

Underground Mine Ventilation Checklist

Pre-Shift Ventilation Checks

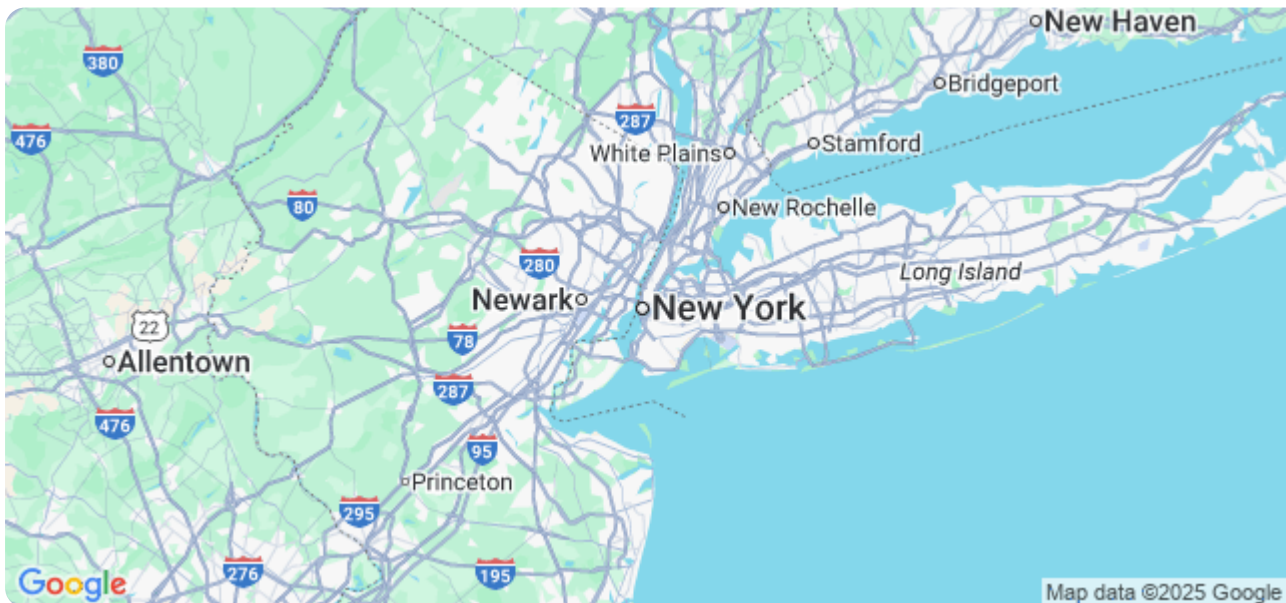
Initial assessment of ventilation system functionality before shift commencement.

Date of Inspection

Inspection Start Time

Ventilation Control Room Location

 [Set My Current Location](#)



Main Fan Operational Status

- ☐ Operational
- ☐ Degraded
- ☐ Not Operational

Auxiliary Fan Operational Status

- ☐ Operational
- ☐ Degraded
- ☐ Not Operational

Main Fan Amperage (A)

Enter a number...

Auxiliary Fan Amperage (A)

Enter a number...

Notes/Observations

Write something...

Inspector Signature

Airflow Monitoring

Measurement and verification of airflow rates at designated locations.

Airflow Rate (m³/s)

Static Pressure (Pa)

