HG 22

#1 section

PRESHIFT - ONSHIFT
and
DAILY REPORT

Started 12-6-09

Company Performance Coal

Mine UBB

SECTION HG 22

LOCATION _____
Post Office County State

Finished 12-26-2009

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

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-6-09 20.... Section or Area Examined HG 22

Time of Examination: from 12:45 a.m. or (p.m.) to 1:05 a.m. or (p.m.)

Was this report phoned to outside: Yes..... no.....

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

Report received by .....
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	1 Room	0%	NONE OBSERVED	NONE
2.	2 Room	0%	NONE OBSERVED	NONE
3.	3 Room	0%	NONE OBSERVED	NONE
4.	1	0%	NONE OBSERVED	NONE
5.	2	0%	NONE OBSERVED	NONE
6.	2 Lft	0%	Scrap Cut	Reflector
7.	3	0%	NONE OBSERVED	NONE
8.	3 Rt	0%	Scrap Cut	Reflector
9.	4	0%	Bolt out on Corner	Reflector
10.				

Air Measurements

Location	CFM	Location	CFM
L.O.B.	17,010		

Remarks: 0% CH^4, 20.8% O^2, 0ppm CO Detected at Exam
Track & Travelways Clear at Exam
P.C. Chargers Clear
Shelter
Phone Intake } OK

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 Scott Halstead — Preshift-Mine Examiner — Certificate No. 37567

Countersigned [signature] — Mine Manager—Mine Foreman

Assistant 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 _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-6-09 20__ Section or Area Examined HG22 #1 Section

Time of Examination: from 8:30 a.m. or p.m. to 11:30 a.m. or p.m.

Was this report phoned to outside: Yes____ no____

By whom Mike Bailey Time ____ A.M 11:15 P.M.

Report received by [signature] 39042 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	#1 Room	0%	None observed	None
2.	#2 Room	0%	None observed	None
3.	#3 Room	0%	None observed	None
4.				
5.	#1	0%	None observed	None
6.	#2	0%	None observed	None
7.	#2 left	0%	Scrap Cut	Reflected
8.	#3	0%	None observed	None
9.	#3 Right	0%	Scrap Cut	Reflected
10.	#4	0%	Bolt out on Corner	Reflected

Air Measurements

Location	CFM	Location	CFM
L-0-3.	15,872		

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

Track, Travelway's, powercenter, charger's, intake Phone, intake chamber ok 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 27085 Certificate No. ____ Assistant Foreman ____ Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 39060 ____

____ Assistant Foreman ____ ____ Superintendent or Assistant ____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-7-09 20___ Section or Area Examined HG22

Time of Examination: from 3:45 a.m. or p.m. to 4:15 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	CH4 %	Violation or Hazardous Condition	Action Taken
1.	1 Room	.0	none OGS	none
2.	2 Room	.0	none OGS	none
3.	3 Room	.0	none OGS	none
4.	1	.0	none OGS	none
5.	2	.0	none OGS	none
6.	3	.0	none OGS	none
7.	2 ct	.0	Scrap cut	reflector
8.	4	.0	Bolt on corner needs replaced	rep (reflector)
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
COB	16,844		

Remarks: 0 CH4 20.8 oz .0 CO detected Trailings & Heavy ok at time of Exam p.c. and Charger ok.

Intake Phone
Shelter Chamber → ok

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 27085 Certificate No. [signature] Assistant Foreman 8602 Certificate No.

Countersigned [signature] 390600 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 12-7-09 Shift Rwy Area or Section H622

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.			
2.			
3.			
4.	Entire Ldk		
5.		No products	
6.			
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested

Number of Bolts Torqued Above Range Below Range

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

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

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
[signature]	36826	[signature]	26041	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-7 20 09 Section or Area Examined Headgate #22

Time of Examination: from 1230 a.m. or p.m. to 130 a.m. or p.m.

Was this report phoned to outside: Yes X no

By whom Deano Jones Time A.M 235 P.M.

Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 Room OCHYL	None Observed	Reported
2.	#2 Room OCHYL	Part Bolted	Reflectors
3.	#3 Room OCHYL	None Observed	Reported
4.	#1 Entry OCHYL	None Observed	Reported
5.	#2 Entry OCHYL	None Observed	Reported
6.	#2L CC OCHYL	Scrap Cut	Reflectors
7.	#3 Entry OCHYL	None Observed	Reported
8.	#3R CC OCHYL	Scrap Cut	Reflectors
9.	#4 Entry OCHYL	None Observed	Reported
10.			

Air Measurements

Location	CFM	Location	CFM
LBB 16,843 OCHYL			
20.802 OPPM C/O			

Remarks: Pony Center
Tramways
Outby Shelter
Intake Mine
Chargers
OCHYL. 20.8 O2 OPPM C/O
} OK 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 3602 Certificate No. [signature] Assistant Foreman Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 2614

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-7 2009 Section or Area Examined H6 22

Time of Examination: from 9:30 a.m. or p.m. to 10:00 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	CH4	Violation or Hazardous Condition	Action Taken
1.	1 Rm	0%	None Observed	Reported
2.	2 Rm		Part Bolted	Tagged
3.	3 Rm		None Observed	Reported
4.	1-2		None Observed	Reported
5.	2 LT		Scrap Cut	Tagged
6.	3		None Observed	Reported
7.	3 RT		Scrap Cut	Tagged
8.	4		None Observed	Reported
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
LOB	15,873		

Remarks: Track Travelways Power Centers Intake Phone
Refuge Chamber OK
0% CH4 20.8% O2 0 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. 27085 — Assistant Foreman — Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman — 26041

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-08-09 20__ Section or Area Examined H622

Time of Examination: from 4:00 a.m. or p.m. to 5:00 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	CH4 %	Violation or Hazardous Condition	Action Taken
1.	1 Room	.0	none obs	me
2.	2 Room	.0	part bolted (10')	reflector
3.	3 Room	.0	none obs	me
4.	1	.0	none obs	me
5.	2	.0	none obs	me
6.	2 et	.0	scrap out	reflector
7.	3	.0	none obs	me
8.	3 nt	.0	scrap out	reflector
9.	4	.0	none obs	me
10.				

Air Measurements

Location	CFM	Location	CFM
LOB	16,889		

Remarks: .0 CH4 20.802 .0 CO detectors trolleys & Hilleys ok at time of Exam P.C. and Chargers ok.

Shelter Chamber ok
Intake phone

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 27085 Certificate No. [signature] Assistant Foreman 36026 Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 26041

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 12-08-09 Shift Nuy Area or Section HG 22

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action taken*
1.			
2.			
3.	Section Idling		
4.	no [illegible]		
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

[signature]	38025	E Hagger	26041	
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 12-8-09 20__ Section or Area Examined H.D.22

Time of Examination: from 12:30 a.m. or (p.m.) to 1:30 a.m. or (p.m.)

Was this report phoned to outside: Yes ✓ no

By whom Dean Jones Time A.M 2:55 (P.M.)

Report received by Rick Foster (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.	#1 room, 0% ch4, 20.8% O2	none observed	none
2.	#2 room, 0% ch4, 20.8% O2	part bolted	reflecta
3.	#3 room, 0% ch4, 20.8% O2	none observed	none
4.	#1 face, 0% ch4, 20.8% O2	none observed	none
5.	#2 face, 0% ch4, 20.8% O2	none observed	none
6.	#2 X left, 0% ch4, 20.8% O2	scrap out	reflecta
7.	#3 face, 0% ch4, 20.8% O2	none observed	none
8.	#3 X right, 0% 20.8% O2	scrap out	reflecta
9.	#4 entry, 0% 20.8% O2	none observed	none
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*
1 O.X. out	17,443		

Remarks: 20.8% O2, 0% ch4, 0% CO, track, travelways, power center, scoop charger clear at time of exam.
Visual check of CO clear at time of exam.
Rescue chamber 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. 3826

Countersigned [signature] Mine Manager—Mine Foreman — Certificate No. 28441

Assistant Foreman — Certificate No.

