Full

PRESHIFT - ONSHIFT
and
DAILY REPORT

L/Wall

Company Performance Coal

Mine UBB

SECTION Longwall

LOCATION Naoma Raleigh WV
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 10/6/09 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Face 0% CH4	None observed	None
2.	Roof support		
3.	Track		
4.	Travelway		
5.	PC		
6.	Charger		
7.	Barricade Station		
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Face	8.00	0%	11.			
2.		10.00	0%	12.			
3.		12.00	0%	13.			
4.		2.00	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.	ReT	9.30	0%	6.			
2.		1.30	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) Safty meeting man trip speed

Roof & Ribs

[signature] Assistant Mine | 38322 Certificate No. | [signature] Mine Foreman-Mine Manager | 390[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 10-6 20-09 Section or Area Examined Longwall

Time of Examination: from 1:50 a.m. or (p.m) to 2:30 a.m. or (p.m)

Was this report phoned to outside: Yes ✓ no

By whom Jim Davis Time A.M 2:50 P.M.

Report received by Kevin W. Medley (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH_4	Violation or Hazardous Condition	Action Taken
1.	Face	0%	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	53,842		
#9	657		
#160	315		
MPA	8219		
MPB	21,240		

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 Jim Davis (Preshift-Mine Examiner) 38832 (Certificate No.) Kevin W. Medley (Assistant Foreman) 38810 (Certificate No.)

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

(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 10-6-09 Shift Eve Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition		Action taken
1.	Face	0%	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	5:00PM	0%	11.			
2.		7:00PM	0%	12.			
3.		9:00PM	0%	13.			
4.		11:00PM	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	6:00PM	0%	6.			
2.		8:00PM	0%	7.			
3.		10:00PM	0%	8.			
4.		12:00AM	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) _____

Kevin W. Midley	38810	[signature]	3[illegible]	
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 16-6-2009 ~~20~~ Section or Area Examined Longwall

Time of Examination: from 9:10 a.m. or p.m. to 9:55 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Kevin Medley Time A.M 10:55 P.M.

Report received by Keith Stanley (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	Face 0.0% ch4	None Observed	Reported
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	50,675		
#9	625		
#160	347		
MPA	8153		
MPB	21,756		

Remarks: 0.0% ch4 20.8% O2 0ppm 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 Kevin W. Medley (Preshift-Mine Examiner) 38810 (Certificate No.) Darrell K Stanley (Assistant Foreman) 39218 (Certificate No.)

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

(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 10-7-2009 Shift Owl 3rd Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action taken*
1.	Face	None Observed	Reported
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	12:25Am	0.0%	11.			
2.	"	3:29Am	0.0%	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	12:50Am	0.0%	6.			
2.	"	3:58Am	0.0%	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) _____

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
Donell M. Staley	39218	[illegible]	[illegible]	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-6-9 20___ Section or Area Examined Long Wall

Time of Examination: from 320 ~~a.m.~~ or p.m. to 410 ~~a.m.~~ or p.m.

Was this report phoned to outside: Yes ✓ no ___

By whom Keith Stanley Time ~~A.M.~~ 531 P.M.

Report received by Richard Ramm (Signed) 1357-A

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	Face	.0%	None obs	Reported
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	.0% ocha	52,194		
#9		621		
#160		417		
MPA		8736		
MPB		18,992		

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

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

Assistant Foreman

[signature] 28040

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-7-9 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Face		
2.	Roof Support		
3.	Power Center		
4.	Chargers		
5.	Track	Bad ribs & 2 Brows	set 8 Sand jacks.
6.	Travelways		
7.	Barricade station		
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Face	7:30 am	.0%	11.			
2.	Face	9:30 am	.0%	12.			
3.	Face	11:30 am	.0%	13.			
4.	Face	1:30 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	7:55 am	.0%	6.			
2.	Return	11:50 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) Brief to men on Roof & rib plan. pg 18
Discussed dust Control plan. 7:30 am Visual checked shields 1-176.

Assistant Mine Certificate No. Mine Foreman-Mine Manager 330 Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-7 2009 Section or Area Examined Longwall

Time of Examination: from 1:30 a.m. or (p.m.) to 2:15 a.m. or (p.m.)

Was this report phoned to outside: Yes ✓ no

By whom Rick Lane Time A.M 2:55 P.M.

Report received by Kevin W. Medley (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH4	Violation or Hazardous Condition	Action Taken
1. Face	0%	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	57,481		
#9	618		
#160	398		
MP A	8,520		
MP B	19,142		

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 — Certificate No. 1357-A — Assistant Foreman — Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman — [illegible]

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 10-1-09 Shift Eve Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action taken
1.	Face	0%	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	5:00PM	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	6:00PM	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) No Production Only worked in this area till 6:15 and then went to 4 North Head

Kevin W. Medley — Assistant Mine

38810 — Certificate No.

[signature] — Mine Foreman-Mine Manager

[signature] — Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-7- 2008 Section or Area Examined Well

Time of Examination: from 9:3 a.m. or p.m. to 10:42 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom K Medley Time A.M 11:05 P.M.

Report received by L B (Signed)

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.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*
Intake	51765		
9	604		
160	348		
MPA	8342		
MPB	20235		

Remarks: 0% CH4 20.9% O2 0% CO at face

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.) L B (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 10-8-09 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 Cutter		
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	3:47A	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	4:10	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]	382928	[signature]	3306000	
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 10-8-9 20___ Section or Area Examined Long Wall

Time of Examination: from 3:45 ~~a.m.~~ or p.m. to 4:20 ~~a.m.~~ or p.m.

Was this report phoned to outside: Yes ✓ no ___

By whom Larry Brown Time 5:05 ~~A.M.~~ P.M.

Report received by Richard Lane 1357-A
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition		Action Taken
1.	Face	.0%	None	obs	Reported
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	.0% CH4	59,860		
#9		611		
#160		392		
MPA		8020		
MPB		19,960		

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 Larry B. (Preshift-Mine Examiner) 38928 (Certificate No.) Richard Lane (Assistant Foreman) 1357-A (Certificate No.)