Fan Status

- ☐ Operating
- ☐ Standby
- ☐ Faulted

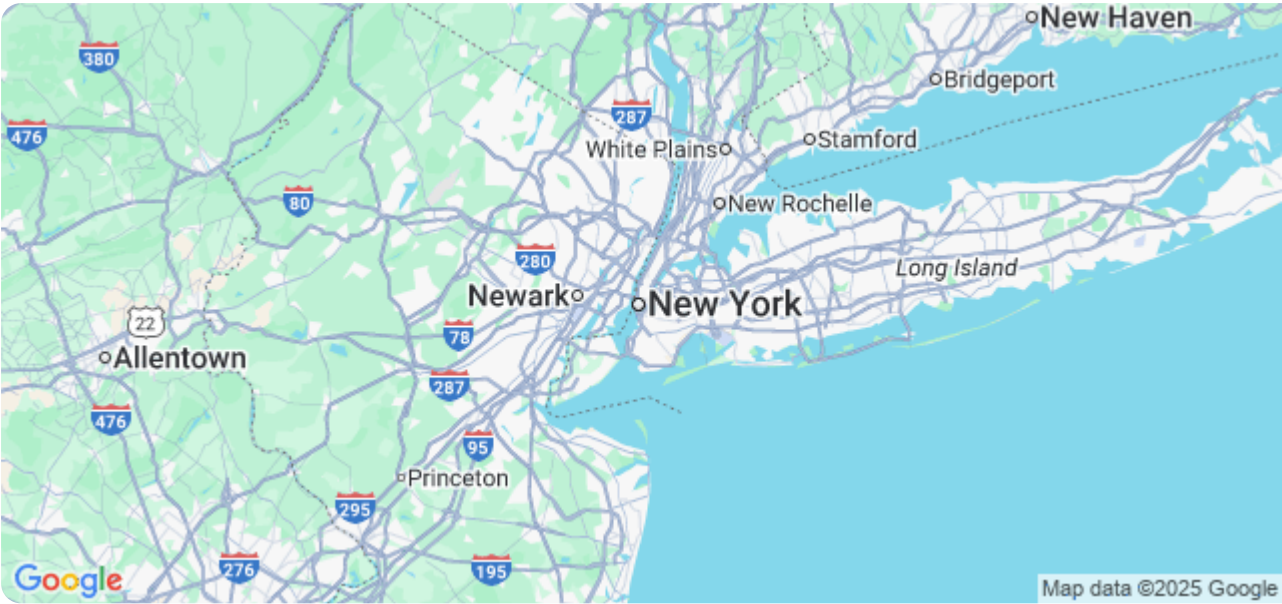
Temperature (Celsius)

Monitoring Date

Monitoring Time

Monitoring Location (Ventilation Point)

 [Set My Current Location](#)



Notes/Observations

Write something...

Ventilation Controls Inspection

Examination of ventilation controls, including fans, dampers, and regulators.

Fan 1 RPM

Enter a number...

Fan 2 RPM

Enter a number...

Damper 1 Position (Open/Closed/Partially Closed)

- ☐ Open
- ☐ Closed
- ☐ Partially Closed

Damper 2 Position (Open/Closed/Partially Closed)

- ☐ Open
- ☐ Closed
- ☐ Partially Closed

Air Pressure at Regulator A (kPa)

Enter a number...

Notes on Control Operation or Issues

Write something...

Last Calibration Date (Regulator A)

Enter date...

Inspector Signature

Dilution Ventilation Assessment

Evaluation of ventilation effectiveness in diluting gases and dust.

Methane Concentration (ppm)

Enter a number...

Oxygen Concentration (%)

Enter a number...

Carbon Dioxide Concentration (%)

Enter a number...

Dust Concentration (mg/m³)

Enter a number...

Ventilation Effectiveness (Qualitative)

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

Observations & Notes

Write something...

Dilution Ventilation Control Status

- ☐ Operational
- ☐ Degraded
- ☐ Non-Operational

Fire Suppression Ventilation Checks

Verification of fire suppression ventilation system readiness.

Fire Suppression Fan Status

- ☐ Operational
- ☐ Standby
- ☐ Faulted

Fire Suppression Fan RPM

Fire Water Spray Nozzle Condition

- ☐ Clear
- ☐ Partially Blocked
- ☐ Blocked

Last Fire Suppression System Test Date

Time of Fire Suppression System Activation (if applicable)

Notes on Fire Suppression Ventilation System Performance

Write something...

Emergency Ventilation Procedures

Review and confirmation of emergency ventilation procedures and equipment.

Emergency Ventilation System Activation Procedure Reviewed?

- ☐ Yes
- ☐ No

Time to Activate Emergency Ventilation (minutes)

Enter a number...

Brief Description of Actions Taken During Emergency Ventilation Activation

Write something...

Date of Last Emergency Ventilation Drill

Enter date...

Time of Last Emergency Ventilation Drill Start

Emergency Ventilation Routes Verified Clear?