Assistant Foreman — Certificate No.

Rick Foster 28232 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-8 2009 Section or Area Examined HG 22

Time of Examination: from 9:15 a.m. or p.m. to 9:40 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Mike Bailey Time A.M 11:10 P.M.

Report received by Greg Cole 1947-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 Room	None observed	None
2.	#2 Room	Part Bolted	Reflectors
3.	#3 Room	None observed	None
4.	#1	None observed	None
5.	#2	None observed	None
6.	#2 L	Scrap	Reflectors
7.	#3	None observed	None
8.	#3 R	Scrap	Reflectors
9.	#4	None observed	None
10.			

Air Measurements

Location	CFM	Location	CFM
	15,741		

Remarks: 20.8% O2, 0ppm C.O., 0% Ch4

Travelways, Walkways, Intake Phone, Sheltor, OK At Time of exam

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

Signed By Mike Bailey (Preshift-Mine Examiner) Certificate No. 27085 Assistant Foreman Certificate No.

Countersigned [signature] (Mine Manager—Mine Foreman) 260411

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-9-09 20___ Section or Area Examined HG22

Time of Examination: from 3:40 a.m. or p.m. to 4:10 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.	1 Rm	None Observed	Reported
2.	2 Rm	Scrap Cut	Tagged
3.	3 Rm	None Observed	Reported
4.	1-2-3	None Observed	Reported
5.	3 RT	Scrap Cut	Tagged
6.	4	None Observed	Reported
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
COB	15,646		

Remarks: Track Travelway PC's Chargers OK

Shelter chamber → OK
Intake phone

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 27085 Certificate No. [signature] Assistant Foreman 36825 Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 26041

Assistant Foreman

Superintendent or Assistant

John A. Bickford 26176

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-9-09 Shift mny Area or Section H6 2R

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action taken*
1.			
2.			
3.	Section Idle		
4.	no production		
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine Foreman — Certificate No. 36525 — Mine Foreman-Mine Manager — Certificate No. 26021 — Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-9 2009 Section or Area Examined HG-22

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

Was this report phoned to outside: Yes ✓ no

By whom DEAN JONES Time A.M 2:45 P.M.

Report received by Rick Hutchens (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location		Violation or Hazardous Condition	Action Taken
1. Rm's 1	.05% CH4	N/O	Reported
2. " " 2	.05% CH4	P/B	Tagged & Reported
3. " " 3	.05% CH4	N/O	Reported
4. Face's 1, 2	.05% CH4	N/O	Reported
5. 2L	.05% CH4	Scrap Cut	Tagged & Reported
6. 3	.05% CH4	N/O	Reported
7. 3R	.05% CH4	Scrap Cut	Tagged & Reported
8. 4	.05% CH4	N/O	Reported
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	17,130		
20.8 O2			
.05% CH4			
.0% CO			

Remarks: powercenter, R-ways, Haulage, Travelways, Track Clear at Time of Exam
Intake phone OK
Air Chamber OK

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 36526 Certificate No. Assistant Foreman Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 26041

Rick Hutchens Assistant Foreman 37569 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-9 20 9 Section or Area Examined HG-22

Time of Examination: from 8:30 a.m. or ~~p.m.~~ to 11:00 a.m. or ~~p.m.~~

Was this report phoned to outside: Yes ____ no ✓

By whom ____ Time ____ A.M ____ P.M.

Report received by brought out side (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	Rm's 1	0.05% CH4	n/o	
2.	" 2	0.05%	Part Bolted	Reflector
3.	" 3	0.05%	n/o	
4.	Face's 1, 2	0.05%	n/o	
5.	2L	0.05%	Scrap cut	Reflector
6.	3	0.05%	n/o	
7.	3R	0.05%	Scrap cut	Reflector
8.	4	0.05%	n/o	
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
LOB	19,600		

Remarks: Roof Center R-ways Haulage, Tramway way clear at time of exam
Unbake phone OK
Air chamber OK

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. 1539 — Assistant Foreman — Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman — 26041

Assistant Foreman — 29611

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-10-09 20___ Section or Area Examined H622

Time of Examination: from 340 a.m. or p.m. to 350 a.m. or p.m.

Was this report phoned to outside: Yes_____ no ✓

By whom Brought out Time _____A.M _____P.M.

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4%	Violation or Hazardous Condition	Action Taken
1.	Rms #1	.05	none observed	none
2.	" #2	.05	Part Bolted	Reflected
3.	" #3	.05	none observed	none
4.	Faces 1,2	.05	none observed	none
5.	2L	.05	scrapcut	Reflected
6.	3	.05	none observed	none
7.	3R	.05	Scrapcut	Reflected
8.	V	.05	none observed	none
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
COB	20,130		

Remarks: .05 CH4 02 CO 20 86 02

PC
Chargers
Travelways
Refuge

ok 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. 15397 — Assistant Foreman — Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman — 260241

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 12-10-09 Shift Day Area or Section HG 22

Violations and other Hazardous Conditions Observed and Reported

Location	*Violation or Hazardous Condition*	*Action taken*
1.		
2. South Belt		
3. No problems		
4.		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
	3682		260441	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-10 20 09 Section or Area Examined HG 22

Time of Examination: from 100 a.m. or p.m. to 230 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Dean Jones Time A.M 245 P.M.

Report received by Tim Williams (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 Room .05% CH_4	none	Reported
2.	#2 Room .05% CH_4	Part Bolted	Reported, Rectified
3.	#3 Room .05% CH_4	none	Reported
4.	#1F .05% CH_4	none	Reported
5.	#2 .05% CH_4	none	Reported
6.	#2L .05% CH_4	Scrap cut	Reported, Rectified
7.	#3 .05% CH_4	none	Reported
8.	#3R .05% CH_4	Scrap cut	Reported, Rectified
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
COB 19,660			

Remarks: Powercenters, chargers, transformers, refuge chamber, intake plane on at time of Exam

.05% CH_4 20.8% O_2 0% 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. 36026

Countersigned [signature] Mine Manager—Mine Foreman — Certificate No. 28041

[signature] Assistant Foreman — Certificate No. 2659-A

[signature] Assistant Foreman — Certificate No. 15394

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-10-09 20___ Section or Area Examined 4622

Time of Examination: from 830 a.m. or ~~p.m.~~ to 900 a.m. or ~~p.m.~~

Was this report phoned to outside: Yes_____ no ✓

By whom brought out Time _____A.M _____P.M.

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 Room O2 Ch4	None	None
2.	#2 Room O2 Ch4	Part Bolted	Reflected
3.	#3 Room O2 Ch4	none	none
4.	#1	None	none
5.	#2	none	none
6.	#2L	Scrapcut	Reflected
7.	#3	None	None
8.	#3R	Scrapcut	Reflected
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	198,70		

Remarks: PC's, Chargers, O-Boxes, Refuges, Intake Phone
Travelways ok At time of Exam
O2 Ch4, O2CO, 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 05399 Certificate No. [signature] Assistant Foreman 36028 Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 26041

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 12-11-09 Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-11-09 20___ Section or Area Examined H622

Time of Examination: from 300 a.m. or p.m. to 600 a.m. or p.m.

Was this report phoned to outside: Yes_____ no_____

By whom Brought out Time _____A.M _____P.M.

