Longwall

# PRESHIFT - ONSHIFT
# and
# DAILY REPORT

Started 3-21-10

**Company** Performance Coal Co.

**Mine** UBB

**SECTION** Longwall

**LOCATION** _____

Post Office County State

Form 6-1489
(March 1970)

Budget Bureau No. 42-R1589

When this book is completed it shall be retained at the mine for a period of one year after the date of the last entry in the book, regardless of change of ownership. When a mine is temporarily closed or abandoned, the operator shall retain this book in a safe place during the period of closure or for a period of one year after the mine is abandoned. **Do not** mail this book to the Bureau of Mines.

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FORM# MS-014

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT
# MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-21-10 Shift Eve Area or Section Longwall

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | $O_2$ 20.8% | $CH_4$ .0% | Violation or Hazardous Condition | Action taken |
|---|---|---|---|---|---|
| 1. | Face | | | None Observed | None |
| 2. | Roof Support | | | | |
| 3. | Chargers | | | | |
| 4. | Track | | | | |
| 5. | Travelways | | | | |
| 6. | Power Center | | | | |
| 7. | Barricade Station | | | | |
| 8. | | | | | |

*Examinations for Methane in Working Places*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Face | 5:00 | .0% | 11. | | | |
| 2. | | 7:00 | .0% | 12. | | | |
| 3. | | 9:00 | .0% | 13. | | | |
| 4. | | 11:00 | .0% | 14. | | | |
| 5. | | | | 15. | | | |
| 6. | | | | 16. | | | |
| 7. | | | | 17. | | | |
| 8. | | | | 18. | | | |
| 9. | | | | 19. | | | |
| 10. | | | | 20. | | | |

*Examinations for Methane in Return Aircourses*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Return | 6:30 | .0% | 6. | | | |
| 2. | | 10:30 | .0% | 7. | | | |
| 3. | | | | 8. | | | |
| 4. | | | | 9. | | | |
| 5. | | | | 10. | | | |

Number of Bolts Tested

Number of Bolts Torqued Above Range Below Range

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety Meeting on Roof Control (Bolting Face on Longwall Move). Visual Check of Shields 1-176

| Assistant Mine | Certificate No. | Mine Foreman-Mine Manager | Certificate No. | Superintendent or Assistant |
|---|---|---|---|---|
| Matt P. Hall | 39068 | T. Moore | 33354 | |

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-21 20.10 Section or Area Examined Longwall

Time of Examination: from 5:20 a.m. or p.m. to 10:10 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Mike Webb Time A.M 10:47 P.M.

Report received by Donell K Stanley (Signed)

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | Violation or Hazardous Condition | Action Taken |
|---|---|---|---|
| 1. | Face 0.0% $CH_4$ 20.8% $O_2$ | None Observed | Reported |
| 2. | Roof Supports | | |
| 3. | Barricade Station | | |
| 4. | Power Center | | |
| 5. | Chargers | | |
| 6. | Track | | |
| 7. | Travelways | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |

*Air Measurements*

| Location | CFM | Location | CFM |
|---|---|---|---|
| Intake | 64,275 | | |
| #9 | 653 | | |
| #160 | 598 | | |
| MPA | 12,472 | | |
| MPB | movement into gob | | |

Remarks: 0.0% $CH_4$ 20.8% $O_2$ 0ppm CO
All clear at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Mike Webb Preshift-Mine Examiner 39068 Certificate No. Donell K Stanley Assistant Foreman 39218 Certificate No.

Countersigned T. Mann Mine Manager—Mine Foreman 53359

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT
## MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-22-10 Shift 3rd Area or Section Longwall

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | Violation or Hazardous Condition | Action taken |
|---|---|---|---|
| 1. | Face 0.0% ch4 20.8% o2 | None Observed | Reported |
| 2. | Roof Supports | | |
| 3. | Barricade Station | | |
| 4. | Power Center | | |
| 5. | Chargers | | |
| 6. | Track | | |
| 7. | Travelways | | |
| 8. | | | |

*Examinations for Methane in Working Places*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Face | 4:55 AM | 0.0 % | 11. | | | |
| 2. | | | | 12. | | | |
| 3. | | | | 13. | | | |
| 4. | | | | 14. | | | |
| 5. | | | | 15. | | | |
| 6. | | | | 16. | | | |
| 7. | | | | 17. | | | |
| 8. | | | | 18. | | | |
| 9. | | | | 19. | | | |
| 10. | | | | 20. | | | |

*Examinations for Methane in Return Aircourses*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Return | 5:09 AM | 0.0 % | 6. | | | |
| 2. | | | | 7. | | | |
| 3. | | | | 8. | | | |
| 4. | | | | 9. | | | |
| 5. | | | | 10. | | | |

Number of Bolts Tested _____
Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over pgs 6 & 7 of RCP with crew

| Daniel K Stanley | 39218 | T. Moore | 33389 | |
|---|---|---|---|---|
| Assistant Mine | Certificate No. | Mine Foreman-Mine Manager | Certificate No. | Superintendent or Assistant |

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-22-10 20___ Section or Area Examined L/WALL

Time of Examination: from 4:30 a.m. or p.m. to 5:35 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no_____

By whom Keith Stanley Time 5:35 A.M P.M.

Report received by Rud Cilly 28045 (Signed)

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | Violation or Hazardous Condition | Action Taken |
|---|---|---|---|
| 1. | FACE | NONE found | Reported |
| 2. | Roof Support | " " | " |
| 3. | Power Center | " " | " |
| 4. | Chargers | " " | " |
| 5. | Track | " " | " |
| 6. | Travelways | " " | " |
| 7. | Barricade St. | " " | " |
| 8. | | | |
| 9. | | | |
| 10. | | | |

*Air Measurements*

| Location | CFM | Location | CFM |
|---|---|---|---|
| Intake .09 ch4 | 63,712 | | |
| #9 | 608 | | |
| #160 | 561 | | |
| MPA | 12,582 | | |
| MPB | movement to gob | | |

Remarks: .09 ch4, 20.89 O2, No Co found at time of Exam.

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Darrell K Stanley (Preshift-Mine Examiner) 39218 (Certificate No.) Richard Ram (Assistant Foreman) 1357-A (Certificate No.)

Countersigned T. Moore (Mine Manager—Mine Foreman) 33357

Rud Cilly (Assistant Foreman) 28045 (Superintendent or Assistant)

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT
# MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-22-10 Shift Day Area or Section Longhall

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | $CH_4$ | $O_2$ | Violation or Hazardous Condition | Action taken |
|---|---|---|---|---|---|
| 1. | Face | .0% | 20.8% | None obs | None |
| 2. | Roof Support | " | " | " " | " |
| 3. | Power Center | " | " | " " | " |
| 4. | Chargers | " | " | " " | " |
| 5. | Track | " | " | " " | " |
| 6. | Travelways | " | " | " " | " |
| 7. | Barricade Station | " | " | " " | " |
| 8. | Mule train Area | | | 2-Bad ribs | pulled & set 2 Jacks |

[illegible] 2804

*Examinations for Methane in Working Places*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Face | 7:15 AM | .0% | 11. | | | |
| 2. | | 9:15 AM | .0% | 12. | | | |
| 3. | | 11:15 AM | .0% | 13. | | | |
| 4. | | 1:15 PM | .0% | 14. | | | |
| 5. | | 300 PM | .0% | 15. | | | |
| 6. | | | | 16. | | | |
| 7. | | | | 17. | | | |
| 8. | | | | 18. | | | |
| 9. | | | | 19. | | | |
| 10. | | | | 20. | | | |

*Examinations for Methane in Return Aircourses*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Return | 750 AM | .0% | 6. | | | |
| 2. | | 11:45 AM | .0% | 7. | | | |
| 3. | | 1:45 PM | .0% | 8. | | | |
| 4. | | | | 9. | | | |
| 5. | | | | 10. | | | |

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Saftey talk on pg 20 of RCP

Discussed dust control plan Visual check of Shield 1-176

[signature] Assistant Mine — 1357 Certificate No. — [signature] Mine Foreman-Mine Manager — 33357 Certificate No. — Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-22 2010 Section or Area Examined Longwall

Time of Examination: from 1:15 a.m. or (p.m.) to 2:05 a.m. or (p.m.)

Was this report phoned to outside: Yes ✓ no

By whom Rick Lane Time A.M 2:33 P.M.

Report received by Matt P. Wall (Signed)

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | $O_2$ / CH4 | Violation or Hazardous Condition | Action Taken |
|---|---|---|---|---|
| 1. | Face | 20.8% .0% | None Observed | Reported |
| 2. | Roof Support | | | |
| 3. | Track | | | |
| 4. | Travelways | | | |
| 5. | Chargers | | | |
| 6. | Power Center | | | |
| 7. | Barricade Station | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |

*Air Measurements*

| Location | CFM | Location | CFM |
|---|---|---|---|
| Intake | 59,385 | | |
| #9 | 792 | | |
| #160 | 576 | | |
| | | | |
| MPA | 12,340 | | |
| MPB | Movement to Gob | | |
| | | | |
| | | | |

Remarks: .0% CH4, 20.8% $O_2$, 0 ppm CO
All Clear at time of Exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Richard Lane (Preshift-Mine Examiner) 1357-A (Certificate No.) Matt P. Wall (Assistant Foreman) 39068 (Certificate No.)

Countersigned T. Moore (Mine Manager—Mine Foreman) 33359

(Assistant Foreman)

(Superintendent or Assistant)

Use Indelible
Pencil or Ink

# DAILY AND ONSHIFT REPORT
# MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 3-22-10 Shift Eve Area or Section Longwall

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | $O_2$ 20.8% | CH4 | Violation or Hazardous Condition | Action taken |
|---|---|---|---|---|---|
| 1. | Face | | | None Observed | None |
| 2. | Chargers | | | | |
| 3. | Roof Support | | | | |
| 4. | Power Center | | | | |
| 5. | Track | | | | |
| 6. | Travelways | | | | |
| 7. | Barricade Station | | | | |
| 8. | | | | | |

*Examinations for Methane in Working Places*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Face | 5:00 | .0% | 11. | | | |
| 2. | | 7:00 | .0% | 12. | | | |
| 3. | | 9:00 | .0% | 13. | | | |
| 4. | | 11:00 | .0% | 14. | | | |
| 5. | | | | 15. | | | |
| 6. | | | | 16. | | | |
| 7. | | | | 17. | | | |
| 8. | | | | 18. | | | |
| 9. | | | | 19. | | | |
| 10. | | | | 20. | | | |

*Examinations for Methane in Return Aircourses*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Return | 6:30 | .0% | 6. | | | |
| 2. | | 10:30 | .0% | 7. | | | |
| 3. | | | | 8. | | | |
| 4. | | | | 9. | | | |
| 5. | | | | 10. | | | |

Number of Bolts Tested
Number of Bolts Torqued Above Range Below Range

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety Meeting on Roof Bolting Longwall Move. Visual Check of Shields 1-176

| Assistant Mine | Certificate No. | Mine Foreman-Mine Manager | Certificate No. | Superintendent or Assistant |
|---|---|---|---|---|
| Matt Powell | 39068 | T. Monroe | 33359 | |

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-22 2010 Section or Area Examined Longwall

Time of Examination: from 9:35 a.m. or p.m. to 10:15 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Mike Webb Time 10:45 A.M. P.M.

Report received by Darrell K Stanley 39218
(Signed)

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | Violation or Hazardous Condition | Action Taken |
|---|---|---|---|
| 1. | Face 0.0% ch4 20.8% o2 | None Observed | Reported |
| 2. | Roof Supports | | |
| 3. | Barricade Station | | |
| 4. | Power Center | | |
| 5. | Chargers | | |
| 6. | Track | | |
| 7. | Travelways | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |

*Air Measurements*

| Location | CFM | Location | CFM |
|---|---|---|---|
| Intake | 61,782 | | |
| #9 | 783 | | |
| #160 | 594 | | |
| MPA | 12,639 | | |
| MPB | movement into gob | | |

Remarks: 0.0% ch4 20.8% o2 0ppm CO
All clear at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Mike Webb (Preshift-Mine Examiner) 39068 (Certificate No.) Darrell K Stanley (Assistant Foreman) 39218 (Certificate No.)

Countersigned T. Moore (Mine Manager—Mine Foreman) 33357

(Assistant Foreman)

(Superintendent or Assistant)

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT
# MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-23-2010 Shift 3rd Area or Section Longwall

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | Violation or Hazardous Condition | Action taken |
|---|---|---|---|
| 1. | Face CH4 0.0% O2 20.8% | None Observed | Reported |
| 2. | Roof Supports | | |
| 3. | Barricade Station | | |
| 4. | Power Center | | |
| 5. | Chargers | | |
| 6. | Track | | |
| 7. | Travelways | | |
| 8. | | | |

*Examinations for Methane in Working Places*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Face | 4:48 AM | 0.0% | 11. | | | |
| 2. | | | | 12. | | | |
| 3. | | | | 13. | | | |
| 4. | | | | 14. | | | |
| 5. | | | | 15. | | | |
| 6. | | | | 16. | | | |
| 7. | | | | 17. | | | |
| 8. | | | | 18. | | | |
| 9. | | | | 19. | | | |
| 10. | | | | 20. | | | |

*Examinations for Methane in Return Aircourses*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Return | 5:05 AM | 0.0% | 6. | | | |
| 2. | | | | 7. | | | |
| 3. | | | | 8. | | | |
| 4. | | | | 9. | | | |
| 5. | | | | 10. | | | |

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 20 of RCP with crew

| Darrell K Stanley | 39218 | T. Mason | 33359 | |
|---|---|---|---|---|
| Assistant Mine | Certificate No. | Mine Foreman-Mine Manager | Certificate No. | Superintendent or Assistant |

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-23- 20 10 Section or Area Examined Hiwall

Time of Examination: from 4:33 a.m. or p.m. to 5:11 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Keith Stanley Time 5:32 A.M P.M.

Report received by Neil Lilly 28045 (Signed)

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | Violation or Hazardous Condition | Action Taken |
|---|---|---|---|
| 1. | Face | 0% CH4 None found | Reported |
| 2. | Roof Support | " " | " |
| 3. | Power Centers | " " | " |
| 4. | Chargers | " " | " |
| 5. | Track | " " | " |
| 6. | Travelways | " " | " |
| 7. | Barricade st. | " " | " |
| 8. | | | |
| 9. | | | |
| 10. | | | |

*Air Measurements*

| Location | CFM | Location | CFM |
|---|---|---|---|
| 0% CH4 Intake | 57,310 | | |
| #9 | 533 | | |
| #160 | 476 | | |
| MPA | 12,131 | | |
| MPB- Movement to gob. | | | |

Remarks: 0% CH4, 20.8% O2 No Co found at time of Exam.

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Donald K Stanley (Preshift-Mine Examiner) 39218 (Certificate No.) Neil Lilly (Assistant Foreman) 28045 (Certificate No.)

