

**DIRECTORATE GENERAL OF MINES SAFETY
MINISTRY OF LABOUR
GOVT. OF INDIA**

FIELD TRIAL REPORT FOR GAS DETECTORS/ DUST SAMPLERS/ DUST MASKS/ FLAME SAFETY LAMPS/
CAP LAMPS/BULBS

1. Details of equipment on trial:

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

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

4. Designation(s) of persons using trial equipment:

5. Degree of gassiness of seam where trials conducted:

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

7. Number of days trial conducted:

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

9. Readings with the equipment: **

Date	Location (pit/ seam/ district)	Readings			Temp. & humidity at trial location	Remarks
		With trial equipment	With approved equipment	By chemical analysis		

10. Environmental effects on readings/ performance:

11. Replacement of spare parts during trials:

12. Comments on ease of use, maintenance & repair:

13. Note on failure of equipment if any:

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

15. Adequacy of operation and maintenance instruction/ manual:

16. Suggestion for improvements if any:

17. Remarks on pit worthiness and performance:

Countersigned by:

Signature

Signature:

Date:

Date:

Name & Designation

Name & Designation:

(Mine Manager)

(Agent)

Contact No.

Contact No.

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

* Strike out which is not applicable

** Minimum 30 readings shall be taken with the trial equipment and compared.

**DIRECTORATE GENERAL OF MINES SAFETY
MINISTRY OF LABOUR
GOVT. OF INDIA**

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

1. (a) Name of explosive :

(b) Name of manufacturer :

(c) Type of explosive :

(i) P1 / P3 / P5 :

(ii) 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. Details of sites of trial

(i) (a) Name of the seam :

(b) Degree of gassiness :

(ii) 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 :

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

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

5. General remarks

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

(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:

BLAST DETAILS

Sl. No.	Particulars	1 st Blast	2 nd Blast	3 rd Blast	Remarks
1.	Site of trial blast:				
2.	Ventilation:				
	(a) Distance of face from last ventilation connection:				
	(b) Quantity of air at the last ventilation connection:				
	(c) Velocity of air at the face:				
	(d) Method of coursing air to the face:				
	(e) Percentage of inflammable gas in general body of air, at the face:				
3.	Gallery dimensions:				
4.	(a) Depth of cut:				
	(b) Depth of holes:				
5.	No. of holes:				
6.	Quantity of explosives used (Kgs):				
7.	Tonnage of coal produced per Kg of explosive:				
8.	Comments on fragmentation, throw, etc. :				
9.	Misfires, if any:				
10.	Depth of sockets, presence of explosive in socket, any other unusual happening, such as deflagration, etc.				
11.	Post detonation fumes -				
	(a) Comments on the visible				

		fumes produced				
	(b)	By _____ apparatus i. CO% ii. NO + NO ₂ %				
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:

Signature:

(Name & Designation):

(Agent of the Mines)

Contact No.

Date:

Office seal :

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

1. (a) Name of explosive :

(b) Name of manufacturer :

(c) Type of explosive :

(i) P1 / P3 / P5 :

(ii) NG based (gel/ semi-gel/ powder) :
Slurry (aluminized/ other)/ Emulsion

2. Details of DGMS approval (for trials)

(d) Letter No. & date :

(e) Valid upto :

(f) For gassy seams of _____ degree :

3. (a) Name of mine(s) to which this consolidated report relates :

(b) 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
Comparable composition(s) :

6. Conclusion regarding suitability of explosives :

Signature:

(Name & Designation):

(Technical Officer of Manufacturer)

Contact No.

Date:

Signature:

(Name & Designation):

(Mines Manager)

Contact No.

Date:

Signature:

(Name & Designation):

(Agent of the Mines)

Contact No.

Date:

Office seal :

DIRECTORATE GENERAL OF MINES SAFETY
MINISTRY OF LABOUR
GOVT. OF INDIA
PROFORMA FOR FIELD TRIAL REPORT FOR FOOTWEAR

1. DETAILS OF THE FOOTWEAR ON TRIAL
 - (a) Name of footwear with type and model
 - (b) Manufactured by
 - (c) Reference of DGMS FIELD TRIAL approval letter
 - (d) Date of validity.

2. Name of Mines:

2A. Address of Mine:

3. Name of Mineral:

4. Name of worker to whom the footwear issued.

5. Nature of work performed.

6. Date of issue of footwear

7. Working conditions in the mine.

(a) Floor/ Roof Hard or Soft
Dry or Wet.

(b) Inclination of foot-path for the use of workers.

