

LBB - Construction

52-62 Bk

STARTED 12-17-09

PRE-SHIFT - ONSHIFT

and

DAILY REPORT

FINISHED 1-21-10

Company Performance

Mine UBB

SECTION LBB-Construction Area

LOCATION Naoma Beckley WV

Post Office County State

Re-order from
 BJW Printing and
 Office Supplies
 P. O. Box 1309
 Beckley, WV 25801
 Phone (304) 253-7361

LBB - Construction

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-17 20 9 Section or Area Examined LBB Cont's Area
 Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom thought outside 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. <u>Work Areas 070CH4 57 Pk.</u>	<u>none observed</u>	<u>Rep.</u>
2. <u>20.8oz</u>		
3. <u>COO%</u>		
4. <u>52-62 Pk's</u>	<u>work areas that are being cont'd.</u>	
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>good air movement</u>			
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	

Remarks: NoCH4 det. 0% 20.8oz COO%

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] 29611 Certificate No. _____ Assistant Foreman _____ Certificate No. _____
 Countersigned [Signature] 28736 _____ Mine Manager Mine Foreman _____
 _____ Assistant Foreman _____
 _____ Superintendent of 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 Day Area or Section 57-60 LBB

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Work Area Clear</u>		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Good Air movement</u>			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] 37222
Assistant Mine Foreman Certificate No.

[Signature] 2872
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 52 BIK Section or Area Examined
 Time of Examination: from 2:00 a.m. or 2:30 p.m. to 2:30 a.m. or 2:30 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. _____	_____	_____
2. <u>Construction</u>	<u>Area Clear</u>	_____
3. _____	_____	_____
4. <u>CH₄-0%</u>	_____	_____
5. <u>CO-0%</u>	_____	_____
6. <u>O₂-20.8%</u>	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
_____	_____	_____	_____
<u>Good Air Movement</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: _____

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] 37222 [Signature] 1543-A
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned [Signature] 28131 _____
 Mine Manager / Mine Foreman
[Signature] 29611 _____
 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 12-17-09 Shift eve Area or Section 52 BRK

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 3 contains handwritten entry: 'work over dull 20.8% O2 0% CH4 Oppm O2'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Row 3 contains handwritten entry: 'good air movement'.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. All rows are empty.

Number of Bolts Tested

Number of Bolts Torqued Above Range Below Range

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over RCP Pg 2 Paragraph 2

3:10 PM

Assistant Mine Foreman signature

1543-A Certificate No.

Mine Foreman-Mine Manager signature

28736 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 9 Section or Area Examined 52 Rk. Con 21
 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 outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. _____	_____	_____
2. <u>Construction</u>	<u>area clear</u>	_____
3. _____	_____	_____
4. <u>O₂CH₄</u>	_____	_____
5. <u>20.8oz</u>	_____	_____
6. <u>COO₂</u>	_____	_____
7. _____	_____	_____
8. <u>52 Rk.</u>	<u>Top being spot bolted</u>	<u>Bolting top</u>
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>good air movement</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: No CH₄ detect. O₂ 20.8oz COO₂
traverseways & track clear of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] 29611 Certificate No. _____ Assistant Foreman _____ Certificate No. _____
 Countersigned [Signature] 28736 Certificate No. _____ 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 12-17-09 Shift Day Area or Section 52 x feet const

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Work area clear</u>		
2. _____		
3. <u>Good air movement</u>		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Belt entry</u>	<u>10:00</u>	<u>0%</u>	11. _____		
2. _____	<u>12:00</u>	<u>0%</u>	12. _____		
3. _____	<u>2:00</u>	<u>0%</u>	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) Went over pp. 7 para 2 of my control plan.

Assistant Mine Foreman

Certificate No.

