APPROVAL POLICY-2015

(SECOND REVISION-05TH MAY, 2016)
Chief Inspector of Mines (CIM), also designated as Director General of Mines Safety, has been empowered to grant approval to certain specific equipment, machinery, materials and appliances, etc. for use in mines under relevant provisions of the Coal Mines Regulations, 1957, the Metalliferous Mines Regulations, 1961, Oil Mines Regulations, 1984, Mines Rescue Rules, 1985 framed under Section 57 & 58 of the Mines Act, 1952 and other provisions of the Electricity Act, 2003, Central Electricity Authority (Measures relating to Safety & Electric Supply) Regulations, 2010, besides statutory notifications issued under these regulations by the competent authority from time to time. It is done in view of the documents and test reports submitted by the manufacturer together with entire facts and circumstances attached to the situation relating to the quality and performance of the equipment, machinery and appliances for use in Coal, Metal and Oil mines in the interest of safety.

The Approval Policy contains the general outline of the procedure to be followed while processing cases of approval of equipment, machinery, apparatuses, appliances and other materials for use in Coal, Metal and Oil mines.

In order to review the Approval Policy and make it simple, transparent and suitable to user's need in the mineral industry, three different committees were set up following a stakeholders meeting at the Ministry of Labour & Employment on 18.6.2014.

The committees met from time to time to review and update the procedures for approval of equipment, machinery, tools and appliance for use in mines in the light of changing scenario in the mining industry and Standards laid down by BIS and other international Standard-setting bodies.

Based on the recommendations of the committees and inputs from experts & stakeholders, the present amended approval policy 2015 has been framed which superseded all other approval policies with effect from 7th January 2015.

This second revision of the Approval Policy, 2015 has been carried out on 5th May, 2016.

It is hoped that the Approval Policy, 2015 (Second Revision: 5th May, 2016) in its present amended form will serve the mining industry more effectively and will ensure safety of the persons employed therein in a better way.

(Rahul Gupta)
Director General of Mines Safety

Dated: 5th May, 2016
1.0. PREAMBLE

Mining is a hazardous occupation and a fight against natural forces. Mining accounts for only 1% of World Employment but it accounts for 7% of fatal accidents at work place. The engagement of competent manpower, constant vigilance, sustained use of safe methods and fit for purpose, quality materials and equipment would go a long way in achieving better safety and health conditions of workers deployed in mines. In the past, use of faulty machinery, equipment, tools and materials had resulted in accidents, disasters and dangerous situations. This warranted framing of mine safety legislation requiring approval of certain specific appliances, equipment, machinery, apparatuses and other materials to be used in mines.

The Policy is a compilation of the standard procedures to be followed for grant of approval under relevant statute to specific appliances, equipment, machinery, apparatuses and other materials used in mines. The document is divided in several sections, each dealing with a particular area of the approval procedure.

2.0 OBJECTIVE

2.1 The objective of granting approval to specific appliances, equipment, machinery, apparatuses and other materials for use in mines is aimed at fulfilling the statutory obligations enshrined under different provisions of the Coal Mines Regulations, 1957; Metalliferous Mines Regulations, 1961; Oil Mines Regulations, 1984; Electricity Act,2003, Central Electricity Authority (Measures relating to Safety & Electric Supply)Regulations, 2010 & Mines Rescue Rules, 1985; besides statutory notifications issued under these regulations by the competent authority from time to time. It is done after due consideration of issues relating to the quality and performance of the equipment, machinery, apparatuses, appliances and other materials suitable for use in Coal, Metal and Oil mines.
2.2 In mining, it is imperative that the appliances, equipment, machinery, apparatuses and other materials remain safe, robust and reliable under prolonged usage even in adverse conditions. In view of this, as a part of the process of approval, the actual performance in mines and pit worthiness of the products are also assessed, in addition to examining conformity to relevant standards.

3.0 EQUIPMENT AND MATERIALS REQUIRING APPROVAL BY SPECIAL ORDER

3.1 All equipment, machinery, apparatuses, appliances and other materials requiring approval by special order have been broadly categorized into:

(a) Environment monitoring instruments and devices;
(b) Rescue apparatus;
(c) Electrical equipment and cables;
(d) Personal protective equipment;
(e) Machineries and other equipment for carrying out mining operations;
(f) Explosives & accessories;
(g) Safety materials for use in underground mines;
(h) Supports and accessories for roof/side supporting in mines;
(i) Dust suppression/prevention systems in mines;
(j) All types of lights, to be used in underground mines, hazardous areas in Oil & Gas mines; and
(k) Other specific equipment, materials and appliances which the Directorate may consider necessary.

3.2 A list of appliances, equipment, machinery, apparatuses and other materials currently requiring DGMS approval by special order under the provisions of various statute, standards applicable and BIS licensing requirement/QAR/QAN is given at Appendix-I.

A list of appliances, equipment, machinery, apparatuses and other materials which can be used in mines with DGMS approval by general order has been furnished at Appendix – II.

4.0. APPROVAL PROCEDURE

4.1 The procedure for dealing with cases of approval is detailed in the various sections. However, there may be cases, which may deviate slightly from the laid down procedure due to unique nature of the equipment, machinery, apparatuses, appliances or other materials under special circumstances.

4.2 Appliances, equipment, machinery, apparatuses and other materials need to conform to the relevant Indian Standard(s)/Harmonized International Standard under IECEx or ATEX Scheme and/or DGMS Testing Protocol prescribed for the purpose. In case
there is no Indian Standard/DGMS Testing Protocol, relevant standard of the country of its origin or any other internationally accepted standard(s) may be considered by DGMS on merit.

4.3 If overseas manufacturer(s) conduct business in India through an Indian agent, all details of the Indian agent such as name, correspondence address, contact telephone numbers, FAX, e-mail etc., shall be furnished in the application. The applicant as per Clause No.5.1 shall submit along with the application, his written authorization in original to the Indian agent for the purpose of follow-up etc. Based on the above authorization, a copy of correspondence made with the manufacturer by this Directorate may be marked to the Indian agent also.

4.4 The overseas manufacturer conducting business in India through an Indian Agent, shall inform the Directorate, the appointment/modification/termination in respect of the Indian Agent with specified due liability and responsibility. The acceptance of the Indian agent must be submitted along with the application. The acceptance letter, amongst others, shall include the following clause:

“We hereby declare to be jointly responsible with the manufacturer in terms of operational safety features and quality of the equipment/appliance/material/apparatus supplied in mines”

4.5 The manufacturing facility of an Indian manufacturer submitting application for the first time, may be inspected by an officer of this Directorate to ensure compliance with various technical requirements, to assess capability of the manufacturer in respect of quality control, testing and other facilities. The report of such inspection shall be submitted in the format given in Appendix-III.

4.6 The information, documents and test reports are scrutinized, and if found in order, approval for field trial may be granted.

4.7 After successful completion of field trial of the equipment /machinery /apparatus /material/appliance, performance report duly signed by Owner/agent /manager of the mine or Head of Discipline of user company shall be submitted within two months of the completion of the field trial to this Directorate.

The performance report is scrutinized, and if found in order, regular approval may be granted.

5.0 SUBMISSION OF APPLICATION

5.1 Application for approval/shall be made in a prescribed format given at Appendix-IV. The application shall be made by the Owner, Proprietor, Partner of the Company seeking approval or a Director on the Board of Directors of the Company, and addressed to 'The Director General of Mines Safety'. An applicant is authorized for
submission of application if he is authorized by the Board of Directors to do so issued through a Power of Attorney in the prescribed format given in Appendix-XI.

If the application is not signed and addressed as above, the same is liable to rejection. The application form can be downloaded from the website of DGMS (www.dgms.gov.in).

5.2 In case there is any change in respect of the information furnished in the application, the applicant shall forthwith send information in the same format duly revised.

5.3 With the application for approval, the manufacturer shall furnish details (make, model etc.) of all components of the equipment, appliances etc. Such details shall be validated by the test houses/laboratories where the equipment, appliances etc. are tested.

5.4 In case of electrical or electronic equipment/appliances, the manufacturer shall furnish a declaration regarding the explosion protections provided to the equipment viz. flameproof, intrinsically safe, increased safety etc. It will be the responsibility of the manufacturer to submit copies of all relevant test reports in support of such declarations.

5.5 The product may need to be displayed by the manufacturer before this Directorate at a mutually agreed place after submission of application.

5.6 For the imported appliance/equipment/apparatus/machinery/material, the application together with documents and certifications so possessed, in soft copy bearing digital signature of the Chief Executive Officer of the company may also be accepted after due authentication and verification.

6.0 TESTING

6.1 Tests are carried out on a prototype to ensure its conformity to the relevant standards. Prototype of any appliance/equipment/apparatus/machinery/material where Indian Standard(s) and/or DGMS Testing Protocol exist, need to be tested as per the relevant standard/DGMS Testing Protocol.

6.2 In case of appliance/equipment/apparatus/machinery/material for which no Indian Standard and/or DGMS Testing Protocol exists, relevant International standard(s) may be accepted on its merit.

6.3 If BIS accepts any international standard and the same has been adopted as our national standard, test reports based on these standards from any internationally accredited laboratory may be accepted on its merit.

6.4 Lab certified drawings shall also be submitted while making the application. Imported appliance/equipment/apparatus/machinery/material may be considered for approval based on the test reports issued under IEC standard from any of the overseas
accredited laboratory under IECEEx certification scheme or under ATEX directives for equivalent standards. The test report shall contain among others, all parameters of Testing Standard(s) vis-à-vis actual testing details with results thereof, and not only the “Certificate of Conformity”.