Countersigned [signature] (Mine Manager—Mine Foreman) 3[illegible]

(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 10-8-9 Shift Day Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Face CHY .0.	None obs	Reported
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	7:30A	.0%	11.			
2.		9:30A	.0%	12.			
3.		11:30A	.0%	13.			
4.		1:30A	.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	7:55A	.0%	6.			
2.		11:50A	.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 & Rib Visual checks of Shields 1-176.

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-8- 2009 Section or Area Examined Longwall

Time of Examination: from 1:30 a.m. or (p.m.) to 2:15 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	CH4	Violation or Hazardous Condition	Action Taken
1.	Face	0%	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	52 850		
#9	624		
#160	358		
MPA	8145		
MPB	19340		

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 Richard Lane (Preshift-Mine Examiner) Certificate No. B57A Kevin W. Medley (Assistant Foreman) Certificate No. 38810

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

(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 10-8-09 Shift Eve Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

	Location	City	Violation or Hazardous Condition	Action taken
1.	Face	0%	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	5:00PM	0%	11.			
2.		7:00PM	0%	12.			
3.		9:00PM	0%	13.			
4.		11:00PM	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	6:00PM	0%	6.			
2.		8:00PM	0%	7.			
3.		10:00PM	0%	8.			
4.		12:00AM	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) _____

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 10-8 20.09 Section or Area Examined L W 911

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

Was this report phoned to outside: Yes ✓ no

By whom K Medley Time A.M 11:00 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	None observed	Reported
2.	Supports		
3.	power cable		
4.	Charger		
5.	Track		
6.	Traveling		
7.	Barricade station		
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*
Intake	50320		
9	619		
160	347		
MPA	8120		
MPB	20654		

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

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 Melvin W. Medley (Preshift-Mine Examiner) 38810 (Certificate No.) L B (Assistant Foreman) 38924 (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 10-9-09 Shift 3rd Area or Section L 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.	Chargers		
5.	Track		
6.	Travelway		
7.	Barricade Station		
8.			

Examinations for Methane in Working Places

	Location	*Time*	*Methane Content*		*Location*	*Time*	*Methane Content*
1.	Face	3:30a	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	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
	38928			

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-9-8 20___ Section or Area Examined Long Wall

Time of Examination: from 330 ~~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 5:33 ~~A.M.~~ P.M.

Report received by Richard Rane 1357-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	Face	.0%	None obs	Reported
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	.0% ch4	59,400		
#9		618		
#160		388		
MPA		8160		
MPB		20,064		

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 Rane Assistant Foreman 1357-A Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 350 [illegible]

Assistant Foreman

[signature] 28045

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-9-09 Shift Day Area or Section L/wall

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action taken
1.	Face	.0% cha	None Rec'd	Rec'd
2.	Roof Support		" "	"
3.	Power Centers		" "	"
4.	Chargers		" "	"
5.	Track		" "	"
6.	Travelways		Bend Rib At mule train Set + Jacks	
7.	Barricade St.		None Rec'd	Rec'd
8.				

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Face	8:00am	.0%	11.			
2.	Face	10:00am	.0%	12.			
3.	Face	12:00pm	.0%	13.			
4.	Face	2:00pm	.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	8:40am	.0%	6.			
2.	"	12:40pm	.0%	7.			
3.	"	2:50pm	.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) Brief men on Roof & Rib plan. pg. 20 Visual checked shields 1-176. Discussed dust Control plan. 7:25 am

[signature] Assistant Mine — 1357-A Certificate No. — [signature] Mine Foreman-Mine Manager — 3506 Certificate No. — Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10 - 9 20 09 Section or Area Examined Longwall

Time of Examination: from 11.5 a.m. or (p.m.) to 2100 a.m. or (p.m.)

Was this report phoned to outside: Yes ✓ no

By whom Rick Lane Time A.M 2145 P.M.

Report received by Kevin W Medley (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH_4	Violation or Hazardous Condition		Action Taken
1.	Face	0%	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 Dock	53,200		
#9	612		
#160	344		
MPA	8,290		
MPB	20,366		

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. 1357-A — Assistant Foreman — Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman — [signature]

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 10-9-09 Shift Eve Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition		Action taken
1.	Face	0%	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	5:00PM	0%	11.			
2.		7:00PM	0%	12.			
3.		9:00PM	0%	13.			
4.		11:00PM	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	6:00PM	0%	6.			
2.		8:00PM	0%	7.			
3.		10:00PM	0%	8.			
4.		12:00AM	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) _____

Mevin W. Medley	38810	[signature]	3[illegible]	
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 10-9 20 09 Section or Area Examined W911

Time of Examination: from 9:10 a.m. or p.m. to 10:07 a.m. or p.m.

Was this report phoned to outside: Yes ___ no ___

By whom K Medley 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	CH4 0% NONE observed	Reported
2.	Supports		
3.	Power center		
4.	Charger		
5.	Track		
6.	Traveling		
7.	Barricade station		
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Intake	50235		
9	627		
160	325		
MPA	8270		
MPB	20145		

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.) [illegible] (Assistant Foreman) 38928 (Certificate No.)

Countersigned [illegible] (Mine Manager—Mine Foreman) 33[illegible]

(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 10-10-09 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.	Chargers		
5.	Track		
6.	Travelway		
7.	Barricade stations		
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Face	3:00 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	3:20 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]	30928	[signature]	350[illegible]	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-10- 2009 Section or Area Examined L/wall

Time of Examination: from 3:00 ~~a.m.~~ or p.m. to 3:30 ~~a.m.~~ or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Larry Brown Time 5:43 ~~A.M.~~ P.M.

Report received by Richard Rane 1357-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
Intake	54,920		
#9	618		
#160	388		
MPA	8060		
MPB	20,054		

Remarks: .0% CH4 20.8% O2 OppmCO

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 Rane Assistant Foreman 1357-A Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 3500 [signature] 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 10-10-9 Shift Day Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Face .0% cht	None fired	Rite
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	8:10 am	.0%	11.			
2.	"	10:10 am	.0%	12.			
3.	"	12:10 pm	.0%	13.			
4.	"	1:10 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	8:45 am	.0%	6.			
2.	"	12:45 pm	.0%	7.			
3.	"	2:50 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) Brief men on Roof trib plan pg. 18 Visual checked shields 1-176. Discussed dust Control plan. 7:25 am

[signature] Assistant Mine — 1357-A Certificate No. — [signature] Mine Foreman-Mine Manager — 390[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 10-10 2009 Section or Area Examined Longwall

Time of Examination: from 1:10 a.m. or p.m. to 1:55 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ____

By whom Rick Lane Time ____ A.M 2:30 P.M.