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 Room	None Observed	none
2.	#2 Room	Part Bolted	Reflected
3.	#3 Room	none observed	none
4.	#1	none observed	none
5.	#2	none observed	none
6.	#2L	Scrapcut	Reflected
7.	#3	none observed	none
8.	#3R	scrapcut	Reflected
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LoB	20,130		

Remarks: PCS, Chargers, Refuges, Intake Phone, Travelways OK At TOE

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 15 [illegible] Certificate No. [signature] Assistant Foreman 36025 Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 260411

Assistant Foreman

Superintendent or Assistant

John A. Bickford 26171

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-11-09 Shift Day Area or Section HG22

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action taken*
1.			
2.			
3.	Section	Table	
4.	NO	Problem	
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
	3652r		26241	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-11-09 20___ Section or Area Examined 96 G 22

Time of Examination: from 1:00 a.m. or p.m. to 2:20 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no ___

By whom Dean Jones Time ___ A.M 2:35 P.M.

Report received by Rick Foster (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 room .05 chy 20.8% O_2	none observed	none
2.	#2 room .05 chy 20.8% O_2	part bolted	reflector
3.	#3 room .05 chy 20.8% O_2	none observed	none
4.	#1 entry .05 chy 20.8% O_2	none observed	none
5.	#2 entry .05 chy 20.8% O_2	none observed	none
6.	#2 X left .05 chy 20.8% O_2	scrap cut	reflector
7.	#3 entry .05 chy 20.8% O_2	none observed	none
8.	#3 X right .05 chy 20.8% O_2	scrap cut	reflector
9.	#4 entry .05 chy 20.8% O_2	none observed	none
10.			

Air Measurements

Location	CFM	Location	CFM
R.J. ~~Left~~ 10 X cut	18,888		
R.J. ~~Right 10 X~~			

Remarks: 20.8% O_2 .0% chy .0% CO_2 track, travelways, power center, scoop charger closed time of exam

Outby shelter OK + phone 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 36828 Certificate No. ___ Assistant Foreman ___ Certificate No. ___

Countersigned [signature] Mine Manager—Mine Foreman 20041

Assistant Foreman

Rick Foster 28736 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-11-09 20 09 Section or Area Examined HG 22

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

Was this report phoned to outside: Yes ✓ no

By whom Mike Bailey Time A.M P.M.

Report received by Mgr Cole 1947-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	1 Room	None observed	None
2.	2 Room	Part Bolted	Reflectors
3.	3 Room	None observed	None
4.	1	None observed	None
5.	2	None observed	None
6.	2L	Scrap cut	Reflectors
7.	3	None observed	None
8.	3R	Scrap cut	Reflectors
9.	4	None observed	None
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	15,689		

Remarks: 20.8% O_2, 0% CH_4, 0PPM C.O. At time of exam

Powercenters, Chargers, outby Shelter, Intake Phone, OK At time of exam

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

Signed By Mike Bailey (Preshift-Mine Examiner) Certificate No. 27085 Assistant Foreman Certificate No.

Countersigned E Walker (Mine Manager—Mine Foreman) 20041

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-12 2009 Section or Area Examined H6 22

Time of Examination: from 5:40 a.m. or p.m. to 9:10 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	CH4 0%	Violation or Hazardous Condition	Action Taken
1.	1 Rm		None Observed	Reported
2.	2 Rm		Needs 1 Row Bolts	Tagged
3.	3 Rm		None Observed	Reported
4.	1-2		None Observed	Reported
5.	2 LT		Scrap Cut	Tagged
6.	3		None Observed	Reported
7.	3 RT		Scrap Cut	Tagged
8.	4		None Observed	Reported
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
LOB	18,606		

Remarks: Track Transformers PC's Chargers Refuge Intake Phone OK

0% CH4 20.8% O2 0 CO

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

Signed By Mike Bailey (Preshift-Mine Examiner) 27085 (Certificate No.) Brandon Bowy (Assistant Foreman) 1122-A (Certificate No.)

Countersigned [signature] (Mine Manager—Mine Foreman) 26041

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 12-12-09 Shift Day Area or Section Headgate #22

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Section Idle		
2.			
3.	No Production		
4.			
5.	0 CH4.		
6.	20.8 O2		
7.	0 ppm C/O		
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1R-4	1-2 00pm	0 CH4.	11.			
2.			0 ppm C/O	12.			
3.			20.8 O2	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	101 pm	0 CH4.	6.			
2.			0 ppm C/O	7.			
3.			20.8 O2	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)

Brent Bay	1122-A	[illegible]	26041	
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 12-12 2009 Section or Area Examined 1 Section Return

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

Was this report phoned to outside: Yes ✓ no

By whom Brandon Bowling Time A.M 2:45 P.M.

Report received by Rick Hutchens (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	Rm 1,3	0% Ch4	N/O	Reported
2.	Rm 2	0%	P/B	Taged + Reported
3.	FACE 2L	0%	Scrap BB	Taged + Reported
4.	3, 3R	0%	N/O 3R Scrap Cut	Reported
5.	1, 2, 4	0% Ch4	N/O	Reported
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
LOB	16,120		
0% Ch4			
20.8 O2			
0% CO			

Remarks: Powercenter, R-ways, Haulage Chargers Clear at Time of Exam
Intake phone OK
Air Chamber OK

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 Brandon Bowling (Preshift-Mine Examiner) 1122-A (Certificate No.) Assistant Foreman Certificate No.

Countersigned E Hager (Mine Manager—Mine Foreman) 26041

Rick Hutchens (Assistant Foreman) 37569 Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-12-09 20___ Section or Area Examined H622

Time of Examination: from 830 a.m. or p.m. to 1130 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no ___

By whom Bailey Time ___ A.M 100 P.M.

Report received by [signature] 15394
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	Rm #1	CH4	none Observed	none
2.	Rm #2	OZ	Part Bolted	Reflected
3.	Rm #3	OZ	none observed	none
4.	#1	OZ	none Observed	none
5.	#2	OZ	none Observed	none
6.	#2LT	OZ	Scrapcut	Reflected
7.	#3	OZ	none Observed	none
8.	#3RT	OZ	scrapcut	Reflected
9.	4	OZ	None Observed	none
10.				

Air Measurements

Location	CFM	Location	CFM
LOB	18,750		

Remarks: OZ CH4, OZ CO, 20.8 OZ

PCS
Chargers
Travelways
Refuge
Intake Phone

None Observed

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. 27085 — Assistant Foreman — Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman — 2004

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12 13 2009 Section or Area Examined H6 22

Time of Examination: from 3:30 a.m. or p.m. to 4:00 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	CH4	Violation or Hazardous Condition	Action Taken
1.	Rm 1	0%	None Observed	Reported
2.	Rm 2		Need 1 Raw Bolts	Tagged
3.	Rm 3		None Observed	Reported
4.				
5.	1-2		None Observed	Reported
6.	2LT		Scrap Cut	Tagged
7.	3		None Observed	Reported
8.	3RT		Scrap Cut	Tagged
9.	4	0%	None Observed	Reported
10.				

Air Measurements

Location	CFM	Location	CFM
LOB	16,991		

Remarks: 0% CH4 20.8% O2 0 CO

PCs Chargers Trash Trameburrys Refuge Intake Phase OK

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 27085 Certificate No. [signature] Assistant Foreman 1544-A Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 26041

[signature] Assistant Foreman 1122-A Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-13-09 Shift Day Area or Section Headgate #22

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Section Idle		
2.		OCH4!	
3.	No production	20.8 O2	
4.		0 PPM C/O	
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1R-4	1-130pm	0 CH4!	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	103pm	OCH4!	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]	1122-A	[signature]	26001	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-13 2009 Section or Area Examined HG-22

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

Was this report phoned to outside: Yes ✓ no

By whom Brandon Bowling Time A.M 2:45 P.M.