6.5 Wherever applicable, valid BIS license shall be submitted along with the application. The foreign manufacturers, not having BIS license may submit application based on IECEEx scheme and shall be required to submit valid QAR (Quality Assessment Report) & Certificate of Conformity issued by IECEEx Certification Bodies. Under ATEX directives, it shall be required to submit valid Ex QAN (Quality Assessment Notification) and EC type examination certificate issued by Ex Notified Bodies.

6.6 Tests of all parameters of appliance/equipment/apparatus/machinery/material under relevant standard/ testing protocol or tests required by DGMS should be conducted preferably in a single test house. If, however, a particular test house does not have full facility for testing of all parameters of the required tests, the test report for rest of the parameters by other prescribed test house may be accepted.

6.7 A copy of test report including test certificate(s), from a prescribed laboratory has to be submitted along with the application. Test report(s) will contain, among others, an executive summary detailing (a) different tests conducted, (b) passing criteria for each test, and (c) a remarks column indicating each test result as ‘passed’ or ‘failed’. A copy of the drawing need to be submitted also.

6.8 Test reports issued by Government approved laboratories CIMFR /ERDA /CPRI /ERTL/ISM may be accepted. In addition to these, test reports of a test house accredited by NABL may also be accepted, subject to confirmation of its ability to conduct tests in pursuance with prescribed National/International standards/DGMS Testing Protocol, and the test house is not a part of any equipment manufacturer’s testing facility. Foreign test houses shall have accreditation from IECEEx/ATEX as the case may be.

6.9 In case no Indian standard exists and test facilities are not available in India, then the test report of any internationally accredited laboratory/recognized laboratory of country of origin, which is not a part of any appliance/equipment/apparatus/machinery/material manufacturer’s testing facility, may be accepted subject to condition that the testing has been conducted as per the test protocol framed in consultation with the manufacturer and recognised international standards, if any.
7.0 EXAMINATION OF THE APPLICATION

7.1 In the first stage the examination of a particular case involves the following:

- Whether the format has been correctly filled and signed by the signatory as per approval policy;
- Whether the company really exists based on the documentary evidence submitted;
- Whether all information required has been submitted;
- Whether all enclosures duly authenticated have been submitted;
- BIS certification/QAR/QAN and its validity, if applicable;
- Examination of drawing submitted; and
- Scrutiny of test reports, design drawings, technical details etc. and
- Factory inspection report.

7.2 Applicability of BIS license/QAR/QAN shall be mentioned in the application. For items requiring BIS license/QAR/QAN, approval for field trials may be accorded even if the application is not accompanied with valid BIS license/QAR/QAN. However, approval may be granted only after submission of valid BIS license/QAR/QAN.

8.0 APPROVAL FOR FIELD TRIAL

8.1 After scrutinizing the documents and if found in order, the approval for field trial may be granted with letters addressed to the manufacturer and copies to the users and Indian Agents (wherever applicable). The period of field trials may vary between three months to one year depending on the type of equipment, machinery, apparatus, material or appliance as given in Appendix-V.

8.2 The validity of field trial approval will be for a period of one year or twice the period of field trial prescribed for the equipment, machinery, apparatus, material or appliance, whichever is greater.

8.3 If a manufacturer is unable to complete the field trial(s) within the period accorded to him for the purpose, three consecutive extensions of one year each may be accorded based on a written application from the manufacturer. If a mine/manufacturer is unable to complete field trial within extended period also, further extension of time may be considered if justifiable reasons by the manufacturer/mine management are submitted for not being able to complete the field trial.

8.4 If during field trial period, there occurs any revision of Standard(s) applicable to the product, the manufacturer shall get the product under reference tested as per revised standards and submit test report(s) to the Directorate for further approval /renewal.
8.5 It is necessary to ensure that trials are conducted in mine(s) suitable for the purpose. In case of rescue and breathing apparatus, field trial/practical performance test may be conducted at prescribed test houses and/or one or more Rescue stations before grant of approval.

9.0 MONITORING OF THE FIELD TRIAL

9.1 Copies of the approval for field trial letters may be endorsed to concerned Dy. Director General of Mines Safety, In-charge of a zonal office of DGMS.

9.2 During field trials, the performance of the equipment/material/machinery/apparatus/appliance may be witnessed by officer/officers of this Directorate.

9.3 In case any shortcomings are observed during field trials, the same are communicated both during the trials as well as at the end of the trials to the manufacturer along with a copy to the Indian agent wherever applicable and the user. The manufacturer may seek extension of the field trial, which may be granted based on the merit of the case.

10.0 REPORTING OF RESULTS OF FIELD TRIAL

Field trial reporting format for different types of equipment/material/machineries/apparatuses/appliances are mentioned as Appendix

11.0 GRANT OF APPROVAL

11.1 After successful completion of field trial and on receipt of satisfactory field trial report(s), the case is examined and approval may be granted for a period of five years.

11.2 While dealing the case in the Directorate, recommendations of relevant Committees for development of Standards, Testing Protocol, Testing Memorandum, "Safe Operating Procedures", Committees appointed by the Directorate for the purpose, or any other protocol relating to testing and use of equipment, machinery, apparatus, appliance or material may be considered for guidance.

11.3 Where special conditions exist, DGMS may also consider for some equipments for approval with validity for entire accepted service life on case to case basis with stipulation of conditions to ensure quality standard and thereby ensuring safety.
12.0 DGMS APPROVAL MARK/NO.

On grant of approval all manufacturers (other than manufacturers of permitted explosives and detonators) are given a unique number (like DGMS SA-9/2012) for the particular equipment, etc. The manufacturers are required to display the mark prominently on every product.

13.0 RENEWAL OF APPROVAL

13.1 Application for renewal of approvals shall be made by the manufacturer at least ninety days prior to the expiry of the approval. For those items in which BIS license/QAR/QAN has been made mandatory, the approval for renewal may be granted based on valid BIS license/QAR/QAN.

13.2 Renewal of approval may be considered for a period of five years, based on the performance reports received from the user(s).

In case of permitted explosives and detonators, if the manufacturer is not able to supply the product during the last approval period, two consecutive renewals each for a period of two years may be considered after which the approval may be treated as revoked. In such cases of non-supply, the manufacturer has to submit an undertaking that the product has not undergone any change from the sample(s) tested at test houses based on which approval was accorded. In cases where approval for one product of permitted explosives or detonators is accorded individually or compositely for different degrees of gassiness, renewal of such products may also be considered for lower degrees of gassiness, based on the performance reports from mines of higher degrees of gassiness.

In case of non-supply of appliances/equipment/apparatus/machinery/material (excluding explosives and detonators) during the last approval/renewal period, renewal may be considered for a period of two years. In such cases, the manufacturer shall furnish an undertaking regarding non-supply and also that the product has not undergone any change from the model tested at prescribed test houses. Such renewals shall be accorded for a period of two years. In case of change of testing standards/testing regime, the test report(s) are to be submitted conforming to the latest prevailing standards for consideration of renewal against supply/nil supply.

13.3 The criteria for grant of renewal would be, (i) Satisfactory Performance Reports from user(s) and/or (ii) valid BIS license/QAR/QAN where applicable. If there is change in the testing standards, then the test reports conforming to the latest standards shall be submitted.
13.4 In case of certain approved items like Longwall Powered Supports and its components/ accessories, Road headers, Continuous Miners, Rescue apparatus, Man Riding System, equipments used in Oil Mines, etc., if the OEM does not come forward for obtaining renewal of the approval, the actual user at that point of time may apply for grant of renewal of the approval, provided that the said machinery, appliances or material are still in healthy condition as declared by the nominated owner of that company, and in no way jeopardize the safety of men and machinery deployed in the mine, and it passes successfully the required Tests as per relevant standard(s). The case may be considered for renewal of approval on merit.

13.5 The performance reports from mines for obtaining renewal of approval shall be submitted in the prescribed formats as given at Para 10. For explosive products it will be submitted in Format furnished in Appendix IX.

For items not covered in this Para shall be submitted in prescribed format given at Appendix X.

The performance reports may also be submitted in any other format prescribed by the Directorate.

14.0 APPLICATION IN CASE OF REVISION OF STANDARDS

From time to time, Indian and other Standards are subject to Revisions incorporating various changes including testing and quality control systems. An equipment, machinery, apparatus, material or appliance, which had been granted approval based on such standards need to be revalidated incorporating the changes under the revised Testing Standard(s). Manufacturers need to make application for revalidation of the approval based on, among others, test report of the product tested as per revised standard(s) forthwith.

15.0 AMENDMENT/WITHDRAWAL OF APPROVAL

Any amendment or withdrawal of permission/approval may be effected by the Directorate:

i) If Testing Regime has undergone a change;
ii) If at any time any one of the conditions subject to which the permission/approval has been granted is violated or not complied with;
iii) If any complaint from user or other concerned agency on quality or other technical matter of the product or reasons affecting safety and health of person is received and the same is substantiated by the Directorate;
iv) If any sample check results in deficient quality;
v) Any other reasons brought to the notice of the Directorate; and
vi) At any time in the interest of safety.

16.0 MISCELLANEOUS

16.1 If performance report is not received within a reasonable time from the user even after issuing of repeated reminders and exhaustion of all possible measures, renewal of the equipment/machinery/apparatus/material/appliance may be considered by the competent authority based on the merit of the case. However, if any adverse report is received subsequently, the approval shall be deemed to have been revoked forthwith.

16.2 Field trial permission will generally be issued in ninety days time after receipt of all required documents from the applicant. In case manufacturers/applicants fail to comply with the requirements within the stipulated period, application may be rejected/recorded.

16.3 The factory inspection may be made by an officer of DGMS any time to assess/reassess capability of the manufacturer in respect of quality control, testing and other facilities. During Factory Inspection by DGMS, a representative from user(s) may be associated.

