DocuCircuit

WORKPLACE EXAMINATION RECORD

Free form provided as a practical resource. Not an official MSHA form; see the source resource for the current recordkeeping requirement before relying on this for compliance.

EXAMINATION

Mine / company name

Mine ID (if applicable)

Area / working place examined

Date

Time

Competent person performing the examination (printed name)

CONDITIONS OBSERVED

Describe conditions observed, including any that may adversely affect safety or health:

ADVERSE CONDITION FOUND?

- [ ] Yes - complete the section below
- [ ] No adverse condition found

Adverse condition identified (what, exact location)

Miners notified? Who, and when

- [ ] Corrected immediately
- [ ] Not corrected immediately - see corrective action below

Corrective action taken / planned

Person responsible for correction

Date corrective action completed

CERTIFICATION

I certify this examination was performed as described above.

Examiner signature

Date signed