Report received by Rick Hutchins (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	Rm 1, 3	0% Ch4	N/O	Reported
2.	2	0%	P/B	Taged Reported
3.	Face's 1, 2	0%	N/O	Reported
4.	3, 3R	0%	N/O	Reported
5.	2L	0% Ch4	Scrap Cut	Taged Reported
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
LOB	17,300		
20.8 O2			
0% Ch4			
0% CO			

Remarks: Powercenter, R-ways, Chargers Travelways Clear at Time of Exam

Intake phone OK

Air Chambers OK

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 Brandon Bowling (Preshift-Mine Examiner) 1122-A (Certificate No.) Assistant Foreman Certificate No.

Countersigned E Hagen (Mine Manager—Mine Foreman) 26044

Assistant Foreman

Rick Hutchins 37569 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-13 20____ Section or Area Examined HG 22

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

Was this report phoned to outside: Yes ✓ no____

By whom Mike Bailey Time ____ A.M 11:00 P.M.

Report received by [signature] 1947-A
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	Room #1	CH4 0%	None observed	None
2.	Room 2		Part bolted	Reflectors
3.	Room 3		None observed	none
4.	Faces 1		None observed	None
5.	2		None observed	none
6.	2L		Scrap cut	Reflectors
7.	3		None observed	None
8.	3R		~~None observed~~ Scrap cut	None
9.	4	0%	None observed	None
10.				

Air Measurements

Location	CFM	Location	CFM
Lo B	15,339		

Remarks: 0% CH4, 20.8% O2, 0PPm C.O. Detected
Shelter
Intake Phone
Power Center
Chargers
Travelways
OK

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

Signed By Mike Bailey 27085
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.

Countersigned [signature] [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 _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-14 2009 Section or Area Examined HG 22

Time of Examination: from 3:40 a.m. or p.m. to 4:07 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	CH4	Violation or Hazardous Condition	Action Taken
1.	1 Rm	0%	None Observed	Reported
2.	2 Rm		Part Bolted	Tagged
3.	3 Rm		Water	Reported
4.	1-2		None Observed	Reported
5.	2LT		Scrap Cut	Tagged
6.	3		None Observed	Reported
7.	3RT		Scrap Cut	Tagged
8.	4	0%	None Observed	Reported
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
LOB	15,417		

Remarks: Teach Travelways PC's Chargers Refuge Intake Phone OK
0% CH4 20.8% O2 0 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 27085 Certificate No. [signature] Assistant Foreman 1122-A 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 12-14-9 Shift Day Area or Section H6 # 22

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Section Idle	No Production	
2.	0 CH4%		
3.	20.8 O2		
4.	0 PPM C/O		
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1R-4R	1-200pm	0 CH4%	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	105pm	0 CH4%	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
[illegible]	1122-A	[illegible]	26021	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-14 20 09 Section or Area Examined HG-22

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

Was this report phoned to outside: Yes ✓ no

By whom Brandon Bowling Time A.M 2:40 P.M.

Report received by Rick Hutchins (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	Rm 1	0% CH4	N/O	Reported
2.	2	0%	Part Bolted	Tagged + Reported
3.	3	0%	Water	Reported
4.	Face's 1, 2	0%	N/O	Reported
5.	2L	0%	Scrap Cut	Tagged + Reported
6.	3	0%	N/O	Reported
7.	3RT	0%	Scrap Cut	Tagged + Reported
8.	4	0% CH4	N/O	Reported
9.				
10.	Mother Drive Entry Wide #4K			Danger Off

Air Measurements

Location	CFM	Location	CFM
LOB	16472		
20.8 O2			
0% CH4			
0% CO			

Remarks: Powercenter, Chargers, R-ways, Haulage Clear at Time of Exam

Intake phone OK

Air Chamber OK

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 1122-A Certificate No. [signature] Assistant Foreman 37424 Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 26241

Rick Hutchins Assistant Foreman 37569 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-14 20 9 Section or Area Examined HG 22

Time of Examination: from 9:15 a.m. or ~~p.m.~~ to 9:50 a.m. or ~~p.m.~~

Was this report phoned to outside: Yes ✓ no

By whom M. Bailey Time A.M 11:05 ~~P.M.~~

Report received by T. Peterson 29611 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	RM 1	0% CH4	n/o	
2.	2	0%	part Bolted	Reflector
3.	3	0%	water	
4.	face's 1-2	0%	none observed	
5.	2L	0%	scrap cut	Reflector
6.	3	0%	none observed	
7.	3 RT.	0%	Scrap cut	Reflector
8.	4	0%	none observed	
9.				
10.	Mother Drive Entry Wider #4R			

Air Measurements

Location	CFM	Location	CFM
N.O.B.	16,360		

Remarks: No CH4 direct. 0% 20.8 oz CO 0%
Haulage & Tramways clean at exam.
Power Center, Charger clean

Sec. Power Center 1st outby P/C need add. Rock dust

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

Signed By Mike Bailey (Preshift-Mine Examiner) 29005 (Certificate No.) Assistant Foreman Certificate No.

Countersigned [signature] (Mine Manager—Mine Foreman) 26041

Assistant Foreman

Superintendent or Assistant

[signature] 29611

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-15 2009 Section or Area Examined HG 22

Time of Examination: from 3:40 a.m. or p.m. to 4:15 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	CH4	Violation or Hazardous Condition	Action Taken
1.	1 Rm	0%	None Observed	Reported
2.	2 Rm	0%	Part Bolted	Tagged
3.	3 Rm	0%	Water	Reported
4.	1-2	0%	None Observed	Reported
5.	2 LT	0%	Scrap Cut	Tagged
6.	3	0%	None Observed	Reported
7.	3 RT	0%	Scrap Cut	Tagged
8.	4	0%	None Observed	Reported
9.	Mother Drive Crest	0%	Wide Areas	Danger Bd
10.	5 FT Belt Power Center	0%	Bad Brow	Reported

Air Measurements

Location	CFM	Location	CFM
LOB	16,012		

Remarks: Travelwaiting Track PC's Charges Refuge
Intake Phone OK
20.8% O2 0 CO 0% CH4

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

Signed By Mike Bailey (Preshift-Mine Examiner) 27085 (Certificate No.) [signature] (Assistant Foreman) 36022 (Certificate No.)

Countersigned [signature] (Mine Manager—Mine Foreman) 26041

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 12-15-09 Shift Nny Area or Section HG27

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action taken*
1.			
2.			
3.	Section	Fel 4	
4.	NO	procedure	
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
	36525		26241	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-15-09 20__ Section or Area Examined X-G-22

Time of Examination: from 12:00 a.m. or p.m. to 1:30 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no____

By whom Dean Jones Time ____ A.M 3:00 P.M.

Report received by Shannon Purdue (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 room .0% chy 20.8% O_2	none observed	none
2.	#2 room .0% chy 20.8% O_2	part bolted	reflector
3.	#3 room .0% chy 20.8% O_2	none observed	none
4.	#1 entry .0% chy 20.8% O_2	none observed	none
5.	#2 entry .0% chy 20.8% O_2	none observed	none
6.	#2 X left .0% chy 20.8% O_2	scrap cut	reflector
7.	#3 entry .0% chy 20.8% O_2	none observed	none
8.	#3 X right .0% chy 20.8% O_2	scrap cut	reflector
9.	#4 entry .0% chy 20.8% O_2	none observed	none
10.			

Air Measurements

Location	CFM	Location	CFM
~~left~~ 1.0 X cut	23,457		
~~right 1.0 X cut~~			

Remarks: 20.8% O_2 .0% chy .0% CO, track, travelways, power center, scoop charger 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 3652 Certificate No. ____ Assistant Foreman ____ Certificate No. ____

Countersigned [signature] Mine Manager—Mine Foreman 26041 [signature] Assistant Foreman 1664-A

[signature] Assistant Foreman 1354-A

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-15-09 2009 Section or Area Examined HG 22

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 Billy Campbell Time A.M 11:10 P.M.