Rick Forta
Mine Foreman-Mine Manager

29736
Certificate No.

Superintendent or Assistant

Use Indelible
Pen or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-18 20 9 Section or Area Examined 52 Blk. Construction
 Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Construction 52 Blk.</u>	<u>spot bolting in progress</u>	<u>being spot bolted</u>
2. _____	_____	_____
3. _____	_____	_____
4. <u>NOCH4 O2</u>	_____	_____
5. <u>20.8oz</u>	_____	_____
6. <u>CO O2</u>	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>good air movement</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: NOCH4 det. O2 20.8oz CO O2

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] 29611 _____
 Preshift-Mine Examiner Certificate No. _____
 Countersigned [Signature] 28752 _____
 Mine Manager Mine Foreman Assistant Foreman

 Superintendent or Assistant

Certificate No. 1543-19

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 12-18-09 Shift evc Area or Section 52 BK const.

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>mint area clear</u>	<u>20.8% O₂ 0% CH₄</u>	<u>Oppm Co</u>
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. <u>good air movement</u>	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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) mint area spot testing and page 4
part 1 of RCP with guys at 400pm

Ben Collins
Assistant Mine Foreman

1543-D
Certificate No.

Rick Jeter
Mine Foreman-Mine Manager

28236
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination: 12-21 209 Section or Area Examined: 52 Mt Construction
 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: Brought outside 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. <u>Construction - 52 Mt</u>	<u>spot bolting in progress</u>	<u>being spot bolted</u>
2. _____	_____	_____
3. <u>No CH4 detect 0%</u>	<u>20.802 CO 0%</u>	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>good air movement</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Tracks & Trunkways clear
No CH4 detect. 0% 20.802 CO 0%

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] Certificate No. 29611 Assistant Foreman: _____ Certificate No. _____
 Countersigned: [Signature] Mine Manager: _____ Mine Foreman: _____
[Signature] Assistant Foreman: _____ Certificate No. 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indellible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-22 20 9 Section or Area Examined 52 Pit Construction
 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 outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Construction - 52 Pit</u>	<u>spot bolting in progress</u>	<u>being bolted</u>
2. _____	_____	_____
3. _____	<u>No CH₄ detect. O₂ 20.80% CO₂</u>	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
_____	<u>Good air movement</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: No CH₄ detect. O₂ 20.80% CO₂
Tracks + haulways clear at exam.

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 Kenny Thompson 1689A
Preshift-Mine Examiner Certificate No.
 Countersigned Rick Fish 28236
Mine Manager Mine Foreman 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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.

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 12-23 209 Section or Area Examined Blk. 52 Construction
 Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Construction 52 Blk.</u>	<u>Spot Realtig in progress</u>	<u>Being Realted</u>
2. <u>O₂ CH₄</u>	_____	_____
3. <u>20.8oz</u>	_____	_____
4. <u>CO₂</u>	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>good air movement</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Rocky Sect. O₂ 20.8oz CO₂
Trucks Tunnelways clear at exams

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] 29611 _____
 Preshift Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned [Signature] 28736 _____
 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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. _____

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 12-24-69 20 Section or Area Examined LBB 53-61 B1c
 Time of Examination: from 900 a.m. or p.m. to 915 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Mike K. King Time 915 A.M. P.M.
 Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>53 to 61 B1c</u>	<u>needs spot bolted</u>	
2. <u>53 to 61 B1c</u>	<u>being spot bolted</u>	
3. <u>02 20.8% CH4-0% CO-0%</u>		
4. <u> </u>		
5. <u> </u>		
6. <u> </u>		
7. <u> </u>		
8. <u> </u>		
9. <u> </u>		
10. <u> </u>		

Air Measurements

Location	CFM	Location	CFM
<u>Good Air Movement</u>			

Remarks: A Reg needs spot bolted and is being spot bolted

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

Signed By M. King Preshift-Mine Examiner Certificate No. 33017
 Countersigned Head Foreman Mine Manager Mine Foreman Certificate No. 28732
 Assistant Foreman
 Superintendent or Assistant [Signature] 37222

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-28-09 Shift Day Area or Section L B 13 53-61 B.12

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. _____	_____	_____
2. <u>53-61 B.12 in old</u>	<u>exit entry</u>	<u>spot bolting</u>
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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) went over pg 3 Paragraph 2 of Roof Control Plan 6:25 AM