Countersigned T. Moore (Mine Manager—Mine Foreman) 33357 Richard Ram 1357-A

(Assistant Foreman)

(Superintendent or Assistant)

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT
## MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-23-10 Shift Day Area or Section LongWall

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | CH4 | O2 | Violation or Hazardous Condition | | Action taken |
|---|---|---|---|---|---|---|
| 1. | Face | .0% | 20.8% | None | obs | None |
| 2. | Roof Support | " | " | " | " | " |
| 3. | Power Center | " | " | " | " | " |
| 4. | Chargers | " | " | " | " | " |
| 5. | Track | " | " | " | " | " |
| 6. | Travelways | " | " | " | " | " |
| 7. | Barricade Station | " | " | " | " | " |
| 8. | | | | | | |

*Examinations for Methane in Working Places*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Face | 7:00am | .0% | 11. | | | |
| 2. | | 9:00am | .0% | 12. | | | |
| 3. | | 11:00am | .0% | 13. | | | |
| 4. | | 1:00pm | .0% | 14. | | | |
| 5. | | 3:00pm | .0% | 15. | | | |
| 6. | | | | 16. | | | |
| 7. | | | | 17. | | | |
| 8. | | | | 18. | | | |
| 9. | | | | 19. | | | |
| 10. | | | | 20. | | | |

*Examinations for Methane in Return Aircourses*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Return | 7:45am | .0% | 6. | | | |
| 2. | | 11:40am | .0% | 7. | | | |
| 3. | | 1:40pm | .0% | 8. | | | |
| 4. | | | | 9. | | | |
| 5. | | | | 10. | | | |

Number of Bolts Tested
Number of Bolts Torqued Above Range Below Range

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety Talk on pg 18 of RCP
Discussed dust control plan Visual check of Shields 1-176

| Assistant Mine | Certificate No. | Mine Foreman-Mine Manager | Certificate No. | Superintendent or Assistant |
|---|---|---|---|---|
| Roland Lam | 1357-A | T. Moore | 33359 | |

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-23 2010 Section or Area Examined Longwall

Time of Examination: from 1:00 a.m. or p.m. to 1:50 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Rick Lane Time A.M 2:35 P.M.

Report received by Matt Powell (Signed)

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | Violation or Hazardous Condition | Action Taken |
|---|---|---|---|
| 1. | Face (20.8% $O_2$, .0% $CH_4$) | None Observed | Reported |
| 2. | Roof Support | | |
| 3. | Track | | |
| 4. | Travelways | | |
| 5. | Power Center | | |
| 6. | Chargers | | |
| 7. | Barricade Station | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |

*Air Measurements*

| Location | CFM | Location | CFM |
|---|---|---|---|
| Intake | 58,040 | | |
| #9 | 688 | | |
| #160 | 642 | | |
| | | | |
| MPA | 12,420 | | |
| MPB | | | |
| | | | |
| | | | |

Remarks: .0% $CH_4$, 20.8% $O_2$, 0 ppm CO
All Clear at time of Exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Richard Lane — Preshift-Mine Examiner — Certificate No. 1357A

Matt Powell — Assistant Foreman — Certificate No. 39068

Countersigned T. Mine — Mine Manager—Mine Foreman — Certificate No. 33359

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT
# MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-23-10 Shift EVE. Area or Section Longwall

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | $O_2$ 20.8% | $CH_4$ .0% | Violation or Hazardous Condition | Action taken |
|---|---|---|---|---|---|
| 1. | Face | | | None Observed | None |
| 2. | Roof Supports | | | | |
| 3. | Track | | | | |
| 4. | Travelways | | | | |
| 5. | Chargers | | | | |
| 6. | Power Centers | | | | |
| 7. | Barricade Station | | | | |
| 8. | | | | | |

*Examinations for Methane in Working Places*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Face | 5:00 | .0% | 11. | | | |
| 2. | | 7:00 | .0% | 12. | | | |
| 3. | | 9:00 | .0% | 13. | | | |
| 4. | | 11:00 | .0% | 14. | | | |
| 5. | | | | 15. | | | |
| 6. | | | | 16. | | | |
| 7. | | | | 17. | | | |
| 8. | | | | 18. | | | |
| 9. | | | | 19. | | | |
| 10. | | | | 20. | | | |

*Examinations for Methane in Return Aircourses*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Return | 6:30 | .0% | 6. | | | |
| 2. | | 10:30 | .0% | 7. | | | |
| 3. | | | | 8. | | | |
| 4. | | | | 9. | | | |
| 5. | | | | 10. | | | |

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety meeting on Dust Control Plan

Visual Check of Shields 1-176

| Assistant Mine | Certificate No. | Mine Foreman-Mine Manager | Certificate No. | Superintendent or Assistant |
|---|---|---|---|---|
| Matt Powell | 39068 | T. Moore | 33359 | |

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-23 20 10 Section or Area Examined Longwall

Time of Examination: from 9:30 a.m. or p.m. to 10:15 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Mike Webb Time A.M 10:50 P.M.

Report received by Darrell K Stanley (Signed)

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | Violation or Hazardous Condition | Action Taken |
|---|---|---|---|
| 1. | Face 0.0% ch4 20.8% O2 | None Observed | Reported |
| 2. | Roof Supports | | |
| 3. | Barricade Station | | |
| 4. | Power Center | | |
| 5. | Chargers | | |
| 6. | Track | | |
| 7. | Travelways | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |

*Air Measurements*

| Location | CFM | Location | CFM |
|---|---|---|---|
| Intake | 58,193 | | |
| #9 | 663 | | |
| #160 | 598 | | |
| MPA | 12,517 | | |
| MPB | movement into gob | | |

Remarks: 0.0 ch4 20.8% O2 0ppm CO
All clear at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By M.H.P-W.M. (Preshift-Mine Examiner) 39068 (Certificate No.) Darrell K Stanley (Assistant Foreman) 39218 (Certificate No.)

Countersigned T. Moore (Mine Manager—Mine Foreman) 33359

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT
# MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-24-2010 Shift 3rd Area or Section Longwall

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | Violation or Hazardous Condition | Action taken |
|---|---|---|---|
| 1. | Face 0.0% ch4 20.8% o2 | None Observed | Reported |
| 2. | Roof Supports | | |
| 3. | Barricade Station | | |
| 4. | Power Center | | |
| 5. | Chargers | | |
| 6. | Track | | |
| 7. | Travelways | | |
| 8. | | | |

*Examinations for Methane in Working Places*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Face | 4:50 AM | 0.0 % | 11. | | | |
| 2. | | | | 12. | | | |
| 3. | | | | 13. | | | |
| 4. | | | | 14. | | | |
| 5. | | | | 15. | | | |
| 6. | | | | 16. | | | |
| 7. | | | | 17. | | | |
| 8. | | | | 18. | | | |
| 9. | | | | 19. | | | |
| 10. | | | | 20. | | | |

*Examinations for Methane in Return Aircourses*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Return | 5:05 AM | 0.0 % | 6. | | | |
| 2. | | | | 7. | | | |
| 3. | | | | 8. | | | |
| 4. | | | | 9. | | | |
| 5. | | | | 10. | | | |

Number of Bolts Tested

Number of Bolts Torqued Above Range Below Range

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken

Remarks (Statement as to General Conditions of Mine or Area of Mine) Discussed pg 18 of RCP with crew

Darrell K Stanley — Assistant Mine | 39218 — Certificate No. | T. Moore — Mine Foreman-Mine Manager | 33359 — Certificate No. | Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-24- 2010 Section or Area Examined L/wall

Time of Examination: from 4:20 a.m. or p.m. to 5:10 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Keith Stanley Time 5:30 A.M P.M.

Report received by Kevin W. Medley (Signed)

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | $CH_4$ | $O_2$ | Violation or Hazardous Condition | Action Taken |
|---|---|---|---|---|---|
| 1. | Face | 0% | 20.8% | None Obeserved | Reported |
| 2. | Roof Supports | " | " | " " | " |
| 3. | Power Center | " | " | " " | " |
| 4. | Charges | " | " | " " | " |
| 5. | Track | " | " | " " | " |
| 6. | Travelways | " | " | " " | " |
| 7. | Barricades | " | " | " " | " |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |

*Air Measurements*

| Location | CFM | Location | CFM |
|---|---|---|---|
| Intake | 60,381 | | |
| #9 | 650 | | |
| #160 | 573 | | |
| | | | |
| MP A | 12,912 | | |
| MP B | Movement to Gob | | |

Remarks: 0% $CH_4$ 20.8% $O_2$ 0ppm CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Darrell K Stanley (Preshift-Mine Examiner) 39218 (Certificate No.) Kevin W. Medley (Assistant Foreman) 38810 (Certificate No.)

Countersigned T. Moore (Mine Manager—Mine Foreman) 33357

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT
# MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-24-10 Shift Day Area or Section Longwall

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | $CH_4$ | $O_2$ | Violation or Hazardous Condition | Action taken |
|---|---|---|---|---|---|
| 1. | Face | 0% | 20.8% | None Observed | None |
| 2. | Roof Supports | " | " | " " | " |
| 3. | Power Center | " | " | " " | " |
| 4. | Chargers | " | " | " " | " |
| 5. | Track | " | " | " " | " |
| 6. | Travelways | " | " | " " | " |
| 7. | Barricade Station | " | " | " " | " |
| 8. | | | | | |

*Examinations for Methane in Working Places*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Face | 7:55 AM | 0% | 11. | | | |
| 2. | | 9:53 AM | 0% | 12. | | | |
| 3. | | 11:50 AM | 0% | 13. | | | |
| 4. | | | | 14. | | | |
| 5. | | | | 15. | | | |
| 6. | | | | 16. | | | |
| 7. | | | | 17. | | | |
| 8. | | | | 18. | | | |
| 9. | | | | 19. | | | |
| 10. | | | | 20. | | | |

*Examinations for Methane in Return Aircourses*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Return | 8:40 AM | 0% | 6. | | | |
| 2. | | 10:38 AM | 0% | 7. | | | |
| 3. | | | | 8. | | | |
| 4. | | | | 9. | | | |
| 5. | | | | 10. | | | |

Number of Bolts Tested _____
Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Intake phone down, repaired line
Discussed page 3 of Roof Control plan

| Kevin W. Medley | 38810 | T. Moore | 33359 | |
|---|---|---|---|---|
| Assistant Mine | Certificate No. | Mine Foreman-Mine Manager | Certificate No. | Superintendent or Assistant |

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-24 2010 Section or Area Examined Longwall

Time of Examination: from 12:00 a.m. or p.m. to 12:50 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Kevin Medley Time A.M 2:33 P.M.

Report received by Matt P. Webb (Signed)

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | $O^2$ 20.8% | $CH^4$ .0% | Violation or Hazardous Condition | Action Taken |
|---|---|---|---|---|---|
| 1. | Face | | | None Observed | Reported |
| 2. | Roof Support | | | | |
| 3. | Track | | | | |
| 4. | Travelways | | | | |
| 5. | Power Center | | | | |
| 6. | Barricade Station | | | | |
| 7. | Chargers | | | | |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |

*Air Measurements*

| Location | CFM | Location | CFM |
|---|---|---|---|
| Intake | 61,220 | | |
| #9 | 670 | | |
| #160 | 565 | | |
| | | | |
| MPA | 12,840 | | |
| MPB | Movement to the Gob | | |
| | | | |
| | | | |

Remarks: .0% $CH^4$, 20.8% $O^2$, 0 ppm CO

All Clear at time of Exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Kevin W. Medley (Preshift-Mine Examiner) 38810 (Certificate No.) Matt P. Webb (Assistant Foreman) 39068 (Certificate No.)

Countersigned T. C. Moore (Mine Manager—Mine Foreman) 33339

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT
## MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-24-10 Shift EVE Area or Section Longwall

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | O2 20.8% | CH4 .0% | Violation or Hazardous Condition | Action taken |
|---|---|---|---|---|---|
| 1. | Face | | | None Observed | None |
| 2. | Roof Support | | | | |
| 3. | Chargers | | | | |
| 4. | Track | | | | |
| 5. | Travelways | | | | |
| 6. | Power Center | | | | |
| 7. | Barricade Station | | | | |
| 8. | | | | | |

*Examinations for Methane in Working Places*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Face | 5:00 | .0% | 11. | | | |
| 2. | | 7:00 | .0% | 12. | | | |
| 3. | | 9:00 | .0% | 13. | | | |
| 4. | | 11:00 | .0% | 14. | | | |
| 5. | | | | 15. | | | |
| 6. | | | | 16. | | | |
| 7. | | | | 17. | | | |
| 8. | | | | 18. | | | |
| 9. | | | | 19. | | | |
| 10. | | | | 20. | | | |

*Examinations for Methane in Return Aircourses*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Return | 6:30 | .0% | 6. | | | |
| 2. | | 10:30 | .0% | 7. | | | |
| 3. | | | | 8. | | | |
| 4. | | | | 9. | | | |
| 5. | | | | 10. | | | |

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety Meeting on Roof Control Plan, shield Recovery, Visual Inspect of Shields 1-176

| Matt Rudd | 39068 | T. Moore | 33389 | |
|---|---|---|---|---|
| Assistant Mine | Certificate No. | Mine Foreman-Mine Manager | Certificate No. | Superintendent or Assistant |

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-24 20-16 Section or Area Examined Longwall

Time of Examination: from 9:35 a.m. or p.m. to 10:13 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Mike Webb Time A.M 10:47 P.M.

Report received by Darrell K Stanley (Signed)

*Violations and other Hazardous Conditions Observed and Reported*

| Location | Violation or Hazardous Condition | Action Taken |
|---|---|---|
| 1. Face 0.0% ch4 20.8% o2 | None Observed | Reported |
| 2. Roof Supports | | |
| 3. Barricade Station | | |
| 4. Power Center | | |
| 5. Chargers | | |
| 6. Track | | |
| 7. Travelways | | |
| 8. | | |
| 9. | | |
| 10. | | |

*Air Measurements*

| Location | CFM | Location | CFM |
|---|---|---|---|
| Intake | 60,598 | | |
| #9 | 643 | | |
| #160 | 556 | | |
| MPA | 12,732 | | |
| MPB | movement into gob | | |

Remarks: 0.0% ch4 20.8% o2 0ppm CO
All clear at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By [illegible] Preshift-Mine Examiner — Certificate No. 39068

Darrell K Stanley Assistant Foreman — Certificate No. 39218

Countersigned [illegible] Mine Manager—Mine Foreman — 33327

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT
# MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-25-10 Shift 3rd Area or Section Longwall

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | Violation or Hazardous Condition | Action taken |
|---|---|---|---|
| 1. | Face 0.0% $Ch^4$ 20.8% $O^2$ | None Observed | Reported |
| 2. | Roof Supports | | |
| 3. | Barricade Station | | |
| 4. | Power Center | | |
| 5. | Chargers | | |
| 6. | Track | | |
| 7. | Travelways | | |
| 8. | | | |

*Examinations for Methane in Working Places*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Face | 4:51 AM | 0.0 % | 11. | | | |
| 2. | | | | 12. | | | |
| 3. | | | | 13. | | | |
| 4. | | | | 14. | | | |
| 5. | | | | 15. | | | |
| 6. | | | | 16. | | | |
| 7. | | | | 17. | | | |
| 8. | | | | 18. | | | |
| 9. | | | | 19. | | | |
| 10. | | | | 20. | | | |

*Examinations for Methane in Return Aircourses*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Return | 5:08 Am | 0.0 % | 6. | | | |
| 2. | | | | 7. | | | |
| 3. | | | | 8. | | | |
| 4. | | | | 9. | | | |
| 5. | | | | 10. | | | |

Number of Bolts Tested

Number of Bolts Torqued Above Range Below Range

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken

Remarks (Statement as to General Conditions of Mine or Area of Mine) Discussed pg 3 of Roof Control Plan with crew

David K Stanley — Assistant Mine — Certificate No.

T. Moore — Mine Foreman-Mine Manager — Certificate No. 33339 — Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-25 20 10 Section or Area Examined L/wall

Time of Examination: from 4:25 a.m. or p.m. to 5:13 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Keith Stanley Time 5:34 A.M P.M.

