



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

IMPORTANT SAFETY RETROFIT NOTICE

INFORMATION BULLETIN NO. 69

TO: ALL OWNERS, OPERATORS, AND REBUILDERS OF DUAL BOOM ROOF DRILLS WHO HAVE L-STYLE ATRS SYSTEMS

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

DATE: AUGUST 1997

SUBJ: RETROFIT MACHINE WITH L-STYLE ATRS WITH PRESSURE TUBE GUARD

J. H. Fletcher & Co. has decided to install a guard to protect the pressure tube on all L-style TRS support cylinders listed below. We find it necessary to install this protection because of a recent incident where a large rock fell hitting the pressure tube causing it to rupture and allowing the TRS support cylinder to collapse.

To prevent such an occurrence, a pressure tube guard is now being installed on all L-style ATRS cylinders with an exposed pressure tube. This guard is to be welded onto the ATRS cylinder to prevent rocks or other objects from severing the pressure tube.

We recommend that anyone who does not have this guard on their machine proceed as follows:

1. Review the list of cylinders (Table No. 1) in this Bulletin and compare the TRS cylinder part number with the cylinder identified in your parts book. If you have any of these TRS cylinders, we recommend that you retrofit the bolter with this guard as soon as possible.
2. Order a guard by calling the Fletcher Service Department with the serial number, cylinder part number and proper shipping address.
3. When you receive the part, weld on the pressure tube guard using the instructions provided. Follow your company and MSHA guidelines for the safe and proper installation of this component.

4. Once you have received the pressure tube guard, please complete the retrofit verification form provided in this document. If you no longer own or operate this style of ATRS system, please provide new ownership or machine disposition information by completing side two of the retrofit verification form.

Fletcher emphasizes that this retrofit is only if you have a TRS cylinder that is listed.

Fletcher requests that you share this information with all personnel that may be affected by this retrofit.

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.

TRS CYLINDERS AFFECTED BY THIS BULLETIN:

TRS CYLINDER PART NO.	PRESSURE TUBE GUARD PART NO.
152062	287775
152112	287776
152113	287777
152114	287778
152115	287778
152124	287779
152143	287777
152151	287778

TABLE NO. 1

INFORMATION BULLETIN NO. 69

RETROFIT VERIFICATION FORM

Please complete and return this Retrofit Verification Form after the TRS cylinder guard has been installed. Your cooperation 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 TRS CYLINDER GUARD 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.

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.: _____