Report received by [signature] Col 1947-A
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	O2	Action Taken
1.	#1 Room	0%	None observed	20.8%	None
2.	#2 Room	0%	Part Bolted	20.8%	Reflectors
3.	#3 Room	0%	water In Face	20.6%	None
4.	#1 Face	0%	None observed	20.8%	None
5.	#2	0%	None observed	20.8%	None
6.	2L	0%	Scrap cut	20.8%	Reflectors
7.	3	0%	None observed	20.8%	None
8.	3R	0%	Scrap cut	20.8%	Reflectors
9.	4	0%	None observed	20.8%	None
10.					

Air Measurements

Location	CFM	Location	CFM
LOB	15,633		

Remarks: 0% CH4, 20.8% O2, 0 PPM C.O. Detected At Time of exam Power center, Travelways, chargers, Intake Phone, shelter OK 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 1354-R Certificate No. [signature] Assistant Foreman [signature] Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 2604

Assistant Foreman

Superintendent or Assistant

[signature] Col 1947-A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-16-09 20 09 Section or Area Examined HG 22

Time of Examination: from 330 a.m. or p.m. to 405 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	CH4 %	O2 %	Violation or Hazardous Condition	Action Taken
1.	#1 Room		20.8	none Observed	none
2.	#2 Room			Part Bolted	Reflectors
3.	#3 Room			Water.	none
4.	#1 Face			None Observed	none
5.	#2			None Observed	none
6.	2L			Scrapcut	Reflectors
7.	3			None Observed	none
8.	3R			Scrapcut	Reflectors
9.	4			None Observed	none
10.					

Air Measurements

Location	CFM	Location	CFM
LOB	15,415		

Remarks: TRACK, Power centers, Chargers, CO's, Refuge shelter Intake phone all CLEAR At time Of Exam 0% CH4, 20.8% O2, 0.00 ppm CO Detected 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. 1354-A

[signature] Assistant Foreman — Certificate No. 30026

Countersigned [signature] Mine Manager—Mine Foreman — Certificate No. 28021

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-16-09 20__ Section or Area Examined H622

Time of Examination: from 12:00 a.m. or p.m. to 1:30 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	CH4	Violation or Hazardous Condition	O2	Action Taken
1.	1 Room	.05	none CGS	20.8	nil
2.	2 Room	.05	part Bolting	20.8	reflecto
3.	3 Room	.05	nil CGS	20.8	nil
4.	1	.05	nil CGS	20.8	nil
5.	2	.05	nil CGS	20.8	nil
6.	2 Ent	.05	scrapout	20.8	reflecto
7.	3	.05	nil CGS	20.8	nil
8.	3 Ent	.05	part Bolting	20.8	reflecto
9.	4	.05	nil CGS	20.8	nil
10.					

Air Measurements

Location	CFM	Location	CFM
LOB	20.176		

Remarks: OCH4 20.802 .010 detected
Turbeys = Hurleys ok at time of
Exam p&c and Chgr ok

Intake plane ✓ ok,
shelter

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 36526 Certificate No. [signature] Assistant Foreman 1334 Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 260441

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-18-09 20__ Section or Area Examined H622

Time of Examination: from 830 a.m. or p.m. to 900 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no____

By whom B Camphere Time ____ A.M ____ P.M.

Report received by ____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4 0%	O2 20.8	Violation or Hazardous Condition	Action Taken
1.	1 Room			None Observed	none
2.	2 Room			~~None Observed~~ Part Bolted BC	Reflectors
3.	3 Room			Water	none
4.	1			none Observed	none
5.	2			None Observed	none
6.	2 Lt			Scrap cut	Reflectors
7.	3			none Observed	none
8.	3 Rt			SCRAP Cut	Reflectors
9.	4			none Observed	none
10.					

Air Measurements

Location	CFM	Location	CFM
COB	18588		

Remarks: 20.8% O2, CH4 0% CO%0 Detected at Exam
Travel ways + Track Clear 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 W B Camphere (Preshift-Mine Examiner) Certificate No. 1354A

Countersigned E Hagan (Mine Manager—Mine Foreman) 26241

Assistant Foreman

Assistant Foreman Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-17-09 Shift Mary Area or Section H622

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-17 20 01 Section or Area Examined HG22

Time of Examination: from 4:00 a.m. or p.m. to 4:30 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.	1 Room	none Observed	none
2.	2 Room	Part Bolted	Reflectors
3.	3 Room	Water	none
4.	1	none Observed	none
5.	2	none Observed	none
6.	2Lt	Scrap Cut	Reflectors
7.	3	none Observed	none
8.	3Rt	Scrap Cut	Reflectors
9.	4	none Observed	none
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	18976		

Remarks: 20.8% O_2, CH_4 0%, CO 0% Detected at Exam
Track + Travelways Clear 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. 1354-A

Countersigned [signature] Mine Manager—Mine Foreman — Certificate No. 26041

Assistant Foreman

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-17-09 20____ Section or Area Examined HG 22

Time of Examination: from 1:30 a.m. or (p.m.) to 2:00 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	CH4	Violation or Hazardous Condition	Action Taken
1.	1 Room	0%	None OBSERVED	NONE
2.	2 Room	0%	Roof Bolted	Reflectors
3.	3 Room	0%	Water	Reported
4.	1	0%	NONE OBSERVED	NONE
5.	2	0%	NONE OBSERVED	NONE
6.	2Lft	0%	Scrap Cut	Reflectors
7.	3	0%	NONE OBSERVED	NONE
8.	3Rt	0%	Scrap Cut	Reflectors
9.	4.	0%	NONE OBSERVED	NONE
10.				

Air Measurements

Location	CFM	Location	CFM
L.O.B.	28,360		

Remarks: PowerCenters, Chargers, TRACK & TRAVELWAYS Clear at EXAM
0% CH4, 20.8% O2, 0ppm CO Detected at EXAM
Intake Phone - OK
Fresh Air Bay - Clear

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 Scott Halstead — Preshift-Mine Examiner — 37567 Certificate No. — Assistant Foreman — 1122-A Certificate No.

Countersigned — Mine Manager—Mine Foreman — 26044

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 12-17-9 Shift EVE Area or Section Headgate #22

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Section Idle		
2.	No production		
3.	0 CH4!		
4.	20.8 O2		
5.	0 ppm c/o		
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	4-1 Rooms	830-900pm	0 CH4!	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	854pm	0 CH4!	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) _____

Brian Bourg — Assistant Mine; 1122-A — Certificate No.; E Hagen — Mine Foreman-Mine Manager; 26041 — Certificate No.; _____ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-17- 2004 Section or Area Examined 1 section

Time of Examination: from 830 a.m. or p.m. to 900 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Brandon Time A.M 1115 P.M.

Report received by [signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	1 Room	CH4 %	None observed	None
2.	2 Room	CH4	Part Bolted	Reflectors
3.	3 Room	CH4 %	Water	Reported
4.	1	CH4 %	None observed	None
5.	2	CH4 %	None observed	None
6.	2 Lft	CH4 %	Scrap cut	reflectors
7.	3	CH4 %	None observed	None
8.	3 Rt	CH4 %	Scrap cut	reflectors
9.	4	CH4 %	None observed	None
10.				