Report received by Kevin W. Medley (Signed)

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | Violation or Hazardous Condition | Action Taken |
|---|---|---|---|
| 1. | Face | $CH_4$ 0% $O_2$ 20.8% None Observed | Reported |
| 2. | Roof Supports | " " " " | " |
| 3. | Power Center | " " " " | " |
| 4. | Charger | " " " " | " |
| 5. | Track | " " " " | " |
| 6. | Travelways | " " " " | " |
| 7. | Barricade St. | " " " " | " |
| 8. | | | |
| 9. | | | |
| 10. | | | |

*Air Measurements*

| Location | CFM | Location | CFM |
|---|---|---|---|
| Intake | 58,337 | | |
| #9 | 628 | | |
| #160 | 549 | | |
| MPA | 12625 | | |
| MPB | Movement to Gob | | |

Remarks: 0% $CH_4$ 20.8% $O_2$ 0ppm CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Donald K Stanley (Preshift-Mine Examiner) Certificate No. 3928 Kevin W. Medley (Assistant Foreman) Certificate No. 38810

Countersigned T. Moore (Mine Manager—Mine Foreman) 33339

(Assistant Foreman)

(Superintendent or Assistant)

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT
## MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-25-10 Shift Day Area or Section Longwall

*Violations and other Hazardous Conditions Observed and Reported*

| Location | $CH_4$ | $O_2$ | Violation or Hazardous Condition | | Action taken |
|---|---|---|---|---|---|
| 1. Face | 0% | 20.8% | None Observed | | None |
| 2. Roof Supports | " | " | " | " | " |
| 3. Power Center | " | " | " | " | " |
| 4. Chargers | " | " | " | " | " |
| 5. Track | " | " | " | " | " |
| 6. Travelways | " | " | " | " | " |
| 7. Barricade Station | " | " | " | " | " |
| 8. | | | | | |

*Examinations for Methane in Working Places*

| Location | Time | Methane Content | Location | Time | Methane Content |
|---|---|---|---|---|---|
| 1. Face | 7:45AM | 0% | 11. | | |
| 2. | 9:45AM | 0% | 12. | | |
| 3. | 11:44AM | 0% | 13. | | |
| 4. | 1:42PM | 0% | 14. | | |
| 5. | 3:42PM | 0% | 15. | | |
| 6. | | | 16. | | |
| 7. | | | 17. | | |
| 8. | | | 18. | | |
| 9. | | | 19. | | |
| 10. | | | 20. | | |

*Examinations for Methane in Return Aircourses*

| Location | Time | Methane Content | Location | Time | Methane Content |
|---|---|---|---|---|---|
| 1. Return | 8:23AM | 0% | 6. | | |
| 2. | 10:21AM | 0% | 7. | | |
| 3. | 12:19PM | 0% | 8. | | |
| 4. | 2:15PM | 0% | 9. | | |
| 5. | | | 10. | | |

Number of Bolts Tested
Number of Bolts Torqued Above Range Below Range

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken

Remarks (Statement as to General Conditions of Mine or Area of Mine) Discussed page 4 of Roof Control plan

Kevin W. Medley — Assistant Mine
38810 — Certificate No.
T. Moore — Mine Foreman-Mine Manager
33359 — Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-25 2010 Section or Area Examined Longwall

Time of Examination: from 12:03 a.m. or p.m. to 1:04 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Kevin Medley Time A.M 2:31 P.M.

Report received by Matt P. Wall (Signed)

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | Violation or Hazardous Condition | Action Taken |
|---|---|---|---|
| 1. | Face | None Observed | Reported |
| 2. | Roof Support | | |
| 3. | Chargers | | |
| 4. | Power Center | | |
| 5. | Track | | |
| 6. | Travelways | | |
| 7. | Barricade Station | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |

$CH^4$ $O^3$ $O^2$ 20.82

*Air Measurements*

| Location | CFM | Location | CFM |
|---|---|---|---|
| Intake | 60,730 | | |
| #9 | 684 | | |
| #160 | 579 | | |
| | | | |
| MPA | 12,566 | | |
| MPB | Movement to the Gob | | |

Remarks:

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Kevin W. Medley (Preshift-Mine Examiner) 38810 (Certificate No.) Matt P. Wall (Assistant Foreman) 39068 (Certificate No.)

Countersigned T. Moore (Mine Manager—Mine Foreman) 33359

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT
# MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-25-10 Shift EVE Area or Section Longwall

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | $O^2$ 20.8% | $CH^4$ .0% | Violation or Hazardous Condition | Action taken |
|---|---|---|---|---|---|
| 1. | Face | | | None Observed | None |
| 2. | Roof Support | | | | |
| 3. | Chargers | | | | |
| 4. | Power Center | | | | |
| 5. | Track | | | | |
| 6. | Travelways | | | | |
| 7. | Barricade Station | | | | |
| 8. | | | | | |

*Examinations for Methane in Working Places*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Face | 5:00 | .0% | 11. | | | |
| 2. | | 7:00 | .0% | 12. | | | |
| 3. | | 9:00 | .0% | 13. | | | |
| 4. | | 11:00 | .0% | 14. | | | |
| 5. | | | | 15. | | | |
| 6. | | | | 16. | | | |
| 7. | | | | 17. | | | |
| 8. | | | | 18. | | | |
| 9. | | | | 19. | | | |
| 10. | | | | 20. | | | |

*Examinations for Methane in Return Aircourses*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Return | 6:30 | .0% | 6. | | | |
| 2. | | 10:30 | .0% | 7. | | | |
| 3. | | | | 8. | | | |
| 4. | | | | 9. | | | |
| 5. | | | | 10. | | | |

Number of Bolts Tested

Number of Bolts Torqued Above Range Below Range

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety meeting on Roof Control Plan. Visual Inspect of Shields 1-176.

[signature] Assistant Mine — 39068 Certificate No. — [signature] Mine Foreman-Mine Manager — 33359 Certificate No. — Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-25 20 10 Section or Area Examined W9 11

Time of Examination: from 935 a.m. or p.m. to 10:15 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom M Webb Time A.M P.M.

Report received by L Brown (Signed)

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | Violation or Hazardous Condition | Action Taken |
|---|---|---|---|
| 1. | Face 0% CH4 | None observed | Reported |
| 2. | supports | | |
| 3. | Track | | |
| 4. | Traveling | | |
| 5. | Charger | | |
| 6. | Power center | | |
| 7. | Barricade car | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |

*Air Measurements*

| Location | CFM | Location | CFM |
|---|---|---|---|
| Lob | 68961 | | |
| 9 | 672 | | |
| 160 | 534 | | |
| MPA | 12425 | | |
| MPB | Air moment to Lob | | |

Remarks: 0% CH4 20.8% O2 0% CO at exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By [signature] Preshift-Mine Examiner 39068 Certificate No. [signature] Assistant Foreman 38728 Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 33359

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT
# MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-26-10 Shift 3rd Area or Section well

*Violations and other Hazardous Conditions Observed and Reported*

| | *Location* | *Violation or Hazardous Condition* | *Action taken* |
|---|---|---|---|
| 1. | Face | None observed | Reported |
| 2. | Supports | | |
| 3. | Track | | |
| 4. | Traveling | | |
| 5. | Chuger | | |
| 6. | Power center | | |
| 7. | Barricade car | | |
| 8. | | | |

*Examinations for Methane in Working Places*

| | *Location* | *Time* | *Methane Content* | | *Location* | *Time* | *Methane Content* |
|---|---|---|---|---|---|---|---|
| 1. | Face | 4:40 Am | 0 % | 11. | | | |
| 2. | | | | 12. | | | |
| 3. | | | | 13. | | | |
| 4. | | | | 14. | | | |
| 5. | | | | 15. | | | |
| 6. | | | | 16. | | | |
| 7. | | | | 17. | | | |
| 8. | | | | 18. | | | |
| 9. | | | | 19. | | | |
| 10. | | | | 20. | | | |

*Examinations for Methane in Return Aircourses*

| | *Location* | *Time* | *Methane Content* | | *Location* | *Time* | *Methane Content* |
|---|---|---|---|---|---|---|---|
| 1. | RT | 5:00 Am | 0 % | 6. | | | |
| 2. | | | | 7. | | | |
| 3. | | | | 8. | | | |
| 4. | | | | 9. | | | |
| 5. | | | | 10. | | | |

Number of Bolts Tested
Number of Bolts Torqued Above Range Below Range

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety Meeting with crew discussed Roof control Page 12

| | | | | |
|---|---|---|---|---|
| [illegible] Assistant Mine | 38928 Certificate No. | T. Moore Mine Foreman-Mine Manager | 33357 Certificate No. | Superintendent or Assistant |

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-26 2010 Section or Area Examined Longwall

Time of Examination: from 4:25 a.m. or p.m. to 5:10 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Larry Brown Time 5:30 A.M P.M.

Report received by Kevin W. Medley (Signed)

*Violations and other Hazardous Conditions Observed and Reported*

| *Location* | *Violation or Hazardous Condition* | *Action Taken* |
|---|---|---|
| 1. Face | | |
| 2. Roof Supports | | |
| 3. Power Center | | |
| 4. Chargers | | |
| 5. Track | | |
| 6. Travelways | | |
| 7. Barricade Station | | |
| 8. | | |
| 9. | | |
| 10. | | |

*Air Measurements*

| *Location* | *CFM* | *Location* | *CFM* |
|---|---|---|---|
| Intake | 68,727 | | |
| #9 | 684 | | |
| #160 | 520 | | |
| | | | |
| MPA | 12,392 | | |
| MPB | Movement into Gob | | |
| | | | |
| | | | |

Remarks: 0% $CH_4$ 20.8% $O_2$ 0ppm CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By [signature] Preshift Mine Examiner — Certificate No. 38928 — Kevin W. Medley Assistant Foreman — Certificate No. 38810

Countersigned [signature] Mine Manager—Mine Foreman — 33359

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT
# MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-26-10 Shift Day Area or Section Longwall

*Violations and other Hazardous Conditions Observed and Reported*

| Location | $CH_4$ | $O_2$ | Violation or Hazardous Condition | Action taken |
|---|---|---|---|---|
| 1. Face | 0% | 20.8% | None Observed | None |
| 2. Roof Supports | " | " | " " | " |
| 3. Power Center | " | " | Water in Walkway | Built Bridge thru it |
| 4. Chargers | " | " | None Observed | None |
| 5. Track | " | " | " " | " |
| 6. Travelways | " | " | " " | " |
| 7. Barricade Station | " | " | " " | " |
| 8. | | | | |

*Examinations for Methane in Working Places*

| Location | Time | Methane Content | Location | Time | Methane Content |
|---|---|---|---|---|---|
| 1. Face | 7:49 AM | 0% | 11. | | |
| 2. | 9:46 AM | 0% | 12. | | |
| 3. | 11:46 AM | 0% | 13. | | |
| 4. | 1:45 PM | 0% | 14. | | |
| 5. | 3:40 PM | 0% | 15. | | |
| 6. | | | 16. | | |
| 7. | | | 17. | | |
| 8. | | | 18. | | |
| 9. | | | 19. | | |
| 10. | | | 20. | | |

*Examinations for Methane in Return Aircourses*

| Location | Time | Methane Content | Location | Time | Methane Content |
|---|---|---|---|---|---|
| 1. Return | 8:37 AM | 0% | 6. | | |
| 2. | 10:37 AM | 0% | 7. | | |
| 3. | 12:35 PM | 0% | 8. | | |
| 4. | 2:33 PM | 0% | 9. | | |
| 5. | | | 10. | | |

Number of Bolts Tested
Number of Bolts Torqued Above Range Below Range

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken

Remarks (Statement as to General Conditions of Mine or Area of Mine) Discussed page 5 of Roof Control Plan

Kevin W. Midley — Assistant Mine
38810 — Certificate No.
T. Moore — Mine Foreman-Mine Manager
33359 — Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-26-10 20___ Section or Area Examined Longwall

Time of Examination: from 12:00 a.m. or p.m. to 1:05 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no ___

By whom Kevin Medley Time ___ A.M 2:33 P.M.

Report received by Mitt P. Well (Signed)

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | $O^2$ 20.8% | $CH_4$ .0% | Violation or Hazardous Condition | Action Taken |
|---|---|---|---|---|---|
| 1. | Face | | | None Observed | Reported |
| 2. | Roof Support | | | | |
| 3. | Track | | | | |
| 4. | Travelways | | | | |
| 5. | Power Centers | | | | |
| 6. | Chargers | | | | |
| 7. | Barricade Station | | | | |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |

*Air Measurements*

| Location | CFM | Location | CFM |
|---|---|---|---|
| Intake | 69,110 | | |
| #9 | 677 | | |
| #160 | 505 | | |
| | | | |
| MPA | 12,410 | | |
| MPB | Movement to the Gob | | |

Remarks: .0% $CH_4$, 20.8% $O^2$, 0 ppm CO
All Clear at time of exam.

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Kevin W. Medley (Preshift-Mine Examiner) 38810 (Certificate No.) Mitt P. Well (Assistant Foreman) 39068 (Certificate No.)

Countersigned T. Moore (Mine Manager—Mine Foreman) 33359

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT
# MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-26-10 Shift EVE Area or Section Longwall

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | .0% CH4 | 20.8% O2 | Violation or Hazardous Condition | Action taken |
|---|---|---|---|---|---|
| 1. | Face | | | None Observed | None |
| 2. | Roof Support | | | | |
| 3. | Track | | | | |
| 4. | Travelways | | | | |
| 5. | Power Center | | | | |
| 6. | Charger | | | | |
| 7. | Barricade Station | | | | |
| 8. | | | | | |

*Examinations for Methane in Working Places*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Face | 5:00 | .0% | 11. | | | |
| 2. | | 7:00 | .0% | 12. | | | |
| 3. | | 9:00 | .0% | 13. | | | |
| 4. | | 11:00 | .0% | 14. | | | |
| 5. | | | | 15. | | | |
| 6. | | | | 16. | | | |
| 7. | | | | 17. | | | |
| 8. | | | | 18. | | | |
| 9. | | | | 19. | | | |
| 10. | | | | 20. | | | |

*Examinations for Methane in Return Aircourses*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Return | 6:30 | .0% | 6. | | | |
| 2. | | 10:30 | .0% | 7. | | | |
| 3. | | | | 8. | | | |
| 4. | | | | 9. | | | |
| 5. | | | | 10. | | | |

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety meeting on Roof Control Plan. Aircured Violations thats been repeated within Company. Visual Inspect of Shields 1-176.

| Assistant Mine | Certificate No. | Mine Foreman-Mine Manager | Certificate No. | Superintendent or Assistant |
|---|---|---|---|---|
| [signature] | 39068 | [signature] | 33359 | |

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-26 2010 Section or Area Examined W911

Time of Examination: from 9:30 a.m. or p.m. to 10:18 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom M Webb Time A.M 10:40 P.M.

Report received by L Brown (Signed)

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | Violation or Hazardous Condition | Action Taken |
|---|---|---|---|
| 1. | Face | 0%CH None observed | Reported |
| 2. | Supports | " " | " |
| 3. | Track | " " | " |
| 4. | Travelway | " " | " |
| 5. | Power center | " " | " |
| 6. | Charger | " " | " |
| 7. | Barricade car | " " | " |
| 8. | | | |
| 9. | | | |
| 10. | | | |

*Air Measurements*

| Location | CFM | Location | CFM |
|---|---|---|---|
| Intake | 65325 | | |
| 9 | 652 | | |
| 160 | 583 | | |
| MPA | 12391 | | |
| MPB | Air Moving to Gob | | |

Remarks: 0% CH4 20.8% O2 0% CO at exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Mitt P. Webb Preshift-Mine Examiner 39068 Certificate No. Z B Assistant Foreman 38928 Certificate No.

Countersigned T. Moore Mine Manager—Mine Foreman 33359

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT
## MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-27-10 Shift 3rd Area or Section Wall

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | Violation or Hazardous Condition | Action taken |
|---|---|---|---|
| 1. | Face | None observed | Reported |
| 2. | Supports | | |
| 3. | Track | | |
| 4. | Travelway | | |
| 5. | Power center | | |
| 6. | Charger | | |
| 7. | Barricade car | | |
| 8. | | | |

*Examinations for Methane in Working Places*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Face | 3:40 AM | 0 % | 11. | | | |
| 2. | | | | 12. | | | |
| 3. | | | | 13. | | | |
| 4. | | | | 14. | | | |
| 5. | | | | 15. | | | |
| 6. | | | | 16. | | | |
| 7. | | | | 17. | | | |
| 8. | | | | 18. | | | |
| 9. | | | | 19. | | | |
| 10. | | | | 20. | | | |

*Examinations for Methane in Return Aircourses*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | RT | 4:00 AM | 0 % | 6. | | | |
| 2. | | | | 7. | | | |
| 3. | | | | 8. | | | |
| 4. | | | | 9. | | | |
| 5. | | | | 10. | | | |

Number of Bolts Tested
Number of Bolts Torqued Above Range Below Range

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken

Remarks (Statement as to General Conditions of Mine or Area of Mine) Held safety meeting with Crew on Roof Control Page 5

| | | | | |
|---|---|---|---|---|
| Assistant Mine | 32927 Certificate No. | Mine Foreman-Mine Manager | 32959 Certificate No. | Superintendent or Assistant |

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-27-10 20____ Section or Area Examined L/wall

Time of Examination: from 3:25 a.m. or p.m. to 4:15 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no____

By whom Larry Brown Time 5:30 A.M ____ P.M.