16.4 Authenticity of test certificates from Indian/international test laboratory(s) may be subject to verification.

16.5 If any Indian Standards have been harmonized with International standards that International standard may also be accepted for grant of approval of equipment/machinery/apparatus/material/appliance.

16.6 In case of new appliances/equipment/apparatuses/machinery/materials being introduced in Indian mines for the first time, approvals are accorded in pursuance with the Approval Policy, and on the basis of successful application, they are notified by a general and special order under the relevant provisions of the statute.

16.7 The approved equipment, appliances etc, supplied to the user(s) shall be identical in material, design and construction to the samples(s) tested in the test houses whose reports are submitted with the application. No change in the design or construction including the materials etc. shall be made unless testing for the variation from the original design is done and an approval for the same is obtained from the Directorate in writing.
16.8 Equipment which are in use in Zone 1 & 2, Hazardous areas of oil mines since long without specific approval, and which do not have proper documentation as regards to its date of installation, makers serial no. etc., may be regularized provided the concerned mine management or the original manufacturer seeks such approval from the Directorate with an application accompanied with a report from a certification body indicating their status of health and integrity of protection, Safety features details, available O&M manuals. Such approvals shall be accorded for remaining lifetime of the equipment. Such approval will be “site, equipment and user specified” and would be non-transferable.

It shall be the responsibility of the user company/establishment to maintain the safety and integrity of protection of the equipment approved. Failure, if any, shall be brought to the notice of DGMS forthwith for review and needful action.

CIMFR, ERTL, PDIL, EIL, DNV, TUV, Lloyds Register and Bureau Veritas may be considered for inspection and certification of equipment already in use in hazardous areas of oil mines. Other academic, scientific and research organization(s) of repute may also be engaged by the user Company/establishment for inspection and certification after due authentication and verification.

16.9 The approval granted, among others shall be subject to the applicable provisions of the Mines Act, 1952 and allied legislations, DGMS Circulars, guidelines, instructions, etc. issued there under. An approval accorded to any equipment/appliance may be withdrawn if at any point of time it is observed that the manufacturer has concealed any information regarding the material, design or construction of the equipment, appliances etc. which has resulted in contravention of the aforesaid stipulations.

16.10 All applications for renewal of approval of permitted explosives, detonators and accessories which have remained discontinued for a period of more than two years i.e. from the date of last validity till the date of receipt of the application for renewal shall be accompanied by a fresh test report of the product not older than one year from the date of receipt of the above application at this Directorate.

16.11 A consultative mechanism may be put in place to consider issues relating to test houses, standards and testing and make suitable recommendations.

16.12 As a consequence to notification of the DGMs Approval Policy 2015 (Second revision 5th May, 2016), suitable action, as deemed necessary may be initiated by the respective test house, manufacturer and user, under intimation to DGMS.

16.13 The Amended Approval Policy, 2015 (Second revision 5th May, 2016) supersedes all the earlier Approval Policies of this Directorate with effect from Second revision 5th May, 2016.

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<th>Sl.No.</th>
<th>EQUIPMENT</th>
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<th>BIS Licence</th>
<th>REMARKS</th>
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<tr>
<td>1.</td>
<td>Flame Safety Lamp</td>
<td>CMR, 1957 2(2)</td>
<td>IS:7577-1986</td>
<td>Required*</td>
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<td>Cap Lamp</td>
<td>MMR, 1961 2(2)</td>
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<td></td>
<td>a) Flexible cable for miners’ cap lamps.</td>
<td>OMR, 1984 2(2)</td>
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<td>Required*</td>
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<td></td>
<td>b) Miners’ cap lamp assemblies (incorporating Pb-acid batteries)</td>
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<td>c) Miners’ cap lamp batteries (Pb-acid type)</td>
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<td>a) Permitted explosives</td>
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<td>OMR, 1984</td>
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<td>c) Detonating fuses</td>
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<td></td>
<td>In addition to IS 6609 (Part-2/ Sec.2)-1974, IS:6609 (Part 3)-1973 and IS:6609(Part 4)-1984, the stipulations made in DGMS (Approval) Circular No.6 dated 17.11.2014 will also be followed.</td>
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<td>(a) CO detector/Tube type</td>
<td>CMR, 1957 113(3)(c)</td>
<td>Tubes - IS:13293-1992</td>
<td>Required for tube type detector*</td>
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<td>(b) CO detector other than tube type</td>
<td>MMR, 1961 118A(3)(a)(i)</td>
<td>CO detectors - IS/IEC 60079-0:2004</td>
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<td>OMR, 1984 119(1)(b)</td>
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<tr>
<td>20.</td>
<td>Reviving apparatus</td>
<td></td>
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<tr>
<td></td>
<td>(b) Local Methane Detector</td>
<td>145 (1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td>Coal Dust Explosibility Meter</td>
<td>181(3)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. The standard mentioned in the above table are for reference purpose. The latest amended standard shall prevail over the standards given in the table.
2. *BIS Licence required for indigenously manufactured products.
3. As there is no BIS standard for performance of Portable Gas Detectors and performance of H₂S Gas Detector, they are under formulation and will be uploaded upon completion.
EQUIPMENT, MATERIALS & APPLIANCES WHICH CAN BE USED IN MINES WITH DGMS APPROVAL BY GENERAL ORDER

1) Tub Couplings
2) Cap lamp Bulbs
3) Protective Footwear of all types
4) Helmets
5) Fire-resistant brattices including plastic sheeting and ventilation ducting
6) Industrial Safety Belt & Harness
7) Hydraulic props, Friction Props and Prop setting Devices
8) Link bars
9) Pipelines and fittings (specification approval if not as per ISS)
10) Safety Goggles
11) Ear Plugs
12) Reflective / High Visibility Harness
13) Fire Fighting & Fire suppression systems including automatic fire detection and suppression systems
14) Steel supports (Cogs, Chock, Props), Roof Bolts, Cement and Resin Grouts.
15) Noise/ Dosimeter
16) Dust Mask/ Dust Respirators
17) Underground Conveyor belting
18) High pressure hydraulic hose with its end fitting (Fire resistant)
19) Hydraulic fluid used in underground machinery (Fire Resistant)
20) Gravimetric /Personal Dust Sampler
21) Cage suspension Gear
22) Cage Suspension Gear including Bridle Chain
23) Automatic Contrivance
24) Power Brake
25) Automatic Speed Chart Recorder
26) Strata monitoring / Load cell/ Auto warning devices
27) Water barriers (substitute to Stone dust barrier) and other system to be used for the first time in underground coal mines.
28) Mechanically propelled vehicle for transport of explosives,
29) Water ampoules/Gel ampoules/Stemming plugs
30) Glass of Flame Safety Lamps
31) Oil of Flame Safety Lamps
32) Chemical additives
33) Emergency escape devices in oil mines.
34) Detaching Hooks.
35) Portable hand held lamps for use in storage tanks.
36) Life line
37) Petroleum storage tanks.
38) Electrical cables.
DIRECTORATE GENERAL OF MINES SAFETY
MINISTRY OF LABOUR AND EMPLOYMENT
GOVT. OF INDIA

FACTORY INSPECTION FORMAT

Application Ref.  

Inspected by  

Product:  

Date of inspection:  

1. General Information:
   a. Name of the applicant:  
   b. Address:  
      (i) Factory:  
      (ii) Office:  
   c. Location of factory (specify landmark):  
   d. Telephone Nos./ Fax/ e-mail :  
      (i) Factory:  
      (ii) Office:  
   e. Factory Management (enclose organisation chart):  
   f. Registration No. of Company:  
   g. Accompanied by:  
   h. Quality assurance scheme (ISO 9000, etc.):  

2. Comments on quality control of raw materials & traceability

3. Manufacture:
   a. Products manufactured:  
   b. Technical collaboration:  
   c. Brief description of process of manufacturing:  
   d. Intermediate points where control is exercised:  
   e. Details of records maintained & controls used:  
   f. Method (s) of disposal of sub-standard product:  
   g. Units of production:  
   h. Production capacity (per day, per shift):  
   i. Details of manufacturing machinery: (attach list)
j. Technical comments on manufacturing capabilities and in process controls:

4. Comments on Packing and DGMS marking (where applicable):

5. Testing facilities
   a. Details of staff with qualification & experience (attach list):
   
b. Competency of testing personnel:
   
c. Equipment for testing and other facilities (attach list):
   
d. Accuracy of instruments and calibration arrangements:
   
e. Records maintained in testing laboratory including routine test records:
   
f. Sampling and testing procedure:

6. Details of enclosures:
7. Accuracy of information given in application:
8. Comments on suitability of factory for grant of approval:

Signature:  
(Name & Designation):
(Representative of Manufacturer)
Date:

Signature:  
(Name & Designation):
(Inspecting Officer)
Date:
DIRECTORATE GENERAL OF MINES SAFETY
MINISTRY OF LABOUR AND EMPLOYMENT
GOVT. OF INDIA

FORM OF APPLICATION FOR APPROVAL OF SAFETY EQUIPMENT/MATERIALS/
APPLIANCES FOR USE IN MINES

(To be submitted in duplicate)
APPLICATION FOR APPROVAL OF ........................................ (Product name & Model)
MANUFACTURED BY  M/s. ...................................................
FOR USE IN ............................................................... (Coal/Metal/Oil Mines)

Part – I

1. Name of the Company:

2. Name of the applicant* with designation:

3. About the Company:
   (a) Full Postal address:
   (b) Telephone Nos. :
   (c) Fax/ e-mail, etc.:

4. Details of the Indian agent, if any (for overseas cos. Only):
   a) Name in Full (Capital letters only)
   b) Complete postal address
   c) Contact telephone nos.

5. Details of
   a) Whether, the CEO/Owner/Proprietor of the manufacturing foreign firm shall submit along
      with the application, his written authorization in original to be Indian Agent for the
      purpose of various follow-up etc., or not.

6. Full postal address of the factory:
   (with Tel/Fax/e-mail, etc.)

General Information :

1. Date of establishment of business:
2. Type of the company:
   (Whether Private, Private Ltd., Public Ltd., PSU, Partnership, Or Hindu Undivided Family concern)

3. Names, addresses and tel. nos. of Managing Director, Directors, Partners, Proprietor or Karta as the case may be. (attach list if required):

4. Capital Investment:
   Machinery & Equipment
   (details of machinery to be attached)

5. Certificate of incorporation issued by Registrar of firms or societies (enclose attested copies of certificate):

6. Registration number allotted by the State & Director of Industries
   (enclose attested copy of certificates):

**Part – II**

1. Name of the equipment, material or appliance:

2. Annual production capacity:

3. Actual production if any:

4. Unit price of the product:

**Part – III**

**Quality control, Inspection and Testing facilities**

1. List of equipment for
   
   (a) Quality control:
   (b) Testing:

2. Manpower including their qualification & experience for:
   
   (a) Quality control:
   (b) Testing:

3. Scheme for quality assurance and testing viz. ISO, BIS etc
   (enclose copies of document):

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Part - IV

1. Description of the equipment, material or appliance:
   (i) Brief write-up on the equipment with complete technical specifications like dimensions, weight, ratings, capacities etc.
   (ii) Photographs of the equipment (front, rear, top and side views)
   (iii) List of all components of the equipment with all details like model, make, capacity, ratings etc. authenticated by the test house.

2. Drawings of the equipment, material or appliance:

3. (a) Reference to Indian Standard or any other Standard to which the equipment, material or appliance conforms:
   (b) Valid BIS License reference/QAR/QAN:
       (Attach certified copy, if applicable)

4. Test Report of the equipment, material or appliance from approved laboratories
   (Enclose original or certified copies):

5. Particulars of raw materials and components used in manufacture:

6. Operating instructions:

7. Instruction for maintenance:

8. Service life and shelf life:

9. Copy of Permission for trial manufacture of explosive/detonator from PESO (if applicable):

Part - V

Supplementary information

1. Any other equipment/ product approved
   By DGMS and details of the same:

2. Whether the product applied for is approved by any other Govt. agency:

3. Whether the product is being used in any Other industry, if so, details thereof:
4. List of enclosures:

I/ We hereby certify that all information given in this application and all documents, drawings and reports enclosed with this application are correct. I/ We also undertake to abide by all the conditions of approval in case it is accorded by DGMS. I/we also undertake to intimate DGMS forthwith any change of information furnished with this application.

Seal of firm

Signature:

Name:

Designation:

For and on behalf of _________________________

(Name of the firm)
<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>EQUIPMENT</th>
<th>PERIOD OF FIELD TRIAL</th>
<th>QUANTITY TO BE SUBJECTED TO FIELD TRIAL</th>
<th>REMARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Flame Safety Lamp</td>
<td>Three months of 9 hrs. each day</td>
<td>One No.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Cap Lamp</td>
<td>Three months for 9 hrs. each day</td>
<td>One No.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Permitted Explosives and Detonators</td>
<td>Six months.</td>
<td>100 Kgs (explosives)</td>
<td>Minimum 500 detonators for electric detonators. For delay, 200 for each delay.</td>
</tr>
<tr>
<td>4.</td>
<td>CO detector</td>
<td>Three months</td>
<td>One No. for a particular type of mine. (Coal/metal/oil)</td>
<td>Minimum 30 readings shall be taken.</td>
</tr>
<tr>
<td>5.</td>
<td>CO₂ Detector</td>
<td>Three months</td>
<td>-do-</td>
<td>-do-</td>
</tr>
<tr>
<td>6.</td>
<td>Oxymeter</td>
<td>Three months</td>
<td>-do-</td>
<td>-do-</td>
</tr>
<tr>
<td>7.</td>
<td>Multigas Detector</td>
<td>Three months</td>
<td>-do-</td>
<td>-do-</td>
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<tr>
<td>8.</td>
<td>Methanometer</td>
<td>Three months</td>
<td>-do-</td>
<td>-do-</td>
</tr>
<tr>
<td>9.</td>
<td>Exploders</td>
<td>Six months.</td>
<td>2 Nos. in two mines</td>
<td></td>
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<tr>
<td>10.</td>
<td>Powered Supports &amp; its components</td>
<td>Twelve months</td>
<td>One set.</td>
<td></td>
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<tr>
<td>11.</td>
<td>Man Riding System</td>
<td>Twelve months</td>
<td>One set.</td>
<td></td>
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<tr>
<td>12.</td>
<td>Winding Rope</td>
<td>Twelve months</td>
<td>Length as per the requirement of field trial in the mine.</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Balance Rope</td>
<td>Twelve months</td>
<td>-do-</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Haulage rope for man riding</td>
<td>Twelve months</td>
<td>-do-</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Underground locomotive</td>
<td>Three months</td>
<td>One set.</td>
<td></td>
</tr>
<tr>
<td>Sl. No.</td>
<td>EQUIPMENT</td>
<td>PERIOD OF FIELD TRIAL</td>
<td>QUANTITY TO BE SUBJECT TO FIELD TRIAL</td>
<td>REMARKS</td>
</tr>
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<td>--------</td>
<td>---------------------------------------------------------------------------</td>
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<tr>
<td>17.</td>
<td>Flame Proof and Intrinsically safe Equipment / Electrical equipment for use in hazardous area (Zone 1/Zone 2)</td>
<td>Three months</td>
<td>One No. for a particular type of mine. (Coal/oil)</td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Breathing apparatus</td>
<td>-</td>
<td>Four Nos. of apparatus for performance test at one rescue station.</td>
<td></td>
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<tr>
<td>19.</td>
<td>Smoke helmets &amp; apparatus serving same purpose.</td>
<td>-</td>
<td>Performance test at one rescue station.</td>
<td></td>
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<tr>
<td>20.</td>
<td>Reviving apparatus</td>
<td>-</td>
<td>Performance test at one rescue station.</td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>Electrical lighting fixtures/ apparatus for use in UG coal mines or Zone-1/Zone-2 hazardous areas of oil mines.</td>
<td>Three months</td>
<td>One number for a particular type of mine (Coal/oil).</td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>Local Methane Detectors and Telemmonitoring Systems</td>
<td>Three months</td>
<td>One No (Coal)</td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td>Coal Dust Explosibility Meter</td>
<td>Three months</td>
<td>One No. for a coal mine</td>
<td></td>
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</tbody>
</table>
DIRECTORATE GENERAL OF MINES SAFETY
MINISTRY OF LABOUR AND EMPLOYMENT
GOVT. OF INDIA

PERFORMANCE REPORT FOR MECHANICAL EQUIPMENT

(1) Name of the item :

(2) Name of the manufacturer :

(3) Mine/ company where the equipment was in use :

(4) Period of use/whether continuing/discontinued :

(5) Date of installation and life achieved so far :

(6) Complete details of the item :

(7) History of failure :

(8) Performance – Satisfactory/Not satisfactory :

Detailed report for different items (Strikeout which is not applicable)

(1) Rope –
   (i) Degree of wear, 
   (ii) Corrosion, 
   (iii) Stretch, 
   (iv) Internal lubrication 
   (v) General workmanship 
   (vi) Diameter etc.

(2) Suspension gears –
   (i) Wear of pins 
   (ii) Interchangeability with the connecting members 
   (iii) Workmanship 
   (iv) Corrosion 
   (v) Surface finish 
   (vi) Problem in dismantling and assembling 
   (vii) Dimension 
   (viii) Surface and subsurface flaws

(3) F.R.H.F.
   (i) Effect on the torque
(ii) Viscosity
(iii) Water content
(iv) Temperature rise
(v) Consumption pattern
(vi) Effect on hose failure
(vii) Compatibility with seals & pumps
(viii) Effect on the working pressure

(4) **High Pressure hose**
   (i) Outside dia & Bore as per standard,
   (ii) History of failure,
   (iii) Quality of end fittings,
   (iv) Interchangeability
   (v) Design Working Pressure
   (vi) Life obtained
   (vii) Leakage from the crimped joints etc.

(5) **Man Riding haulage/system**
   (i) Effectiveness of hydraulic brake of the man riding car
   (ii) Effectiveness of signalling from the car to the engine house,
   (iii) Effective brake of the haulage engine,
   (iv) Condition of rope
   (v) Rope attachment with the car
   (vi) Seating capacity & comfort
   (vii) Distance indicator
   (viii) General performance.

(6) **Automatic contrivance/power brake/speed recording/emergency steam stop valve** (Delete which is not applicable)

   (i) Functioning during overspeed
   (ii) Functioning during slow banking
   (iii) Functioning during overwinding
   (iv) Mechanical linkage between power brake and contrivence
   (v) Effectiveness of the power brake
   (vi) Effectiveness of the caturact cylinder
   (vii) Jerks/abnormal vibration during lifting
   (viii) Effectiveness of the steam stop valve
   (ix) Leakage of steam from the joints
   (x) Sensitivity of the speed indicator
   (xi) Quality of the speed chart
   (xii) Ease in the interpretation of the recording system
   (xiii) Workmanship

(9) **Loco, IC Engine –**
   (i) Brake
   (ii) Sanding arrangement
   (iii) Warning device
   (iv) Performance of exhaust conditioner
   (v) Flame prop
   (vi) Catalytic Inverter
   (vii) Head light
   (viii) Seating comfort
   (ix) Canopy
   (x) Starting.
(10) Fire Resistant Conveyor Belts

(i) Condition of top & bottom covers
(ii) Condition of edges
(iii) Wear
(iv) Elongation
(v) Tonnage of material handled so far

Countersigned by:

Signature
Date:
Name & Designation
(Mine Manager)
Contact No.