Report received by [signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	Face 0% CH4	None observed	None
2.	Roof Support		
3.	Track		
4.	Travelway		
5.	PC		
6.	Charger		
7.	Barricade Station		
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Intake	56,179		
#9	602		
#160	359		
MPA	2,915		
MPB	20,440		

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

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. 857-A — [signature] Assistant Foreman — Certificate No. 38322

Countersigned [signature] Mine Manager—Mine Foreman — 130 [illegible]

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 10-10-09 Shift FVC Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Face 0% CH4	None observed	None
2.	Roof support		
3.	Track		
4.	Travelway		
5.	P.C		
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.	RcT	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) Safty meeting on mantrip & Track Speed Roof & Rib support

[signature] Assistant Mine — 38322 Certificate No. — [signature] Mine Foreman-Mine Manager — [signature] Certificate No. — Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-10 2001 Section or Area Examined W911

Time of Examination: from 10:15 a.m. or p.m. to 11:00 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom T Davis Time A.M 11:00 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	CH4 0% None observed	Reported
2.	Supports	" "	"
3.	Track	" "	"
4.	Traveling	" "	"
5.	Power cntr	" "	"
6.	Charger	" "	"
7.	Barricade station	" "	"
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Intake	58136		
9	662		
160	352		
MPA	8320		
MPB	21787		

Remarks: 0% CH4 0 % CO 20.8% O2 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 — Certificate No. 38322 — [signature] Assistant Foreman — Certificate No. 38928

Countersigned [signature] Mine Manager—Mine Foreman — 38[illegible]

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 10-11-09 Shift 3rd Area or Section W411

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.	Power center		
6.	Chute		
7.	Barricade stations		
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Face	3:50 P	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	4:10 P	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]	30928	[signature]	[signature]	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-11- 2009 Section or Area Examined Lhuall

Time of Examination: from 345 a.m. or p.m. to 420 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Larry Brown Time 520 A.M P.M.

Report received by Richard Ram 1357-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	Face	.0%	None obs	Reported
2.	Roof Support		" "	"
3.	Power Center		" "	"
4.	Changers		" "	"
5.	Track		" "	"
6.	Travelways		" "	"
7.	Barricade St.		" "	"
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
.0% Ocha Intake	53,175		
#9	609		
#160	343		
MPA	7940		
MPB	20,217		

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 Ram Assistant Foreman 1357-A Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman [illegible]

Assistant Foreman

[signature] 2804-5

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-11-09 Shift Day Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition		Action taken
1.	Face	None obs		Reported
2.	Roof Support	"	"	"
3.	Track	"	"	"
4.	Travelways	"	"	"
5.	PC	"	"	"
6.	Chargers	"	"	"
7.	Barricade station	"	"	"
8.				

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Face	7:30A	.0%	11.			
2.		9:25A	.0%	12.			
3.		11:30A	.0%	13.			
4.		1:30A	.0%	14.			
5.		3:00A	.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	7:50A	.0%	6.			
2.		11:55A	.0%	7.			
3.		3:35A	.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 Meeting on Roof & Rib
Visual check of Shield 1-17c.

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-11 2022 Section or Area Examined Longwall

Time of Examination: from 630 a.m. or p.m. to 215 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Rick Lane Time A.M 230 P.M.

Report received by [signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face 0% CH4	None observed	none
2. Roof support		
3. Track		
4. Travelway		
5. P.C		
6. Charger		
7. Barricade Station		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	53,621		
#4	604		
#160	349		
MPH	8,011		
MPB	19,837		

Remarks: 0% CH4 0% CO 20.8% O2

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 1357-A Certificate No. [signature] Assistant Foreman 38322 Certificate No.

Countersigned [signature] 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 10-11-09 Shift Eve Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Face 0% CH4	None observed	None
2.	Roof support		
3.	Track		
4.	Travelway		
5.	P.C		
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.	~~Entrek~~ CTD Ret	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) Safty meeting on General mines Safty + Roof + Ribs

[signature] Assistant Mine | 38322 Certificate No. | [signature] Mine Foreman-Mine Manager | [signature] Certificate No. | Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-11 2009 Section or Area Examined Wall

Time of Examination: from 10:45 a.m. or p.m. to 11:40 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom T Davis Time A.M 11:05 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 ch40%	None observed	Reported
2.	supports		
3.	Track		
4.	Traveling		
5.	Power center		
6.	Chain		
7.	Barricade station		
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Intake	54346		
9	622		
160	336		
MPA	8454		
MPB	20614		

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 38322 Certificate No. [signature] Assistant Foreman 38928 Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 350000

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 10-12-09 Shift 3-2 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.	Traveling		
5.	Pour Cater		
6.	Charger		
7.	Barricade station		
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Face	4:10	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	4:40	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]	[illegible]	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-12-9 20___ Section or Area Examined Long Wall

Time of Examination: from 420 ~~a.m.~~ or p.m. to 5:10 ~~a.m.~~ or p.m.

Was this report phoned to outside: Yes ✓ no_____

By whom Latry Brown Time 520 ~~A.M.~~ P.M.

Report received by Richard Lane 1357-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
Intake	53,175		
#9	609		
#160	343		
MPA	7940		
MPB	20,217		

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 Lane Assistant Foreman 1357-A Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 390 [illegible]

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 10-12-9 Shift Day Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action taken
1.	Face	.0%	None obs	Reported
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	7:30 AM	.0%	11.			
2.		9:30 AM	.0%	12.			
3.		11:30 AM	.0%	13.			
4.		1:30 PM	.0%	14.			
5.		3:00 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	8:15 AM	.0%	6.			
2.		11:55 AM	.0%	7.			
3.		345 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) Safty talk on Roof & Rib

Visual check of Shields 1-176

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-12 20 07 Section or Area Examined Longwall

Time of Examination: from 1:30 a.m. or p.m. to 2:15 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ____

By whom Rick Lowe Time ____ A.M 2:30 P.M.