Report received by Kid Cilly 28045 (Signed)

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | Violation or Hazardous Condition | Action Taken |
|---|---|---|---|
| 1. | Face | None found | Reports |
| 2. | Roof Support | " | " |
| 3. | Power Center | " | " |
| 4. | Charger | " | " |
| 5. | Track | " | " |
| 6. | Travelways | " | " |
| 7. | Barricade st. | " | " |
| 8. | | | |
| 9. | | | |
| 10. | | | |

*Air Measurements*

| Location | CFM | Location | CFM |
|---|---|---|---|
| Dock Intake | 65,730 | | |
| #9 | 764 | | |
| #160 | 519 | | |
| MPA | 12,035 | | |
| MPB | Going to Gob. | | |

Remarks: 0% CH4, 20.8% O2 No Co found at time of Exam.

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By L B (Preshift-Mine Examiner) 38928 (Certificate No.) ____ (Assistant Foreman) ____ (Certificate No.)

Countersigned J. Moore (Mine Manager—Mine Foreman) 33359 ____ (Assistant Foreman) Kid Cilly (Superintendent or Assistant) 28045

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT
## MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-27-10 Shift Day Area or Section Longwall

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | $CH_4$ | $O_2$ | Violation or Hazardous Condition | Action taken |
|---|---|---|---|---|---|
| 1. | Face | 0% | 20.8% | None Observed | None |
| 2. | Roof Supports | " | " | " " | " |
| 3. | Power Center | " | " | " " | " |
| 4. | Chargers | " | " | " " | " |
| 5. | Track | " | " | " " | " |
| 6. | Travelways | " | " | " " | " |
| 7. | Barricade Station | " | " | " " | " |
| 8. | | | | | |

*Examinations for Methane in Working Places*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Face | 7:45 AM | 0% | 11. | | | |
| 2. | | 9:45 AM | 0% | 12. | | | |
| 3. | | 11:43 AM | 0% | 13. | | | |
| 4. | | 1:41 PM | 0% | 14. | | | |
| 5. | | 3:41 PM | 0% | 15. | | | |
| 6. | | | | 16. | | | |
| 7. | | | | 17. | | | |
| 8. | | | | 18. | | | |
| 9. | | | | 19. | | | |
| 10. | | | | 20. | | | |

*Examinations for Methane in Return Aircourses*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Return | 8:50 AM | 0% | 6. | | | |
| 2. | | 10:50 AM | 0% | 7. | | | |
| 3. | | 12:48 PM | 0% | 8. | | | |
| 4. | | 2:45 PM | 0% | 9. | | | |
| 5. | | | | 10. | | | |

Number of Bolts Tested
Number of Bolts Torqued Above Range Below Range

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken

Remarks (Statement as to General Conditions of Mine or Area of Mine) Discussed page 6 of Roof Control Plan and made visual inspection of shields 1-176

Kevin W. Medley — Assistant Mine
38810 — Certificate No.
T. [illegible] — Mine Foreman-Mine Manager
35337 — Certificate No.

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-27-10 20___ Section or Area Examined Long Wall

Time of Examination: from 1200 a.m. or p.m. to 1110 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no ___

By whom ~~Mik~~ Kevin Medley Time ___ A.M ___ P.M.

Report received by Richard Lane (Signed) 1357-A

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | $CH_4$ | $O_2$ | Violation or Hazardous Condition | Action Taken |
|---|---|---|---|---|---|
| 1. | Face | .0% | 20.8% | None obs | |
| 2. | Roof Support | " | " | " | |
| 3. | Power Center | " | " | " | |
| 4. | Chargers | " | " | | |
| 5. | Track | " | " | | |
| 6. | Travelways | " | " | | |
| 7. | Barricade Station | " | " | | |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |

*Air Measurements*

| Location | CFM | Location | CFM |
|---|---|---|---|
| Intake | 57,120 | | |
| #9 | 910 | | |
| #160 | 500 | | |
| | | | |
| MPA | 12,740 | | |
| MPB | Movement to Gob | | |
| | | | |
| | | | |

Remarks: .0% $CH_4$ 20.8% $O_2$ 0 ppm CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Kevin W. Medley (Preshift-Mine Examiner) 38810 (Certificate No.) Richard Lane (Assistant Foreman) 1357-A (Certificate No.)

Countersigned T. Moore (Mine Manager—Mine Foreman) 33359

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT
# MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-27-10 Shift EVE Area or Section Long Wall

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | $CH^4$ | $O^2$ | Violation or Hazardous Condition | Action taken |
|---|---|---|---|---|---|
| 1. | Face | .0% | 208% | None obs | None |
| 2. | Roof Support | " | " | " " | " |
| 3. | Power Center | " | " | " " | " |
| 4. | Chargers | " | " | " " | " |
| 5. | Track | " | " | " " | " |
| 6. | Traveways | " | " | " " | " |
| 7. | Barricade Station | " | " | " " | " |
| 8. | | | | | |

*Examinations for Methane in Working Places*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Face | 4:20pm | .0% | 11. | | | |
| 2. | | 6:20pm | .0% | 12. | | | |
| 3. | | 8:10pm | .0% | 13. | | | |
| 4. | | 10:10pm | .0% | 14. | | | |
| 5. | | 1200pm | .0% | 15. | | | |
| 6. | | | | 16. | | | |
| 7. | | | | 17. | | | |
| 8. | | | | 18. | | | |
| 9. | | | | 19. | | | |
| 10. | | | | 20. | | | |

*Examinations for Methane in Return Aircourses*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Return | 4:50pm | .0% | 6. | | | |
| 2. | | 8:45pm | .0% | 7. | | | |
| 3. | | 12:25pm | .0% | 8. | | | |
| 4. | | | | 9. | | | |
| 5. | | | | 10. | | | |

Number of Bolts Tested

Number of Bolts Torqued Above Range Below Range

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken

Remarks (Statement as to General Conditions of Mine or Area of Mine) Saftey talk on pg 21 of RCP
Discussed dust control plan Visual check of Shields 1-7-6

[signature] Assistant Mine — 1357 Certificate No. — [signature] Mine Foreman-Mine Manager — 33857 Certificate No. — Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-27 20 10 Section or Area Examined Wall

Time of Examination: from 8:10 a.m. or p.m. to 9:00 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom ~~M Webb~~ R Lare Time A.M 10:55 P.M.

Report received by L Brown (Signed)

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | Violation or Hazardous Condition | Action Taken |
|---|---|---|---|
| 1. | Face | 0% CH4 None Observed | Reported |
| 2. | Supports | | |
| 3. | Power center | | |
| 4. | Charger | | |
| 5. | Truck | | |
| 6. | Traveling | | |
| 7. | Barricade car | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |

*Air Measurements*

| Location | CFM | Location | CFM |
|---|---|---|---|
| Intake | 54800 | | |
| 9 | 698 | | |
| 160 | 503 | | |
| MPA | 12908 | | |
| MPB | Air to Gob | | |

Remarks: 0% CH4 20.8% O2 0% CO at exam time

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Richard Ram (Preshift-Mine Examiner) 1357A (Certificate No.) [signature] (Assistant Foreman) 38928 (Certificate No.)

Countersigned [signature] (Mine Manager—Mine Foreman) 33339

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT
## MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-28-10 Shift 3rd Area or Section Well

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | Violation or Hazardous Condition | Action taken |
|---|---|---|---|
| 1. | Face | None observed | Reported |
| 2. | Supports | | |
| 3. | Power center | | |
| 4. | Chuter | | |
| 5. | Track | | |
| 6. | Travelway | | |
| 7. | Barricade car | | |
| 8. | | | |

*Examinations for Methane in Working Places*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Face | 3:45AM | 0 % | 11. | | | |
| 2. | | | | 12. | | | |
| 3. | | | | 13. | | | |
| 4. | | | | 14. | | | |
| 5. | | | | 15. | | | |
| 6. | | | | 16. | | | |
| 7. | | | | 17. | | | |
| 8. | | | | 18. | | | |
| 9. | | | | 19. | | | |
| 10. | | | | 20. | | | |

*Examinations for Methane in Return Aircourses*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | RT | 4:00AM | 0% | 6. | | | |
| 2. | | | | 7. | | | |
| 3. | | | | 8. | | | |
| 4. | | | | 9. | | | |
| 5. | | | | 10. | | | |

Number of Bolts Tested
Number of Bolts Torqued Above Range Below Range

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken

Remarks (Statement as to General Conditions of Mine or Area of Mine)

| | | | | |
|---|---|---|---|---|
| [signature] Assistant Mine | 38928 Certificate No. | [signature] Mine Foreman-Mine Manager | 35354 Certificate No. | Superintendent or Assistant |

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-28 20.10 Section or Area Examined Longwall

Time of Examination: from 3:20 a.m. or p.m. to 4:05 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Larry Brown Time 6:25 A.M P.M.

Report received by Kevin W. Medley (Signed)

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | $CH_4$ | $O_2$ | Violation or Hazardous Condition | Action Taken |
|---|---|---|---|---|---|
| 1. | Face | 0% | 20.8% | None Observed | Reported |
| 2. | Roof Supports | " | " | " | " |
| 3. | Power Center | " | " | " | " |
| 4. | Chargers | " | " | " | " |
| 5. | Track | " | " | " | " |
| 6. | Travelways | " | " | " | " |
| 7. | Barricade Station | " | " | " | " |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |

*Air Measurements*

| Location | CFM | Location | CFM |
|---|---|---|---|
| Intake | 55 160 | | |
| # 9 | 688 | | |
| # 160 | 511 | | |
| | | | |
| MPA | 12,418 | | |
| MPB | Movement to Gob | | |
| | | | |
| | | | |

Remarks: 0% $CH_4$ 20.8% $O_2$ 0 ppm CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By [signature] Preshift-Mine Examiner — Certificate No. 30928 — Kevin W. Medley Assistant Foreman — Certificate No. 38810

Countersigned [signature] Mine Manager—Mine Foreman — 33357

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT
# MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-28-10 Shift Day Area or Section Longwall

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | $CH_4$ | $O_2$ | Violation or Hazardous Condition | Action taken |
|---|---|---|---|---|---|
| 1. | Face | 0% | 20.8% | None Observed | None |
| 2. | Roof Supports | " | " | " " | " |
| 3. | Power Center | " | " | " " | " |
| 4. | Chargers | " | " | " " | " |
| 5. | Track | " | " | " " | " |
| 6. | Travelways | " | " | " " | " |
| 7. | Barricade Station | " | " | " " | " |
| 8. | | | | | |

*Examinations for Methane in Working Places*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Face | 7:55AM | 0% | 11. | | | |
| 2. | | 9:55AM | 0% | 12. | | | |
| 3. | | 11:55AM | 0% | 13. | | | |
| 4. | | 1:53PM | 0% | 14. | | | |
| 5. | | 3:45PM | 0% | 15. | | | |
| 6. | | | | 16. | | | |
| 7. | | | | 17. | | | |
| 8. | | | | 18. | | | |
| 9. | | | | 19. | | | |
| 10. | | | | 20. | | | |

*Examinations for Methane in Return Aircourses*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Return | 8:40AM | 0% | 6. | | | |
| 2. | | 10:37AM | 0% | 7. | | | |
| 3. | | 12:35PM | 0% | 8. | | | |
| 4. | | 2:34PM | 0% | 9. | | | |
| 5. | | | | 10. | | | |

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Discussed precautions for In Shield movement pgs 6+7 of Roof Control Plan Visual inspection 1-176 shield

Kevin W. Medley — Assistant Mine

38810 — Certificate No.

T. Moore — Mine Foreman-Mine Manager

[illegible] — Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-28-10 20__ Section or Area Examined Long Wall

Time of Examination: from 1210 a.m. or ~~p.m.~~ to 1215 a.m. or ~~p.m.~~

Was this report phoned to outside: Yes ✓ no____

By whom Kevin Medley Time A.M 3:46 ~~P.M.~~

Report received by Richard Ramm 1357-A (Signed)

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | $CH_4$ | $O_2$ | Violation or Hazardous Condition | Action Taken |
|---|---|---|---|---|---|
| 1. | Face | 0% | 20.8% | None obs | None |
| 2. | Roof Support | " | " | " | " |
| 3. | Power Center | " | " | " | " |
| 4. | Chargers | " | " | " | " |
| 5. | Track | " | " | " | " |
| 6. | Travelways | " | " | " | " |
| 7. | Barricade Station | " | " | " | " |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |

*Air Measurements*

| Location | CFM | Location | CFM |
|---|---|---|---|
| Intake | 57,220 | | |
| #9 | 693 | | |
| #160 | 535 | | |
| | | | |
| MPA | 12,374 | | |
| MPB | Movement to Gob | | |
| | | | |
| | | | |

Remarks: 0% $CH_4$ 20.8% $O_2$ 0ppm CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Kevin W. Medley (Preshift-Mine Examiner) 38810 (Certificate No.) Richard Ramm (Assistant Foreman) 1357-A (Certificate No.)

Countersigned T. Mann (Mine Manager—Mine Foreman) 33357

(Assistant Foreman)

(Superintendent or Assistant)

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT
# MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-28-10 Shift EVE Area or Section Long Wall

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | CH4 | O2 | Violation or Hazardous Condition | Action taken |
|---|---|---|---|---|---|
| 1. | Face | .0% | 20.8% | None obs | None |
| 2. | Roof Support | " | " | " " | " |
| 3. | Power Center | " | " | " " | " |
| 4. | Chargers | " | " | " " | " |
| 5. | Track | " | " | " " | " |
| 6. | Travelways | " | " | " " | " |
| 7. | Barricade Station | " | " | " " | " |
| 8. | | | | | |

*Examinations for Methane in Working Places*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Face | 4:30 pm | .0% | 11. | | | |
| 2. | | 6:30 pm | .0% | 12. | | | |
| 3. | | 8:30 pm | .0% | 13. | | | |
| 4. | | 10:30 pm | .0% | 14. | | | |
| 5. | | | | 15. | | | |
| 6. | | | | 16. | | | |
| 7. | | | | 17. | | | |
| 8. | | | | 18. | | | |
| 9. | | | | 19. | | | |
| 10. | | | | 20. | | | |

*Examinations for Methane in Return Aircourses*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Return | 5:15 pm | .0% | 6. | | | |
| 2. | | 8:45 pm | .0% | 7. | | | |
| 3. | | | | 8. | | | |
| 4. | | | | 9. | | | |
| 5. | | | | 10. | | | |

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Saftey Talk on pg 18 of RCP Discussed dust control plan Visual check of Shields 1-176

[signature] Assistant Mine — 1357-A Certificate No. — [signature] Mine Foreman-Mine Manager — 33359 Certificate No. — Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-28 20 10 Section or Area Examined W911

Time of Examination: from 8:30 a.m. or p.m. to 9:20 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom R Lane Time A.M P.M.

