

UNDERGROUND VENTILATION INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Ventilation System Overview

Yes No — Primary and secondary ventilation systems are operational

Yes No — Airflow direction is clearly marked and follows the mine ventilation plan

Yes No — Ventilation control devices (doors, curtains, regulators) are in good condition

Air Quality Monitoring

Yes No — Gas detection systems are in place and calibrated

Yes No — Oxygen, methane, and carbon monoxide levels are within safe limits

Yes No — Dust control measures are implemented and effective

Ventilation Equipment Condition

Yes No — Fans and ducts are securely mounted and show no signs of wear

Yes No — Backup ventilation systems are tested and ready

Yes No — Electrical connections and control panels are safe and compliant

Emergency Preparedness

- Yes No — Escape routes are clearly ventilated and unobstructed
- Yes No — Refuge stations are ventilated and accessible
- Yes No — Emergency shut-off switches and alarms are tested

System Documentation & Compliance

- Yes No — Ventilation plans are current and approved
- Yes No — Inspection and maintenance logs are up to date
- Yes No — System complies with local mining and occupational safety regulations

FINAL NOTES

Inspector Comments:

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

I confirm this inspection was completed accurately