Assistant Mine Foreman _____ Certificate No. _____
 Mine Foreman-Mine Manager Rick Z... Certificate No. 28736
 Superintendent or Assistant J. W. 37222

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-28 20 9 Section or Area Examined 1 BB Construction 52 Pit
 Time of Examination: from 8:30 a.m. or p.m. to 11:00 a.m. or p.m. 53-61
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by brought outside
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>53 Pit. to 61</u>	<u>need spot Bolter</u>	<u>being done</u>
2. _____	_____	_____
3. _____	_____	_____
4. <u>NoCH4 det. 0%</u>	_____	_____
5. <u>20.802</u>	_____	_____
6. <u>CO 0%</u>	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>good air movement</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: NoCH4 det. 0% 20.802 CO 0%

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] Certificate No. 29611 Assistant Foreman _____ Certificate No. _____
 Countersigned [Signature] Mine Manager Mine Foreman 28736
 _____ 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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.

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 12-29 20 9 Section or Area Examined LAB Construction
 Time of Examination: from 3:00 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 outside
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>53 Rk. to 61 Rk.</u>	<u>need grate hotted in place</u>	
2. _____	_____	_____
3. _____	_____	_____
4. <u>No CH₄ detect. 0%</u>		
5. <u>20.8oz</u>		
6. <u>000%</u>		
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>good air movement</u>			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: No CH₄ detect. 0% 20.8oz 000%
troughways + track clean at exam.

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] 29611 _____
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned [Signature] 23236 _____
 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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. _____

Mine Foreman-Mine Manager

Certificate No. _____

Superintendent or Assistant

Use Indelible
Pen or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-29-04 20 Section or Area Examined L. B. B. Cont. area
 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	Violation or Hazardous Condition	Action Taken
1. <u>30.8% O₂, 0% ch₄, 0% CO₂</u>	<u>Trash, power center, scoop chaps,</u>	
2. <u>power center, D-bloc chaw at time of exam</u>		
3. _____		
4. <u>Work area needs 1 or 2 spot lights put up</u>		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Good air movement</u>			

Remarks: _____

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 Reed Foster 28734 _____
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned Reed Foster 28732 _____
Mine Manager Mine Foreman
 _____ 24641 _____
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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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.

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 12-30 20 9 Section or Area Examined 52 Rk. Construction
 Time of Examination: from 3:00 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 frucht outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>52-61 Rk.</u>	<u>Construction being done</u>	
2. _____		
3. _____	<u>NOCHU dect. 0%</u>	
4. _____	<u>20.802</u>	
5. _____	<u>COO 2%</u>	
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Good air movement</u>			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: NOCHU dect. 0% 20.802 COO 2%
Tracks & travel ways clear at exam.

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] 29611 Certificate No. _____ Assistant Foreman _____ Certificate No. _____
 Countersigned Rich Foster Mine Manager Mine Foreman 28736
[Signature] 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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. _____ 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 12-31 20 9 Section or Area Examined 52 Bkt. Construction
 Time of Examination: from 3:00 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 prompt outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>52 Bkt-41</u>	<u>Construction being done in these areas</u>	
2. _____	<u>checked for CH4 0% lect.</u>	
3. _____	<u>20.8oz CO2%</u>	
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>good air movement</u>			

Remarks: No CH4 lect. 0% 20.8oz CO2%
Tracks & 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 W. Va. Mining Laws and 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] 29011 Certificate No.
 Countersigned [Signature] 28736 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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. _____

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 1-3 Section or Area Examined 52-61 Rake's Construction
 Time of Examination: from 8:00 a.m. or p.m. to 11:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom [Signature] Time A.M. P.M.
 Report received by [Signature]
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>52 Rk - 61</u>	<u>construction being done in these areas</u>	
2. _____	<u>NOCH4 detect. 0%</u>	
3. _____	<u>20.80% CO2</u>	
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Good air movement</u>			

Remarks: NOCH4 detect. 0% 20.80% CO2
tracks & 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 W. Va. Mining Laws and 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] Certificate No. 29611
 Countersigned [Signature] Mine Manager Mine Foreman Certificate No. 28736
 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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.