Report received by [signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	FACE 0% CH4	None observed	None
2.	Roof Support		
3.	Track		
4.	Travelway		
5.	P.C.		
6.	Charger		
7.	Barricade Station		
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Intake	48,340		
#4	601		
#160	321		
MPH	8,720		
MPB	21,311		

Remarks: 0% CH4 0% CO 20.8% O2

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 1357A Certificate No. [signature] Assistant Foreman 38322 Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman [signature]

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 10-12-09 Shift Eve Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Face 0% CH4	None Observed	None
2.	Roofsupport		
3.	Track		
4.	Travelway		
5.	P.C		
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.	ReT	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) Safty meeting on Roof + Ribs

Visual Check of Shields 1-176

[signature] Assistant Mine — 38322 Certificate No. — [signature] Mine Foreman-Mine Manager — 3500[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 10-12-09 ~~20~~ Section or Area Examined Longwall

Time of Examination: from 10:15 a.m. or p.m. to 11:00 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Tim Davis Time A.M 11:05 P.M.

Report received by Keith Stanley (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	Face 0.0% CH4	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	50,247		
#9	591		
#160	310		
MPA	7,728		
MPB	23,500		

Remarks: 0.0% CH4 20.8% O2 0ppm 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 Tim Davis (Preshift-Mine Examiner) Certificate No. Daniel K Stanley (Assistant Foreman) Certificate No. 39218

Countersigned (Mine Manager—Mine Foreman) Certificate No.

(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 10-13-09 Shift Owl Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Face 0.0% ch4	None Observed	Reported
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	1:45AM	0.0%	11.			
2.		4:45AM	0.0%	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	2:55AM	0.0%	6.			
2.		5:05AM	0.0%	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) _____

Darell K Staley	39218	[signature]	[signature]	
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 10-13 2009 Section or Area Examined Longwall

Time of Examination: from 4:30 a.m. or p.m. to 5:25 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Keith Stanley Time 5:45 A.M P.M.

Report received by Kevin W. Medley (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH_4	Violation or Hazardous Condition	Action Taken
1. Face	0%	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	52 174		
#9	670		
#160	341		
MPA	8,477		
MPB	21,849		

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

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

(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 10-13-09 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	CH4	Violation or Hazardous Condition	Action taken
1. Face	0%	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	7:00 AM	0%	11.		
2.	9:00 AM	0%	12.		
3.	11:00 AM	0%	13.		
4.	1:00 PM	0%	14.		
5.	3:00 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	8:00 AM	0%	6.		
2.	10:00 AM	0%	7.		
3.	12:00 PM	0%	8.		
4.	2:00 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)

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 10-13 20 08 Section or Area Examined Longwall

Time of Examination: from 1:10 a.m. or p.m. to 2:00 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 Jim Adams (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	Face 0% CH4	None observed	None
2.	Roof Support		
3.	Track		
4.	Travelway		
5.	PC		
6.	Charger		
7.	Barricade Station		
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Intake	51,453		
#9	652		
#160	336		
MPH	8,335		
MPB	20,975		

Remarks: 0% CH4 0% CO 20.8% O2
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.) Jim Adams (Assistant Foreman) 38322 (Certificate No.)

Countersigned [signature] (Mine Manager—Mine Foreman) 35000

(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 10-13-09 Shift Eve Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Face	0%CH4 none observed	None
2.	Roof support		
3.	Track		
4.	Travelway		
5.	P.C		
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.	RET	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) Safty meeting on visual check of Shields 2-176 & Roof + Ribs

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
[illegible]	38322	[illegible]	[illegible]	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-13-09 ~~20~~ Section or Area Examined Longwall

Time of Examination: from 10:15 a.m. or p.m. to 11:00 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Tim Davis Time A.M 11:19 P.M.

Report received by Keith Stanley (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.	Face 0.07% ch4	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	51,641		
#9	600		
#160	342		
MPA	8,310		
MPB	23,460		

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 [signature] Preshift-Mine Examiner — Certificate No. 38322 — [signature] Assistant Foreman — Certificate No. 39218

Countersigned [signature] Mine Manager—Mine Foreman — [signature]

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 10-14-09 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	None observed	Reported
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	1:35AM	0.0%	11.			
2.		4:35AM	0.0%	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	1:55AM	0.0%	6.			
2.		4:55AM	0.0%	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)

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
Darrell K Stanley	39218	[signature]	3 [illegible]	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-14 2009 Section or Area Examined Longwall

Time of Examination: from 4:30 a.m. or p.m. to 5:30 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 Kevin W. Medley (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH_4	Violation or Hazardous Condition	Action Taken
1.	Face	0%	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	52,743		
#9	638		
#160	327		
MPA	8,591		
MPB	21,654		

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 [signature] (Mine Manager—Mine Foreman) 390 [signature]

(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 10-14-09 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action taken
1.	Face	0%	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	7:00 AM	0%	11.			
2.		9:00 AM	0%	12.			
3.		11:00 AM	0%	13.			
4.		1:00 PM	0%	14.			
5.		3:00 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	8:00 AM	0%	6.			
2.		10:00 AM	0%	7.			
3.		12:00 PM	0%	8.			
4.		2:00 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) _____

Kevin W. Medley	38810	[signature]	[signature]	
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 10-14 2009 Section or Area Examined Longwall

Time of Examination: from 1:35 a.m. or p.m. to 2:20 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Kevin Medley Time A.M 2:45 P.M.

Report received by Jim Davis (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	Face 0% CH4	None observed	None
2.	Roof support		
3.	Track		
4.	Travelway		
5.	P.C.		
6.	Chargers		
7.	Barricade Station		
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Intake	51,260		
#9	648		
M/60	395		
MPA	8,215		
MPB	21,365		

Remarks: 0% CH4 0% CO 20.8% O2

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.) Jim Davis (Assistant Foreman) 38322 (Certificate No.)