Report received by L Brown (Signed)

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | | Violation or Hazardous Condition | | Action Taken |
|---|---|---|---|---|---|
| 1. | Face | 0% CH | None | Observed | Reported |
| 2. | Supports | | " | " | " |
| 3. | Power center | | " | " | " |
| 4. | Charger | | " | " | " |
| 5. | Track | | " | " | " |
| 6. | Travelway | | " | " | " |
| 7. | Barricade car | | " | " | " |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |

*Air Measurements*

| Location | CFM | Location | CFM |
|---|---|---|---|
| Intake | 55759 | | |
| 9 | 672 | | |
| 160 | 511 | | |
| MPA | 12662 | | |
| MPB | Air to Gob | | |

Remarks: 0% CH 20.8% O2 0% CO at exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By [signature] Preshift-Mine Examiner 1357A Certificate No. [signature] Assistant Foreman 38928 Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 33359

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT
# MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-29-10 Shift 3rd Area or Section Wall

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | Violation or Hazardous Condition | Action taken |
|---|---|---|---|
| 1. | Face | None Observed | Reported |
| 2. | supports | | |
| 3. | Power center | | |
| 4. | Charger | | |
| 5. | Track | | |
| 6. | Travelway | | |
| 7. | Barricade car | | |
| 8. | | | |

*Examinations for Methane in Working Places*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Face | 3:35 AM | 0% | 11. | | | |
| 2. | | | | 12. | | | |
| 3. | | | | 13. | | | |
| 4. | | | | 14. | | | |
| 5. | | | | 15. | | | |
| 6. | | | | 16. | | | |
| 7. | | | | 17. | | | |
| 8. | | | | 18. | | | |
| 9. | | | | 19. | | | |
| 10. | | | | 20. | | | |

*Examinations for Methane in Return Aircourses*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | RT | 3:42 AM | 0% | 6. | | | |
| 2. | | | | 7. | | | |
| 3. | | | | 8. | | | |
| 4. | | | | 9. | | | |
| 5. | | | | 10. | | | |

Number of Bolts Tested

Number of Bolts Torqued Above Range Below Range

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken

Remarks (Statement as to General Conditions of Mine or Area of Mine)

| Assistant Mine | Certificate No. | Mine Foreman-Mine Manager | Certificate No. | Superintendent or Assistant |
|---|---|---|---|---|
| [signature] | 38928 | [signature] | 33359 | |

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-29 20.10 Section or Area Examined Longwall

Time of Examination: from 3:20 a.m. or p.m. to 4:15 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Larry Brown Time 5:25 A.M P.M.

Report received by Kevin W. Medley (Signed)

*Violations and other Hazardous Conditions Observed and Reported*

| Location | CH4 | O2 | Violation or Hazardous Condition | Action Taken |
|---|---|---|---|---|
| 1. Face | 0% | 20.8% | None Observed | Reported |
| 2. Roof Supports | " | " | " | " |
| 3. Power Center | " | " | " | " |
| 4. Chargers | " | " | " | " |
| 5. Track | " | " | " | " |
| 6. Travelways | " | " | " | " |
| 7. Barricade Station | " | " | " | " |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |

*Air Measurements*

| Location | CFM | Location | CFM |
|---|---|---|---|
| Intake | 56 127 | | |
| #9 | 664 | | |
| #160 | 502 | | |
| | | | |
| MPA | 12,420 | | |
| MPB | Movement to Gob | | |
| | | | |
| | | | |

Remarks:

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By [signature] Preshift-Mine Examiner — Certificate No. 38928 — Kevin W. Medley Assistant Foreman — Certificate No. 38810

Countersigned [signature] Mine Manager—Mine Foreman — 33339

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT
## MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-29-10 Shift Day Area or Section Longwall

*Violations and other Hazardous Conditions Observed and Reported*

| Location | CH4 | O2 | Violation or Hazardous Condition | Action taken |
|---|---|---|---|---|
| 1. Face | 0% | 20.8% | None Observed | None |
| 2. Roof Supports | " | " | " " | " |
| 3. Power Center | " | " | " " | " |
| 4. Chargers | " | " | " " | " |
| 5. Track | " | " | " " | " |
| 6. Travelways | " | " | " " | " |
| 7. Barricade Station | " | " | " " | " |
| 8. | | | | |

*Examinations for Methane in Working Places*

| Location | Time | Methane Content | Location | Time | Methane Content |
|---|---|---|---|---|---|
| 1. Face | 7:40AM | 0% | 11. | | |
| 2. | 9:35AM | 0% | 12. | | |
| 3. | 11:35AM | 0% | 13. | | |
| 4. | 1:33PM | 0% | 14. | | |
| 5. | 3:30PM | 0% | 15. | | |
| 6. | | | 16. | | |
| 7. | | | 17. | | |
| 8. | | | 18. | | |
| 9. | | | 19. | | |
| 10. | | | 20. | | |

*Examinations for Methane in Return Aircourses*

| Location | Time | Methane Content | Location | Time | Methane Content |
|---|---|---|---|---|---|
| 1. Return | 8:50AM | 0% | 6. | | |
| 2. | 10:48AM | 0% | 7. | | |
| 3. | 12:48PM | 0% | 8. | | |
| 4. | 2:46PM | 0% | 9. | | |
| 5. | | | 10. | | |

Number of Bolts Tested
Number of Bolts Torqued Above Range Below Range

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken

Remarks (Statement as to General Conditions of Mine or Area of Mine) Discussed safety precautions for Longwall Recovery pgs. 7-8 of Roof Control Plan Visual inspection of 1-176 shields

Kevin W. Medley — Assistant Mine
38810 — Certificate No.
T. [illegible] — Mine Foreman-Mine Manager
33359 — Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-29-10 20__ Section or Area Examined Long Wall

Time of Examination: from 1200 a.m. or p.m. to 108 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Kevin Medley Time A.M. P.M.

Report received by Richard Ramm (Signed) 1357-A

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | $CH_4$ | $O_2$ | Violation or Hazardous Condition | Action Taken |
|---|---|---|---|---|---|
| 1. | Face | .0% | 20.8% | None obs | None |
| 2. | Roof Support | " | " | " " | " |
| 3. | Power Center | " | " | " " | " |
| 4. | Chargers | " | " | " " | " |
| 5. | Track | " | " | " " | " |
| 6. | Travelways | " | " | " " | " |
| 7. | Barricade Station | " | " | " " | " |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |

*Air Measurements*

| Location | CFM | Location | CFM |
|---|---|---|---|
| Intake | 56,720 | | |
| #9 | 678 | | |
| #160 | 520 | | |
| | | | |
| MPA | 12,465 | | |
| MPB | Movement to Gob | | |
| | | | |
| | | | |

Remarks: 0% $CH_4$ 20.8% $O_2$ 0 ppm CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Kevin W. Medley (Preshift-Mine Examiner) 38810 (Certificate No.) Richard Ramm (Assistant Foreman) 1357-A (Certificate No.)

Countersigned T. Moore (Mine Manager—Mine Foreman) 33354

(Assistant Foreman)

(Superintendent or Assistant)

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT
## MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-29-10 Shift EVE Area or Section Long Wall

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | $CH_4$ | $O_2$ | Violation or Hazardous Condition | | Action taken |
|---|---|---|---|---|---|---|
| 1. | Face | .0% | 20.8% | None | obs | None |
| 2. | Roof Support | " | " | " | " | " |
| 3. | Power Center | " | " | " | " | " |
| 4. | Chargers | " | " | " | " | " |
| 5. | Track | " | " | " | " | " |
| 6. | Travelways | " | " | " | " | " |
| 7. | Barricade Station | " | " | " | " | " |
| 8. | | | | | | |

*Examinations for Methane in Working Places*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Face | 4:30 pm | .0% | 11. | | | |
| 2. | | 6:30 pm | .0% | 12. | | | |
| 3. | | 8:30 pm | .0% | 13. | | | |
| 4. | | 10:30 pm | .0% | 14. | | | |
| 5. | | | | 15. | | | |
| 6. | | | | 16. | | | |
| 7. | | | | 17. | | | |
| 8. | | | | 18. | | | |
| 9. | | | | 19. | | | |
| 10. | | | | 20. | | | |

*Examinations for Methane in Return Aircourses*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Return | 4:58 pm | .0% | 6. | | | |
| 2. | | 9:50 pm | .0% | 7. | | | |
| 3. | | | | 8. | | | |
| 4. | | | | 9. | | | |
| 5. | | | | 10. | | | |

Number of Bolts Tested
Number of Bolts Torqued Above Range Below Range

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety talk on pg 18 of RCP
Discussed dust control plan Visual check of Shield 1-176

| | | | | |
|---|---|---|---|---|
| Richard Ram | 12597 | T. Mann | 33354 | |
| Assistant Mine | Certificate No. | Mine Foreman-Mine Manager | Certificate No. | Superintendent or Assistant |

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-29- 20.10 Section or Area Examined Longwall

Time of Examination: from 830 a.m. or p.m. to 9:20 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Rick Lane Time A.M 10:45 P.M.

Report received by Darrell K Sterley (Signed) 39218

*Violations and other Hazardous Conditions Observed and Reported*

| Location | Violation or Hazardous Condition | Action Taken |
|---|---|---|
| 1. Face 0.0% $CH_4$ 20.8% $O_2$ | None Observed | Reported |
| 2. Roof Supports | | |
| 3. Barricade Station | | |
| 4. Power Center | | |
| 5. Chargers | | |
| 6. Track | | |
| 7. Travelways | | |
| 8. | | |
| 9. | | |
| 10. | | |

*Air Measurements*

| Location | CFM | Location | CFM |
|---|---|---|---|
| Intake | 55,896 | | |
| #9 | 688 | | |
| #160 | 514 | | |
| MPA | 12,790 | | |
| MPB | movement into gob | | |

Remarks: 0.0% $CH_4$ 20.8% $O_2$ 0ppm CO
All clear at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Robert Lane (Preshift-Mine Examiner) Certificate No. 1357-A Darrell K Sterley (Assistant Foreman) Certificate No. 39218

Countersigned T. Moore (Mine Manager—Mine Foreman) 33359

(Assistant Foreman)

(Superintendent or Assistant)

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT
## MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-30-2010 Shift 3rd Area or Section Longwall

*Violations and other Hazardous Conditions Observed and Reported*

| Location | $CH_4$ | $O_2$ | Violation or Hazardous Condition | Action taken |
|---|---|---|---|---|
| 1. Face | 0.0% | 20.8% | None Observed | Reported |
| 2. Roof Supports | | | | |
| 3. Barricade Station | | | | |
| 4. Power Center | | | | |
| 5. Chargers | | | | |
| 6. Track | | | | |
| 7. Travelways | | | | |
| 8. | | | | |

*Examinations for Methane in Working Places*

| Location | Time | Methane Content | Location | Time | Methane Content |
|---|---|---|---|---|---|
| 1. Face | 4:55 Am | 0.0 % | 11. | | |
| 2. | | | 12. | | |
| 3. | | | 13. | | |
| 4. | | | 14. | | |
| 5. | | | 15. | | |
| 6. | | | 16. | | |
| 7. | | | 17. | | |
| 8. | | | 18. | | |
| 9. | | | 19. | | |
| 10. | | | 20. | | |

*Examinations for Methane in Return Aircourses*

| Location | Time | Methane Content | Location | Time | Methane Content |
|---|---|---|---|---|---|
| 1. Return | 5:15 Am | 0.0 % | 6. | | |
| 2. | | | 7. | | |
| 3. | | | 8. | | |
| 4. | | | 9. | | |
| 5. | | | 10. | | |

Number of Bolts Tested
Number of Bolts Torqued Above Range Below Range

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken

Remarks (Statement as to General Conditions of Mine or Area of Mine) Discussed pg 18 of RCP with crew.
Visual check of Shields #1-#176

Darrell K. Stanley — Assistant Mine
32218 — Certificate No.
T. Moore — Mine Foreman-Mine Manager
33359 — Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-30 20 10 Section or Area Examined Longwall

Time of Examination: from 4:35 a.m. or p.m. to 5:22 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Keith Stanley Time 5:35 A.M P.M.

Report received by Mark P. Wall (Signed)

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | $CH_4$ .0% | $O_2$ 20.8% | Violation or Hazardous Condition | Action Taken |
|---|---|---|---|---|---|
| 1. | Face | | | None Observed | Reported |
| 2. | Roof Support | | | | |
| 3. | Track | | | | |
| 4. | Travelways | | | | |
| 5. | Chargers | | | | |
| 6. | Power Center | | | | |
| 7. | Barricade Station | | | | |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |

*Air Measurements*

| Location | CFM | Location | CFM |
|---|---|---|---|
| Intake | 56,310 | | |
| #9 | 637 | | |
| #160 | 541 | | |
| | | | |
| MPA | 12,618 | | |
| MPB | Movement to Gob | | |
| | | | |
| | | | |

Remarks: .0% $CH_4$, 20.8% $O_2$, 0 ppm CO at time of Exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Darrell K Stanley (Preshift-Mine Examiner) 39218 (Certificate No.) Mark P. Wall (Assistant Foreman) 39068 (Certificate No.)

Countersigned [illegible] (Mine Manager—Mine Foreman) 33359

(Assistant Foreman)

(Superintendent or Assistant)

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT
# MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-30-10 Shift Day Area or Section Longwall

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | 20.8% $O^2$ | .0% $CH_4$ | Violation or Hazardous Condition | Action taken |
|---|---|---|---|---|---|
| 1. | Face | | | None Observed | None |
| 2. | Roof Support | | | | |
| 3. | Track | | | | |
| 4. | Travelways | | | | |
| 5. | Chargers | | | | |
| 6. | Power Center | | | | |
| 7. | Barricade Station | | | | |
| 8. | | | | | |

*Examinations for Methane in Working Places*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Face | 7:30 | .0% | 11. | | | |
| 2. | | 9:30 | .0% | 12. | | | |
| 3. | | 11:30 | .0% | 13. | | | |
| 4. | | 1:30 | .0% | 14. | | | |
| 5. | | 3:30 | .0% | 15. | | | |
| 6. | | | | 16. | | | |
| 7. | | | | 17. | | | |
| 8. | | | | 18. | | | |
| 9. | | | | 19. | | | |
| 10. | | | | 20. | | | |

*Examinations for Methane in Return Aircourses*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Return | 9:00 | .0% | 6. | | | |
| 2. | | 11:00 | .0% | 7. | | | |
| 3. | | 1:00 | .0% | 8. | | | |
| 4. | | 3:00 | .0% | 9. | | | |
| 5. | | | | 10. | | | |

Number of Bolts Tested

Number of Bolts Torqued Above Range Below Range

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken

Remarks (Statement as to General Conditions of Mine or Area of Mine) Meeting on RCP (Longwall Recovery) Visual Inspect of shields 1-176.

| Assistant Mine | Certificate No. | Mine Foreman-Mine Manager | Certificate No. | Superintendent or Assistant |
|---|---|---|---|---|
| [signature] | 39068 | [signature] | 33359 | |

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-30-10 20__ Section or Area Examined Long Wall

Time of Examination: from 140 a.m. or ~~p.m.~~ to 225 a.m. or ~~p.m.~~

Was this report phoned to outside: Yes ✓ no____

By whom Mike Webb Time ____ A.M 2:30 ~~P.M.~~

Report received by Richard Rame (Signed) 1357-A

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | $CH^4$ | $O^2$ | Violation or Hazardous Condition | Action Taken |
|---|---|---|---|---|---|
| 1. | Face | .0% | 20.8% | None obs | None |
| 2. | Roof Support | " | " | " " | " |
| 3. | Power Center | " | " | " " | " |
| 4. | Chargers | " | " | " " | " |
| 5. | Track | " | " | " " | " |
| 6. | Travelways | " | " | " " | " |
| 7. | Barricade Station | " | " | " " | " |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |

*Air Measurements*

| Location | CFM | Location | CFM |
|---|---|---|---|
| Intake | 55,580 | | |
| #9 | 737 | | |
| #160 | 553 | | |
| | | | |
| MPA | 12,436 | | |
| MPB | Movement to Gob | | |

Remarks: .0% $CH^4$ 20.8% $O^2$ 0ppm CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By M. Webb (Preshift-Mine Examiner) 39068 (Certificate No.) Richard Rame (Assistant Foreman) 1357-A (Certificate No.)