Air Measurements

Location	CFM	Location	CFM
LOB OCH4%	18,634		

Remarks: Power center walways track all clear at time of exam
%CH4 20.8 O2 %CO Intake phone OK Fresh air bay clear

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 1122-A Certificate No. [signature] Assistant Foreman 1941-A Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 26044

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-18-09 20.... Section or Area Examined HG 22

Time of Examination: from .....a.m. or p.m. to .....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.	1 Room 02 CH4, 20868	none Observed	none
2.	2 Room 02CH4, 20862	Part altered	Reflected
3.	3 Room 02CH4, 20862	none Observed	none
4.	1 02 CH4, 20862	none observed	none
5.	2 02 CH4, 20862	none observed	none
6.	2L 02 CH4, 20862	Scrapcut	Reflected
7.	3 02 CH4, 20862	none observed	none
8.	3Rm 02 CH4, 20862	Scrapcut	Reflected
9.	4 02 CH4, 20862	none observed	none
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	19,143		

Remarks: 02 CH4, 02 CO, 20862
PC, Chargers, Travelways, Refuge OK

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. 15394 — Assistant Foreman — Certificate No.

Countersigned ..... Mine Manager—Mine Foreman — Certificate No. 26041

..... Assistant Foreman

..... Superintendent or Assistant

John A. Bickford 24176

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-18 2009 Section or Area Examined H 6-22

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

Was this report phoned to outside: Yes ✓ no

By whom Dean Jones Time A.M. 2:40 P.M.

Report received by Rick Hutchens (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	Rm's 1, 3	0% CH4	N/O	Reported
2.	2	0% CH4	part Bolted	Traged Reported
3.	Face's			
4.	1, 2	0% CH4	N/O	Reported
5.	2L	0% CH4	scrap Cut	Traged Reported
6.	3	0% CH4	N/O	Reported
7.	3R.	0% CH4	scrap Cut	Traged Reported
8.	4	0% CH4	N/O	Reported
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
LOB	19,200		
20.8 O2			
0% CH4			
0% CO			

Remarks: powercenter, R-ways, Chargers, Haulage Clear at Time of Exam

Intake phone OK

Air Chamber OK

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. 26041 [signature] Assistant Foreman Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman

Rick Hutchens Assistant Foreman 37569 Superintendent or Assistant

Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-18 2009 Section or Area Examined HG-22

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

Was this report phoned to outside: Yes ____ no ____

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

Report received by ____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	Rm 1, 3	N/O	Reported
2.	2	part Bolted	Taged + Reported
3.	Face's		
4.	1, 2, 3, 4	N/O	Reported
5.	2L	Scrap Cut	Taged + Reported
6.	3R	Scrap Cut	Taged Reported
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	18,980		
20.8 O2			
0% CH4			
0% CO			

Remarks: powercenter, R-ways, Chargers Travelways Clear at Time of Exam

Intake phone OK

Air Chamber OK

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 Hutchins 37569 Assistant Foreman Certificate No.

Preshift-Mine Examiner Certificate No.

Countersigned E Hagan 260211

Mine Manager—Mine Foreman

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-19 20 9 Section or Area Examined HG22

Time of Examination: from _____ a.m. or p.m. to _____ 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.	Fans off at	BT AT 450AM pulled all	
2.	men outside pulled all disconects going		
3.	under ground for power and locked out		
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM

Remarks: _____

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 29365 — Assistant Foreman — Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman — 2604

Assistant Foreman

Superintendent or Assistant

Geo. Mast 131688

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-21 20 9 Section or Area Examined HG 22

Time of Examination: from 1215 a.m. or p.m. to 115 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ____

By whom Brandon Time ____ A.M. 216 P.M.

Report received by Kyle Anderson (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	1 Room OCHY!	none	
2.	2 Room OCHY!	Part bolted	Reflectors hung
3.	3 Room OCHY!	Water in face	Reported
4.	1 and 2 OCHY!	none	
5.	2L OCHY!	Scrap Cut	Reflectors hung
6.	3-3R OCHY!	3 none 3R Scrap Cut	Reported - Reflectors
7.	4 OCHY!	none	
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Tab. OCHY!	13,460		

Remarks: 2 OCH4 208 Chargers intake phone and fresh air base clear at time of exam
OCH4 20.8 02 OPPM C/O

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 Brandon Brandon (Preshift-Mine Examiner) 1122-A (Certificate No.) Kyle Anderson (Assistant Foreman) 33238 (Certificate No.)

Countersigned E Hagan (Mine Manager—Mine Foreman) 26001

(Assistant Foreman)

Rick Hutchens 37569 (Superintendent or Assistant)

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-21-09 Shift EVE Area or Section H6-22

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action taken
1.	Rm 1	0 %CH4	N/O	Reported
2.	2	0 %CH4	PART Bolted	Taged Reported
3.	3	0 %CH4	WATER in FACE	Reported
4.	FACE'S 1, 2, 3, 3R	4 %CH4	N/O	Reported
5.	2L	0 %CH4	Scrap Cut	Taged Reported
6.				
7.	Section Down Working on Ventilation			
8.	power Off on Section			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Rm's 1-3, FACE 1-4	5:00-5:30	0 %CH4	11.			
2.	Rm's 1-3 FACE 1-4		%CH4	12.			
3.	Rm's 1-3 FACE 1-4		%CH4	13.			
4.	Rm's 1-3 FACE 1-4	7:00-7:30	0 %CH4	14.			
5.				15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Return	4:59	0 %CH4	6.			
2.	Return	7:31	0 %CH4	7.			
3.				8.			
4.				9.			
5.				10.			

Number of Bolts Tested 0

Number of Bolts Torqued Above Range 0 Below Range 0

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) page 5 #6 4:45pm RCP Done Smoke Search on Men, Check SCSR's

Rich Hutchins 37569 [signature] 26 [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 12-27 20 9 Section or Area Examined HG 22

Time of Examination: from 5:00 a.m. or ~~p.m.~~ to 7:00 a.m. or ~~p.m.~~

Was this report phoned to outside: Yes ✓ no

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

Report received by T. Peterson (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	1 Room 0% CH4	none	
2.	2 Room 0% CH4	Part Bolted	Reflector
3.	3 Room 0% CH4	water in face	Rep.
4.	1 & 2 0% CH4	none	
5.	2L 0% CH4	Scrap	Reflector
6.	3-3R 0% CH4	3 none - 3R. Scrap	Reflector
7.	4 0% CH4	none No power on section	
8.		worked on Vent.	
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
L.O.B	10,900		
	No Power On Section		

Remarks: No CH4 dect. 0% 20.8 or CO 0% P/C charger clean
Traveleways & track clean at exam,
Fresh Air Bay Clean Phone ok

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 Hutchison 37569 Assistant Foreman Certificate No.
Preshift-Mine Examiner Certificate No.

Countersigned [signature] 26041 [signature] 37434-01
Mine Manager—Mine Foreman

Assistant Foreman

[signature] 29611 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-22-09 Shift 3rd Area or Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Room #1 0% Chg	N/O	
2.	#2 0% Chg	Part Bolted	Reflected
3.	#3 0% Chg	water in face	Reported
4.	1&2 0% Chg	N/O	
5.	2L 0% Chg	Scrap	Reflected
6.	3-3R 0% Chg	3 None / 3R Scrap	Reflected
7.	4 0% Chg	N/O	
8.	No power on section	worked on Vent	

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine — Certificate No. 37434-01 — 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 12-22 20 09 Section or Area Examined H6 22

Time of Examination: from 4 a.m. or p.m. to 4:50 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	CH4	Violation or Hazardous Condition	Action Taken
1.	#1 Rm	0%	None	Reported
2.	#2 Rm		Part Bolted	Tagged
3.	#3 Rm		Water	Reported
4.	1 + 2		None Observed	Reported
5.	2C		Scrap Cut	Tagged
6.	3		None Observed	Reported
7.	3RT		Scrap Cut	Tagged
8.	4	0%	None Observed	
9.	No Pumps Run Section			
10.				