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

(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 10/14/09 Shift Eve Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Face 0% CH4	None observed	None
2.	Roof support		
3.	Track		
4.	Tradeway		
5.	PC		
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.		16.00	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.	RET	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) Safty meeting Roof & Ribs General mine safty

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
Jim Owen	30322	[illegible]	[illegible]	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-14-09 ~~20~~ Section or Area Examined Longwall

Time of Examination: from 10:20 a.m. or p.m. to 11:00 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Tim Davis Time A.M 11:15 P.M.

Report received by Keith Stanley (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.	Face 0.0% CH^4	None Observed	Reported
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	50,247		
#9	601		
#160	319		
MPA	8,118		
MPB	22,340		

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 Tim Davis Preshift-Mine Examiner 38322 Certificate No. Darrell K Stanley Assistant Foreman 39278 Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman [signature]

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 10-15-09 Shift 3rd Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Face	None Observed	Reported
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	1:10AM	0.0%	11.			
2.		4:40AM	0.0%	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	1:40AM	0.0%	6.			
2.		5:10AM	0.0%	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) _____

Darrell K Stanley	39218	[signature]	[signature]	
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 10-15- 2009 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 Stanley Time 5:30 A.M P.M.

Report received by Kevin W. Medley (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location		CFM	Location	CFM
Intake	.0% ch4	51 849		
#9		619		
#160		332		
MP A		8,822		
MP B		22,146		

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 32928 Certificate No. Kevin W. Medley Assistant Foreman 38810 Certificate No.

Countersigned Mine Manager—Mine Foreman

Assistant Foreman Hub Cilly 28045

Superintendent or Assistant

David K Stanley 39218

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-15-09 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action taken
1.	Face	CH4 0%	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	7:00 AM	0%	11.			
2.	Face	9:00 AM	0%	12.			
3.	Face	11:00 AM	0%	13.			
4.	Face	1:00 PM	0%	14.			
5.		3:00 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	8:00 AM	0%	6.			
2.		10:00 AM	0%	7.			
3.		12:00 PM	0%	8.			
4.		2:00 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) Brief on new on Roof & Rib Plan pg 19
Visual checked shields 1-176. Discussed dust Control plan. 7:50 am.

Kevin W. Medley	38810	[signature]	[signature]	
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 10-15 20 09 Section or Area Examined Long wall

Time of Examination: from 2:40 a.m. or p.m. to 2:30 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Kevin Medley Time A.M 2:50 P.M.

Report received by Tom Davis (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	Face 0% CH4	None observed	None
2.	Roof support		
3.	Track		
4.	Travelway		
5.	P.C		
6.	Charge		
7.	Barricade station		
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Intake	51,680		
#9	642		
#160	338		
MPA	8,300		
MPB	21,216		

Remarks: 0% CH4 0% CO 20.8% O2

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.) Tom Davis (Assistant Foreman) 38322 (Certificate No.)

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

(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 10-15-09 Shift Eve Area or Section Long wall

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Face 0/0044	None observed	None
2.	Roof support		
3.	Track		
4.	Travelway		
5.	P.C		
6.	Charger		
7.	Barricade Stations		
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.	RCT	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) Safty meeting on Visual Check of Shields 1-196 Roof & Ribs

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
[illegible]	38322	[illegible]	330[illegible]	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-15 20 02 Section or Area Examined W911

Time of Examination: from 1015 a.m. or p.m. to 10150 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom T Davis 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	CH4-0% None observed	Reported
2.	Supports		
3.	Track		
4.	Traveling		
5.	Power center		
6.	Charger		
7.	Barricade station		
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Intake	56352		
9	641		
160	324		
MPA	7894		
MPB	25600		

Remarks: 0 % CH4 0 % CO 20.8 % O2

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. 38322 — [signature] Assistant Foreman — Certificate No. 32928

Countersigned [signature] Mine Manager—Mine Foreman — 390

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 10-16-09 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.	Traveling		
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	3:35	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	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
	38928			

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-16-09 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action taken
1.	Intake	0%	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	7:00 Am	0%	11.			
2.		9:00 Am	0%	12.			
3.		11:00 Am	0%	13.			
4.		1:00 Pm	0%	14.			
5.		3:00 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	8:00 AM	0%	6.			
2.		10:00 AM	0%	7.			
3.		12:00 PM	0%	8.			
4.		2:00 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) _____

Kevin W. Medley	38810	[signature]	3[illegible]	
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 10-16-9 20___ Section or Area Examined Long Wall

Time of Examination: from 12:50 a.m. or ~~p.m.~~ to 102 a.m. or ~~p.m.~~

Was this report phoned to outside: Yes ✓ no ___

By whom Kevin Medley Time A.M 2:41 ~~P.M.~~

Report received by Richard Rame (Signed) 1357-A

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	Face CH4 .0%	None obs	Reported
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	50,674		
#9	625		
#160	335		
MPA	8,276		
MPB	23,420		

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.) Richard Rame (Assistant Foreman) 1357-A (Certificate No.)

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

(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 10-16-9 Shift EVE Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action taken
1.	Face	.0%	None obs	Reported
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	5:30 pm	.0%	11.			
2.		7:30 pm	.0%	12.			
3.		930 pm	.0%	13.			
4.		11:30 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	6:05 pm	.0%	6.			
2.		1000 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 Meeting on Roof
Rib Visual check of Shields 1-17

[signature] 1357-A [signature] [signature]
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 10-16 2009 Section or Area Examined Wall

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 Rick Lane Time 1 A.M 10:30 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	None Observed	Reported
2.	supports		
3.	power center		
4.	Charger		
5.	Track		
6.	Traveling		
7.	Barricade station		
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Intake	50890		
9"	615		
160	311		
MPA	8155		
MPB	21300		

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

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.) [signature] (Assistant Foreman) 38928 (Certificate No.)