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 1-4 2010 Section or Area Examined 52 blk. Construction
 Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by brought outside
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>52 blk.</u>	<u>Construction being done</u>	
2.	<u>no CH4 det. 0%</u>	
3.	<u>20.50v</u>	
4.	<u>CO 0%</u>	
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>good air movement</u>			

Remarks: No CH4 det. 0% 20.50v CO 0%
Tracks & Tranchways clean at exam.

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] 29611 Certificate No. _____ Assistant Foreman Certificate No. _____
 Countersigned [Signature] 28734 Mine Manager - Mine Foreman
[Signature] 29611 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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. _____

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 1-4 20 10 Section or Area Examined 52-61 Mt. Construction
 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 cards (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>52 Rd.</u>	<u>Construction being done</u>	
2.	<u>No CH4 detect. 02</u>	
3.		
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 W. Va. Mining Laws and 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] Certificate No. 24611 Assistant Foreman _____ Certificate No. _____
 Countersigned [Signature] Mine Manager Mine Foreman _____
 _____ Assistant Foreman _____
 _____ Superintendent or Assistant _____

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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) _____

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-5 Section or Area Examined Construction areas 52-61 Rks
 Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>52-61 Rks</u>	<u>Construction in progress</u>	
2.	<u>No CH₄ det. 0%</u>	
3.	<u>20.8oz</u>	
4.	<u>CO 0%</u>	
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
	<u>good air movement</u>		

Remarks: No CH₄ det. 0% 20.8oz CO 0%
tracks & tunnelway clean at exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] 29611 Certificate No.
 Countersigned [Signature] 28234 Certificate No.
[Signature] 29611 Superintendent or Assistant

WV/Col 1947A

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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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. _____

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 1-5 20 10 Section or Area Examined 52-61 Construction
 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 outside
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>52-61 h.c.</u>	<u>construction in progress</u>	
2. _____	<u>NoCH4 det. 0%</u>	
3. _____	<u>20.8 or</u>	
4. _____	<u>CO 0%</u>	
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>good air movement</u>			

Remarks: NoCH4 det 0% 20.8 or CO 0%
Tracks & travel ways clean at exam.

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] Certificate No. 29611
 Preshift-Mine Examiner Assistant Foreman Certificate No. _____
 Countersigned [Signature] Certificate No. 26734
 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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. _____

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 1-6 2010 Section or Area Examined 52-61 Pk. Construction
 Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by brought outside
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>52-61 Pk.</u>	<u>construction in progress</u>	
2. _____	<u>No CH₄ O₂</u>	
3. _____	<u>20.5 oz</u>	
4. _____	<u>CO O₂</u>	
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>good air movement</u>			

Remarks: No CH₄ det - O₂ 20.5 oz CO O₂
Tracks & Trunkways clear at exam.

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] 29611 _____
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned [Signature] 28734 _____
 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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. _____

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 1-6 2010 Section or Area Examined 52-61 Rik's Construction
 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 outside
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>52-61 Rik's</u>	<u>Construction in progress</u>	
2.	<u>No CH4 det. 0%</u>	
3.	<u>20.80%</u>	
4.	<u>CO 0%</u>	
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Good air movement</u>			

Remarks: No CH4 det 0% 20.80% CO 0%
Tracks & Troneways clear at exam.

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] Certificate No. 29611
 Preshift Mine Examiner Assistant Foreman
 Countersigned [Signature] Certificate No. 26734
 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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.

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 1-7 20 10 Section or Area Examined 52-61 Rk's Construction
 Time of Examination: from 3:00 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 _____
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>52-61 Rk.</u>	<u>construction in progress</u>	
2. _____	<u>no CH₄ detect</u>	
3. _____	<u>O₂</u>	
4. _____	<u>20.80%</u>	
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>good air movement</u>			

Remarks: no CH₄ detect. O₂ 20.80% CO₂
Track & Trunkways clear at exam.

