Even though there is no operational need for a roof bolt operator to place a hand, or any body part, between the inner and outer mast during operation, Fletcher is aware that some operators have done so. Fletcher has developed a guard to prevent access to this pinch point area, thereby eliminating the risk of serious injury to the operator. **THIS POTENTIAL SERIOUS INJURY IS PREVENTABLE IF THE MAST FEED GUARD IS INSTALLED.**

The pinch point between the inner and outer mast is created when the drill mast moves up or down during drilling and bolting process. This RAPID mandatory movement of the machine during the bolting cycle can occur hundreds of times during a normal work day.

In order to discourage and prevent an operator from placing a hand or other body part in this pinch point area, Fletcher previously offered this mast feed cylinder guard in Information Bulletin 110 to owners of specific Fletcher DR and CDR roof drills (see photo in Attachment 1).

J.H. Fletcher & Co. believes that by participating in this retrofit you can re-educate and discourage employees from placing a hand or body part in this dangerous pinch point zone.

The mast guard kit (PN: 415666) is offered **FREE OF CHARGE** to any customer who has one of these specified machines. Since the first publication of this important safety notice, Fletcher has had limited customer participation in this retrofit.
Fletcher is RENOTIFYING our customers to encourage immediate participation in this important safety retrofit. If you do not have a copy of the original Information Bulletin 110, you may view it on our website, www.jhfletcher.com. If you do not have access to our website, you may call and request a copy be sent to you. We encourage all customers to review the previous bulletin to determine if they are affected by this retrofit.

Call the Fletcher Service Department to order a FREE kit for each single mast feed machine you have. When you have retrofitted your machine(s) and trained your operators on this issue, please return the Retrofit Verification Form (see Attachment 2) for our records.

If you no longer own or operate a machine that might be affected by this notification, please complete the Inactive Equipment Disposition Form (see attachment 3) so we may update our records, make sure you are not affected by this notice, and to ensure that future notices of this kind are getting to the right people. If you do not own a machine specified in this notice you are not required to do anything.

If you have additional questions, or are experiencing any delay in receiving your retrofit kit(s), call the Risk Management Department at 304/525-7811, ext. 240.
TITAN MAST GUARD

GUARD KIT
PART NO. 415666
Please complete and return this verification form after you have retrofitted your machine(s) and retrained all operator on the avoidance of pinch point areas. Your cooperation in identifying transferred, sold and permanently out-of-service equipment is appreciated.

Person completing verification form: ________________________________

Printed Name

____________________

Signature

Title: ________________________________

Name of Company: ________________________________

Address: ________________________________

Phone: ________________________________

( ) Our company has complied with this Safety Notice by providing the model(s) and serial no(s). affected.

( ) Our company is not affected by this Safety Notice.

<table>
<thead>
<tr>
<th>MODEL</th>
<th>SERIAL NO.</th>
<th>DATE TOOL TRAY WARNING TAGS WERE INSTALLED</th>
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INACTIVE EQUIPMENT DISPOSITION FORM

SOLD OR TRANSFERRED EQUIPMENT:

MODEL: ___________________ OWNER: ______________________
SERIAL NO: ___________________ ADDRESS: ______________________
PHONE NO: ___________________ TRANSACTION DATE: ______________

MODEL: ___________________ OWNER: ______________________
SERIAL NO: ___________________ ADDRESS: ______________________
PHONE NO: ___________________ TRANSACTION DATE: ______________

EQUIPMENT THAT IS PERMANENTLY OUT-OF-SERVICE:

MODEL: ___________________ MODEL: ___________________
SERIAL NO: ___________________ SERIAL NO: ___________________
MODEL: ___________________ MODEL: ___________________
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COMMENT:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Date: ___________________ _________________________________
Authorized Representative

Please return to:  J. H. FLETCHER & CO.
ATTN: RISK MANAGEMENT DEPT.
402 HIGH STREET
HUNTINGTON WV  25705