Countersigned [signature] (Mine Manager—Mine Foreman) 390 [illegible]

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 10-17-08 Shift 3-2 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 - cutr		
4.	Charger		
5.	Truck		
6.	Traveling		
7.	Brummed Station		
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Face	4:30 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	4:50 A	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]	390[illegible]	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-17 2009 Section or Area Examined Longwall

Time of Examination: from 4:30 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	CH4	Violation or Hazardous Condition	Action Taken
1.	Face	0%	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	.0% ch4	44,720		
#9		672		
#160		360		
MP A		7,740		
MP B		24,918		

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. Kevin W. Medley Assistant Foreman 38810 Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 3906 [signature] 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 10-17-09 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition		Action taken
1.	Face	.0% ch4	None	[illegible]	[illegible]
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	8:00am	.0%	11.			
2.	Face	10:00am	.0%	12.			
3.	Face	12:00pm	.0%	13.			
4.	Face	2:00pm	.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	8:45am	.0%	6.			
2.	"	12:45pm	.0%	7.			
3.	"	2:50pm	.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) Brief ID new on Roof & rib plan, pg:18 Discussed dust Control plan. 7:35am Visual checked shields 1-176.

Kevin W. Medley — Assistant Mine; 38810 — Certificate No.; [signature] — Mine Foreman-Mine Manager; 3906[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 10-17-9 20____ 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 Kevin Medley Time ____ A.M. 2:47 ~~P.M.~~

Report received by Richard Ramm (Signed) 1357-A

Violations and other Hazardous Conditions Observed and Reported

Location	CH4	Violation or Hazardous Condition	Action Taken
1. Face	.0%	None obs	Reported
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	.0% CH4	50,325		
#9		684		
#160		352		
MPA		8110		
MPB		23,240		

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.) Richard Ramm (Assistant Foreman) 1357-A (Certificate No.)

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

(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 10-17-9 Shift EVE Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action taken
1.	Face	.0%	None obs	Reported
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 AM	.0%	11.			
2.		6:30 AM	.0%	12.			
3.		8:30 AM	.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	5:10 PM	.0%	6.			
2.		9:15 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 Meeting on Roof & Rib Visual check of shield 1-176

[signature]	1357A	[signature]	390[illegible]	
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 10-17 20-07 Section or Area Examined W 9/1

Time of Examination: from 8 a.m. or p.m. to 930 a.m. or p.m.

Was this report phoned to outside: Yes_____ no_____

By whom _____ 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	None observed	Reported
2.	Supports		
3.	Power center		
4.	Chain		
5.	Track		
6.	Travelway		
7.	Barricade station		
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*
Intake	50465		
9	688		
160	345		
MPA	8353		
MPB	22896		

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

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. 1357-A

[signature] Assistant Foreman — Certificate No. 38928

Countersigned [signature] Mine Manager—Mine Foreman — 3 [illegible]

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 10-18-09 Shift 3-2 Area or Section Well

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Fire	None observed	Reported
2.	Supports		
3.	Power Center		
4.	Chamber		
5.	Track		
6.	Traveling		
7.	Barricade Station		
8.	Belt	Bad Top	Set ~~Prop~~ Jacks at 53 brk.

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Fire	3:00 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	3:30 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] Assistant Mine | 38928 Certificate No. | [signature] Mine Foreman-Mine Manager | [signature] Certificate No. | Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-18 20 09 Section or Area Examined Longwall

Time of Examination: from 3:00 a.m. or p.m. to 3:45 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Larry Brown Time 5:35 A.M P.M.

Report received by Kevin W. Medley (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH_4	Violation or Hazardous Condition	Action Taken
1.	Face	0%	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	10% CH_4	43,119		
#9		611		
#160		309		
MPA		7,820		
MPB		21,980		

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 38928 Certificate No. Kevin W. Medley Assistant Foreman 38810 Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 390[illegible]

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 10-18-09 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	CH4	Violation or Hazardous Condition	Action taken
1. Face	0%	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	7:00 Am	0%	11.		
2.	9:00 Am	0%	12.		
3.	11:00 Am	0%	13.		
4.	1:00 PM	0%	14.		
5.	3:00 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	8:00 Am	0%	6.		
2.	10:00 Am	0%	7.		
3.	12:00 PM	0%	8.		
4.	2:00 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) _____

Kevin W. Medley	38810	[signature]	32[illegible]	
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 10-18-9 20___ Section or Area Examined Long Wall

Time of Examination: from 12:40 a.m. or ~~p.m.~~ to 1:25 a.m. or ~~p.m.~~

Was this report phoned to outside: Yes ✓ no_____

By whom Kevin Medley Time ___ A.M. 2:45 ~~P.M.~~

Report received by Richard Ramm 1357-A
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH4	Violation or Hazardous Condition	Action Taken
1. Face	.0%	None obs	Reported
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	50,220		
#9	634		
#160	345		
MPA	7,995		
MPB	22,890		

Remarks: .0% CH4 20.8% O2 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 [illegible] (Mine Manager—Mine Foreman) [illegible]

(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 10-18-9 Shift EWE Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Face	5:00 PM	.0%	11.			
2.		7:00 PM	.0%	12.			
3.		9:00 PM	.0%	13.			
4.		11:00 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	550 PM	.0%	6.			
2.		9:45 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 Meeting on Roof & Rib pinch Points Visual check of shield 1-176

[signature] Assistant Mine | 1357 Certificate No. | [signature] 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 10-18 20 09 Section or Area Examined wall

Time of Examination: from 9 a.m. or p.m. to 9:50 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom R Lane Time A.M 11:00 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	None observed	Reported
2.	Supports		
3.	Power cntr		
4.	Chain		
5.	Track		
6.	Travelg		
7.	Barricade station		
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Intake	48340		
9	559		
160	313		
MPA	8090		
MPB	22355		

Remarks: 0 % cut 20.8 % O2 0% co stan

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 [signature] Mine Manager—Mine Foreman [signature]

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 10-29-09 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.	Charger		
5.	Track		
6.	Tracks		
7.	Barricade station		
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Face	3:30 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.	MT	3:50 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) _____

[illegible]	38929	[illegible]	[illegible]	
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 10/19 2009 Section or Area Examined Longwall

Time of Examination: from 330 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 6:50 A.M P.M.