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] 29611 _____
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned [Signature] 28736 _____
 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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) _____

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-7 2010 Section or Area Examined 52-61 BKS, Construction
 Time of Examination: from 6:30 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 outside
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>52-61 BKS,</u>	<u>construction in progress</u>	
2.	<u>no CH4 detect. 0%</u>	
3.	<u>20.80%</u>	
4.	<u>CO 0%</u>	
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>good air movement</u>			

Remarks: No CH4 detect. 0% 20.80% CO 0%
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 W. Va. Mining Laws and 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] 29611 Certificate No. _____ Assistant Foreman _____ Certificate No. _____
 Countersigned [Signature] 28736 Certificate No. _____
 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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. _____

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 1-8 2010 Section or Area Examined 52-61 Bks. Construction
 Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by brought outside
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>52-61 Bks</u>	<u>construction in progress</u>	
2.	<u>no CH₄ det. 0%</u>	
3.	<u>20.5m</u>	
4.	<u>CO₂</u>	
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Good air movement</u>			

Remarks: No CH₄ det. 0% 20.5m CO₂
Tramways & track clean at exam.

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] Certificate No. 29011 Assistant Foreman _____ Certificate No. _____
 Countersigned [Signature] Mine Manager / Mine Foreman _____
 _____ Assistant Foreman _____
 _____ Superintendent or Assistant _____

July 26 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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.

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 1-11 20 10 Section or Area Examined 52-61 Bk's Construction
 Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by Brought outside
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>52-61 Bk's</u>	<u>Construction in progress</u>	
2.	<u>No CH₄ det. 0%</u>	
3.	<u>20.5oz</u>	
4.	<u>CO₂</u>	
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Good air movement</u>			

Remarks: No CH₄ det. 0% 20.5oz CO₂
Tracks & Trunkways clear at exam.

This is to certify that (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] 29611 Certificate No. _____ Assistant Foreman _____ Certificate No. _____
 Countersigned [Signature] 28736 _____ Mine Manager Mine Foreman _____
[Signature] 29611 _____ Assistant Foreman _____ Superintendent or Assistant _____
 Div Coal 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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. _____

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 1-11 2010 Section or Area Examined 52-61 Rk's Construction
 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 outside
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>52-61 Rk's</u>	<u>Construction improper</u>	
2. _____	<u>NoCH₄ det. 0%</u>	
3. _____	<u>20.80%</u>	
4. _____	<u>COO₂</u>	
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>good air movement</u>			
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	

Remarks: NoCH₄ det. 0% 20.80% COO₂
Trunkways & 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 W. Va. Mining Laws and 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 George Cole 1947-A
 Preshift-Mine Examiner Certificate No.
 Countersigned Rick Zelen 28736
 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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.

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 1-12 20 10 Section or Area Examined 52-61 Rk. Construction
 Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Brought out side 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. <u>52-61 Rk.</u>	<u>construction in progress</u>	
2.	<u>NOCl₂ defect. 0%</u>	
3.	<u>20.8oz</u>	
4.	<u>COO%</u>	
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
	<u>good air movement</u>		

Remarks: NOCl₂ defect. 0% 20.8oz COO%
Tracks & Tranehways clear at exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] 1947-A Certificate No. _____ Assistant Foreman Certificate No. _____
 Countersigned [Signature] 2873L _____ Mine Manager Mine Foreman
[Signature] 2944 _____ Assistant Foreman Superintendent or Assistant
[Signature] 1659-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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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. _____ Mine Foreman-Mine Manager _____ 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 _____ 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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.

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 1-13 20 10 Section or Area Examined 52-61 Rk. Construction
 Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by Brought outside
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>52-61 Rk.s</u>	<u>construction in progress</u>	
2. _____	<u>No CH₄ det. 0%</u>	
3. _____	<u>20.8 oz</u>	
4. _____	<u>CO 0%</u>	
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>good air movement</u>			
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	

Remarks: NO CH₄ det. 0% 20.8 oz CO 0%
Track & Trenchways clear at exam.