Signature:
Date:
Name & Designation:
(Agent)
Contact No.
DIRECTORATE GENERAL OF MINES SAFETY
MINISTRY OF LABOUR AND EMPLOYMENT
GOVT. OF INDIA

PERFORMANCE REPORT OF FLP/ I.S. APPARATUS, CABLE ETC.

(Please strike off whichever is not applicable)

1. (a) Complete details of the
elect. Equipment with type
of protection/cable:

(b) Name of manufacturer :

(c) Reference to DGMS field –
trial permission letter :

2. Name of the mine where the
equipment was installed :

3. Location, quality, quantity,
of air (ventilation):

4. Humidity at the site of
installation :

5. Degree of gassiness of
seam/zone in case of
oil mines:

6. Date of commencement of
field trial :

7. Date of reporting of
performance :

8. Purpose for which
equipment was used:

9. Audibility (clear/not clear)
and the distance at which
audibility fades out :

10. Environmental effects on
the performance of the system,
If any :

11. (a) Performance of
insulation monitoring device, if provided.
(b) Insulation Resistance
values at the time of reporting:

12. Suitability of components
for rough usage.
13. Temperature class/temperature rise of enclosure/glass/other components.
14. Facilities for cable connections:
15. Facilities for cable compounding.
16. Facilities for earthing of body/neutral.
17. Comments on flame path/flame gap/fastenings.
18. Wattage (H.P.) / Amperage/ Voltage at which field trial was conducted.
20. Efficacy of interlocking mechanism, if provided.
21. (a) Facilities for testing of earth leakage relay
   (b) Provision of lock/cover over “Reset” switch to obviate unauthorised operation.
22. Facilities for replacement of parts/maintenance.
23. Failure of equipment during field trial, If any.
25. Remarks on the performance and

Signature
Date:
Name & Designation
(Mine Manager)
Contact No.

Countersigned by:
Signature:
Date:
Name & Designation:
(Agent)
Contact No.
DIRECTORATE GENERAL OF MINES SAFETY
MINISTRY OF LABOUR AND EMPLOYMENT
GOVT. OF INDIA

FIELD TRIAL REPORT FOR GAS DETECTORS/FLAME SAFETY LAMPS/CAP LAMPS

1. Details of equipment on trial:

2. Reference of DGMS field trial approval letter with validity date:

3. Designation(s) of persons using trial equipment

4. Name(s) of mine where trials conducted:

5. Name of the seam:

6. Degree of gassiness of seam or Gas group in oil mines where trials conducted:

7. Period of field trial: From............... To............... (dates)

8. Number of days trial conducted:

9. Location where trials conducted (specify dev/dep/old workings/ sealed off area etc.):

10. Readings with the equipment: **

<table>
<thead>
<tr>
<th>Date</th>
<th>Location (pit/ seam/ district)</th>
<th>Readings</th>
<th>Temp. &amp; humidity at trial location</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>With trial equipment</td>
<td>With approved equipment</td>
<td>By chemical analysis</td>
<td></td>
</tr>
</tbody>
</table>

11. Environmental effects on readings/ performance:

12. Replacement of spare parts during trials:
13. Comments on ease of use, maintenance & repair:

14. Note on failure of equipment if any:

15. Did the equipment in any way endangered safety?
   (if yes, details thereof)

16. Adequacy of operation and maintenance instruction/ manual:

17. Suggestion for improvements if any:

18. Remarks on pit worthiness and performance:

**Signature**

Date:

**Name & Designation**

(Mine Manager)

Contact No.

Countersigned by:

Signature:

Date:

**Name & Designation:**

(Agent)

Contact No.

(All field trial reports must be signed/countersigned by the Manager/ Agent of the mine)

* Strike out which is not applicable

**Reading for 3 months (Minimum of 30 readings) shall be taken with the trial equipment and compared.
DIRECTORATE GENERAL OF MINES SAFETY
MINISTRY OF LABOUR AND EMPLOYMENT
GOVT. OF INDIA

FIELD TRIAL REPORT ON PERFORMANCE AND SAFETY CHARACTERISTICS OF
____________________ EXPLOSIVE COMPOSITION

1. (a) Name of explosive/detonator :

(b) Name of manufacturer :

(c) Type of explosive/detonator :
   (i) Instantaneous/Delay detonator:
   (ii) P1 / P3 / P5 :
   (iii) NG based (gel/ semi-gel/ powder) :
         Slurry (aluminized/ other)/ Emulsion

2. Details of DGMS approval (for trials)
   (a) Letter No. & date :
   (b) Valid upto :
   (c) For gassy seams of _________ degree :

4. Details of sites of trial
   (i) Name of the mine:
   (ii) (a) Name of the seam :
        (b) Degree of gassiness :
   (iii) Name of the district/ panel
         (a) Working thickness, gradient of seam, etc. :
         (b) Nature of coal (hardness, cleavages, band, etc.) :
         (c) Method of work (development, depillaring, BOS, etc.) :

4. (a) Period of trial :

   (c) Total quantity (Kg) of explosive used during trial blasts :

   (d) Total no. of detonators tested :

   (e) No. of shots fired during trial blasts :

34
5. General remarks

(a) Name of DGMS official who attended the blast : 

(b) Blast details (appended) :

(c) Determination of post detonation fumes by (Apparatus) :

(d) Comparative assessment of the performance & Safety characteristics of the explosive with other Comparable composition(s) :

6. Conclusion regarding suitability of explosive :

Signature: 
(Name & Designation): 

(technical Officer of Manufacturer) 
Contact No. 
Date: 

Signature: 
(Name & Designation): 

(Mines Manager) 
Date: 

Signature: 
(Name & Designation): 

(Agent) 
Date: 

35
<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Particulars</th>
<th>1&lt;sup&gt;st&lt;/sup&gt; Blast</th>
<th>2&lt;sup&gt;nd&lt;/sup&gt; Blast</th>
<th>3&lt;sup&gt;rd&lt;/sup&gt; Blast</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Site of trial blast:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Ventilation:</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>(a) Distance of face from last ventilation connection:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(b) Quantity of air at the last ventilation connection:</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>(c) Velocity of air at the face:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(d) Method of coursing air to the face:</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>(e) Percentage of inflammable gas in general body of air, at the face:</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3.</td>
<td>Gallery dimensions:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4.</td>
<td>(a) Depth of cut:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(b) Depth of holes:</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>5.</td>
<td>No. of holes:</td>
<td></td>
<td></td>
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<tr>
<td>6.</td>
<td>Quantity of explosives used (Kgs):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Tonnage of coal produced per Kg of explosive/per detonator:</td>
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<td>8.</td>
<td>Comments on fragmentation, throw, etc.:</td>
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<td>9.</td>
<td>Misfires, if any:</td>
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<td>10.</td>
<td>Depth of sockets, presence of explosive in socket, any other unusual happening, such as deflagration, etc.</td>
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</table>
11. Post detonation fumes
   
   (Applicable for explosives)
   
   (a) Comments on the visible fumes produced
   
   (b) By ____________ apparatus
       
       i. CO%
       ii. NO + NO₂ %

12. Effect on roof, sides from blasting vibrations:

13. General comments regarding handling, storage, transport, priming, cartridge material, etc.:

14. Any other remarks:

Signature: (Name & Designation):

(Technical Officer of Manufacturer)
Contact No.
Date:

Signature: (Name & Designation):

(Mines Manager)
Contact No.
Date:

Office Seal

Signature: (Name & Designation):

(Agent of the Mines)
Contact No.
Date:

Office seal:
FIELD TRIAL REPORT / PERFORMANCE REPORT OF Indigenously manufactured HYDRAULIC VALVES OF POWERED SUPPORTS

1) Detailed specification of the Valves
   a) Type of Valves
      (LINEAR CONTROL/ROTARY CONTROL / YIELD / LEG PILOT OPERATED NON-RETURN / RAPID YIELD)
   b) Capacity of Valves
   c) Valves used with which support (Types, specifications etc.)
   d) Whether identification tag / marking provided in each valve or valve bank showing the type of operation of the valves / valve of a bank ?

2) DGMS approval no. and date

3) Period of validity of the approval

4) Drawing no. of the valves supplied

5) Name and address of the Original manufacturer of the support with which the valves have been used

6) Name and address of the Applicant / Manufacturer to whom approval of valves has been accorded

7) DGMS approval no. and mark as embossed on the valves

8) Whether the Manufacturer has submitted copy of the DGMS approval letter and maintenance schedule of valves to the User?

9) Adequacy of the operation manual or maintenance schedule of the valves supplied by the manufacturer

10) Year and month of manufacture of the valves as embossed on the valves

11) Name of the mine and longwall panel in which the valves were installed

12) No. of valves installed

13) Date of installation

14) Period of operation
15) Period for which performance report is being sent

16) Total nos. of cycles of operation of the valves during the above period

17) Total nos. of cycles of operation of the valves after approval of field trial / since first installed (Give panel wise break-up)

18) Whether records of production tests conducted by the manufacturer, as per Clause 11.1 of the guidelines for manufacture of hydraulic valves for legs of powered roof supports, as circulated vide DGMS Circular No. S&T/DG(S&T)/PS(D&T)/3(65)/98/541, dated 11.06.2003, have been submitted to the user during supply of the legs.

19) Whether the user complied with the provision of clause 16 of the Guidelines (Provisional) for indigenous manufacture of hydraulic valves for legs of powered roof supports, as circulated vide DGMS Circular No. S&T/DG(S&T)/PS(D&T)/ 3(65)/ 98/541, dated 11.06.2003.

