage too tightly. B. Do not bandage too loosely. C. Do not leave loose ends. D. Cover all edges of dressing. E. Do not cover tips of fingers and toes, unless they are injured. F. Bandage from the bottom of the limb to the top (distal to proximal) if applicable.

### Impaled Objects in the Eye

1. Stabilize with 3 inch gauze or folded 4x4
2. Put cup (no Styrofoam) over object and allow cup to rest on roller gauze or 4x4
3. Secure cup with roller gauze (not over top of cup)
- \*4. Cover uninjured eye too

## CONTINUE PATIENT ASSESMENT

2. NECK	<input type="checkbox"/> <input type="checkbox"/>	*A. Check the neck for DOTS *B. Inspect for medical ID
3. CHEST	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*A. Check chest area for DOTS *B. Feel chest for equal breathing movement on both sides *C. Feel chest for inward movement in the rib areas during inhalations

## CLOSED FRACTURE RIGHT RIB NO TREATMENT REQUIRED

## CONTINUE PATIENT ASSESMENT

4. ABDOMEN	<input type="checkbox"/>	*A. Check abdomen (stomach) for DOTS
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## ENVELOPE

**CHUCK HAS TENDERNESS AND SWELLING OF THE ABDOMEN AND IS COMPLAINING OF EXTREME THIRST.**

**TEAM SHOULD RECONGNIZE THIS AS SYMPTONS OF INTERNAL BLEEDING AND VERBILIZE THE FOLLOWING:**

### Internal Bleeding

- \*1. Monitor breathing and pulse
- \*2. Keep patient still
- \*3. Loosen restrictive clothing
- \*4. Be alert if patient vomits
- \*5. Nothing by mouth
- \*6. Report possibility of internal bleeding as soon as EMS personnel arrive on scene

## CONTINUE PATIENT ASSESSMENT

5. PELVIS	<input type="checkbox"/> <input type="checkbox"/>		*A. Check pelvis for DOTS *B. Inspect pelvis for injury by touch (Visually inspect and verbally state inspection of crotch and buttocks areas)
6. LEGS	L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	*A. Check each leg for DOTS B. Inspect legs for injury by touch C. Unresponsive: Check legs for paralysis (pinch inner side of leg on calf) *D. Responsive: Check legs for motion; places hand on bottom of each foot and states "Can you push against my hand?" *E. Check for medical ID bracelet

## DISLOCATED RIGHT KNEE

### SPLINTING (RIGID OR SOFT) PELVIC GIRDLE, THIGH, KNEE, AND LOWER LEG

PROCEDURE		CRITICAL SKILL
1. DETERMINE NEED FOR SPLINTING	<input type="checkbox"/> <input type="checkbox"/>	*A. Assess for: <ul style="list-style-type: none"> <li>▪ Pain</li> <li>▪ Swelling</li> <li>▪ Deformity</li> </ul> B. Determine if splinting is warranted
2. APPLY MANUAL STABILIZATION	<input type="checkbox"/>	A. Support affected limb and limit movement <ul style="list-style-type: none"> <li>▪ Do not attempt to reduce dislocations</li> </ul>
3. SELECT APPROPRIATE SPLINT	<input type="checkbox"/> <input type="checkbox"/>	A. Select appropriate splinting method depending on position of extremity and materials available B. Select appropriate padding material
4. PREPARE FOR SPLINTING	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Remove or cut away clothing as needed *B. Assess distal circulation, sensation, and motor function C. Cover any open wounds with sterile dressing and bandage D. Measure splint E. Pad around splint for patient comfort



# 3 INCH LACERATION LEFT THIGH

## DRESSINGS AND BANDAGING - OPEN WOUNDS

PROCEDURES	CRITICAL SKILL
1. EMERGENCY CARE FOR AN OPEN WOUND	<input type="checkbox"/> *A. Control bleeding <input type="checkbox"/> *B. Prevent further contamination <input type="checkbox"/> *C. Bandage dressing in place after bleeding has been controlled <input type="checkbox"/> *D. Keep patient lying still
2. APPLY DRESSING	<input type="checkbox"/> A. Use sterile dressing <input type="checkbox"/> B. Cover entire wound <input type="checkbox"/> C. Control bleeding <input type="checkbox"/> D. Do not remove dressing
3. APPLY BANDAGE	<input type="checkbox"/> A. Do not bandage too tightly. <input type="checkbox"/> B. Do not bandage too loosely. <input type="checkbox"/> C. Do not leave loose ends. <input type="checkbox"/> D. Cover all edges of dressing. <input type="checkbox"/> E. Do not cover tips of fingers and toes, unless they are injured. <input type="checkbox"/> F. Bandage from the bottom of the limb to the top (distal to proximal) if applicable.

# CLOSED FRACTURE LEFT TIBIA AND FIBULA

## SPLINTING (RIGID OR SOFT) PELVIC GIRDLE, THIGH, KNEE, AND LOWER LEG

PROCEDURE		CRITICAL SKILL
1. DETERMINE NEED FOR SPLINTING	<input type="checkbox"/>          <input type="checkbox"/>	*A. Assess for: <ul style="list-style-type: none"> <li>▪ Pain</li> <li>▪ Swelling</li> <li>▪ Deformity</li> </ul> B. Determine if splinting is warranted
2. APPLY MANUAL STABILIZATION	<input type="checkbox"/>	A. Support affected limb and limit movement <ul style="list-style-type: none"> <li>▪ Do not attempt to reduce dislocations</li> </ul>
3. SELECT APPROPRIATE SPLINT	<input type="checkbox"/>          <input type="checkbox"/>	A. Select appropriate splinting method depending on position of extremity and materials available B. Select appropriate padding material
4. PREPARE FOR SPLINTING	<input type="checkbox"/>          <input type="checkbox"/>          <input type="checkbox"/>          <input type="checkbox"/>	A. Remove or cut away clothing as needed *B. Assess distal circulation, sensation, and motor function C. Cover any open wounds with sterile dressing and bandage D. Measure splint E. Pad around splint for patient comfort

5. SPLINT	<ul style="list-style-type: none"> <li>□ A. Maintain support while splinting</li> </ul> <p>Living Splint:</p> <ul style="list-style-type: none"> <li>□ A. Immobilize the site of the injury</li> <li>□ B. Carefully place a pillow or folded blanket between the patients knees/legs</li> <li>□ C. Bind the legs together with wide straps or cravats</li> <li>□ D. Carefully place patient on long spine board</li> <li>□ E. Secure the patient to the long spine board (if primary splint)</li> <li>□ *F. Reassess distal circulation, sensation, and motor function</li> </ul> <p>Padded Board Splint:</p> <ul style="list-style-type: none"> <li>□ A. Splint with two long padded splinting boards (one should be long enough to extend from the patient's armpit to beyond the foot. The other should extend from the groin to beyond the foot.) (Lower leg requires boards to extend from knee to below the foot.)</li> <li>□ B. Cushion with padding in the armpit and groin and all voids created at the ankle and knee</li> <li>□ C. Secure the splinting boards with straps and cravats</li> <li>□ D. Carefully place the patient on long spine board</li> <li>□ E. Secure the patient to the long spine board (if primary splint)</li> <li>□ *F. Reassess distal circulation, sensation, and motor function</li> </ul> <p>Other Splints:</p> <ul style="list-style-type: none"> <li>□ A. Immobilize the site of the injury</li> <li>□ B. Pad as needed</li> <li>□ C. Secure to splint distal to proximal</li> <li>□ D. Carefully place patient on long spine board</li> <li>□ E. Secure the patient to the long spine board (if primary splint)</li> <li>□ *F. Reassess distal circulation, sensation, and motor function</li> </ul>
6. REASSESS	<ul style="list-style-type: none"> <li>□ *A. Assess patient response and level of comfort</li> </ul>

## CONTINUE PATIENT ASSESSMENT

	L	R	
7. ARMS	<input type="checkbox"/>	<input type="checkbox"/>	*A. Check each arm for DOTS
	<input type="checkbox"/>	<input type="checkbox"/>	B. Inspect arms for injury by touch
	<input type="checkbox"/>	<input type="checkbox"/>	C. Unresponsive: Check arms for paralysis (pinch inner side of wrist)
	<input type="checkbox"/>	<input type="checkbox"/>	*D. Responsive: Check arms for motion (in a conscious patient; team places fingers in each hand of patient and states "Can you squeeze my fingers?")
	<input type="checkbox"/>	<input type="checkbox"/>	*E. Check for medical ID bracelet

## OPEN MID-SHAFT FRACTURED HUMERUS

## SPLINTING (RIGID) UPPER EXTREMITY FRACTURES AND DISLOCATIONS

PROCEDURES	CRITICAL SKILL
1. CARE FOR FRACTURE	<input type="checkbox"/> *A. Check for distal circulation, sensation, and motor function <ul style="list-style-type: none"> <li>▪ Do not attempt to reduce dislocations (if applies)</li> </ul>
2. IMMOBILIZING FRACTURE	<input type="checkbox"/> A. Selection of appropriate rigid splint of proper length <input type="checkbox"/> B. Support affected limb and limit movement <input type="checkbox"/> C. Apply appropriate padded rigid splint against injured extremity <input type="checkbox"/> D. Place appropriate roller bandage in hand to ensure the position of function <input type="checkbox"/> E. Secure splint to patient with roller bandage, handkerchiefs, cravats, or cloth strips <input type="checkbox"/> F. Apply wrap distal to proximal <input type="checkbox"/> *H. Reassess distal circulation, sensation, and motor function
3. SECURING WITH SLING	<input type="checkbox"/> A. Place sling over chest and under arm <input type="checkbox"/> B. Hold or stabilize arm <input type="checkbox"/> C. Triangle should extend behind elbow on injured side <input type="checkbox"/> D. Pull sling around neck and tie on uninjured side <input type="checkbox"/> E. Pad at the neck (except when C-Collar is present) <input type="checkbox"/> F. Secure excess material at elbow <input type="checkbox"/> G. Fingertips should be exposed <input type="checkbox"/> *H. Reassess distal circulation, sensation, and motor function
4. SECURING SLING WITH SWATHE	<input type="checkbox"/> A. Use triangle cravat or factory swathe <input type="checkbox"/> B. Swathe is tied around chest and injured arm <input type="checkbox"/> *C. Reassess distal circulation, sensation, and motor function

### CONTINUE PATIENT ASSESSMENT

8. BACK SURFACES	<input type="checkbox"/>	*A. Check back for DOTS
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## IMMOBILIZATION - LONG SPINE BOARD (Backboard)

PROCEDURES	CRITICAL SKILL
1. MOVE THE PATIENT ONTO THE LONG SPINE BOARD	<ul style="list-style-type: none"> <li><input type="checkbox"/> A. One First Aid Provider at the head must maintain in-line immobilization of the head and spine</li> <li><input type="checkbox"/> B. First Aid Provider at the head directs the movement of the patient</li> <li><input type="checkbox"/> C. Other First Aid Provider control movement of the rest of body</li> <li><input type="checkbox"/> D. Other First Aid Provider position themselves on same side</li> <li><input type="checkbox"/> E. Upon command of First Aid Provider at the head, roll patient onto side toward First Aid Providers</li> <li><input type="checkbox"/> F. Quickly assess posterior body, if not already done</li> <li><input type="checkbox"/> G. Place long spine board next to the patient with top of board beyond top of head</li> <li><input type="checkbox"/> H. Place patient onto the board at command of the First Aid Provider at head while holding in-line immobilization using methods to limit spinal movement</li> <li><input type="checkbox"/> I. Slide patient into proper position using smooth coordinated moves keeping spine in alignment</li> </ul>
2. PAD VOIDS BETWEEN PATIENT AND LONG SPINE BOARD	<ul style="list-style-type: none"> <li><input type="checkbox"/> A. Select and use appropriate padding</li> <li><input type="checkbox"/> B. Place padding as needed under the head</li> <li><input type="checkbox"/> C. Place padding as needed under torso</li> </ul>
3. IMMOBILIZE BODY TO THE LONG SPINE BOARD	<ul style="list-style-type: none"> <li><input type="checkbox"/> A. Strap and secure body to board ensuring spinal immobilization, beginning at shoulder and working toward feet</li> </ul>
4. IMMOBILIZE HEAD TO THE LONG SPINE BOARD	<ul style="list-style-type: none"> <li><input type="checkbox"/> A. Using head set or place rolled towels on each side of head</li> <li><input type="checkbox"/> B. Tape and/or strap head securely to board, ensuring cervical spine immobilization</li> </ul>
5. REASSESS	<ul style="list-style-type: none"> <li><input type="checkbox"/> *A. Reassess distal circulation, sensation, and motor function</li> <li><input type="checkbox"/> *B. Assess patient response and level of comfort</li> </ul>

## SHOCK

PROCEDURES	CRITICAL SKILL
1. CHECK FOR SIGNS AND SYMPTOMS OF SHOCK	<input type="checkbox"/> *A. Check for pale (or bluish) skin (in victim with dark skin examine inside of mouth and nail beds for bluish coloration. <input type="checkbox"/> *B. Check for cool, clammy skin <input type="checkbox"/> *C. Check for weakness
2. TREATMENT	<input type="checkbox"/> A. Keep victim lying down <input type="checkbox"/> B. Cover with blanket to prevent loss of body heat and place a blanket under the patient. (Do not try to place blanket under patient with possible spinal injuries) <input type="checkbox"/> C. Elevate according to injury <input type="checkbox"/> *D. Reassure and calm the patient

**Option 1: Elevate the lower extremities or foot end of the back board.** This procedure is performed in most cases. Place the patient flat, face up and elevate the legs or foot end of the back board 8 to 12 inches. Do not elevate any limbs with possible fractures or pelvic injuries until they have been properly splinted. Remember to consider the mechanism of injury for every patient.

**Option 2: Lay the patient flat, face up.** This is the supine position, used for patients with a spinal injury and patients who have serious injuries to the extremities that have not been supported. If the patient is placed in this position, you must constantly be prepared for vomiting.

**Option 3: Slightly raise the head and shoulders.** This position should be used only for responsive patients with no spinal injuries, life threatening chest or abdominal injuries and only for patients having difficulty breathing, but who have an open airway. A semi-seated position can also be used for patients with a history of heart problems. It is not recommended for moderate to severe cases of shock. Be certain to keep the patient's head from tilting forward.

Note: Injuries requiring the injured side to be tilted or placed down may be done after patient has been properly secured to a back board if a back board is required.

2014  
KENTUCKY RIVER  
MINE RESCUE  
PRE-SHIFT CONTEST



### **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 DOES NOT PLACE DANGER SIGN DO NOT DISCOUNT FOR DTI ON DANGER SIGN.
3. IF THE CONTESTANT CHECKS ROOF TEST HOLE TELL THEM (HOLE IS OK).
4. IF CONTESTANT CHECKS TELEPHONES TELL THEM (PHONES OK).

STATEMENT

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

YOU ARE THE PRE-SHIFT EXAMINER FOR THE 001 SECTION AND THE #1 BELT.

MINERS ARE SCHEDULED TO WORK ON THE 001 SECTION AND ON THE #1 BELT.

THE #1 BELT IS NOT RUNNING AT THIS TIME.

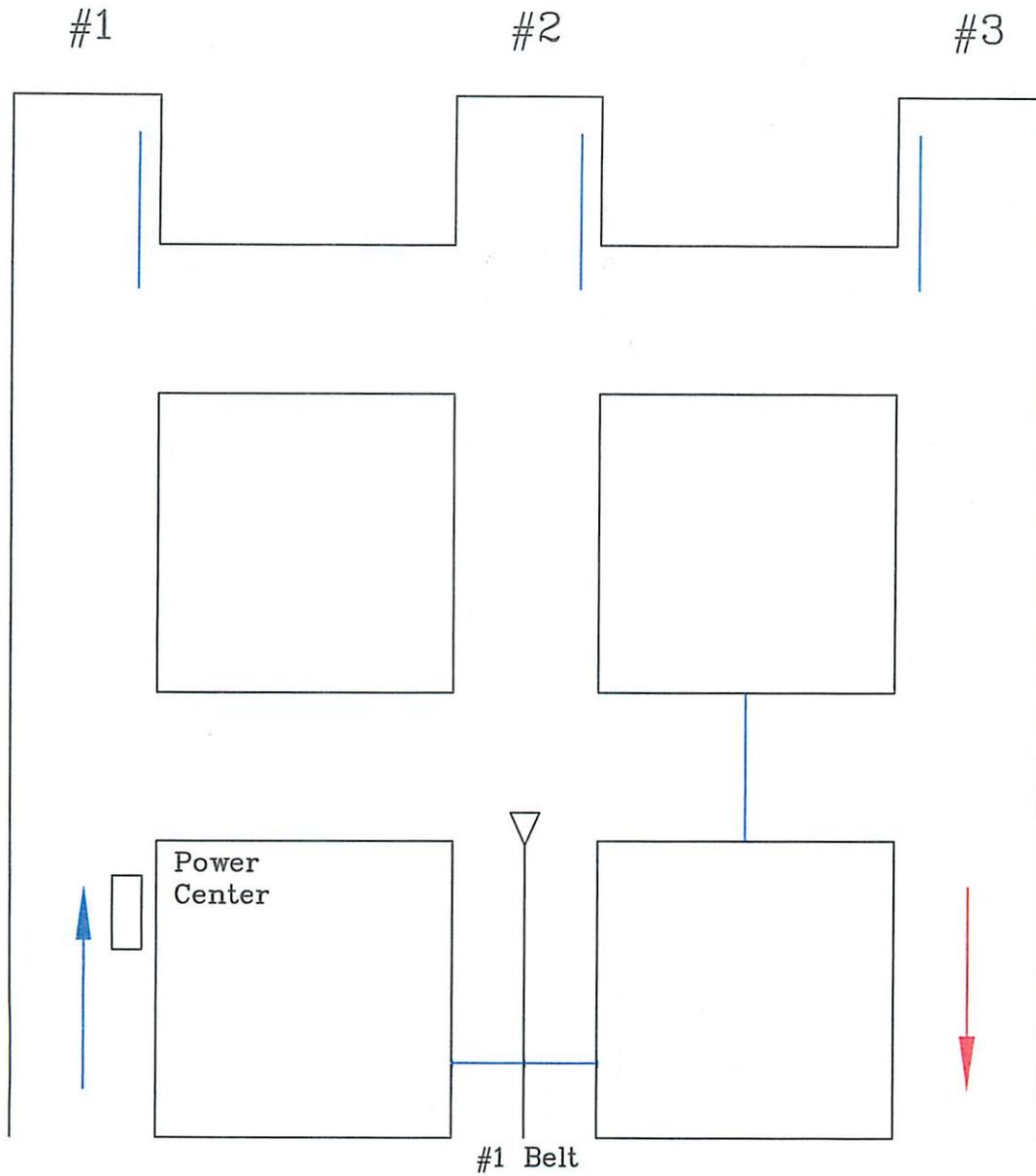
## ROOF CONTROL PLAN

- (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.

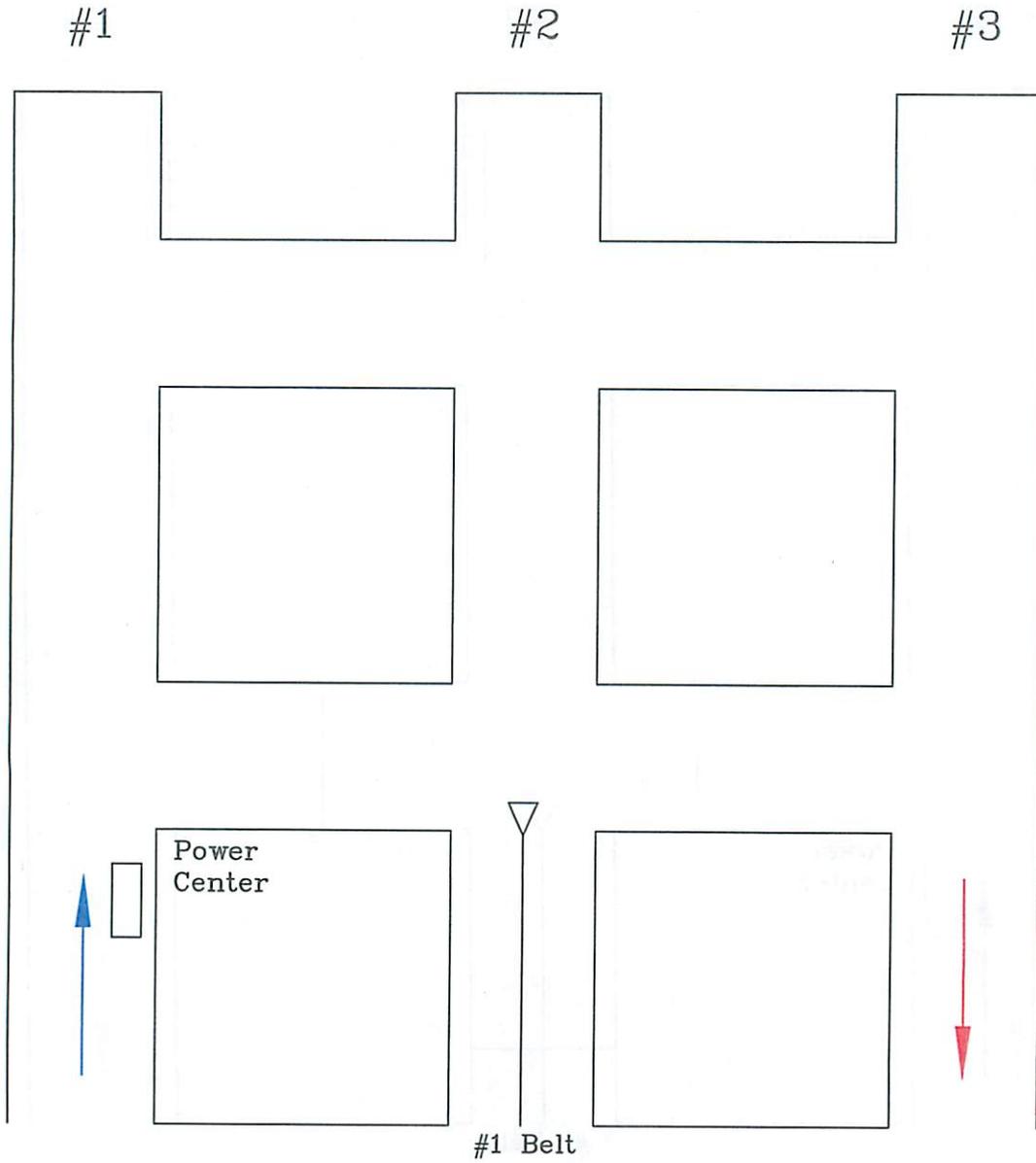
## VENTILATION PLAN

- (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.

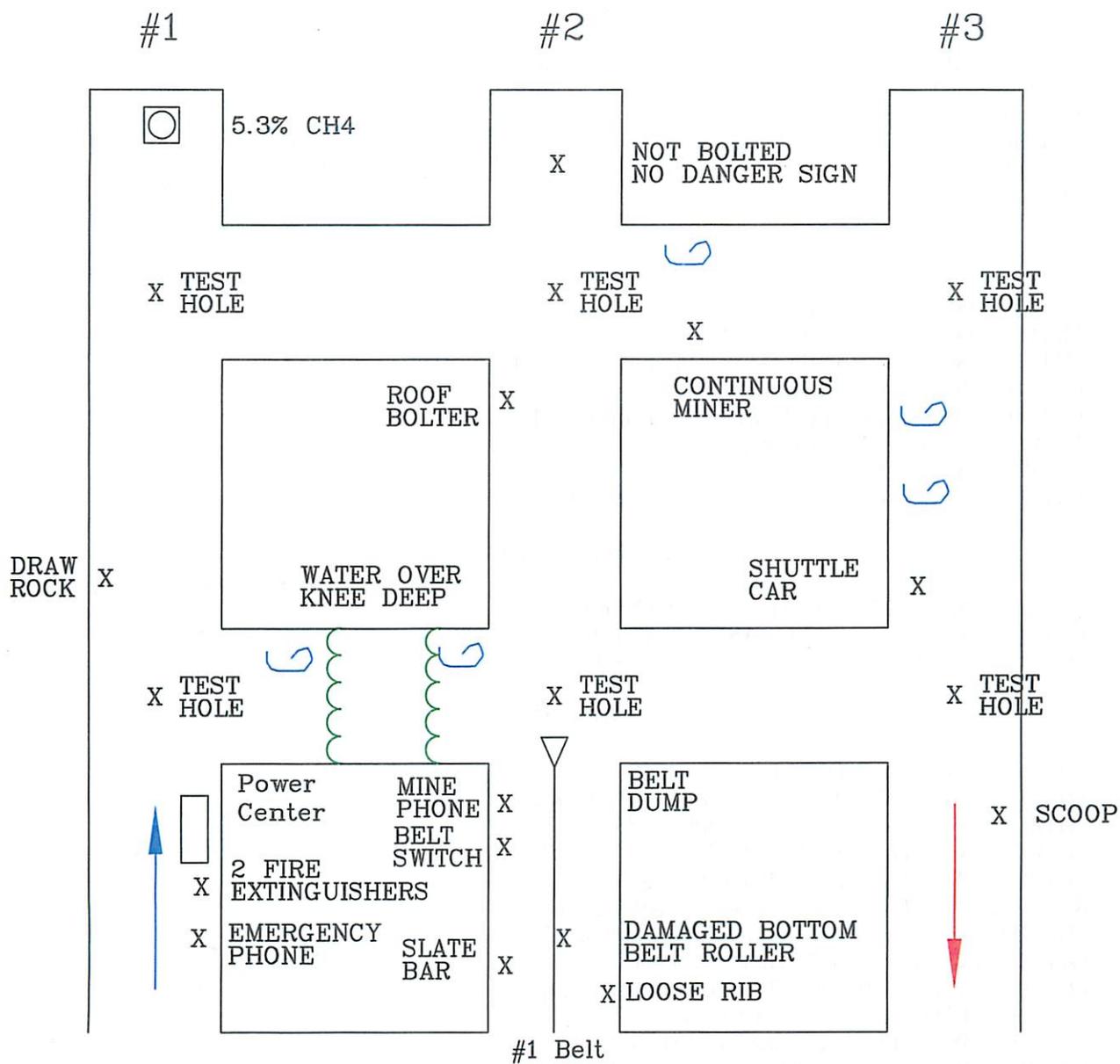
# Ventilation Map



# Blank Map



# Problem 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 3 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 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 VERBALLY IDENTIFY ROOF & RIB	___	___*	10
(5) DID CONTESTANT IDENTIFY DRAW ROCK	___	___*	11
(6) DID CONTESTANT TAKE DOWN DRAW ROCK	___	___*	12
(7) DID CONTEST ENDANGER SELF IN DRAW ROCK	___*	___	16
(8) DID CONTESTANT IDENTIFY 5.3% CH4	___	___*	11
(9) DID CONTESTANT IDENTIFY CURTAIN MISSING	___	___*	11
(10) DID CONTESTANT HANG CURTAIN	___	___*	7
(11) DID CONTESTANT RETAKE GAS TEST AT #1 HEADING	___	___*	5
(12) DID CONTESTANT TAKE A PROPER GAS TEST	___	___*	6

**WATER OVER KNEE DEEP BETWEEN #1 AND #2 ENTRY**

	<u>YES</u>	<u>NO</u>	<u>RULE</u>
(1) DID CONTESTANT IDENTIFY WATER OVER KNEE KEEP	___	___*	11
(2) DID CONTESTANT PLACE DANGER (BOTH SIDES)	___	___*	12
(3) DID CONTEST ENDANGER SELF IN WATER OVER KNEE DEEP	___*	___	16

## #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 VERBALLY IDENTIFY ROOF & RIB	___	___*	10
(5) DID CONTESTANT IDENTIFY CURTAIN MISSING (BETWEEN #2 AND #3 ENTRY)	___	___*	11
(6) DID CONTESTANT HANG CURTAIN	___	___*	7
(7) DID CONTESTANT IDENTIFY CURTAIN MISSING (AT FACE)	___	___*	11
(8) DID CONTESTANT HANG CURTAIN	___	___*	7
(9) DID CONTESTANT IDENTIFY NO DANGER SIGN	___	___*	11
(10) DID CONTESTANT PLACE DANGER	___	___*	12
(11) DID CONTESTANT DTI DANGER.	___	___*	4
(12) DID CONTEST ENDANGER SELF IN NOT BOLTED	___*	___	16

## #1 BELT (#2 ENTRY)

(1) DID CONTESTANT IDENTIFY LOOSE RIB	___	___*	11
(2) DID CONTESTANT TAKE DOWN LOOSE RIB	___	___*	12
(3) DID CONTEST ENDANGER SELF AT LOOSE RIB	___*	___	16
(4) DID CONTESTANT IDENTIFY CURTAIN MISSING	___	___*	11
(5) DID CONTESTANT HANG CURTAIN	___	___*	7
(6) DID CONTESTANT IDENTIFY DAMAGED BOTTOM BELT ROLLER	___	___*	11
(7) DID CONTESTANT PLACE DANGER OR REMOVE DAMAGED BOTTOM BELT ROLLER)	___	___*	12
(8) DID CONTESTANT DTI DANGER	___	___*	4

## #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 VERBALLY IDENTIFY ROOF & RIB	___	___*	10
(5) DID CONTESTANT IDENTIFY CURTAIN MISSING	___	___*	11
(6) DID CONTESTANT HANG CURTAIN	___	___*	7