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] Certificate No. 29011 Assistant Foreman _____ Certificate No. _____
 Countersigned [Signature] Mine Manager Mine Foreman _____ Certificate No. _____
 _____ Assistant Foreman _____
 _____ Superintendent or Assistant _____

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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. _____

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 1-13 2010 Section or Area Examined 52-61 Pit's Construction
 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 outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>52-61 Pit's</u>	<u>construction in progress</u>	
2.	<u>0% CH₄</u>	
3.	<u>0% CO</u>	
4.	<u>20.8oz</u>	
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>good air movement</u>			

Remarks: No CH₄ det. 0% 20.8oz CO₂
trunkways track clean at exam.

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] 29611 Certificate No. _____ Assistant Foreman _____ Certificate No. _____
 Countersigned [Signature] 23734 Certificate No. _____ 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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.

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 1-14 20 10 Section or Area Examined 52-61 Construction
 Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by Brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>52-61 Riles</u>	<u>Construction in progress</u>	
2.	<u>No CH₄ detect O₂</u>	
3.	<u>20.8 oz</u>	
4.	<u>CO O₂</u>	
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Good air movement</u>			

Remarks: No CH₄ detect O₂ 20.8 oz CO O₂
Traverse Tracks ways clear at exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] Certificate No. 29611 Assistant Foreman _____ Certificate No. _____
 Countersigned [Signature] Mine Manager Mine Foreman _____ Certificate No. _____
 _____ Assistant Foreman _____
 _____ Superintendent or Assistant _____

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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. _____

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 1-14 20 10 Section or Area Examined S2-61 Construction
 Time of Examination: from 12 a.m. or 9 p.m. to 3 a.m. or 0 p.m.
 Was this report phoned to outside: Yes no 9
 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. <u>S2-61 BK</u>	<u>Construction in progress</u>	
2.	<u>0% CH₄</u>	
3.	<u>0% CO</u>	
4.	<u>20.89 02</u>	
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Good Air Movement</u>			

Remarks:

0% CH₄, 0% CO, 20.89 02
Track, Travelway clear at exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 Jay Stewart Certificate No. 39199
 Preshift-Mine Examiner Assistant Foreman Certificate No. _____
 Countersigned Rich Foster Certificate No. 28736
 Mine Manager Mine Foreman
Rich Foster Certificate No. 29611
 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.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

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.

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 1-14 2010 Section or Area Examined 52-61 Bk's Construction
 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 gate (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>52-61 Bk's</u>	<u>construction in progress</u>	
2. _____	<u>O₂ CH₄</u>	
3. _____	<u>20.8oz</u>	
4. _____	<u>CO O₂</u>	
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Good air movement</u>			
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	

Remarks: NOCH₄ detect. O₂ 20.8oz CO O₂
Tracks & 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 W. Va. Mining Laws and 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] Assistant Foreman Certificate No. _____
 Countersigned [Signature] Mine Manager Mine Foreman 28736 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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. _____

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 1-15 2010 Section or Area Examined LBB Construction 52 t662
 Time of Examination: from 12:00 a.m. or P.M. to 3:00 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	CH ₄	Violation or Hazardous Condition	Action Taken
1. <u>WORK AREA 52t662</u>	<u>0%</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
2. <u>CHARGER</u>	<u>0%</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Good Air Movement</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH₄ 0% CO 20.8% O₂

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 Harley Taylor 37002 Assistant Foreman Certificate No. _____
 Countersigned Rick Foster 28736 Mine Manager Mine Foreman Certificate No. _____
 _____ Assistant Foreman _____ Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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. _____

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 1-16-16 20 524 construction area Section or Area Examined
 Time of Examination: from 5:30 a.m. or p.m. to 6:00 a.m. or p.m.
 Was this report phoned to outside: Yes no V
 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. <u>Work area clear</u>		
2. <u>20.8% O₂, 0% CH₄, 0% CO</u>		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Track</u>	<u>17987</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 20.8% O₂, 0% CH₄, 0% CO. Track trackways, power center, scoop chaper 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 W. Va. Mining Laws and 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 Jay Stewart 39199 Certificate No. _____ Assistant Foreman _____ Certificate No. _____
 Countersigned Rich Felt 2873 Certificate No. _____
 _____ 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 1-16-10 Shift Day Area or Section 52xuit combination

