

J. H. FLETCHER & CO. Box 2187 – Huntington, WV 25722-2187 – 304/525-7811 – FAX 304/525-4025

IMPORTANT RETROFIT NOTICE

INFORMATION BULLETIN NO. 67

TO: ALL OWNERS, OPERATORS, AND REBUILDERS OF J. H. FLETCHER & CO. RRII/DDO ROOF BOLTING EQUIPMENT

FROM: RISK MANAGEMENT DEPARTMENT
J. H. FLETCHER & CO.

DATE: MAY 1997

SUBJ: RETROFIT—PRESSURE SETTING ON RRII/DDO

J. H. Fletcher & Co. (“Fletcher”) has been informed of three accidents that occurred on **RRII** roof bolters when the boom dropped rapidly resulting in the driller’s canopy striking the operator on the head, neck or back.

The major contributing factor when accidents such as these occur is that the foot jack pressure is set too high, allowing the foot to lift the drill boom and canopy assembly in excess of three to four inches. When the foot jack is retracted, the boom and canopy may drop rapidly potentially causing the canopy to strike the operator on the head, neck and back.

When investigating these accidents, it was found that the pressure in the foot jack circuit had been altered from the 500-700 psi setting specified by Fletcher. The alterations take place when the foot jack control valve is replaced or repaired and the correct relief valve and specified pressure settings are not maintained or the relief valve has been readjusted from the original OEM specified pressure.

The purpose of the foot assembly on the **RRII/DDO** boom is to stabilize the assembly during the drilling and bolting operations. Fletcher designed the foot jack hydraulic circuit to be set at a pressure that does not allow the foot jack to raise the boom structure and front end of the roof bolting machine. This design will prevent the operation of one boom from mechanically affecting the operation of the opposite boom. If the operation of one boom is allowed to affect the operation of the opposite boom it would destabilize the opposite side drill boom which would create a safety hazard for the operator. In addition, if the foot jack is allowed to raise the boom structure and front end of the roof bolter, it will induce unnecessary stress on the boom structure and cause premature boom structure wear. There is no operational function that requires the lifting of the drill boom and canopy by the foot assembly.

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It is imperative to maintain the specified pressure in the foot jack circuit. Since we are now aware of instances where this is not being done, we will provide an orificed check valve kit to be installed into the foot jack circuit. This will prevent the rapid dropping of the drill canopy if the foot jack is capable of raising the boom structure, but it will not prevent the mechanical interaction between the drill booms.

To initiate this program, we are recommending the following be done immediately:

1. Educate your operators that if the foot jack lifts the boom and canopy in excess of 4 inches, they should immediately notify management of this problem.
2. Evaluate all **DDO** and **RRII** roof bolting machines to determine whether or not these conditions exist. If they do exist, reduce the pressure in the foot jack circuit to a point where the foot jack will not raise the boom and front end of the roof bolting machine. If this cannot be done, notify Fletcher for assistance.
3. Maintenance personnel must make sure that replacement parts meet OEM specifications and relief valve settings are adjusted to recommended OEM standards. Failure to meet OEM specifications and standards could cause serious injury or death.
4. The orificed check valve to be installed in each **DDO/RRII** foot jack circuit will be provided by Fletcher free of charge (see drawing 18-97-7/A for RRII or drawing 20-97-10/A for DDO).

Fletcher emphasizes that you should consider this situation an immediate safety concern that requires prompt notification to all maintenance personnel, operators and potential operators of **RRII** and **DDO** machines.

Fletcher requests that you post this notice in a conspicuous place and provide a personal copy to each employee who might be exposed to this potential hazard.

To obtain a retrofit kit, call the Fletcher Service Department at 304/525-7811 with the serial number, specific kit number (see drawing 18-97-7/A for RRII or drawing 20-97-10/A for DDO) and proper shipping address. Once you have retrofitted the **DDO/RRII** roof drill with this orificed check valve, please return the **RETROFIT VERIFICATION FORM** provided in this document. If you no longer own or operate this model of equipment, please provide new ownership or machine disposition information by completing side two of the **RETROFIT VERIFICATION FORM**.

If you have any questions or need assistance from our Service Department to evaluate your machine or implement this retrofit, please call the Sales Department or your local Fletcher field representative at 304/525-7811.

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RETROFIT VERIFICATION FORM

Please complete and return this Retrofit Verification Form after the orifice check valve has been installed. Your cooperation in identifying transferred, sold, and permanently out-of-service equipment is appreciated.

- () Our company has complied with this retrofit; provide model(s) and serial number(s).
- () Our company is not affected by this retrofit.