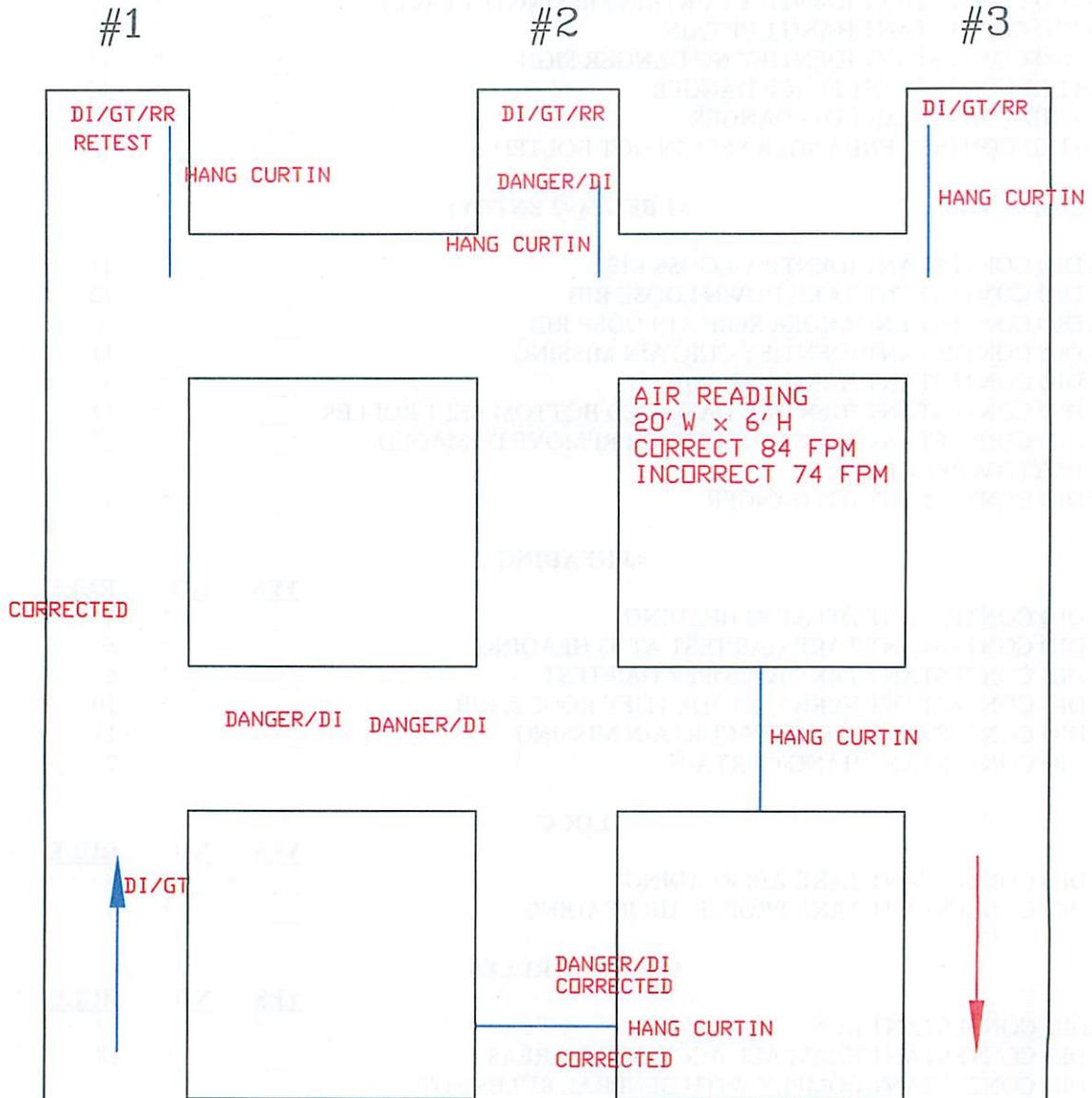
## LOCC

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

## GENERAL RULES

	<u>YES</u>	<u>NO</u>	<u>RULE</u>
(1) DID CONTESTANT RUN	___*	___	13
(2) DID CONTESTANT EXAM ALL ACCESSIBLE AREAS	___	___*	18
(3) DID CONTESTANT COMPLY WITH GENERAL RULES NOT COVERED IN THE DISCOUNT SHEET	___	___*	19

# Judges Map



AIR

CORRECT

20 W

6 H

84 LINEAR

CURTAIN

DOWN

20 W

6 H

74 LINEAR

Date of Examination: 06/17/2014 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	DRAW ROCK 5.3% METHANE (CH4) NO LINE CURTAIN	TAKEN DOWN HUNG CURTAIN HUNG CURTAIN	0.0% (Retest)
#2 ENTRY	NOT BOLTED, NO DANGER SIGN NO LINE CURTAIN NO CURTAIN BETWEEN 2 AND 3	DANGER HUNG CURTAIN HUNG CURTAIN	0.0%
#3 ENTRY	NO LINE CURTAIN	HUNG CURTAIN	0.0%
#1 BELT	DAMAGED BOTTOM ROLLER NO CHECK CURTAIN LOOSE RIB	DANGER / REMOVE ROLLER HUNG CHECK CURTAIN TAKEN DOWN	0.0%
POWER CENTER			0.0%
WATER OVER KNEE DEEP BETWEEN 1 AND 2 ENTRY	WATER OVER KNEE DEEP	DANGER	0.0%

**Air Measurements**

Location	CFM	Location	CFM
LOCC BETWEEN 2 & 3	10,080		

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

SIGNATURE \_\_\_\_\_ 06/17/2014 \_\_\_\_\_

Signed by Preshift Certified Examiner \_\_\_\_\_ Date \_\_\_\_\_ Certification Number \_\_\_\_\_