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

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) _____

Resk John 28732 Resk John 28736
 Assistant Mine Foreman 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 1-16 20 10 Section or Area Examined LBB Construction 52 to 62
 Time of Examination: from 12:00 a.m. or 3:00 a.m. to 3:00 a.m. or 6:00 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	CH ₄	Violation or Hazardous Condition	Action Taken
1. <u>Work Area 52 to 62 BK 0%</u>	<u>0%</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
2. <u>CHARGER</u>	<u>0%</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Good Air Movement</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH₄ 0% CO 20.8% O₂

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 Charley Taylor Preshift Mine Examiner Certificate No. 37002 Assistant Foreman Certificate No. _____
 Countersigned Richard Taylor Mine Manager Mine Foreman Certificate No. 28736 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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.

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 _____ 20 ____ Section or Area Examined _____
 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. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
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 W. Va. Mining Laws and 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. _____ Assistant Foreman _____ Certificate No. _____
 Countersigned _____ Mine Manager Mine Foreman _____
 _____ Assistant Foreman _____
 _____ Superintendent or Assistant _____



Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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. _____

Mine Foreman-Mine Manager

Certificate No. _____

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 1-17 2010 Section or Area Examined LBB Construction 52-62
 Time of Examination: from 12 a.m. or PM to 3 a.m. or PM
 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. <u>Work Area 52-62 0% CH4</u>	<u>NONE observed</u>	<u>NONE</u>
2. <u>Charger 0% CH4</u>	<u>NONE observed</u>	<u>NONE</u>
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Good Air Movement</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks:

0% CH4, 0% CO, 20.8% O2

"No Work was being done 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 W. Va. Mining Laws and 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 Jacy Stewart 39199 Certificate No. _____ Assistant Foreman _____ Certificate No. _____
 Countersigned Keith Foster 28734 Mine Manager _____ Mine Foreman _____
Ray Johnson 29611 Assistant Foreman _____ Superintendent or Assistant _____

Greg Cole 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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. _____ 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 1-17-10 20 10 Section or Area Examined LBB construction 52-62
 Time of Examination: from 8:30 a.m. or 11:30 p.m. to 11:30 a.m. or PM.
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by Brought out (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	work Area 52-62 ^{CH4} 0%	None observed	None
2.	chargers 0%	None observed	None
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Good AIR movement			

Remarks: 0% CH4, 20.8% O2, 0PPM C.O. Detected

Track, Travelways, 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 W. Va. Mining Laws and 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] 1447-A Certificate No. _____ Assistant Foreman _____ Certificate No. _____
 Countersigned [Signature] 28734 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 1-18 20 10 Section or Area Examined LBB Construction
 Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Brought outside A.M. _____ P.M. _____
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Work Area 5262 O₂ CH₄</u>	<u>none</u>	<u>none</u>
2. <u>Changam O₂ CH₄</u>	<u>none</u>	<u>none</u>
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Good air movement</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Noisy deck of 20.8oz CO₂
Track & Trunkway clear at exam.

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] 1947-A _____ Assistant Foreman _____ Certificate No.
 Countersigned [Signature] 28236 _____ Mine Manager Mine Foreman _____
[Signature] 29611 _____ Assistant Foreman _____ Superintendent or Assistant _____

[Signature] 1947-A

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 1-13-70 Shift Day Area or Section L.B.B. Construction

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Belt entry</u>	<u>8:00</u>	<u>0%</u>	11. _____	_____	_____
2. _____	<u>10:00</u>	<u>0%</u>	12. _____	_____	_____
3. _____	<u>12:00</u>	<u>0%</u>	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) _____

Rick Foster
Assistant Mine Foreman

28734
Certificate No.

Rick Foster
Mine Foreman-Mine Manager

28736
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-18-10 20 10 Section or Area Examined LBB Construction
 Time of Examination: from 3:00 a.m. or p.m. to 6:00 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 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	Work Area 52-62	None observed	None
2.	Charger	None observed	None
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Good Air movement			

Remarks: 0% CH₄, 20.8% O₂, 0PPM C.O. Detected
Track, Traroways, OK At Time of Exam