8. Approximate distance walked every day,
including the distance from mine to home.

9. Actual number of days the footwear was used.

10. Nature of wear of the footwear.

(a) Condition of Upper.

(b) Condition of Sole.

(c) Condition of Toe.

(d) Failure of stitching or tearing, if any.

(e) Separation of upper from sole, if any.

11. Pitworthyness.

12. General comments.

Signature:

(Name & Designation):

(Mines Manager)

Contact No.

Date:

Signature:

(Name & Designation):

(Agent)

Contact No.

DIRECTORATE GENERAL OF MINES SAFETY
MINISTRY OF LABOUR
GOVT. OF INDIA
PROFORMA FOR FIELD TRIAL REPORT FOR HELMET/REFLECTIVE HARNESS

1. DETAILS OF THE HELMET/ REFLECTIVE HARNESS ON TRIAL

- (a) Name
- (b) Manufactured by
- (c) Reference of DGMS FIELD TRIAL approval letter
- (d) Date of validity.

2. Name and full address of Mines:

3. Name of Mineral:

4. Name of worker(s) to whom the helmet/ reflective harness was issued.

5. Nature of work performed.

6. Date of issue of helmet/ reflective harness.

7. Working conditions in the mine.

- (a) Floor/ Roof - Hard or Soft
- Dry or Wet.
- Dustiness.

8. Actual number of days the helmet/ reflective harness was used.

9. Nature of wear of helmet

- (a) Condition of the shell
- (b) Condition of the harness

10. Reflectiveness- clear or not :-

11. Pitworthyness/Suitability:-

12. General comments.

Signature (Name)
(Agent)

Mine:

Mobile No/Contact No

Office seal

*Delete whichever is not applicable.

Signature (Name)
(Manager)

Mine:

Mobile No/Contact No.

Office seal

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

FIELD TRIAL REPORT/ PERFORMANCE REPORT OF HYDRAULIC PROPS / FRICTION PROPS/
MECHANICAL PROPS

1. Detailed specification of the prop
 - a) Type of prop (Hydraulic / Friction/ Mechanical)
 - b) Capacity of prop
 - c) Closed and open height
 - d) Whether provided with pressure gauge
2. DGMS approval no. and date
3. Period of validity of the approval
4. Drawing no. of the prop supplied
5. Name and address of the Original manufacturer of the props
6. DGMS approval no. and mark as embossed on the props
7. Year and month of manufacture of the props
8. Whether year and month of manufacture of the props has been embossed on the support?
9. Whether the Manufacturer has submitted copy of the approval letter and maintenance schedule to the User?
10. Adequacy of the operation manual or maintenance schedule
11. Name of the mine or panel or district in which the props were installed or used
12. General ventilation and water condition of the places where the props were installed or used
13. No. of props installed
14. Date of installation
15. Period of operation or use
16. Period for which performance report is being sent
17. Total nos. of cycles of operation i.e. total nos. of times the props have been withdrawn and re-set since first installed
18. Total nos. of cycles of operation of the props after approval of field trial / since first installed (Give panel or district wise break-up)
19. Performance of the props during the period of field trial/ period of use for which performance report is being sent
 - a) Average, minimum and maximum setting pressures recorded (For props provided with pressure gauge)
 - b) Average, minimum and maximum yielding pressures recorded (For props provided with pressure gauge)
 - c) Pressure records during main weighting and periodic weighting period (wherever applicable)
 - d) Performance of props during severe weighting or adverse roof condition (wherever applicable)

- e) Leakage condition of the props
- f) Maximum convergence of the props
- g) Any serious defect, deformation or development of cracks or failure of the props or its components during use.
- h) Whether such defect or failure has been brought to the notice of DGMS?
- i) Ease or smoothness of withdrawal of props
- j) Whether remote withdrawal is possible or not?

20. Details of major repairing done, if any

- a) No. of props 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 props, overhauled or repaired, conform in all respects with the original props supplied by OEM and for which approval was granted?

21. Whether the props have been tested by the user for its efficacy during its use? If so, results of such tests shall be enclosed.

22. Any modification suggested

23. Remarks on the performance and suitability of the props

24. Any other relevant information

Signature:

Countersigned by:

Date:

Date:

Name & Designation:

Name & Designation:

Contact No.

Contact No.