RETROFIT ORIFICE CHECK VALVE HAS BEEN INSTALLED IN THE FOLLOWING EQUIPMENT:

MODEL: _____
SERIAL NO.: _____

MODEL: _____
SERIAL NO.: _____

MODEL: _____
SERIAL NO.: _____

MODEL: _____
SERIAL NO.: _____

MODEL: _____
SERIAL NO.: _____

MODEL: _____
SERIAL NO.: _____

MODEL: _____
SERIAL NO.: _____

MODEL: _____
SERIAL NO.: _____

MODEL: _____
SERIAL NO.: _____

MODEL: _____
SERIAL NO.: _____

MODEL: _____
SERIAL NO.: _____

MODEL: _____
SERIAL NO.: _____

PLEASE TAKE A MOMENT TO COMPLETE SIDE TWO OF THIS FORM.

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INACTIVE EQUIPMENT DISPOSITION

SOLD OR TRANSFERRED EQUIPMENT:

MODEL: _____
SERIAL NO.: _____

OWNER: _____
ADDRESS: _____

PHONE NO.: _____
TRANSACTION DATE: _____

MODEL: _____
SERIAL NO.: _____

OWNER: _____
ADDRESS: _____

PHONE NO.: _____
TRANSACTION DATE: _____

MODEL: _____
SERIAL NO.: _____

OWNER: _____
ADDRESS: _____

PHONE NO.: _____
TRANSACTION DATE: _____

MODEL: _____
SERIAL NO.: _____

OWNER: _____
ADDRESS: _____

PHONE NO.: _____
TRANSACTION DATE: _____

EQUIPMENT THAT IS PERMANENTLY OUT-OF-SERVICE:

MODEL: _____
SERIAL NO.: _____

MODEL: _____
SERIAL NO.: _____

MODEL: _____
SERIAL NO.: _____

MODEL: _____
SERIAL NO.: _____

MODEL: _____
SERIAL NO.: _____

MODEL: _____
SERIAL NO.: _____

COMMENT:

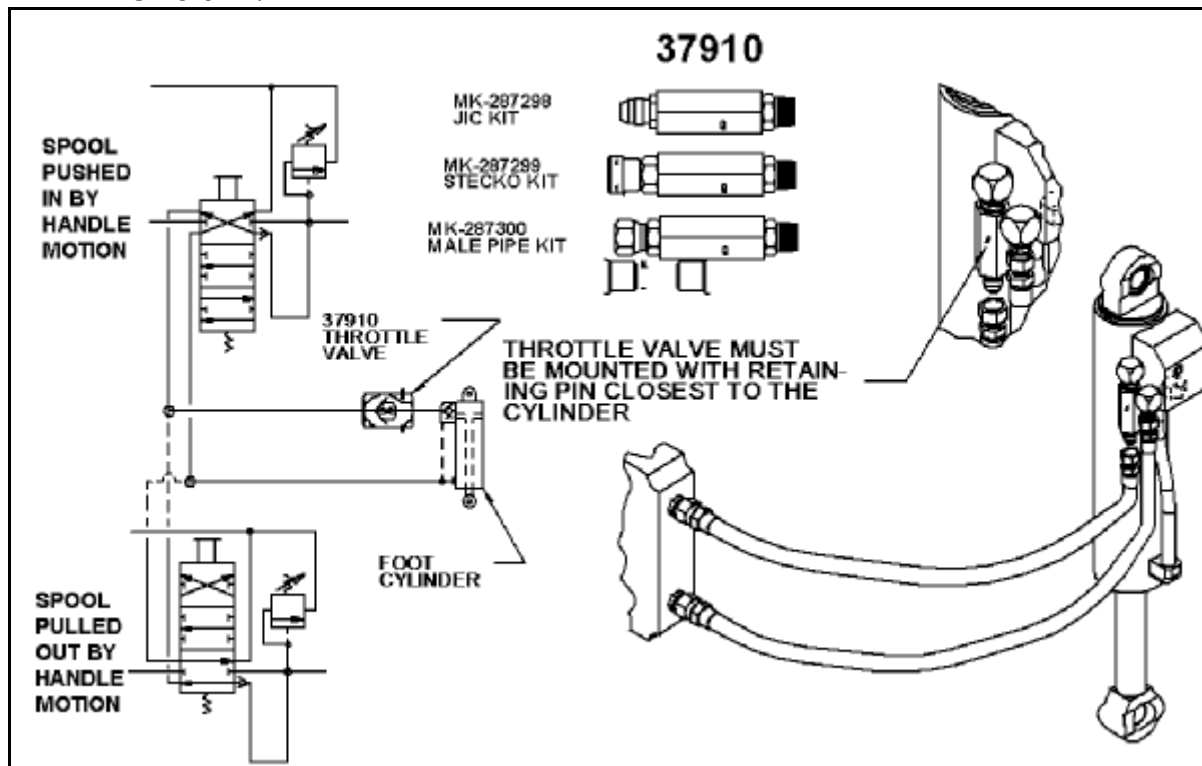
Dated: _____

Authorized Representative

CM No.: _____

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DRAWING 18-97-7/A



DRAWING 20-97-10/A