Air Measurements

Location	CFM	Location	CFM
LOB	10,616		

Remarks: Track Travelways PC's Refuge Intake Phone OK
0% CH_4 20.8% O_2 0 CO

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

Signed By Mike Bailey (Preshift-Mine Examiner) 27085 Certificate No. Brent Boy (Assistant Foreman) 1122-A Certificate No.

Countersigned [illegible] (Mine Manager—Mine Foreman) 2041

Assistant Foreman

Superintendent or Assistant Dave Martin 3168

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-22 Shift Day Area or Section Headgate #22

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Section Idle no production		
2.			
3.	Worked on ventilation outby section		
4.	OCH4! 20.8 O2 0ppm c/o		
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1R-4F	1-200pm	OCH4!	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	140pm	OCH4!	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) _____

Brad Bong — Assistant Mine; 1122-A — Certificate No.; Tay Moon — Mine Foreman-Mine Manager; 33359 — Certificate No.; _____ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-22 2009 Section or Area Examined HG-22

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

Was this report phoned to outside: Yes ✓ no

By whom Brandon Bowling Time A.M 2:50 P.M.

Report received by Rick Hutchins (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
Rm's 1.	1	0% Ch4	N/O	Reported
2.	2	0%	P/B	Taged + Reported
3.	3	0%	Water	Reported
Face's 4.	1	0%	N/O	Reported
5.	2	0%	N/O	Reported
6.	2L	0%	Scrap Cut	Taged + Reported
7.	3	0%	N/O	Reported
8.	3R	0%	Scrap Cut	Taged Reported
9.	4	0% Ch4	N/O	Reported
10.				

Air Measurements

Location	CFM	Location	CFM
LOB			

Working on Ventalation

NO power on Section

Remarks: Chargers, R-ways, P/C, Haulage Clear at Time of Exam

Intake phone OK

Air Chamber OK

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 Brandon Bowling (Preshift-Mine Examiner) 1122-A (Certificate No.) Assistant Foreman Certificate No.

Countersigned Troy Moore (Mine Manager—Mine Foreman) 33309

Rick Hutchins (Assistant Foreman) 37569

Superintendent or Assistant

Wilt Cornhill B34-A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-22-09 Shift Eve Area or Section HG-22

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action taken
1.	Rm's 1	0 %Ch4	N/O	Reported
2.	2	0 %Ch4	P/B	Reported
3.	3	0 %Ch4	WATER	Reported
4.	Face's			
5.	1, 2, 3, 4	0 %Ch4	N/O	Reported
6.	2L	0 %Ch4	Scrap	Reported
7.	3R	0 %Ch4	Scrap	Reported
8.				

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Rm1 - Face 4	5:00-5:30	0%Ch4	11.			
2.	Rm1 - Face 4	9:00-9:30	0%Ch4	12.			
3.				13.			
4.	Soft Ribs on Section			14.			
5.				15.			
6.	Working on Ventilation			16.			
7.				17.			
8.	Section Idle			18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) page 5 #11 3:45pm RCP

Rich Hatchers 37569 Assistant Mine Certificate No.

Terry Moore 33387 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 12-22 2009 Section or Area Examined HG-22

Time of Examination: from 9:00 a.m. or p.m. to 9:40 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Rick Hutchins Time A.M 11:00 P.M.

Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	Rm 1	0% CH4	N/O	Reported
2.	2	0% CH4	part Bolted	Tagged Reported
3.	3	0% CH4	Water	Reported
4.	Face 1&2	0% CH4	N/O	Reported
5.	2L	0% CH4	Scrap Cut	Tagged Reported
6.	3	0% CH4	N/O	Reported
7.	3RT	0% CH4	Scrap Cut	Tagged Reported
8.	4	0% CH4	N/O	Reported
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
LOB			
Working on Ventilation			

Remarks: Chargers, R-ways, Haulage, P/C Clear at time of Exam

Intake phone OK

Air Chamber OK

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 Hutchins 37569
Preshift-Mine Examiner Certificate No.

Countersigned Terry Moore 33757
Mine Manager—Mine Foreman

Assistant Foreman

Assistant Foreman Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-23-09 Shift 3RD Area or Section HG-22

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Rm 2	Part Bolted	Tagged
2.	3	Water	Reported
3.	2L	Scrap Cut	Reported
4.	3RA	Scrap Cut	Reported
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested

Number of Bolts Torqued Above Range Below Range

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

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

Robert E. [illegible] — Assistant Mine

3743401 — Certificate No.

Terry Moore — Mine Foreman-Mine Manager

33389 — Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-23-09 20___ Section or Area Examined HC22

Time of Examination: from 400 a.m. or p.m. to 445 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no ___

By whom Roland Time 548 A.M 50 P.M.

Report received by [signature] 1539A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	Rm 1	Ch4 06	None Observed	none
2.	Rm 2	Ch4 06	Part Bolted	Reflected
3.	Rm 3	Ch4 06	water	Reported
4.	1	Ch4 06	None Observed	None
5.	2	Ch06	Scrap	Reflected
6.	3	Ch4 06	none	none
7.	4	Ch4 06	none	none
8.	3R	Ch4 06	Scrap	Reflected
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
L03	16,450		

Remarks: 06Ch4 06CO 20 8202

PC Chargers Refuge Travelways OK

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 37434-06 Certificate No. [signature] Assistant Foreman 1122-A Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 33307

Assistant Foreman

Superintendent or Assistant

[signature] 1354A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-23-9 Shift Day Area or Section Headgate #22

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Section Idle		
2.	No production		
3.	OCHY'l 20.8 O2		
4.	OPPM C/O		
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1R-4	1pm-130pm	OCHY'l	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	120pm	OCHY'l	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)

Brian Bory — Assistant Mine

1122-A — Certificate No.

Troy Moore — Mine Foreman-Mine Manager

3335? — Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-23 20 09 Section or Area Examined H. 6. 22

Time of Examination: from 1100 a.m. or p.m. to 1130 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom B. Bowling Time 1135 A.M. P.M.

Report received by B. Clonney (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.	#1 room 20.80$_2$ 0%CH$_4$	none obs.	reflectors hung
2.	#2 room 20.80$_2$ 0%CH$_4$	part bolted	reflectors hung
3.	#3 room 20.80$_2$ 0%CH$_4$	water in face	reflectors hung
4.	#1 heading 20.80$_2$ 0%CH$_4$	none obs.	reflectors hung
5.	#22 20.80$_2$ 0%CH$_4$	scrap cut	reflectors hung
6.	#3 20.80$_2$ 0%CH$_4$	none obs.	reflectors hung
7.	#4 20.80$_2$ 0%CH$_4$	none obs.	reflectors hung
8.	#3R 20.80$_2$ 0%CH$_4$	scrap cut	reflectors hung
9.	#4 20.80$_2$ 0%CH$_4$	none obs.	reflectors hung
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*
LOB	26,600		

Remarks: power center, chargers KVH's track, travelway safe to travel at time of exam intake phone OK soft rib on sect. 20.80$_2$ 0% CH$_4$ shaker need spotter

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 Brock Bowling — Preshift-Mine Examiner — Certificate No. 1122-A

Brock Bowling — Assistant Foreman — Certificate No. 1122-A

Countersigned Troy Moore — Mine Manager—Mine Foreman — Certificate No. 33357

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-23-9 Shift Day Area or Section Headgate #22

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	#2R Room OCHY!	Part Bolted	Reflectors
2.	#3 Room OCHY!	Water	Pumped wate
3.	#2L CC OCHY!	Scrap Cut	Refletors
4.	#3R CC OCHY!	Scrap Cut	Reflectors
5.	OPPM c/o		
6.	20.802		
7.	#4 Int	Corners Not Bolted	Spotted 4 Bolts
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1R-4	12-1230pm	OCHY!	11.			
2.				12.			
3.	1R-4	1pm to 150 pm	OCHY!	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	1235pm	OCHY!	6.			
2.				7.			
3.	Return	140pm	OCHY!	8.			
4.				9.			
5.				10.			

