

Form Approved OMB No. 0920-0843 Exp. Date xx/xx/20xx

Form	Name: Phase II Section Foreman Form
Mine I Full S	Name:tudy Section Foreman Subject ID:
	n Number: #:
(NOT)	RONMENT E: these questions are to be asked to <i>each</i> section foreman on a monthly basis via a ence call; please instruct the section foreman that all of the following questions a to conditions over the past month.)
1.	How many working faces do you currently have at your mine (please enter)?
2.	What is the mining height of <i>your</i> section at the face (please enter)?
3.	How would you describe your mine floor conditions at the face (please circle)?
	 a. Extremely wet/standing water b. Extremely dry/no mud whatsoever c. Thick mud d. Slightly muddy e. Alternating between muddy and dry depending on the day/week f. Mostly dry g. Completely dry h. Rocky i. Smooth j. Soft k. Other (please specify)
4.	How much rock is spalling (i.e. breaking into chips or fragments) off from the roof and/or rib (please circle)?
	a. None

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection

b. Very littlec. Somed. A lot

of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0843).

	Referring to your roof control plan		
	i. What are the length of the bolts you are using (please write of lengths)?	lown all l	oolt
	ii. What types of supplemental supports are you using (place ar answer for each type of support)?	ı "x" und	er tl
	Yes	No	
	Straps		
	Pizza pans	\perp	
	Header plates Other (specify):	+	
	a. Shaleb. Sandstonec. Other (please specify) What conditions have changed in your section in the past month (please apply)?	ease circl	e al
	 a. None b. Type of surrounding rock c. Roof control plan d. Quality of roof e. Amount of wetness f. Seam height g. Now have undulating ground conditions h. Now have non-undulating ground conditions i. Other (please specify) 		
3.	Is the floor level or does it have a dip or pitch (please circle)?		
	a. Level b. Dip or pitch		