Report received by Jim Owen (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face 0% CH4	None observed	None
2. Roof support		
3. Track		
4. Travelway		
5. P.C.		
6. Charger		
7. Barricade Station		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	44,896		
#9	608		
#160	319		
MPA	7214		
MPB	22,811		

Remarks: 0% CH4 0% CO 20% O2

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. 38920 — Jim Owen Assistant Foreman — Certificate No. 38322

Countersigned [signature] Mine Manager—Mine Foreman — [signature]

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 10-19-08 Shift Eve Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face 0% CH4	None observed	None
2. Roofsupport		
3. Track		
4. Travelway		
5. P.C		
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.	Rct	9.30	0%	6.			
2.		1.30	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) Safty meeting on Roof Ribs General safty of lines

[illegible]	38322	[signature]	3[illegible]	
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 10-19-9 20____ Section or Area Examined Long Wall

Time of Examination: from 1:45 a.m. or ~~p.m.~~ to 2:25 a.m. or ~~p.m.~~

Was this report phoned to outside: Yes ✓ no____

By whom Tim Davis Time ____A.M ____P.M.

Report received by Richard Kane (Signed) 1357-A

Violations and other Hazardous Conditions Observed and Reported

Location	CH4	Violation or Hazardous Condition		Action Taken
1. Face	.0%	None obs		Reported
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	48,604		
#9	704		
#160	279		
MPA	7,312		
MPB	15,000		

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 38522 Certificate No. Richard Kane 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 10-19-9 Shift EVE Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action taken
1.	Face	0%	None obs	Reported
2.	Roof Support		" "	"
3.	Power Center		" "	"
4.	Chargers		" "	"
5.	Track		" "	"
6.	Travelways		58 blk reset 2 sand Jack 62 blk reset 3 sand jacks	Corrected
7.	Barricade station		" "	"
8.				

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Face	5:05 pm	.0%	11.			
2.		7:00 pm	.0%	12.			
3.		9:00 pm	.0%	13.			
4.		11:00 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	5:45 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) Saftey Meeting on Roof + Rib pinch points Visual check of Shields 1-176

[signature]	1357-B	[signature]	39[illegible]	
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 10-19 20 09 Section or Area Examined Wall

Time of Examination: from 9 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	None observed	Reported
2.	supports		
3.	Power Center		
4.	Charger		
5.	Track		
6.	Traveling		
7.	Barricade station		
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Intake	48033		
9	627		
160	284		
MPA	7592		
MPB	14830		

Remarks: 0% cht 0 % CO 20.8 % O2 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 1357-D Certificate No. [signature] Assistant Foreman 38928 Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 39[illegible]

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 10-20-01 Shift 3-2 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.	Track		
5.	Traveling		
6.	Barricade Station		
7.			
8.			

Examinations for Methane in Working Places

	Location	*Time*	*Methane Content*		*Location*	*Time*	*Methane Content*
1.	Face	4:35 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.	RJ	4:50	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
	38928			

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-20 20 22 Section or Area Examined longwall

Time of Examination: from 4:30 a.m. or p.m. to 5:00 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 Jim Davis (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face 0% CH4	None observed	None
2. Roof support		
3. Track		
4. Travelway		
5. PC		
6. Charger		
7. Barricade Station		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	41,890		
#9	582		
#160	292		
MPA	2,108		
MPB	19,265		

Remarks: 0% CH4 0% CO 20.8% O2

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 38928 Certificate No. Jim Davis Assistant Foreman 38322 Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman [signature]

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 10-20-09 Shift DAY Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Face 0% CH4	None observed	None
2.	Roof support		
3.	Track		
4.	Travelway		
5.	P.C		
6.	Chargers		
7.	Barricade station		
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Face	7.00	0%	11.			
2.		9.00	0%	12.			
3.		16.00	0%	13.			
4.		1.00	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.	RcT	9.30	0%	6.			
2.		1.30		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 meeting on Citiation & Roof & Ribs control walkways

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 10-20-9 20____ Section or Area Examined Long Wall

Time of Examination: from 1:45 a.m. or ~~p.m.~~ to 220 a.m. or ~~p.m.~~

Was this report phoned to outside: Yes ✓ no____

By whom ~~Tom~~ ~~Dennis~~ Lawrence Stevenson Time ____ A.M. 231 ~~P.M.~~

Report received by Richard Ramm 1357-A
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
Intake	47,680		
#9	669		
#160	279		
MPA	7,247		
MPB	14,567		

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 — 39417 Certificate No. — Richard Ramm Assistant Foreman — 1357-A Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman — J Rogers

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 10-20-9 Shift EWE Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Face CH_4 .0%	None obs	Reported
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	5:00 PM		11.			
2.		7:00 PM		12.			
3.		9:00 PM		13.			
4.		11:00 PM		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	6:40 PM	.0%	6.			
2.		9:45 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 Meeting on Roof + Rib Visual check of Shield 1-176

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-20-2009 ~~20--~~ Section or Area Examined Longwall

Time of Examination: from 9:00 a.m. or p.m. to 10:00 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 Keith Stanley (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	Face 0.0% CH_4	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	44,662		
#9	596		
#10	267		
MPA	5,117		
MPB	15,130		

Remarks: 0.0% 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. Randall K Stanley Assistant Foreman 39218 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 10-21-09 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	None Observed	Reported
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	4:30AM	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	4:50AM	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) Safety meeting on roof & ribs

Darrell K. Stanley — Assistant Mine
39218 — 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 10-21 2009 Section or Area Examined Longwall

Time of Examination: from 430 a.m. or p.m. to 520 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 Jim Davis (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	Face 0% CH4	None observed	None
2.	Roof support		
3.	Track		
4.	Travelway		
5.	P.C		
6.	Charger		
7.	Barricade station		
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Intake	45,371		
#9	600		
#160	278		
MPA	5,433		
MPB	15,389		

Remarks: 0% CH4 0% CO 20.8% O2

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 Darrell K Stanley (Preshift-Mine Examiner) 39218 (Certificate No.) Jim Davis (Assistant Foreman) 38322 (Certificate No.)

