

<b>DATE OF EXAMINATION</b>				<b>TIME FROM:</b>		<b>AM PM</b>		<b>TIME TO:</b>		<b>AM PM</b>
<b>SECTION / AREA:</b>				<b>REPORTED</b>	<b>YES</b>	<b>RECEIVED</b>				<b>AM</b>
				<b>OUTSIDE?</b>	<b>NO</b>	<b>BY:</b>				<b>PM</b>
<b>PRE-SHIFT REQUIRED WITHIN 3 HOURS BEFORE ANY 8-HOUR INTERVAL</b>										
<b>LOCATION</b>	<b>CH<sub>4</sub>%</b>	<b>O<sub>2</sub>%</b>	<b>VIOLATION OR HAZARDOUS CONDITION</b>				<b>ACTION TAKEN</b>			
<b>AIR MEASUREMENTS (MUST BE CORRECT)</b>										
	<b>LOCATION</b>		<b>CFM</b>		<b>LOCATION</b>		<b>CFM</b>			
<b>REMARKS</b>										
<b>SIGNED BY CERTIFIED EXAMINER</b>				<b>DATE</b>			<b>CERTIFICATION NUMBER</b>			
<b>COUNTERSIGNED BY MINE FOREMAN</b>				<b>DATE</b>			<b>CERTIFICATION NUMBER</b>			