- ☐ Main Route
- ☐ Alternate Route 1
- ☐ Alternate Route 2

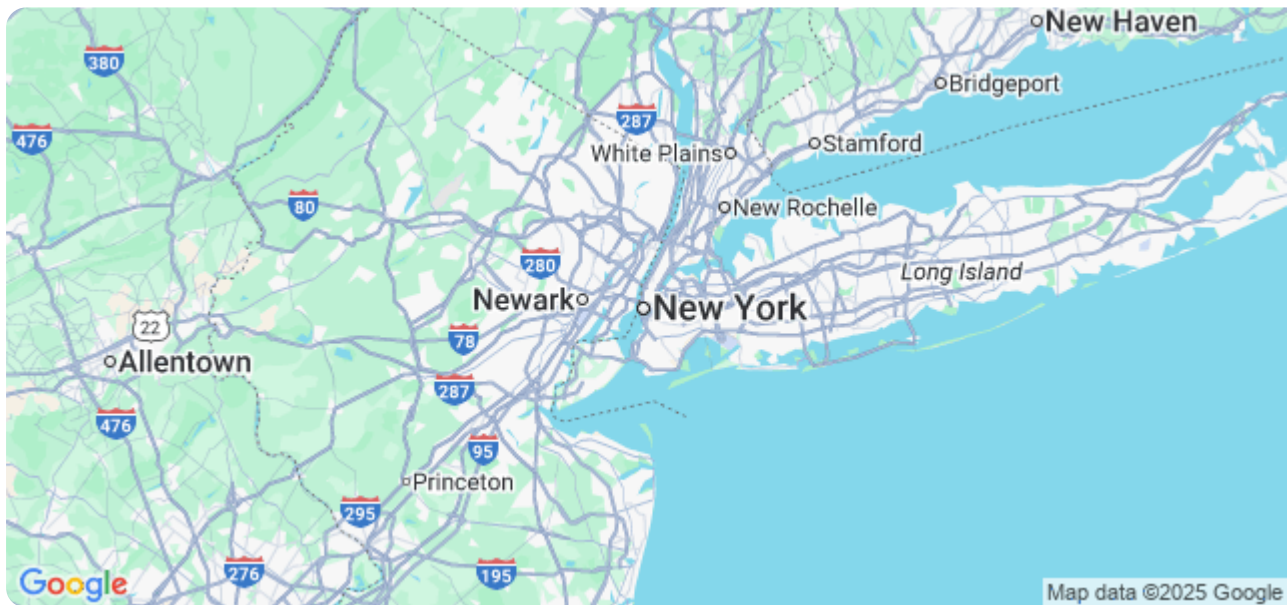
Signature of Person Verifying Emergency Ventilation Procedures

Ventilation Obstruction Checks

Inspection for obstructions that may impede airflow.

Location of Obstruction Check (e.g., Face, Return Airway)

[Set My Current Location](#)



Potential Obstruction Types Observed

- ☐ Rockfall
- ☐ Equipment
- ☐ Debris
- ☐ Vegetation
- ☐ Other

Description of Obstruction (if any)

Write something...

Estimated Obstruction Size (e.g., in meters/feet)

Enter a number...

Obstruction Clearance Status

- ☐ Cleared
- ☐ Partially Cleared
- ☐ Not Cleared

Date of Clearance (if applicable)

Enter date...

Time of Clearance (if applicable)

Inspector Signature

Gas Monitoring Equipment Calibration

Validation of gas monitoring equipment accuracy and functionality.

Calibration Date

Span Gas Concentration (ppm)

Zero Gas Concentration (ppm)

Reading at Zero Gas (ppm)

Reading at Span Gas (ppm)

Calibration Successful?

- ☐ Yes
- ☐ No
- ☐ N/A

Calibration Notes (if applicable)

Write something...

Calibrator Signature

Equipment ID

Enter a number...

Documentation & Record Keeping

Review of ventilation logs, maintenance records, and incident reports.

Check Date

Enter date...

Check Time

Previous Incident Count (Last 12 Months)

Enter a number...

Summary of Findings/Observations

Write something...

Supporting Documentation (e.g., airflow readings, gas monitoring reports)

 Upload File

Corrective Actions Required?

☐ Yes

☐ No

Description of Corrective Actions (If Yes)

Write something...

Inspector Signature