Whether results of the field observations have been properly maintained and submitted to this office in the prescribed format by the Agent/ Manager of the mine using the valves for field trial at an interval of three months? If yes, mention the reference letter no. and date of submission of the above reports.

20) Performance of the valves during the period of field trial / period of use for which performance report is being sent

   a) Was there any problem of compatibility of the legs with the powered supports? If so, specify

   b) Average, minimum and maximum setting pressures recorded

   c) Performance of valves during main weighting and periodic weighting period

   d) Leakage condition of the valves

   e) Condition of the valves during use

      (i) Any serious defect, deformation or failure of the valves or its components during use.

      (ii) Whether such defect or failure has been brought to the notice of DGMS?

(III) 21) Whether valves’ components have been sourced from a manufacturer other than the approved manufacturer of the valve assembly?

22) Details of major repairing done, if any

   a) No. of valves overhauled or repaired.

   b) Overhauling or repairing done under whose supervision?

   c) Whether any joint inspection was made by the representatives of
OEM and the User Company and any certificate was issued regarding quality of repairing or overhauling? If so, copy of such certificates shall be enclosed.

d) Whether different items or spare parts used during the repairing / overhauling of the valves were procured from OEM?

e) Whether all the valves, overhauled or repaired, conform in all respects with the original valves supplied by OEM and for which approval was granted?

23) Whether reference of all the valves installed in the supports in a longwall face along with all relevant details regarding their period of use and performance maintained in a register?

24) Whether 20% of the valves installed in a face were withdrawn from use by the user every year and got it tested from an approved test house as per the prescribed test schedule. (The same valve shall not be tested for more than one time).

25) Whether the test report has been submitted to this Directorate? If yes, mention the reference no. and date of submission of the test report.

26) Remarks on the performance and suitability of the valves

27) Any modification suggested

28) Any other relevant information

Signature: 
Date: 
Name & Designation: 
Contact No. 

Countersigned by: 
Date: 
Name & Designation: 
Contact No. 

(All field trial or performance report must be signed/ countersigned by the Manager / Agent of the mine)
FIELD TRIAL REPORT / PERFORMANCE REPORT OF INDIGENOUSLY MANUFACTURED LEGS FOR POWERED SUPPORTS

1) Details specification of the leg
   a) Type of leg (STDA / DTDA)
   b) Capacity of legs
   c) Legs used with which support
2) DGMS approval no. and date
3) Period of validity of the approval
4) Drawing no. of the leg supplied
5) Name and address of the Original manufacturer of the support with which the legs have been used
6) Name and address of the Applicant or Manufacturer to whom approval of leg has been accorded earlier
7) DGMS approval no. and mark as embossed on the legs
8) Whether the Manufacturer has submitted copy of the approval letter and maintenance schedule to the User?
9) Adequacy of the operation manual or maintenance schedule
10) Year and month of manufacture of the legs as embossed on the support
11) Name of the mine/ panel in which the legs were installed
12) No. of legs installed
13) Date of installation
14) Period of operation
15) Period for which performance report is being sent
16) Total nos. of cycles of operation of the legs during the above period
17) Total nos. of cycles of operation of the legs after approval of field trial / since first installed (Give panel wise break-up)
18) Performance of the legs during the period of field trial/ period of use for which performance report is being sent
   a) Was there any problem of compatibility of the legs with the powered supports? If so, specify
   b) Average, minimum and maximum setting pressures recorded
   c) Average, minimum and maximum yielding pressures recorded
   d) Pressure records during main weighting and periodic weighting period
   e) Performance of legs during main weighting and periodic weighting period
   f) Leakage condition of the legs
   g) Convergence of the legs
   h) Result of routine condition monitoring (RCM) (Enclose copy of RCM)
   i) Any serious defect, deformation or development of
cracks or failure of the legs or its components during use

j) Whether such defect or failure has been brought to the notice of DGMS?

19. Whether leg components have been sourced from the manufacturer and used with old legs? If yes,
   i) Whether prototype tests as per the requirements manufacture in the guidelines for indigenous manufacture of Single Telescopic Leg or Double Telescopic Leg for Powered Roof Support (circulated vide letter no. S&T/4(45)/99/51, dated 16.01.2001 and S&T/4(45)/99/896(A), dated 31.07.2002) have been carried out after assembling the new components with existing components?
   ii) Whether approval for using such leg components with old leg components has been obtained from DGMS?
   iii) Whether interchangeability and compatibility of the leg components in relation to other components has been ensured by the manufacture in order to meet original design and application requirements.
   iv) Under whose supervision the existing components have been assembled with the new components?
   v) Whether the existing component assembled with the new components were in good condition as per original design and application requirements?
   vi) Whether production test has been carried out on the legs after such components have been assembled with existing components of the legs?
   vii) Whether any test certificate to this effect has been submitted to DGMS?
   viii) The test facilities maintained at users end
   ix) No. of such assembled legs used

20. Details of major repairing done, if any
   a) No. of legs overhauled or repaired
   b) Overhauling or repairing done under whose supervision?
   c) Whether any joint inspection was made by the representatives of OEM and the User Company and any certificate was issued regarding quality of repairing or overhauling? If so, copy of such certificates shall be enclosed.
   d) Whether different items or spare parts used during the repairing/overhauling of the legs were procured from OEM?
   e) Whether all the legs, overhauled or repaired, conform in all respects with the original legs supplied by OEM and for which approval was granted?

21. Any modification suggested

22. Remarks on the performance and suitability of the legs

23. Any other relevant information

Signature  
Date:  
Name & Designation:  
Contact No.  

Countersigned by:  
Date:  
Name & Designation:  
Contact No.

(All field trial or performance report must be signed/ countersigned by the Manager / Agent of the mine)
FIELD TRIAL REPORT/ PERFORMANCE REPORT OF POWERED SUPPORTS

1. Detailed specification of the support
   a) Type of support
   b) No. of legs
   c) Capacity of support
   d) Capacity of rear and front legs

2. DGMS approval no. and date
3. Period of validity of approval
4. Drawing no. of the support, as approved
5. Name and address of the Original manufacturer
6. Name and address of supplier or authorized Indian agent, if any
7. Name and address of the Applicant to whom
8. DGMS approval no. and mark as embossed on the support
9. Year and month of manufacture of the supports as embossed on the support
10. Name of the mine/ panel in which the support was installed
11. Whether manufacturer has submitted operation manual or maintenance schedule before installation
12. Adequacy of the operation manual or maintenance
13. No. of support units installed
14. Date of installation
15. Period of operation
16. Period for which performance report is being sent
17. Total nos. of cycles of operation of the support during the above period
18. Total nos. of cycles of operation of the support after approval of field trial /since first installed (Give panel wise break-up)
19. Performance of the support during the period of field trial/period of use for which performance report is being sent
   a) Average/minimum and maximum setting pressures recorded
   b) Average/minimum and maximum yielding pressures recorded
   c) Pressure records during main weighting and periodic weighting period
   d) Performance of powered supports during main weighting and periodic weighting period
   e) No. of legs changed during the above period and manufacturer of the above legs
   f) Leakage condition of the legs and the support system
   g) Performance of the control valves
   h) Convergence of the legs
   i) Result of routine condition monitoring (RCM) (Enclose copy of RCM)
   j) Any serious defect, deformation or development of cracks or failure of the supports or its components during use.
   k) Whether such defect or failure has been brought to the notice of DGMS?

20. Details of major repairing done, if any
   i) No. of supports overhauled or repaired.
   ii) Overhauling or repairing done under whose supervision?
iii) Whether any joint inspection was made by the representatives of OEM and the User Company and any certificate was issued regarding quality of repairing or overhauling? If so, copy of such certificates shall be enclosed.

iv) Whether different items or spare parts used during the repairing/ overhauling of the support were procured from OEM?

v) Whether all the supports, overhauled or repaired, conform in all respects with the original supports supplied by OEM and for which approval was granted?

21. Any modification suggested

22. Remarks on the performance and suitability of the powered supports

23. Any other relevant information

Signature
Date:
Name & Designation
Contact No.

Countersigned by:
Date:
Name & Designation:
Contact No.

(All field trial or performance report must be signed by the Manager and countersigned by the Agent of the mine)
Practical Performance Tests of Self Contained Breathing Apparatus (SCBA)

Name of the test:-

Job no.:-

Name of the test subject:-

Examined by Doctor:-

Witness of the test:

D-1 TEST SUBJECTS

D-1.1 Breathing apparatus ........................................ has been tested by .......................................................... who regularly uses SCBA and whose medical history is known to be satisfactory. He has been medically examined before the test and certified fit for such tests by Dr. ....................................................... The person was suitably clothed.

D-2 Medical Attention

D-2.1 The tests have been done under the supervision of Dr.

..............................................................

..............................................................

..............................................................

D-3 Preparation of apparatus to be tested.

D-3.1 i) Cylinder evacuation before charging – Evacuated and purged. (Yes/No)

ii) A sample of compressed oxygen has been analyzed for oxygen content & flow of oxygen into apparatus has been measured. (Yes/No)

iii) After the purifier is charged & the apparatus assembled; the resistance to breathing has been measured. (Yes/No)

iv) The apparatus with the charged cylinder to prescribed pressure and ready for use. Then test for leak tightness was done. (Yes/No)

D-3.2 Not applicable (in Rescue Stations)

D-4 Test Procedures

D-4.1 i) Two kinds of tests are done.

(a) Walking Test (One in which two subjects/persons wearing the apparatus walk at regular rate of 6.5 Km/Hr. on a level course/path.)

REMARKS of the Subject:

..............................................................
(b) **WORK SIMULATION TEST** (One in which two different persons work in practical conditions)

**Note:** Each test is continuous without removal of apparatus for a period equal to working duration of apparatus except that rest period of 5 minutes is taken after 15 minutes period of use.

**REMARKS of the Subject:**

---

**D-4.1.1 The work simulation tests shall comprise:**

a) Carry of sand bags over a distance of at least 9m & building a 1.4 m high stopping.

b) Negotiating a circuit of the gallery which comprises:
   1) Steps and ramp
   2) A restricted height carrying from 1.2m to 1.0m
   3) A restricted height varying from 0.4 to 1.0m An opening 0.6 m high x 0.9 m wide x 3.7 m long

c) Carrying, pushing or pulling on a stretcher a dummy body weighing 68 kg around the same circuit of the gallery
d) Passing sand bags through a steel tube 3.7 m long x 0.7 m in dia

e) Repeated raising and lowering of a weight of 25.4 kg from a height of 1.8 m by means of a rope and pulley.

f) Climbing over three 1.2 m high hurdles.

g) Climbing Up & down a vertical ladder with a 460 mm² opening around the ladder

h) Carrying & making chock (wooden slippers) pieces in still air in a climatic chamber where the temperatures measured by hygrometer are
   1) Dry bulb 45±3°C &
   2) Wet bulb 3 - 5°C lower than the dry bulb.

**D-4.2**

i) During test periods and at the end of each test
   a) Inhaled air is sampled & tested. (Comments)
   b) The temp, cylinder pressure & ambient temp are recorded. (Readings)
   c) The medical practitioner asks such clinical observations considered necessary by him. (Comments)

ii) When a face piece is worn the test includes
   a) A period of speech by each subject is tested. (Comments)
   b) The inward faces leakage is checked subjectively/individually using a suitable vapour of characteristic smell. (Comments)

iii) At the end of each test
   a) The persons (subjects) are medically examined (Comments)
   b) The apparatus is examined for leak tightness (Comments)
   c) Oxygen/air flow (Comments)
   d) Resistance to breathing (Comments)
   e) Excessive wear of parts and physical damage (Comments)
Signature of the Officer Conducting the test
Name..........................................
Designation..................................
Place of Posting..........................

Signature of the subject
Name ........................................
Designation ..................................
Place of posting ..........................

Signature of Manager (Mine)/Supdt.(Rescue Station)

Signature of GM (Rescue)
CERTIFICATE OF MEDICAL EXAMINATION BEFORE AND AFTER TEST WITH BREATHING APPARATUS

1) Name: ........................................................................

(practice regularly with Breathing Apparatus and Medical history is known to be satisfactory)

2) Age: .................................................................

3) Designation: ..............................................................

4) Colliery/Mine: .................................................................

5) Comments of the Medical Officer regarding fitness:

Observations:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>NAME</th>
<th>DURATION OF APPLICATION</th>
<th>PULSE Before Application</th>
<th>After Application</th>
<th>Blood Pressure Before Application</th>
<th>After Application</th>
<th>REMARKS FOR CONDITION OF PERSON AFTER USE</th>
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</table>

(Signature of Medical Officer)
Designation:
Place of posting:
PRACTICAL PERFORMANCE TEST OF SELF CONTAINED SELF RESCUE (SCSR) [Underground]

SL.NO, BATCH NO.& MAKE OF THE APPARATUS :

DATE OF TESTING :

DETAILS OF TEST SUBJECT:-

1) Name :

2) Age :

3) Height :

4) Weight :

5) Last date of Annual Medical Exam done on :

6) Status of the test subject- active rescue trained person

(Report of Medical examination immediately before the test is attached herewith)

TEST PROCEDURE

Selected test subject is well acquainted with the apparatus and instructions given for use of the correct procedure of opening, donning and of the operation of the apparatus. Test procedure were carried out by test subject in dark in Underground without assistant. However, the test subject was accompanied by one assistant viz..............................................during test.
RECORDING OF FOLLOWING PARAMETERS AT VARIOUS POINTS OF THE ESCAPE ROUTE WAS DONE AND RESULT AS FOLLOWS:-

1) Average Temperature
2) Average Relative humidity

ESCAPE EXERCISES DETAILS

1) Escape exercise conducted underground in ..........................................................Colliery from...........................................to...........................................
2) Total duration : From...........................................(..............................minutes)

ASSESSMENT BY THE TEST SUBJECT FOR THE APPARATUS

1) Operation of the starter

2) Comfort of breathing

3) Comfort of wearing

4) Overall performance

Signature of Test Officer  Signature of Assistant  Signature of the test subject
(  )  (  )  (  )
Desig.................  Desig.................  Desig.................

Signature of Superintendent (Rescue Station)

Signature of GM (Rescue)
PRACTICAL PERFORMANCE TEST OF SELF CONTAINED SELF RESCUER (SCSR)

[At rest] on surface

SL.NO , BATCH NO. & MAKE OF THE APPARATUS :

DATE OF TESTING :

DETAILS OF TEST SUBJECT:-

1) Name :

2) Age :

3) Height :

4) Weight :

5) Last date of Annual Medical Exam done on :

6) Status of the test subject- active rescue trained person

(Report of Medical examination immediately before the test is attached herewith)

TEST PROCEDURE

Selected test subject is well acquainted with the apparatus and instructions given for use of the correct procedure of opening, donning and of the operation of the apparatus. Test procedure were carried out by test subject in dark without assistant. However, the test subject was accompanied by one assistant viz......................................................... during test.
RECORDING OF FOLLOWING PARAMETERS OF THE ENVIRONMENT IN THE TRAINING GALLERY DURING THE TEST WHERE THE TEST SUBJECT PERFORMED THE TEST.

1) Average Temperature
2) Average Relative humidity

ESCAPE EXERCISE DETAILS (TEST AT REST)

1) Subject has not performed any work
2) Subject has sat comfortably
3) Apparatus has placed so as not to impeded by the mass
4) Total duration: From..................to................(..................minute)

ASSESSMENT BY THE TEST SUBJECT FOR THE APPARATUS

1) Operation of the starter
2) Comfort of breathing
3) Comfort of wearing
4) Overall performance

Signature of Test Officer                  Signature of Assistant                  Signature of the test Subject
(                                    (                                    (                        )
Desig................................. Desig................................. Desig.................................

Signature of Superintendent (Rescue Station)

Signature of GM (Rescue)
PRACTICAL PERFORMANCE TEST OF SELF CONTAINED SELF RESCUE (SCSR)

[Tread Mill]

SL.NO, BATCH NO. & MAKE OF THE APPARATUS :

DATE OF TESTING :

DETAILS OF TEST SUBJECT:-

1) Name :

2) Age :

3) Height :

4) Weight :

5) Last date of Annual Medical Exam done on :

6) Status of the test subject- active rescue trained person

(Report of Medical examination immediately before the test is attached herewith)

TEST PROCEDURE

Selected test subject is well acquainted with the apparatus and instructions given for use of the correct procedure of opening, donning and of the operation of the apparatus. Test procedure were carried out by test subject in dark without assistant. However, the test subject was accompanied by one assistant viz.................................................. during test.

RECORDING OF FOLLOWING PARAMETERS AT VARIOUS POINTS OF THE ESCAPE ROUTE WAS DONE AND RESULT AS FOLLOWS:-

1) Average Temperature

2) Average Relative humidity
ESCAPE EXERCISES DETAILS (Tread Mill)

1) Walking on tread mill at speed of 8km/hour for one minute

2) Walking on Tread Mill at speed of 2.4Km/hours and 20% inclination for 29 minutes

3) Total duration : From................TO................(........................minute)

ASSESSMENT BY THE TEST SUBJECT FOR THE APPARATUS

1) Operation of the starter

2) Comfort of breathing

3) Comfort of wearing

4) Overall performance

Signature of Test Officer    Signature of Assistant    Signature of the test subject
(  )                         (  )                         (  )
Desig.....................    Desig.....................    Desig..................

Signature of Superintendent (Rescue Station)

Signature of GM (Rescue)
DIRECTORATE GENERAL OF MINES SAFETY
MINISTRY OF LABOUR AND EMPLOYMENT
GOVT. OF INDIA

COMMENTS OF THE TEST SUBJECT FOR SELF RESCUE/BREATHING APPARATUS &
REVIVING/RESUSCITATING APPARATUS

1. Did any parts of the apparatus catch on projections at any time? Yes/No
2. Did you notice any sharp edges on the apparatus? Yes/No
3. Did saliva or condensate interfere with your breathing? Yes/No
4. Did any material coming in to contact with you whilst wearing the apparatus cause any irritation? Yes/No
5. How was the weight of the apparatus? Light/Average/Unsuitably Heavy
6. Was the harness quick and easy to put on and did it effect you donning the apparatus? Yes/No
7. Did the harness remain as adjusted and was it comfortable? Yes/No
8. Did you have any problem of opening, donning or operating the apparatus? Yes/No
9. Did the breathing circuit become blocked at any time? Yes/No
10. Did the nose clip form a good seal (if applicable)? Yes/No
11. Did the apparatus interfere with other safety equipment? Yes/No
12. Did the apparatus impede your head or body movement? Yes/No
13. Was there an adequate supply of oxygen at all time? Yes/No
14. Was there any undue resistance to breathing? Yes/No
15. Was the temperature of the inspired air intolerable? Yes/No
16. Was the surface temperature of the apparatus acceptable? Yes/No
17. Was the apparatus comfortable? Not Comfortable/Comfortable/Very comfortable

Signature of Test Subject

Signature of Superintendent (Rescue Station)
CERTIFICATE OF MEDICAL EXAMINATION BEFORE AND AFTER TEST WITH SELF RESCUEER

1) Name: .............................................................................
2) Age: .............................................................................
3) Designation: .....................................................................
4) Colliery/Mine: .....................................................................
5) Comments of the Medical Officer regarding fitness:

Observations:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>NAME</th>
<th>DURATION OF APPLICATION</th>
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(Signature of Medical Officer)
Designation: 
Place of posting:
**APPENDIX- VI J (1)**

DIRECTORATE GENERAL OF MINES SAFETY  
MINISTRY OF LABOUR AND EMPLOYMENT  
GOVT. OF INDIA

Practical Performance Test Report of Reviving/Resuscitating Apparatus-

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Date</th>
<th>Name of the person</th>
<th>Desig.</th>
<th>Colliery/mine</th>
<th>Duration of use</th>
<th>Signature</th>
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**Tests / Feel**  
**Report / Remarks of user**  
**Performance**

- Inhalation & exhalation
- Air requirement
- Feeling
- Additional Demand of OXYGEN
- Application
- Face Mask
- Obstructed Airway warning
- Inhalation / Exhalation cycle

All Tests conducted in normal atmosphere.

Mines Manager / Superintendent (Mines Rescue Station)
CERTIFICATE OF MEDICAL EXAMINATION BEFORE AND AFTER TEST WITH REVIVING APPARATUS/RESUSCITATING APPARATUS

1) Name: .................................................................
2) Age: ............................................................... 
3) Designation: ...........................................................
4) Colliery/Mine: ...........................................................
5) Comments of the Medical Officer regarding fitness:

Observations:

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(Signature of Medical Officer)
Designation:
Place of posting:
DIRECTORATE GENERAL OF MINES SAFETY
MINISTRY OF LABOUR AND EMPLOYMENT
GOVT. OF INDIA

PROFORMA FOR PERFORMANCE REPORT OF BREATHING APPARATUS & REVIVING/RESUSCITATING APPARATUS

1. DETAILS OF THE EQUIPMENT/APPARATUS/ PRODUCT
   (a) Name & Model -
   (b) Manufactured by
   (c) Reference of DGMS approval letter
   (d) Date of validity.

2. Name of Mine/ Rescue Station& organization :

3. Full Address of Mine/Rescue Station:

4. Number of apparatus maintained in the mine/ rescue station:

5. Number of emergencies in which the apparatus was used (last calendar year):

6. Number of practices in which the apparatus was used (last calendar year):

7. Condition of the equipment/apparatus after each use :

8. Complaints of users (if any):

9. General comments (Satisfactory/Unsatisfactory) :

Signature (Name) (Agent/General Manager Head of Discipline in Company)                     Signature (Name) (Mine Manager/Rescue Superintendent)
Mine/Rescue Station:                                                                    Mine/Rescue Station:
Mobile No/Contact No                                                                  Mobile No/Contact No.
Date:                                                                                 Date:
Office seal                                                                           Office seal

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PROFORMA FOR PERFORMANCE REPORT SELF RESCUE

1. DETAILS OF THE EQUIPMENT/APPARATUS/PRODUCT
   (a) Name & Model:
   (b) Manufactured by:
   (c) Reference of DGMS approval letter:
   (d) Date of validity:

2. Name of Mine/Rescue Station & organization:

3. Full Address of Mine/Rescue Station:

4. Total number of apparatus maintained in the mine/rescue station:

5. Number of apparatus in the Mine/Rescue Station subjected to functional ability tests as per DGMS (Technical) Circular No. 08 dated 27.10.2008 during the last approval period:

6. Result of functional ability tests as per DGMS (Technical) Circular No. 08 dated 27.10.2008 (of all tests during the last approval period w.e.f. 05.05.2016) : Passed/Failed

7. General comments (Satisfactory/Unsatisfactory):

Signature
(Name)
(Agent/General Manager or Head of Discipline in Company)
Mine/Rescue Station:
Mobile No/Contact No
Date:
Office seal

Signature
(Name)
(Mine Manager/Rescue Superintendent)
Mine/Rescue Station:
Mobile No/Contact No
Date:
Office seal
DIRECTORATE GENERAL OF MINES SAFETY
MINISTRY OF LABOUR AND EMPLOYMENT
GOVT. OF INDIA

CONSOLIDATED REPORT ON PERFORMANCE AND SAFETY CHARACTERISTICS OF
_______________________ EXPLOSIVE COMPOSITION REQUIRED FOR RENEWAL OF APPROVAL

1. (a) Name of explosive/detonator : 
   (b) Name of manufacturer : 
   (c) Type of explosive :
      (i) P1 / P3 / P5 : 
      (ii) Instantaneous/Delay detonators : 
      (iii) NG based (gel/ semi-gel/ powder) : 
             Slurry (aluminized/ other)/ Emulsion

2. Details of DGMS approval (for trials)
   (a) Letter No. & date : 
   (b) Valid upto : 
   (c) For gassy seams of _______ degree :

3. (a) Name of mine(s) to which this consolidated report relates :
   (b) Name of the seam:
   (c) Degree of gassiness :
   (d) Total quantity of explosive used during the period :

4. General comments on:
   (a) Explosive performance :
   (b) Post detonation fume characteristics :
   (c) Frequency of misfires or any other
       unusual occurrences (specify) :
   (d) Blast vibration effects on roof & sides :
   (e) Safety & ease in handling, storage, 
       Transport, priming, etc. :
   (f) Any other remarks :

5. Comparative assessment of the performance & 
   Safety characteristics of the explosive with other
6. Conclusion regarding suitability of explosives:

Signature:
(Name & Designation):
(Technical Officer of Manufacturer)
Contact No.
Date:

Signature:
(Name & Designation):
(Mines Manager)
Contact No.
Date:
Office Seal: Office seal:

Signature:
(Name & Designation):
(Agent of the Mines)
Contact No.
Date:
DIRECTORATE GENERAL OF MINES SAFETY  
MINISTRY OF LABOUR AND EMPLOYMENT  
GOVT. OF INDIA  

PROFORMA FOR PERFORMANCE REPORT (General Items)

1. DETAILS OF THE EQUIPMENT/APPARATUS/PRODUCT
   (a) Name & Model -
   (b) Manufactured by
   (c) Reference of DGMS approval letter
   (d) Date of validity.

2. Name of Mine & organization:
3. Name of the coal seam:
4. Degree of Gassiness (for Coal Mines)/Gas Group (for Oil Mines):

5. Full Address of Mine:
6. Name of Mineral:
7. Name of worker to whom the equipment/apparatus was issued:
   (wherever applicable)
8. Nature of work performed:
9. Location where the product/equipment/apparatus was placed:
10. Period for which the equipment/apparatus was used: From _______ To ________
11. Condition of the equipment/apparatus after use:
13. General comments (Satisfactory/Unsatisfactory):

Signature (Name)  
(Agent)/ Head of Discipline in Company  
Mine:
Mobile No/Contact No  
Date:  
Office seal

Signature (Name)  
(Manager)  
Mine:
Mobile No/Contact No.  
Date:  
Office seal
FORMAT FOR POWER OF ATTORNEY

(For signing the application, application format and related documents with regard to the approval/renewal of approval of apparatus/equipments from DGMS)

(On the stamp paper of appropriate value)

(To be notarised)

Know all men by these presents, we ___________________________ (name and address of the registered office of the manufacturer) do hereby constitute, appoint and authorise Mr. / Ms. ___________________________ (name and residential address) who is presently employed with us and holding the position of ___________________________, to be the Company’s true and lawful attorney, to do in our name and on our behalf, all such acts, deeds and things necessary in connection with or incidental to our application for the DGMS approval/renewal of approval of our manufactured products including signing and submission of all necessary documents/letters, and providing information/responses to the DGMS, representing us in all matters before DGMS, and generally dealing with DGMS in all matters in connection with our application for the approval/renewal of approval/field trial permission from DGMS.

We hereby agree to ratify all acts, deeds and things lawfully done by our said attorney pursuant to this Power of Attorney and that all acts, deeds and things done by our aforesaid attorney shall and shall always be deemed to have been done by us.

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<th>The common seal of (name of the company) have been hereunto affixed pursuant to the Resolution of the Board of Directors</th>
<th>For (name of manufacturer)</th>
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<td>Passed on the (date, month, year)</td>
<td>(Signature of the executants*)</td>
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<td>(Name, Title and Address)</td>
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Accepted

(Signature of Authorised Signatory)

(Name, Title and Address)

In the presence of:

Witness

1.

2.

*Excутant: Director in the Board of Director.

(Copy of the board resolution duly certified by any Director in the Board of Directors/company secretary of the company to be submitted with the power of attorney)
FORMAT FOR AUTHORIZATION OF INDIAN AGENT BY APPLICANT

I, hereby authorise Mr./Mrs. ____________________ (Designation) of M/s ____________ (Name of Indian company with complete postal address) as the Indian representative of M/s __________ (Applicant) to forward and receive copies of documents received and issued from DGMS and to oversee concerned tests and field trials during the process of grant of approval.

In addition to the above, Mr./Mrs. ____________________ (Designation) of M/s ____________ (Name of Indian company) will be jointly responsible with M/s __________ (Applicant) in terms of operational safety features and quality of the equipment/appliance/material/apparatus supplied in mines.

(Signature of the applicant with company seal)
FORMAT FOR ACCEPTANCE OF AUTHORISATION.

I, _______________ (Name and Designation) of M/s _______________ (Name of the Indian Company with complete postal address) hereby accept the responsibility as the Indian representative of M/s _______________ (Name of the applicant) to forward and receive copies of documents received and issued from DGMS and to oversee concerned tests and field trials during the process of grant of approval.

In addition to the above, I will be jointly responsible with M/s __________ (Applicant) in terms of operational safety features and quality of the equipment/appliance /material/apparatus supplied in mines.

(Signature of the Indian representative with company seal)