(All field trial or performance report must be signed by the Manager and countersigned by the Agent of the mine)

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

**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)

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

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)

**DIRECTORATE GENERAL OF MINES SAFETY
MINISTRY OF LABOUR
GOVT. OF INDIA**

FIELD TRIAL REPORT FOR LOAD CELL (Electrical type)

1. Details of equipment on trial:

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

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

4. Degree of gassiness of seam where trials conducted:

5. Designation(s) of persons using trial equipment:

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

7. Details of trial conducted**:

Date with time	Location (pit/ seam/ district)	Charging time of Read Out Unit	Readings by Read Out Unit			Observation on Load characteristics	Remarks
			Initial	Final	Difference		

8. Performance of electrical components:

9. Replacement of spare parts during trials:

10. Comments on ease of use, maintenance & repair:

11. Note on failure of equipment if any:

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

13. Adequacy of operation and maintenance instruction/ manual:

14. Suggestion for improvements if any:

15. Remarks on pit worthiness and performance:

16. Any other comment:-

Countersigned by:

Signature:

Date:

Date:

Name & Designation:

Name & Designation

Name & Designation:

(Person taking the Readings)

(Manager of Mine)

(Agent of Mine)

Contact No. _____

Date:

Date:

Date:

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

* Strike out which is not applicable

** Minimum 30 readings shall be taken with the trial equipment and compared.

**DIRECTORATE GENERAL OF MINES SAFETY
MINISTRY OF LABOUR & EMPLOYMENT
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FIELD TRIAL REPORT FOR FIRE RESISTANT BRATTICE CLOTH

1. Details of equipment on trial :
2. Name of Manufacturer :
3. Reference of DGMS field trial approval letter with validity date :
4. Name (s) full address of mine where trials was conducted :
5. Degree of gassiness of seam where trials conducted :
6. Period of field trial : from _____ to _____ (dates)
7. Number of days trial conducted :
8. Location where trials were conducted (specify dev/dep/old workings sealed of area)
9. Comments on ease of use, maintenance :
10. Note on failure of material if any :
11. Did the Brattice Cloth in any way endangered safety? (if yes, details thereof)
12. Suggestion for improvements, if any :
13. Remarks on pit worthiness and performance :

Signature:

Date:

Name & Designation:

Phone No.

Countersigned by:

Date:

Name & Designation

Phone No.

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

DIRECTORATE GENERAL OF MINES SAFETY
MINISTRY OF LABOUR
GOVT. OF INDIA
FIELD TRIAL PERFORMANCE REPORT (Auto Warning Tell-Tale)

1. Name of Instrument:- AUTO WARNING TELL-TALE (WARNING DEVICE OF GOAFING AND DEPILLARING OPERATIONS)

2. Name of manufacturer:-

3. Name of Mine and company :-
 Where trial has been undertaken

4. Seam No. Depillaring Panel No.
 Gassiness Pillar Size- m x m
 Avg depth of the panel-
 Extraction Commencement Date of the Depillaring Panel-
 Height of gallery where instrument was installed-
 Width of gallery where instrument was installed-

5. Nature of immediate Roof (up to 15m) and its thickness-

6. Instrument Trigger Setting at- mm

7. Period of Trial -- From To

8. Instrument Observations Record-

Location (Name of dip/rise)	Distance from immediate in bye goaf line	Date & Time	Initial reading	Reading on date	Difference	Indication of LED Indicator Glow (Yes/No)	Dates and time of first/ local/ main falls in goaf	Remarks

9. Comments about function and defects in the Instrument:-

10. Any Suggestion for to improvement:-

11. Over Performance of the Instrument (Satisfactory/Unsatisfactory):-

12. Name and signature of the Manufacturer's Technical Officer:-

13. Signatures of –

Manager-
 Mine-
 Date-

Agent
 Mine-
 Date-

ISO(Name and designation)
 Date-

DIRECTORATE GENERAL OF MINES SAFETY
MINISTRY OF LABOUR
GOVT. OF INDIA
PROFORMA FOR PERFORMANCE REPORT (General Items)

3. DETAILS OF THE EQUIPMENT/APPARATUS/ PRODUCT

- (e) Name & Model -
- (f) Manufactured by
- (g) Reference of DGMS approval letter
- (h) Date of validity.

4. Name of Mine & organization :

3. Degree of Gassiness (for Coal Mines) /
Gass Group (for Oil Mines) :-

4. Full Address of Mine:

5. Name of Mineral:

6. Name of worker to whom the equipment/apparatus was issued :
(wherever applicable)

6A. Nature of work performed:

7. Location where the product/equipment/apparatus was placed:

8. Period for which the equipment/apparatus was used: From _____ To _____

9. Condition of the equipment/apparatus after use :

10. Pitworthiness.

11. 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