Countersigned T. Mame (Mine Manager—Mine Foreman) 33359

Assistant Foreman

Hurd Cilly (Superintendent or Assistant) 28045

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT
## MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-30-10 Shift EVE Area or Section Long Wall

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | $CH_4$ | $O_2$ | Violation or Hazardous Condition | Action taken |
|---|---|---|---|---|---|
| 1. | Face | .0% | 20.8% | None obs | None |
| 2. | Roof Support | " | " | " " | " |
| 3. | Power Center | " | " | " " | " |
| 4. | Chargers | " | " | " " | " |
| 5. | Track | " | " | " " | " |
| 6. | Travelways | " | " | " " | " |
| 7. | Barricade Station | " | " | " " | " |
| 8. | | | | | |

*Examinations for Methane in Working Places*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Face | 4:30 pm | .0% | 11. | | | |
| 2. | | 6:30 pm | .0% | 12. | | | |
| 3. | | 8:30 pm | .0% | 13. | | | |
| 4. | | 10:30 pm | .0% | 14. | | | |
| 5. | | | | 15. | | | |
| 6. | | | | 16. | | | |
| 7. | | | | 17. | | | |
| 8. | | | | 18. | | | |
| 9. | | | | 19. | | | |
| 10. | | | | 20. | | | |

*Examinations for Methane in Return Aircourses*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Return | 4:59 pm | | 6. | | | |
| 2. | | 8:55 pm | | 7. | | | |
| 3. | | | | 8. | | | |
| 4. | | | | 9. | | | |
| 5. | | | | 10. | | | |

Number of Bolts Tested _____
Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Saftey Talk on p18 of RCP
Discussed dust control plan Visual check of Shields 1-176

[signature] Assistant Mine — 17574 Certificate No. — [signature] Mine Foreman-Mine Manager — 33359 Certificate No. — Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-30 20.10 Section or Area Examined Longwall

Time of Examination: from 8:30 a.m. or p.m. to 9:20 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ____

By whom Rick Lane Time ____ A.M 10:50 P.M.

Report received by Darrell K Stanley 39218 (Signed)

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | Violation or Hazardous Condition | Action Taken |
|---|---|---|---|
| 1. | Face 0.0% $CH_4$ 20.8% $O_2$ | None Observed | Reported |
| 2. | Roof Supports | | |
| 3. | Barricade Station | | |
| 4. | Power Center | | |
| 5. | Chargers | | |
| 6. | Track | | |
| 7. | Travelways | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |

*Air Measurements*

| Location | CFM | Location | CFM |
|---|---|---|---|
| Intake | 36,855 | | |
| #9 | 741 | | |
| #160 | 548 | | |
| MPA | 12,288 | | |
| MPB | movement to gob | | |

Remarks: 0.0% $CH_4$ 20.8% $O_2$ 0ppm CO
All clear at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Richard Lane (Preshift-Mine Examiner) 1357-A (Certificate No.) Darrell K Stanley (Assistant Foreman) 39218 (Certificate No.)

Countersigned T. Moore (Mine Manager—Mine Foreman) 33359

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT
# MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-31-2010 Shift 3rd Area or Section Longwall

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | ch4 | O2 | Violation or Hazardous Condition | Action taken |
|---|---|---|---|---|---|
| 1. | Face | 0.0% | 20.8% | None Observed | Reported |
| 2. | Roof Supports | | | | |
| 3. | Barricade Station | | | | |
| 4. | Power Center | | | | |
| 5. | Chargers | | | | |
| 6. | Track | | | | |
| 7. | Travelways | | | | |
| 8. | | | | | |

*Examinations for Methane in Working Places*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Face | 4:50AM | 0.0 % | 11. | | | |
| 2. | | | | 12. | | | |
| 3. | | | | 13. | | | |
| 4. | | | | 14. | | | |
| 5. | | | | 15. | | | |
| 6. | | | | 16. | | | |
| 7. | | | | 17. | | | |
| 8. | | | | 18. | | | |
| 9. | | | | 19. | | | |
| 10. | | | | 20. | | | |

*Examinations for Methane in Return Aircourses*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Return | 5:00AM | 0.0 % | 6. | | | |
| 2. | | | | 7. | | | |
| 3. | | | | 8. | | | |
| 4. | | | | 9. | | | |
| 5. | | | | 10. | | | |

Number of Bolts Tested 0

Number of Bolts Torqued Above Range N/A Below Range N/A

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken

Remarks (Statement as to General Conditions of Mine or Area of Mine) Discussed pages 7 & 8 of roof control plan with crew. Visually checked sheilds #1-#176.

Darrell K Stanley — Assistant Mine
39218 — Certificate No.
T. Moore — Mine Foreman-Mine Manager
33359 — Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3.31 2010 Section or Area Examined Longwall

Time of Examination: from 4:20 a.m. or p.m. to 5:10 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Keith Stanley Time 5:35 A.M P.M.

Report received by Matt P. Wall (Signed)

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | $O^2$ 20.8% | $CH^4$ .0% | Violation or Hazardous Condition | Action Taken |
|---|---|---|---|---|---|
| 1. | Face | | | None Observed | Reported |
| 2. | Roof Support | | | | |
| 3. | Track | | | | |
| 4. | Chargers | | | | |
| 5. | Travelways | | | | |
| 6. | Power Center | | | | |
| 7. | Barricade Station | | | | |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |

*Air Measurements*

| Location | | CFM | Location | CFM |
|---|---|---|---|---|
| Intake | .0% $CH^4$ | 54,862 | | |
| #9 | | 681 | | |
| #160 | | 575 | | |
| | | | | |
| MPA | | 12,333 | | |
| MPB | | Movement to the Gob | | |

Remarks: .0% $CH^4$, 20.8% $O^2$, 0 ppm CO at time of Exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Darrell K Stanley (Preshift-Mine Examiner) 39218 (Certificate No.) Matt P. Wall (Assistant Foreman) 39068 (Certificate No.)

Countersigned T. Moore (Mine Manager—Mine Foreman) 33359

Assistant Foreman

Hud Cilly (Superintendent or Assistant) 28040

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT
# MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-31-10 Shift Day Area or Section Longwall

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | 20.8% O2 | 0% CH4 | Violation or Hazardous Condition | Action taken |
|---|---|---|---|---|---|
| 1. | Face | | | None Observed | None |
| 2. | Roof Support | | | | |
| 3. | Track | | | | |
| 4. | Travelways | | | | |
| 5. | Power Center | | | | |
| 6. | Chargers | | | | |
| 7. | Barricade Station | | | | |
| 8. | | | | | |

*Examinations for Methane in Working Places*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Face | 7:30 | .0% | 11. | | | |
| 2. | | 9:30 | .0% | 12. | | | |
| 3. | | 11:30 | .0% | 13. | | | |
| 4. | | 1:30 | .0% | 14. | | | |
| 5. | | 3:30 | .0% | 15. | | | |
| 6. | | | | 16. | | | |
| 7. | | | | 17. | | | |
| 8. | | | | 18. | | | |
| 9. | | | | 19. | | | |
| 10. | | | | 20. | | | |

*Examinations for Methane in Return Aircourses*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Return | 9:00 | .0% | 6. | | | |
| 2. | | 11:00 | .0% | 7. | | | |
| 3. | | 1:00 | .0% | 8. | | | |
| 4. | | 3:00 | .0% | 9. | | | |
| 5. | | | | 10. | | | |

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Meeting on RCP, Head & Tail Roof Supports, Visual Inspect of Shields 1-176

| Assistant Mine | Certificate No. | Mine Foreman-Mine Manager | Certificate No. | Superintendent or Assistant |
|---|---|---|---|---|
| M.M.P.W.M | 39068 | T. Manne | 35359 | |

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-31-10 20___ Section or Area Examined Long Wall

Time of Examination: from 135 ~~a.m.~~ or p.m. to 220 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no ___

By whom Mike Webb Time ___ A.M 233 ~~P.M.~~

Report received by Richard Ram 1357-A (Signed)

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | $CH^4$ | $O^2$ | Violation or Hazardous Condition | Action Taken |
|---|---|---|---|---|---|
| 1. | Face | .0% | 20.8% | None obs | None |
| 2. | Roof Support | " | " | " " | " |
| 3. | Power Center | " | " | " " | " |
| 4. | Chargers | " | " | " " | " |
| 5. | Track | " | " | " " | " |
| 6. | Travelways | " | " | " " | " |
| 7. | Barricade Station | " | " | " " | " |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |

*Air Measurements*

| Location | CFM | Location | CFM |
|---|---|---|---|
| Intake | 55,311 | | |
| #9 | 754 | | |
| #160 | 582 | | |
| | | | |
| MPA | 12,527 | | |
| MPB | Movement to Gob | | |

Remarks: .0% $CH^4$ 20.8% $O^2$ 0 ppm CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By M. Hrwm (Preshift-Mine Examiner) Certificate No. 39068 Assistant Foreman Certificate No.

Countersigned T. Maine (Mine Manager—Mine Foreman) 33357

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT
## MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-31-10 Shift EVE Area or Section Long Wall

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | CH4 | O2 | Violation or Hazardous Condition | Action taken |
|---|---|---|---|---|---|
| 1. | Roof Support | .0% | 208% | None obs | None |
| 2. | Face | " | " | " " | " |
| 3. | Power Center | " | " | " " | " |
| 4. | Chargers | " | " | " " | " |
| 5. | Track | " | " | " " | " |
| 6. | Travelways | " | " | " " | " |
| 7. | Barricade Station | " | " | " " | " |
| 8. | | | | | |

*Examinations for Methane in Working Places*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Face | 4:30 pm | .0% | 11. | | | |
| 2. | | 6:30 pm | .0% | 12. | | | |
| 3. | | 8:30 pm | .0% | 13. | | | |
| 4. | | 10:20 pm | .0% | 14. | | | |
| 5. | | | | 15. | | | |
| 6. | | | | 16. | | | |
| 7. | | | | 17. | | | |
| 8. | | | | 18. | | | |
| 9. | | | | 19. | | | |
| 10. | | | | 20. | | | |

*Examinations for Methane in Return Aircourses*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Return | 455 pm | .0% | 6. | | | |
| 2. | | 850 pm | .0% | 7. | | | |
| 3. | | | | 8. | | | |
| 4. | | | | 9. | | | |
| 5. | | | | 10. | | | |

Number of Bolts Tested

Number of Bolts Torqued Above Range Below Range

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety Talk on pg 18 of RCP Discussed dust control plan Visual check of Shields 1-176

[signature] Assistant Mine | 1357 A Certificate No. | T. Moore Mine Foreman-Mine Manager | 33329 Certificate No. | Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-31- 20 10 Section or Area Examined Longwall

Time of Examination: from 8:30 a.m. or p.m. to 9:20 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Rick Lane Time A.M 10:50 P.M.

Report received by Darrell K Stanley 39218 (Signed)

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | Violation or Hazardous Condition | Action Taken |
|---|---|---|---|
| 1. | Face 0.0% $ch^4$ 20.8% $O^2$ | None Observed | Reported |
| 2. | Roof Supports | | |
| 3. | Barricade Station | | |
| 4. | Power Center | | |
| 5. | Chargers | | |
| 6. | Track | | |
| 7. | Travelways | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |

*Air Measurements*

| Location | CFM | Location | CFM |
|---|---|---|---|
| Intake | 52,080 | | |
| #9 | 743 | | |
| #160 | 551 | | |
| MPA | 12,660 | | |
| MPB | movement to gob | | |

Remarks: 0.0% $ch^4$ 20.8% $O^2$ 0ppm CO
All clear at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By [signature] Preshift-Mine Examiner Certificate No. 1337A

Countersigned [signature] Mine Manager - Mine Foreman

Assistant Foreman

T. Moore 33357

Darrell K Stanley Assistant Foreman 39218 Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT
## MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 4-1-2010 Shift 3rd Area or Section Longwall

*Violations and other Hazardous Conditions Observed and Reported*

| Location | $CH_4$ | $CO_2$ | Violation or Hazardous Condition | Action taken |
|---|---|---|---|---|
| 1. Face | 0.0% | 20.8% | None Observed | Reported |
| 2. Roof Supports | | | | |
| 3. Barricade Station | | | | |
| 4. Power Center | | | | |
| 5. Chargers | | | | |
| 6. Track | | | | |
| 7. Travelways | | | | |
| 8. | | | | |

*Examinations for Methane in Working Places*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Face | 4:55Am | 0.0% | 11. | | | |
| 2. | | | | 12. | | | |
| 3. | | | | 13. | | | |
| 4. | | | | 14. | | | |
| 5. | | | | 15. | | | |
| 6. | | | | 16. | | | |
| 7. | | | | 17. | | | |
| 8. | | | | 18. | | | |
| 9. | | | | 19. | | | |
| 10. | | | | 20. | | | |

*Examinations for Methane in Return Aircourses*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Return | 5:15Am | 0.0% | 6. | | | |
| 2. | | | | 7. | | | |
| 3. | | | | 8. | | | |
| 4. | | | | 9. | | | |
| 5. | | | | 10. | | | |

Number of Bolts Tested
Number of Bolts Torqued Above Range Below Range

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken

Remarks (Statement as to General Conditions of Mine or Area of Mine) Discussed pg. 20 of RCP with crew. Visual check of shields #1-#176

Darrell K Stanley — Assistant Mine
39218 — Certificate No.
T. Moore — Mine Foreman-Mine Manager
33357 — Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 4-1 20 10 Section or Area Examined Longwall

Time of Examination: from 4:30 a.m. or p.m. to 5:20 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Keith Stanely Time 5:33 A.M P.M.

Report received by Mark P. Webb (Signed)

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | .0% CH4 | 20.8% O2 | Violation or Hazardous Condition | Action Taken |
|---|---|---|---|---|---|
| 1. | Face | | | None Observed | Reported |
| 2. | Roof Support | | | | |
| 3. | Track | | | | |
| 4. | Chargers | | | | |
| 5. | Power Center | | | | |
| 6. | Travelways | | | | |
| 7. | Barricade Station | | | | |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |

*Air Measurements*

| Location | | CFM | Location | CFM |
|---|---|---|---|---|
| Intake | .0% Ch4 | 55,107 | | |
| #9 | | 696 | | |
| #160 | | 583 | | |
| | | | | |
| MPA | | 12,819 | | |
| MPB | | Movement to Gob | | |

Remarks: .0% Ch4, 20.8% O2 No Co fund at time of Exam.

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Donell K Stanley (Preshift-Mine Examiner) 39218 (Certificate No.) Mark P. Webb (Assistant Foreman) (Certificate No.)

Countersigned T. Manne (Mine Manager—Mine Foreman) 33359

Assistant Foreman

Ted Lilly 28045

Superintendent or Assistant

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT
# MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 4-1-10 Shift Day Area or Section Longwall

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | Violation or Hazardous Condition | Action taken |
|---|---|---|---|
| 1. | Face | None Observed | None |
| 2. | Roof Support | " | " |
| 3. | Track | 17 BK. Bad Brow (HL) overhang | Bolt was in brow. Built crib under brow. |
| 4. | Travelways | None Observed | None |
| 5. | Chargers | ↓ | ↓ |
| 6. | Power Center | ↓ | ↓ |
| 7. | Barricade Station | ↓ | ↓ |
| 8. | | | |

*Examinations for Methane in Working Places*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Face | 7:30 | .0% | 11. | | | |
| 2. | | 9:30 | .0% | 12. | | | |
| 3. | | 11:30 | .0% | 13. | | | |
| 4. | | 1:30 | .0% | 14. | | | |
| 5. | | 3:30 | .0% | 15. | | | |
| 6. | | | | 16. | | | |
| 7. | | | | 17. | | | |
| 8. | | | | 18. | | | |
| 9. | | | | 19. | | | |
| 10. | | | | 20. | | | |

*Examinations for Methane in Return Aircourses*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Return | 9:00 | .0% | 6. | | | |
| 2. | | 11:00 | .0% | 7. | | | |
| 3. | | 1:00 | .0% | 8. | | | |
| 4. | | 3:00 | .0% | 9. | | | |
| 5. | | | | 10. | | | |

Number of Bolts Tested _____
Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety Meeting on RCP Page 21-22. Visual Inspect of Shields 1-176.