Amputation 20611
 This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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
 Countersigned [Signature] Mine Manager / Mine 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 _____ 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 1-19-10 20 10 Section or Area Examined LBB construction
 Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.
 Was this report phoned to outside: no yes
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by Brought out (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH ₄	Violation or Hazardous Condition	Action Taken
1.	WORK AREA 5-2-62	0%	None Observed	None
2.	Charger	0%	None Observed	None
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Good Air movement			

Remarks: 0% CH₄, 20.8% O₂, 0 PPM CO. Detected

Track, Travelways, OK At time of Exam

[Signature] 29611

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] 1447-A Certificate No. _____ Assistant Foreman _____ Certificate No. _____
 Countersigned [Signature] 28736 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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. _____

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 1-19 2010 Section or Area Examined LBB construction
 Time of Examination: from 1200 a.m. or 300 p.m. to 300 a.m. or 10 p.m.
 Was this report phoned to outside: Yes no no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by Brought out (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Work Area 52-62 0% CH₄</u>	<u>None observed</u>	<u>None</u>
2. <u>Charger 0% CH₄</u>	<u>None observed</u>	<u>None</u>
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Good Air Movement</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks 0% CH₄, 0% CO, 20.8% O₂ track; travelways clear at over

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 Loore Curry 27429 Certificate No. _____ Assistant Foreman Certificate No. _____
 Countersigned Rick [Signature] 28734 _____
 _____ 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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. _____

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 1-19 20 10 Section or Area Examined USB Construction Area
 Time of Examination: from 9:30 a.m. or p.m. to 10:30 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. <u>WORK AREA 52-62</u> <u>CH 4%</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
2. <u>CHARGER</u> <u>CH 4.0%</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>GOOD AIR MOVEMENT</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH₄, 20.8% O₂, 0% CO
TRACK, TRAVELWAYS ON 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 W. Va. Mining Laws and 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 Don Wills Certificate No. 1659-A Assistant Foreman _____ Certificate No. _____
 Countersigned Beck Mine Manager Mine Foreman 28736 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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.

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 1-20-10 20 Section or Area Examined L.B.B. Conduel
 Time of Examination: from 3:00 a.m. or p.m. to 6:00 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	Violation or Hazardous Condition	Action Taken
1. <u>Work area clear</u>		
2. <u>20.8% O₂, 0% CH₄, 0% CO</u>		
3. _____		
4. <u>Trash, Travelways, power centers, scoop chutes</u>		
5. <u>clear at turn of eriam</u>		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Good air movement</u>			

Remarks: _____

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 J. Retam Certificate No. _____ Assistant Foreman _____ Certificate No. _____
 Countersigned Rick 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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. _____

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 1-20 2010 Section or Area Examined LBB Construction 52 to 62 BK
 Time of Examination: from 12:00 a.m. or 3:00 a.m. or 6:00 a.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	CH ₄	Violation or Hazardous Condition	Action Taken
1. <u>WORK AREA</u>	<u>0%</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
2. <u>CHARGER</u>	<u>0%</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Good Air Movement</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH₄ 0% CO 20.8% O₂

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 Harley Taylor 37002 Assistant Foreman Certificate No. _____
 Countersigned Rick Foster 28234 Mine Manager Mine Foreman Certificate No. _____
Rory Peterson 29611 Assistant Foreman Superintendent or Assistant Certificate No. _____

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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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.

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 1-20 20 10 Section or Area Examined LBB Construction
 Time of Examination: from 6:30 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 outside
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
<u>20802</u> <u>OACHY Work Area 52 ft.</u>	<u>none observed</u>	<u>none</u>
<u>20802</u> <u>OACHY Charger</u>	<u>none observed</u>	<u>none</u>
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>good air movement</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: NoCH4 det. 0% 20.8m CO2
Tracks & 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 W. Va. Mining Laws and 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] 29611 _____
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.

Countersigned [Signature] 28736 _____
Mine Manager Mine Foreman

[Signature] 29611 _____
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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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. _____

Mine Foreman-Mine Manager

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 _____ 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant