

RISK REVIEW AND ADOPTION DECISION

I, the undersigned, have been made aware of the risk review checklist of the following

Leading Practice(s): _____

I am representing _____ (Group) _____ (Mine)

and based on the findings as per the risk review checklist below, make the following decision:

Decision: Adopt the leading practice **real time dust monitoring on continuous miner**:

 Yes No

Signed: _____

Name: _____

Designation: _____

Date: _____