[signature] Assistant Mine — 39068 Certificate No. — T. Moore Mine Foreman-Mine Manager — 33357 Certificate No. — Superintendent or Assistant

[signature] Cilly 20045

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 4-1-10 20__ Section or Area Examined Longwall

Time of Examination: from 130 a.m. or ~~p.m.~~ to 220 a.m. or ~~p.m.~~

Was this report phoned to outside: Yes — no____

By whom Mike Webb Time ____ A.M 233 ~~P.M.~~

Report received by Richard Rane (Signed) 1357-A

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | $CH^4$ | $O^2$ | Violation or Hazardous Condition | Action Taken |
|---|---|---|---|---|---|
| 1. | Face | .0% | 20.8% | None obs | None |
| 2. | Roof Support | " | " | " | " |
| 3. | Power Center | " | " | " | " |
| 4. | Chargers | " | " | " | " |
| 5. | Track | " | " | " | " |
| 6. | Travelways | " | " | " | " |
| 7. | Barricade Station | " | " | " | " |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |

*Air Measurements*

| Location | CFM | Location | CFM |
|---|---|---|---|
| Intake | 53,672 | | |
| #9 | 791 | | |
| #160 | 623 | | |
| | | | |
| MPA | 12,744 | | |
| MPB | Movement to Gob | | |
| | | | |
| | | | |

Remarks: .0% $CH^4$ 20.8% $O^2$ 0ppm CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Mike Webb (Preshift-Mine Examiner) 39068 (Certificate No.) Richard Rane (Assistant Foreman) 1357-A (Certificate No.)

Countersigned T. Moore (Mine Manager—Mine Foreman) 33357

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT
## MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 4-1-10 Shift EVE Area or Section LongWall

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | $CH_4$ | $O^2$ | Violation or Hazardous Condition | Action taken |
|---|---|---|---|---|---|
| 1. | Face | .0% | 20.8% | | |
| 2. | RoofSupport | " | " | | |
| 3. | PowerCenter | " | " | | |
| 4. | Chargers | " | " | | |
| 5. | Track | " | " | | |
| 6. | Travelways | " | " | | |
| 7. | BarricadeStation | " | " | | |
| 8. | | | | | |

*Examinations for Methane in Working Places*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Face | 4:30pm | .0% | 11. | | | |
| 2. | | 6:30pm | .0% | 12. | | | |
| 3. | | 8:30pm | .0% | 13. | | | |
| 4. | | 10:30pm | .0% | 14. | | | |
| 5. | | | | 15. | | | |
| 6. | | | | 16. | | | |
| 7. | | | | 17. | | | |
| 8. | | | | 18. | | | |
| 9. | | | | 19. | | | |
| 10. | | | | 20. | | | |

*Examinations for Methane in Return Aircourses*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Return | 5:05pm | .0% | 6. | | | |
| 2. | | 8:00pm | .0% | 7. | | | |
| 3. | | | | 8. | | | |
| 4. | | | | 9. | | | |
| 5. | | | | 10. | | | |

Number of Bolts Tested _____
Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safty Talk on ps 18 of RCP
Discussed Dust control plan Visual check of Shields 1-176

| Assistant Mine | Certificate No. | Mine Foreman-Mine Manager | Certificate No. | Superintendent or Assistant |
|---|---|---|---|---|
| [signature] | 13574 | [signature] | 33359 | |

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 4-1 20 10 Section or Area Examined Wall

Time of Examination: from 8:30 a.m. or p.m. to 9:15 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom R Lane Time A.M 10:40 P.M.

Report received by L Brown (Signed)

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | | Violation or Hazardous Condition | Action Taken |
|---|---|---|---|---|
| 1. | Face | 0% CH | None Observed | Reported |
| 2. | Supports | | | |
| 3. | Power center | | | |
| 4. | Charger | | | |
| 5. | Track | | | |
| 6. | Traveling | | | |
| 7. | Barricade car | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |

*Air Measurements*

| Location | CFM | Location | CFM |
|---|---|---|---|
| Intake | 54740 | | |
| 9 | 784 | | |
| 160 | 632 | | |
| MPA | 12607 | | |
| MPB | Movent to Gob | | |

Remarks: 0% CH 20.8% O2 0% CO at exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By [signature] Preshift-Mine Examiner 1357-A Certificate No. [signature] Assistant Foreman 38928 Certificate No.

Countersigned T. Moore Mine Manager—Mine Foreman 33389

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT
## MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 4-2-10 Shift 3rd Area or Section wall

*Violations and other Hazardous Conditions Observed and Reported*

| | *Location* | *Violation or Hazardous Condition* | *Action taken* |
|---|---|---|---|
| 1. | Face | None observed | Reported |
| 2. | Supports | | |
| 3. | Power center | | |
| 4. | Charger | | |
| 5. | Track | | |
| 6. | Traveling | | |
| 7. | Barricade car | | |
| 8. | | | |

*Examinations for Methane in Working Places*

| | *Location* | *Time* | *Methane Content* | | *Location* | *Time* | *Methane Content* |
|---|---|---|---|---|---|---|---|
| 1. | Face | 3:45 AM | 0 % | 11. | | | |
| 2. | | | | 12. | | | |
| 3. | | | | 13. | | | |
| 4. | | | | 14. | | | |
| 5. | | | | 15. | | | |
| 6. | | | | 16. | | | |
| 7. | | | | 17. | | | |
| 8. | | | | 18. | | | |
| 9. | | | | 19. | | | |
| 10. | | | | 20. | | | |

*Examinations for Methane in Return Aircourses*

| | *Location* | *Time* | *Methane Content* | | *Location* | *Time* | *Methane Content* |
|---|---|---|---|---|---|---|---|
| 1. | RT | 4:15 AM | 0 % | 6. | | | |
| 2. | | | | 7. | | | |
| 3. | | | | 8. | | | |
| 4. | | | | 9. | | | |
| 5. | | | | 10. | | | |

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) _____

| | | | | |
|---|---|---|---|---|
| [signature] | 38928 | T. Moore | 33389 | |
| Assistant Mine | Certificate No. | Mine Foreman-Mine Manager | Certificate No. | Superintendent or Assistant |

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 4-2 20 10 Section or Area Examined Longwall

Time of Examination: from 3:40 a.m. or p.m. to 4:30 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Larry Brown Time 5:33 A.M P.M.

Report received by Mitchell P. Wall (Signed)

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | .0% $CH_4$ | 20.8% $O_2$ | Violation or Hazardous Condition | Action Taken |
|---|---|---|---|---|---|
| 1. | Face | | | None Observed | Reported |
| 2. | Roof Support | | | | |
| 3. | Track | | | | |
| 4. | Travelways | | | | |
| 5. | Chargers | | | | |
| 6. | Power Center | | | | |
| 7. | Barricade Station | | | | |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |

*Air Measurements*

| Location | .0% $CH_4$ | CFM | Location | CFM |
|---|---|---|---|---|
| Intake | | 53,927 | | |
| #9 | | 764 | | |
| #160 | | 648 | | |
| | | | | |
| MPA | | 12,585 | | |
| MPB | | Movement to Gob | | |

Remarks: .0% $CH_4$, 20.8% $O_2$, No Co found at time of Exam.

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By [signature] Preshift-Mine Examiner 38928 Certificate No. Mitchell P. Wall Assistant Foreman 39068 Certificate No.

Countersigned T. Moore Mine Manager—Mine Foreman 33367

Assistant Foreman

[signature] Superintendent or Assistant 28045

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT
# MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 4-2-10 Shift Day Area or Section Longwall

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | .0% $CH_4$ 20.8% $O_2$ | Violation or Hazardous Condition | Action taken |
|---|---|---|---|---|
| 1. | Face | | None Observed | None |
| 2. | Roof Support | | | |
| 3. | Track | | | |
| 4. | Travelways | | | |
| 5. | Chargers | | | |
| 6. | Power Center | | | |
| 7. | Barricade Station | | | |
| 8. | | | | |

*Examinations for Methane in Working Places*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Face | 7:30 | .0% | 11. | | | |
| 2. | | 9:30 | .0% | 12. | | | |
| 3. | | 11:30 | .0% | 13. | | | |
| 4. | | 1:30 | .0% | 14. | | | |
| 5. | | 3:30 | .0% | 15. | | | |
| 6. | | | | 16. | | | |
| 7. | | | | 17. | | | |
| 8. | | | | 18. | | | |
| 9. | | | | 19. | | | |
| 10. | | | | 20. | | | |

*Examinations for Methane in Return Aircourses*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Return | 9:00 | .0% | 6. | | | |
| 2. | | 11:00 | .0% | 7. | | | |
| 3. | | 1:00 | .0% | 8. | | | |
| 4. | | 3:00 | .0% | 9. | | | |
| 5. | | | | 10. | | | |

Number of Bolts Tested _____
Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety Meeting on In-shield Movement of Roof Control Plan. Visual Check of Shields 1-176.

| Assistant Mine | Certificate No. | Mine Foreman-Mine Manager | Certificate No. | Superintendent or Assistant |
|---|---|---|---|---|
| [signature] | 39068 | [signature] | 33359 | |

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 4-2 20-10 Section or Area Examined Longwall

Time of Examination: from 1:30 a.m. or p.m. to 2:20 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Mike Webb Time A.M 1:30 P.M.

Report received by Kevin W. Medley (Signed)

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | $CH_4$ | $O_2$ | Violation or Hazardous Condition | Action Taken |
|---|---|---|---|---|---|
| 1. | Face | 0% | 20.8% | None Observed | Reported |
| 2. | Roof Supports | " | " | " " | " |
| 3. | Power Center | " | " | " " | " |
| 4. | Chargers | " | " | " " | " |
| 5. | Track | " | " | " " | " |
| 6. | Travelways | " | " | " " | " |
| 7. | Barricade Station | " | " | " " | " |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |

*Air Measurements*

| Location | CFM | Location | CFM |
|---|---|---|---|
| Intake | 55 680 | | |
| #9 | 725 | | |
| #160 | 613 | | |
| | | | |
| MPA | 12 673 | | |
| MPB | Movement to Gob | | |
| | | | |
| | | | |

Remarks: 0% $CH_4$ 20.8% $O_2$ 0ppm CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By [signature] Preshift-Mine Examiner 39068 Certificate No. Kevin W. Medley Assistant Foreman 38810 Certificate No.

Countersigned Mine Manager—Mine Foreman

Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT
# MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 4-2-10 Shift Eve Area or Section Longwall

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | CH4 | O2 | Violation or Hazardous Condition | Action taken |
|---|---|---|---|---|---|
| 1. | Face | 0% | 20.8% | None Observed | None |
| 2. | Roof Supports | " | " | " " | " |
| 3. | Power Center | " | " | " " | " |
| 4. | Chargers | " | " | " " | " |
| 5. | Track | " | " | " " | " |
| 6. | Travelways | " | " | " " | " |
| 7. | Barricade Station | " | " | " " | " |
| 8. | | | | | |

*Examinations for Methane in Working Places*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Face | 4:40PM | 0% | 11. | | | |
| 2. | | 6:38PM | 0% | 12. | | | |
| 3. | | 8:38PM | 0% | 13. | | | |
| 4. | | 10:37PM | 0% | 14. | | | |
| 5. | | 12:37AM | 0% | 15. | | | |
| 6. | | | | 16. | | | |
| 7. | | | | 17. | | | |
| 8. | | | | 18. | | | |
| 9. | | | | 19. | | | |
| 10. | | | | 20. | | | |

*Examinations for Methane in Return Aircourses*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Return | 5:30PM | 0% | 6. | | | |
| 2. | | 7:29PM | 0% | 7. | | | |
| 3. | | 9:28PM | 0% | 8. | | | |
| 4. | | 11:27PM | 0% | 9. | | | |
| 5. | | | | 10. | | | |

Number of Bolts Tested _____
Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Discussed page 17 of Roof Control plan

Kevin W. Medley — Assistant Mine
38810 — Certificate No.
Mine Foreman-Mine Manager
Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 4-2 20-10 Section or Area Examined Wall

Time of Examination: from 8 a.m. or p.m. to 9:07 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom KC Medley Time A.M. 10:40 P.M.

Report received by L Brown (Signed)

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | Violation or Hazardous Condition | Action Taken |
|---|---|---|---|
| 1. | Face | 0%CH4 None observed | Reported |
| 2. | Supports | | |
| 3. | Power center | | |
| 4. | Charger | | |
| 5. | Track | | |
| 6. | Travelway | | |
| 7. | Barricade car | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |

*Air Measurements*

| Location | CFM | Location | CFM |
|---|---|---|---|
| Intake | 55420 | | |
| 9 | 725 | | |
| 160 | 613 | | |
| MRA | 12647 | | |
| MRB | Movement to Gob | | |

Remarks: 0%CH4 20.8% O2 0%CO at exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Kevin W. Medley (Preshift-Mine Examiner) 38810 (Certificate No.) [signature] (Assistant Foreman) 38928 (Certificate No.)

Countersigned (Mine Manager—Mine Foreman)

(Assistant Foreman)

(Superintendent or Assistant)

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT
# MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 4-3-10 Shift 3rd Area or Section wall

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | Violation or Hazardous Condition | Action taken |
|---|---|---|---|
| 1. | Face | None observed | Reported |
| 2. | supports | | |
| 3. | power center | | |
| 4. | Charger | | |
| 5. | Track | | |
| 6. | Traveling | | |
| 7. | Barricade Co | | |
| 8. | | | |

*Examinations for Methane in Working Places*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Face | 3:40AM | 0 % | 11. | | | |
| 2. | | | | 12. | | | |
| 3. | | | | 13. | | | |
| 4. | | | | 14. | | | |
| 5. | | | | 15. | | | |
| 6. | | | | 16. | | | |
| 7. | | | | 17. | | | |
| 8. | | | | 18. | | | |
| 9. | | | | 19. | | | |
| 10. | | | | 20. | | | |

*Examinations for Methane in Return Aircourses*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | RT | 3:57AM | 0 % | 6. | | | |
| 2. | | | | 7. | | | |
| 3. | | | | 8. | | | |
| 4. | | | | 9. | | | |
| 5. | | | | 10. | | | |

Number of Bolts Tested

Number of Bolts Torqued Above Range Below Range

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken

Remarks (Statement as to General Conditions of Mine or Area of Mine) discussed Roof control

Plan with area

[signature] Assistant Mine 38928 Certificate No. Mine Foreman-Mine Manager Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 4-3 2010 Section or Area Examined Longwall

Time of Examination: from 3:20 a.m. or p.m. to 4:05 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Larry Brown Time 5:30 A.M P.M.

Report received by Mitch P. Wall (Signed)

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | Violation or Hazardous Condition | Action Taken |
|---|---|---|---|
| 1. | Face .07% CH4 20.8% O2 | None Observed | Reported |
| 2. | Roof Support | | |
| 3. | Track | | |
| 4. | Travelways | | |
| 5. | Chargers | | |
| 6. | Power Center | | |
| 7. | Barricade Station | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |

*Air Measurements*

| Location | CFM | Location | CFM |
|---|---|---|---|
| Intake .07% CH4 | 54,970 | | |
| #9 | 714 | | |
| #160 | 580 | | |
| | | | |
| MPA | 12,423 | | |
| MPB | Movement to Gob | | |
| | | | |
| | | | |

Remarks: .07% CH4, 20.8% O2, 0 ppm CO at time of exam.