Countersigned [signature] (Mine Manager—Mine Foreman) [signature] Lawrence Stephens 39117

(Assistant Foreman) [signature] 28045

(Superintendent or Assistant)

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-21-09 Shift DAY Area or Section longwall

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Face 0% CH4	None observed	None
2.	Roof support		
3.	Track		
4.	Travelway		
5.	P.C		
6.	Charger		
7.	Barricade station		
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Face	8.00	0%	11.			
2.		10.00	0%	12.			
3.		12.00	0%	13.			
4.		2.00	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.	Rect	9.30	0%	6.			
2.		1.30	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) Safty meeting on mantrip Speed + Track Safty + Roof + Ribs

Jim Owens — Assistant Mine
38322 — Certificate No.
[signature] — Mine Foreman-Mine Manager
330 — Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-21-9 20__ Section or Area Examined Long Wall

Time of Examination: from 1:30 a.m. or p.m. to 2:15 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Lawrence Stevenson Time A.M 2:27 ~~P.M.~~

Report received by Richard Ramm (Signed) 1357-A

Violations and other Hazardous Conditions Observed and Reported

Location	CH4	Violation or Hazardous Condition	Action Taken
1. Face	.0%	None obs	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	47,160		
#9	585		
#160	370		
MPA	6472		
MPB	15,750		

Remarks: .0% CH4 20.8% O2 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. 39117

Richard Ramm Assistant Foreman — Certificate No. 1357-A

Countersigned [signature] Mine Manager—Mine Foreman — Certificate No. 38322

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 11-21-9 Shift EVE Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action taken
1.	Face	.0%	None obs	Reported
2.	Roof Support		None obs	"
3.	Power Center		None obs	"
4.	Chargers		None obs	"
5.	Track		None obs	"
6.	Travelways		need Jack set beside mule tram	"
7.	Barricade Station		None obs	"
8.			Header on doors at 57 bk needs replaced unsafe to use Reset 2 Jack at 64 bk set 2 timbers 63 bk	

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Face	5:00 PM	.0%	11.			
2.		7:00 PM	.0%	12.			
3.		9:00 PM	.0%	13.			
4.		11:00 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	5:45 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) Saftey Meeting on violations + Roof + Rib Visual check of Shields 1-176

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-21-09 ~~20~~ Section or Area Examined Longwall

Time of Examination: from 9:00 a.m. or p.m. to 10:00 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 Keith Stanley (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.	Power Center		
4.	Chargers		
5.	Track		
6.	Travelways	Need to set sand props around mule train	
7.	Barricade Station	None Observed	
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*
Intake	49,400		
#9	649		
#160	347		
MPA	6,600		
MPB	15,525		

Remarks: 0.0%CH4 20.8%O2 0ppm CO

Cross bar on door ruby mule train messed up. Unsafe to use.

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 Rick Lane (Preshift-Mine Examiner) 1357A (Certificate No.) Daniel K Stanley (Assistant Foreman) 39218 (Certificate No.)

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

(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 10-22-09 Shift 3rd Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Face	None Observed	Reported
2.	Roof Support		
3.	Power Center		
4.	Chargers		
5.	Barricade Station		
6.	Track		
7.	Travelways	Set 8 sand props on bad ribs at	Corrected
8.	"	muletrain & replaced crossbar on doors	"

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Face	4:32AM	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	4:52AM	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) _____

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
Daniel K Stanley	39218	[illegible]	38[illegible]	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-22 2009 Section or Area Examined Longwall

Time of Examination: from 4:15 a.m. or p.m. to 5:15 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 [signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	Face 0% CH4	None Observed	None
2.	Roof Support		
3.	Track		
4.	Travelway		
5.	P C		
6.	Charger		
7.	Barricade Station		
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Intake	52,575		
#9	655		
#160	342		
MPA	6,972		
MPB	16,314		

Remarks: 0% CH4 0% CO 20.8% O2

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 39218 Certificate No. [signature] Assistant Foreman 38,322 Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman [signature] 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 10-22-09 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Face 0% CH4	None observed	None
2.	Roof support		
3.	Track	~~Set 7 props~~ HL Bad Ribs	set 8 props Along HL Rib.
4.	Traveling		
5.	P.C		
6.	Charger		
7.	Barricade Station		

8. Set Timbers at Mantrip at Mule Train & Dirk 65 for Rib + Roof support.

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Face	8.00	0%	11.			
2.		10.00	0%	12.			
3.		12.00	0%	13.			
4.		2.00	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.	Ret	9.30	0%	6.			
2.		1.30	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) Safty meeting on Roof & Ribs visual check of shields 2-176

[signature] Assistant Mine | 38322 Certificate No. | [signature] Mine Foreman-Mine Manager | [signature] Certificate No. | Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-22 2009 Section or Area Examined Longwall

Time of Examination: from 1:45 a.m. or p.m. to 2:20 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Tim Davis Time A.M 2:28 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 CH4 0%	None Observed	Reported
2.	Roof Supports "	" "	"
3.	Power Centers "	" "	"
4.	Chargers "	" "	"
5.	Track "	" "	"
6.	Travelways "	" "	"
7.	Barricade Station "	" "	"
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Intake	46,968		
#9	714		
#160	412		
MPA	7,293		
MP B	17,697		

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 Tim Davis (Preshift-Mine Examiner) 38322 (Certificate No.) Kevin W. Medley (Assistant Foreman) 38818 (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 10-22-09 Shift Eve Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

	Location	CH_4	Violation or Hazardous Condition	Action taken
1.	Face	0%	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	5:00 Pm	0%	11.			
2.		7:00 Pm	0%	12.			
3.		9:00 Pm	0%	13.			
4.		11:00 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	6:00	0%	6.			
2.		8:00	0%	7.			
3.		10:00	0%	8.			
4.		12:00	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) _____

Kevin W. Medley	38810	[signature]	[signature]	
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 10-22-09 ~~20~~ Section or Area Examined Longwall

Time of Examination: from 8:40 a.m. or p.m. to 9:25 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Kevin Medley Time A.M 10:50 P.M.

Report received by Keith Stanley (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.	Barricade Station		
6.	Track		
7.	Travelways		
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Intake	47,150		
#9	725		
#160	419		
MPA	7,365		
MPB	17,879		

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

Countersigned [signature] (Mine Manager—Mine Foreman) 39[illegible]

(Assistant Foreman)

(Superintendent or Assistant)