Number of Bolts Tested 4

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) Pg. 5 sect 5 of RCP at 1150 AM.

Brad Bray — Assistant Mine; 1122-A — Certificate No.; Terry Moore — Mine Foreman-Mine Manager; 33359 — Certificate No.; Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-23 20 09 Section or Area Examined HG-22

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 Brandon Bowling Time A.M. 2:35 P.M.

Report received by Rick Hutchins (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	Rm 1	0% CH4	N/O	Reported
2.	2	0% CH4	P/B	Taged & Reported
3.	3	0% CH4	WATER	Reported
4.	Face 1, 2	0% CH4	N/O	Reported
5.	2L	0% CH4	Scrap Cut	Reported
6.	3	0% CH4	N/O	Reported
7.	3R	0% CH4	Scrap Cut	Taged Reported
8.	4	0% CH4	N/O	Reported
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
LOB	24,494		
0% CH4			
20.8% O2			
0% CO			

Remarks: Powercenter, R-ways, Chargers, Haulage Clear at Time of Exam

Intake phone OK

Air Chamber OK

[illegible] 1539A

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

Signed By [illegible] Preshift-Mine Examiner 1122-A Certificate No. Assistant Foreman Certificate No.

Countersigned [illegible] Mine Manager—Mine Foreman 33737

Rick Hutchins Assistant Foreman 37569 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-23-09 Shift Eve Area or Section HG-22

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action taken
1.	Rm #5 1	0 % CH4	N/O	Reported
2.	2	0 % CH4	P/B	Corrected
3.	3	0 % CH4	WATER	Corrected
4.	Face 1, 2	0 % CH4	N/O	Reported
5.	2L	0 % CH4	Scrap Cut	Corrected
6.	3	0 % CH4	N/O	Reported
7.	3R	0 % CH4	Scrap Cut	Corrected
8.	4	0 % CH4	N/O	Reported

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Rm 1 - Face 4	4:00-4:30	0 % CH4	11.			
2.	Rm 1 - Face 4	6:00-6:30	0 %	12.			
3.	Rm 1 - Face 4	8:00-8:30	0 %	13.			
4.	Rm 1 - Face 4	10:30-11:00	0 % CH4	14.			
5.				15.			
6.	0 % CH4			16.			
7.	20.8 O2			17.			
8.	0 % CO			18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Return	4:33pm	0 % CH4	6.			
2.	Return	8:35pm	0 % CH4	7.			
3.				8.			
4.				9.			
5.				10.			

Number of Bolts Tested 10
Number of Bolts Torqued Above Range 0 Below Range 0

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) page 5 #10 3:45pm RCP
Section Safe & Clear at Time of Exam

Rick Hutchins — Assistant Mine
37569 — Certificate No.
Troy Moore — Mine Foreman-Mine Manager
3335-9 — Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-25-09 20___ Section or Area Examined H623

Time of Examination: from 830 a.m. or p.m. to 1130 a.m. or p.m.

Was this report phoned to outside: Yes_____ no ✓

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

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	Rm#1 OE Ch4	n/o OE CO	none 20.8602
2.	Rm#2 OE Ch4	Part Bolted OE CO	Reflected 20.8602
3.	Rm#3 OE Ch4	water OE CO	Reported 20.8602
4.	Face 1,2 OE Ch4	none Observed OE CO	none 20.8602
5.	2L OE Ch4	scrapcut OE CO	Reflected 20.8602
6.	3 OE Ch4	none observed OE CO	none 20.8602
7.	3R OE Ch4	scrapcut OE CO	Reflected 20.8902
8.	4 OE Ch4	none observed OE CO	none 20.8602
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	25,130		

Remarks: OE Ch4, OE CO, 20.8602

PC, Chargers, Roadways, Intake Phone, and Refuge OK

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 1559 Certificate No. _____ Assistant Foreman _____ Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 33359 _____

_____ Assistant Foreman _____ _____ Superintendent or Assistant _____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12/26/09 Shift 3RD Area or Section A623

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	RM #2	Part Bolted	Reflected
2.	RM #3	WATER	Reported
3.	2L	SCRAP CUT	Reflected
4.	3R	SCRAP CUT	Reflected
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

[signature] Assistant Mine — 374321-01 Certificate No. — [signature] Mine Foreman-Mine Manager — 33359 Certificate No. — Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-26-09 20___ Section or Area Examined H622

Time of Examination: from 4:00 a.m. or p.m. to 5:00 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no ___

By whom Roland Sackman Time 5:42 A.M ___ P.M.

Report received by [signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CHY %	Violation or Hazardous Condition	O2	Action Taken	CO
1.	1 Rm	.0	none obs	20.8	nep	.0
2.	2 Rm	.0	not Bolted	20.8	reflects	.0
3.	3 Rm	.0	H2O	20.8	nep	.0
4.	1	.0	none obs	20.8	nep	.0
5.	2	.0	none obs	20.8	nep	.0
6.	2 Lt	.0	needs dust rated	20.8	nep	.0
7.	3	.0	none obs	20.8	nep	.0
8.	4	.0	none obs	20.8	nep	.0
9.						
10.						

Air Measurements

Location	CFM	Location	CFM
COB	23,670		

Remarks: .0 CHY 20.8 O2 .0 CO detected
Tridays & Hedays ck. at time
of Exam P.C. and Chy ck.

Shelter
Intake Pipe } ok

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 3743401 Certificate No. [signature] Assistant Foreman 56826 Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 33359

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-26-09 Shift Rey Area or Section H622

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1 Mn	none obs	nil
2.	2 mn	not bolted	Bolted
3.	3 mn	H2O	pumped
4.	1	none obs	nil
5.	2	no obs	nil
6.	2 ent	needs check' noted	dup
7.	3	none obs	nil
8.	4	no obs	nil

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content %		Location	Time	Methane Content
1.	net	8:00	0	6.			
2.				7.			
3.	net	12:00	0	8.			
4.				9.			
5.				10.			

Number of Bolts Tested 8

Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) discussed pg #7 of Rep #31 at 7:00 AM

[signature] 36826 Tony Moore 33359

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-26 20 09 Section or Area Examined Headgate #22

Time of Examination: from 1230 a.m. or p.m. to 200 a.m. or p.m.

Was this report phoned to outside: Yes X no

By whom Deano Jones Time A.M 230 P.M.

Report received by Brandon Bong (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 Room 10CHY!	None Observed	Reported
2.	2 Room 10CHY!	Needs Cleaned + Dusted	Reported
3.	3 Room 10CHY!	Scrap Cut	Reflectors
4.	#1 Entry 0CHY!	None Observed	Reported
5.	#2L CC 0CHY!	Needs Cleaned + Dusted	Reported
6.	#3 Entry 0CHY!	None Observed	Reported
7.	#4 Entry 0CHY!	None Observed	Reported
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	17,746		
0CHY! 20.8 O2			
0PPM C/O			

Remarks: Power Center OK at time of exam.
Chargers
Outby Shelter
Intake phone not paging - Reporting
0CHY! 20.8 O2 0PPM C/O

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 — 36 Certificate No. — Brandon Bong Assistant Foreman — 1122A Certificate No.

Countersigned Terry Moore Mine Manager—Mine Foreman — 33359

Assistant Foreman

Superintendent or Assistant