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By [signature] Preshift-Mine Examiner — Certificate No. 38928

Mitch P. Wall Assistant Foreman — Certificate No. 39068

Countersigned _____ Mine Manager—Mine Foreman

_____ Assistant Foreman

_____ Superintendent or Assistant

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT
## MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 4-3-10 Shift Day Area or Section Longwall

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | .0% CH4 | 20.8% O2 | Violation or Hazardous Condition | Action taken |
|---|---|---|---|---|---|
| 1. | Face | | | None Observed | None |
| 2. | Roof Support | | | | |
| 3. | Track | | | | |
| 4. | Travelways | | | | |
| 5. | Chargers | | | | |
| 6. | Power Center | | | | |
| 7. | Barricade Station | | | | |
| 8. | | | | | |

*Examinations for Methane in Working Places*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Face | 7:30 | .0% | 11. | | | |
| 2. | | 9:30 | .0% | 12. | | | |
| 3. | | 11:30 | .0% | 13. | | | |
| 4. | | 1:30 | .0% | 14. | | | |
| 5. | | 3:30 | .0% | 15. | | | |
| 6. | | | | 16. | | | |
| 7. | | | | 17. | | | |
| 8. | | | | 18. | | | |
| 9. | | | | 19. | | | |
| 10. | | | | 20. | | | |

*Examinations for Methane in Return Aircourses*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Return | 9:00 | .0% | 6. | | | |
| 2. | | 11:00 | .0% | 7. | | | |
| 3. | | 1:00 | .0% | 8. | | | |
| 4. | | 3:00 | .0% | 9. | | | |
| 5. | | | | 10. | | | |

Number of Bolts Tested _____
Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety Meeting RCP (Tail Gate Entry). Visual Inspect of Shields 1-176. Smoke Search on Crew. None Found.

| Assistant Mine | Certificate No. | Mine Foreman-Mine Manager | Certificate No. | Superintendent or Assistant |
|---|---|---|---|---|
| Matt P. Wall | 39068 | | | |

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 4-3 2010 Section or Area Examined Longwall

Time of Examination: from 1:00 a.m. or p.m. to 2:00 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Mike Webb Time A.M. 2:30 P.M.

Report received by Kevin W. Medley (Signed)

*Violations and other Hazardous Conditions Observed and Reported*

| Location | $CH_4$ | $O_2$ | Violation or Hazardous Condition | Action Taken |
|---|---|---|---|---|
| 1. Face | 0% | 20.8% | None Observed | None |
| 2. ~~Re~~ Roof Supports | " | " | " | " |
| 3. Power Center | " | " | " | " |
| 4. Chargers | " | " | " | " |
| 5. Track | " | " | " | " |
| 6. Travelways | " | " | " | " |
| 7. Barricade Station | " | " | " | " |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |

*Air Measurements*

| Location | CFM | Location | CFM |
|---|---|---|---|
| Intake | 52 562 | | |
| #9 | 710 | | |
| #160 | 571 | | |
| | | | |
| MPA | 12 389 | | |
| MPB | Movement to Gob | | |
| | | | |
| | | | |

Remarks: 0% $CH_4$ 20.8% $O_2$ 0ppm CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Mike Webb (Preshift-Mine Examiner) 39068 (Certificate No.) Kevin W. Medley (Assistant Foreman) 38810 (Certificate No.)

Countersigned (Mine Manager—Mine Foreman) (Certificate No.)

(Assistant Foreman) (Certificate No.) (Superintendent or Assistant)

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT
## MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 4-3-10 Shift Eve Area or Section Longwall

*Violations and other Hazardous Conditions Observed and Reported*

| Location | $CH_4$ | $O_2$ | Violation or Hazardous Condition | Action taken |
|---|---|---|---|---|
| 1. Face | 0% | 20.8% | None Observed | None |
| 2. Roof Supports | " | " | " " | " |
| 3. Power Center | " | " | " " | " |
| 4. Chargers | " | " | " " | " |
| 5. Track | " | " | " " | " |
| 6. Travelways | " | " | " " | " |
| 7. Barricade Station | " | " | " " | " |
| 8. | | | | |

*Examinations for Methane in Working Places*

| Location | Time | Methane Content | Location | Time | Methane Content |
|---|---|---|---|---|---|
| 1. Face | 4:45PM | 0% | 11. | | |
| 2. | 6:45PM | 0% | 12. | | |
| 3. | 8:44PM | 0% | 13. | | |
| 4. | 10:43PM | 0% | 14. | | |
| 5. | | | 15. | | |
| 6. | | | 16. | | |
| 7. | | | 17. | | |
| 8. | | | 18. | | |
| 9. | | | 19. | | |
| 10. | | | 20. | | |

*Examinations for Methane in Return Aircourses*

| Location | Time | Methane Content | Location | Time | Methane Content |
|---|---|---|---|---|---|
| 1. Return | 5:30PM | 0% | 6. | | |
| 2. | 7:28PM | 0% | 7. | | |
| 3. | 9:28PM | 0% | 8. | | |
| 4. | 11:27PM | 0% | 9. | | |
| 5. | | | 10. | | |

Number of Bolts Tested
Number of Bolts Torqued Above Range Below Range

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken

Remarks (Statement as to General Conditions of Mine or Area of Mine) Discussed Repeat Violations and page 18 of Roof Control Plan

Kevin W. Medley — Assistant Mine
38810 — Certificate No.
Mine Foreman-Mine Manager
Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 4-3-10 20__ Section or Area Examined Longwall

Time of Examination: from 8:00 a.m. or (p.m.) to 9:12 a.m. or (p.m.)

Was this report phoned to outside: Yes_____ no_____

By whom _____ Time _____ A.M _____ P.M.

Report received by Brought Out (Signed)

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | CH4 | O2 | Violation or Hazardous Condition | Action Taken |
|---|---|---|---|---|---|
| 1. | Face | 0% | 20.8% | None Observed | Reported |
| 2. | Roof Supports | " | " | " | " |
| 3. | Power Center | " | " | " | " |
| 4. | Chargers | " | " | " | " |
| 5. | Track | " | " | " | " |
| 6. | Travelways | " | " | " | " |
| 7. | Barricade Station | " | " | " | " |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |

*Air Measurements*

| Location | CFM | Location | CFM |
|---|---|---|---|
| Intake | 53 120 | | |
| #9 | 745 | | |
| #160 | 595 | | |
| | | | |
| MPA | 12 492 | | |
| MPB | Movement to Gob | | |
| | | | |
| | | | |

Remarks: 0% CH4 20.8% O2 0ppm CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Kevin W. Medley (Preshift-Mine Examiner) 38810 (Certificate No.) _____ (Assistant Foreman) _____ (Certificate No.)

Countersigned _____ (Mine Manager—Mine Foreman) _____ _____ (Assistant Foreman) _____ _____ (Superintendent or Assistant)

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT
# MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

*Violations and other Hazardous Conditions Observed and Reported*

| | *Location* | *Violation or Hazardous Condition* | *Action taken* |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |

*Examinations for Methane in Working Places*

| | *Location* | *Time* | *Methane Content* | | *Location* | *Time* | *Methane Content* |
|---|---|---|---|---|---|---|---|
| 1. | | | | 11. | | | |
| 2. | | | | 12. | | | |
| 3. | | | | 13. | | | |
| 4. | | | | 14. | | | |
| 5. | | | | 15. | | | |
| 6. | | | | 16. | | | |
| 7. | | | | 17. | | | |
| 8. | | | | 18. | | | |
| 9. | | | | 19. | | | |
| 10. | | | | 20. | | | |

*Examinations for Methane in Return Aircourses*

| | *Location* | *Time* | *Methane Content* | | *Location* | *Time* | *Methane Content* |
|---|---|---|---|---|---|---|---|
| 1. | | | | 6. | | | |
| 2. | | | | 7. | | | |
| 3. | | | | 8. | | | |
| 4. | | | | 9. | | | |
| 5. | | | | 10. | | | |

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) _____

| Assistant Mine | Certificate No. | Mine Foreman-Mine Manager | Certificate No. | Superintendent or Assistant |
|---|---|---|---|---|

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 4-4 2010 Section or Area Examined wall

Time of Examination: from 8:30 a.m. or p.m. to 9:00 a.m. or p.m.

Was this report phoned to outside: Yes ___ no X

By whom Brought out Time ___ A.M ___ P.M.

Report received by ___ (Signed)

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | Violation or Hazardous Condition | Action Taken |
|---|---|---|---|
| 1. | Face | 0% LH None observed | Reported |
| 2. | Supports | | |
| 3. | Power center | | |
| 4. | Charger | | |
| 5. | Track | | |
| 6. | Traveling | | |
| 7. | Barricide cv | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |

*Air Measurements*

| Location | CFM | Location | CFM |
|---|---|---|---|
| Intake | 53285 | | |
| 9 | 738 | | |
| 160 | 587 | | |
| MPA | 12320 | | |
| MPB | Moment to Gob | | |

Remarks: 0% LH 20.8% O2 0% CO at [illegible]

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By [signature] Preshift-Mine Examiner 32476 Certificate No. [signature] Assistant Foreman 38929 Certificate No.

Countersigned ___ Mine Manager—Mine Foreman

___ Assistant Foreman

___ Superintendent or Assistant

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT
## MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 4-5-10 Shift 3-d Area or Section wall

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | Violation or Hazardous Condition | Action taken |
|---|---|---|---|
| 1. | Face | None observed | Reported |
| 2. | Supports | | |
| 3. | Track | | |
| 4. | Travely | | |
| 5. | power center | | |
| 6. | Charger | | |
| 7. | Barricade car | | |
| 8. | | | |

*Examinations for Methane in Working Places*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Face | 3:40m | 0 % | 11. | | | |
| 2. | | | | 12. | | | |
| 3. | | | | 13. | | | |
| 4. | | | | 14. | | | |
| 5. | | | | 15. | | | |
| 6. | | | | 16. | | | |
| 7. | | | | 17. | | | |
| 8. | | | | 18. | | | |
| 9. | | | | 19. | | | |
| 10. | | | | 20. | | | |

*Examinations for Methane in Return Aircourses*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | RT | 3:55m | 0 % | 6. | | | |
| 2. | | | | 7. | | | |
| 3. | | | | 8. | | | |
| 4. | | | | 9. | | | |
| 5. | | | | 10. | | | |

Number of Bolts Tested

Number of Bolts Torqued Above Range Below Range

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken

Remarks (Statement as to General Conditions of Mine or Area of Mine)

[signature] Assistant Mine 38928 Certificate No. Mine Foreman-Mine Manager Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 4-5-10 20___ Section or Area Examined Long Wall

Time of Examination: from 325 a.m. or p.m. to 415 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no_____

By whom Larry Brown Time 528 A.M. P.M.

Report received by Richard Rae 1357-A
(Signed)

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | CH4 | O2 | Violation or Hazardous Condition | Action Taken |
|---|---|---|---|---|---|
| 1. | Face | .0% | 208% | None obs | None |
| 2. | Roof Support | " | " | " | " |
| 3. | Chargers | " | " | " | " |
| 4. | Power Center | " | " | " | " |
| 5. | Track | " | " | " | " |
| 6. | Travelways | " | " | " | " |
| 7. | Barricade Station | " | " | " | " |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |

*Air Measurements*

| Location | CFM | Location | CFM |
|---|---|---|---|
| LOB | 54,211 | | |
| #9 | 714 | | |
| #160 | 562 | | |
| | | | |
| MPA | 12,225 | | |
| MPB | Movement to Gob | | |
| | | | |
| | | | |

Remarks: .0% CH4 20.8% O2 0ppm CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By [signature] Preshift-Mine Examiner 38928 Certificate No. Richard Rae Assistant Foreman 1357-A Certificate No.

Countersigned _____ Mine Manager—Mine Foreman

_____ Assistant Foreman

_____ Superintendent or Assistant

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT
# MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

*Violations and other Hazardous Conditions Observed and Reported*

| | *Location* | *Violation or Hazardous Condition* | *Action taken* |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |

*Examinations for Methane in Working Places*

| | *Location* | *Time* | *Methane Content* | | *Location* | *Time* | *Methane Content* |
|---|---|---|---|---|---|---|---|
| 1. | | | | 11. | | | |
| 2. | | | | 12. | | | |
| 3. | | | | 13. | | | |
| 4. | | | | 14. | | | |
| 5. | | | | 15. | | | |
| 6. | | | | 16. | | | |
| 7. | | | | 17. | | | |
| 8. | | | | 18. | | | |
| 9. | | | | 19. | | | |
| 10. | | | | 20. | | | |

*Examinations for Methane in Return Aircourses*

| | *Location* | *Time* | *Methane Content* | | *Location* | *Time* | *Methane Content* |
|---|---|---|---|---|---|---|---|
| 1. | | | | 6. | | | |
| 2. | | | | 7. | | | |
| 3. | | | | 8. | | | |
| 4. | | | | 9. | | | |
| 5. | | | | 10. | | | |

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

_____

Remarks (Statement as to General Conditions of Mine or Area of Mine) _____

_____

| _____ | _____ | _____ | _____ | _____ |
|---|---|---|---|---|
| Assistant Mine | Certificate No. | Mine Foreman-Mine Manager | Certificate No. | Superintendent or Assistant |

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 4-5-10 20___ Section or Area Examined Longwall

Time of Examination: from 1120 a.m. or (p.m.) to 2115 a.m. or (p.m.)

Was this report phoned to outside: Yes ✓ no

By whom Rick Lane Time ___ A.M 2:40 P.M.

Report received by Kevin W. Medley (Signed)

*Violations and other Hazardous Conditions Observed and Reported*

| Location | $CH_4$ | $O_2$ | Violation or Hazardous Condition | Action Taken |
|---|---|---|---|---|
| 1. Face | 0% | 20.8% | None Observed | Reported |
| 2. Roof Supports | " | " | " " | " |
| 3. Power Center | " | " | " " | " |
| 4. Chargers | " | " | " " | " |
| 5. Track | " | " | " " | " |
| 6. Travelways | " | " | " " | " |
| 7. Barricade Station | " | " | " " | " |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |

*Air Measurements*

| Location | CFM | Location | CFM |
|---|---|---|---|
| Intake | 56 840 | | |
| #9 | 776 | | |
| #160 | 513 | | |
| | | | |
| MPA | 12 362 | | |
| MPB | Movement to Gob | | |
| | | | |
| | | | |

Remarks: 0% $CH_4$ 20.8% $O_2$ 0ppm CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By ___ Preshift-Mine Examiner ___ Certificate No. Kevin W. Medley Assistant Foreman 38810 Certificate No.

Countersigned ___ Mine Manager—Mine Foreman ___

___ Assistant Foreman ___

___ Superintendent or Assistant ___

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT
# MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 4-5-10 Shift Eve Area or Section Longwall

*Violations and other Hazardous Conditions Observed and Reported*

| | Location | Violation or Hazardous Condition | Action taken |
|---|---|---|---|
| 1. | Face | CH4 O2 | |
| 2. | Roof Supports | | |
| 3. | Power Center | | |
| 4. | Chargers | | |
| 5. | Track | | |
| 6. | Travelways | | |
| 7. | Barricade Station | | |
| 8. | | | |

*Examinations for Methane in Working Places*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Face | | | 11. | | | |
| 2. | | | | 12. | | | |
| 3. | | | | 13. | | | |
| 4. | | | | 14. | | | |
| 5. | | | | 15. | | | |
| 6. | | | | 16. | | | |
| 7. | | | | 17. | | | |
| 8. | | | | 18. | | | |
| 9. | | | | 19. | | | |
| 10. | | | | 20. | | | |

*Examinations for Methane in Return Aircourses*

| | Location | Time | Methane Content | | Location | Time | Methane Content |
|---|---|---|---|---|---|---|---|
| 1. | Return | | | 6. | | | |
| 2. | | | | 7. | | | |
| 3. | | | | 8. | | | |
| 4. | | | | 9. | | | |
| 5. | | | | 10. | | | |

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) _____

| Assistant Mine | Certificate No. | Mine Foreman-Mine Manager | Certificate No. | Superintendent or Assistant |
|---|---|---|---|---|
| | | | | |