InTake Rooms

PRESHIFT - ONSHIFT
and
DAILY REPORT

Started 1-30-10

Finished 2-15-10

Company Performance Coal

Mine UBB

SECTION Intake Roo

LOCATION Naoma Raleigh WV
Post Office County State

Form 6-1489
(March 1970)

Budget Bureau No. 42-R1589

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

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FORM# MS-014

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-30 2010 Section or Area Examined Intake Rooms

Time of Examination: from 12 a.m. or p.m. to 3 a.m. or p.m.

Was this report phoned to outside: Yes ___ no ___

By whom John Bickford Time ___ A.M. 02:35 P.M.

Report received by M Kellinger (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Chy	Violation or Hazardous Condition	Action Taken
1.	Glory Hole	0%	None observed	None
2.	North Mains	0%	" "	None
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Good Air movement			

Remarks: 0% Chy 20.9% O_2 0% Co detected At Exam
Track + Travelways OK

Water in #3 Room

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

Signed By John A. Bickford (Preshift-Mine Examiner) 26176 (Certificate No.) ___ (Assistant Foreman) ___ (Certificate No.)

Countersigned Terry Moore (Mine Manager—Mine Foreman) 33359 ___ (Assistant Foreman) ___ (Superintendent or Assistant)

Wm Campbell 1354-A

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-30 20 10 Section or Area Examined Intake Rooms

Time of Examination: from 7:30 a.m. or p.m. to 11:30 a.m. or p.m.

Was this report phoned to outside: Yes X no

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

Report received by Don Ullman (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	Glory Hole	CH4 OE	None	None
2.	North Mains	OE	None	None
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Good Airment			

Remarks: O^2 20.8% , CH4 0% , CO 0% Detected

Travelways ok

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. B54 — Assistant Foreman — Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman — 33359

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-31 2010 Section or Area Examined Intake Rooms

Time of Examination: from 300 a.m. or p.m. to 6:00 a.m. or p.m.

Was this report phoned to outside: Yes_____ no X

By whom _____ Time _____A.M _____P.M.

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	Glory Hole	0%	none observed	none
2.	North Mains	0%	none observed	
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Good Air movement			

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

Track/Travelways clear at Exam

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 1354A — Assistant Foreman — Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman — 33359

Assistant Foreman

Superintendent or Assistant

John A. Bickford 26176

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-31 20 10 Section or Area Examined Intake Rooms

Time of Examination: from 1200 a.m. or p.m. to 300 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.	Glory Hole	cly 0% None Observed	None
2.	North Mains	0% None Observed	None
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% cly 0% CO + 20.8% O_2 detected

Track + Traveways clear at time of exam

Motor - 145 Brk.

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

Signed By John A. Bickford (Preshift-Mine Examiner) 2117 (Certificate No.) Wetto Campbell (Assistant Foreman) 1354-R (Certificate No.)

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

_____ Assistant Foreman

_____ Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-31 20.10 Section or Area Examined Intake Rooms

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

Was this report phoned to outside: Yes_____ no_____

By whom _____ Time _____A.M _____P.M.

Report received by _____
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	*Violation or Hazardous Condition*	*Action Taken*
1.	Gloryhole	0%	none observed	none
2.	North Mains	0%	none observed	none
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	*CFM*	*Location*	*CFM*
Good Air Movement			

Remarks: CO 0%, O^2 20.8%, CH4 0% Detected
Track & Travelways all clear at time of Exam

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 1384-K — Assistant Foreman — Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman — 53359

Assistant Foreman

Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-1 2010 Section or Area Examined Intake Rooms

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	CH4	Violation or Hazardous Condition	Action Taken
1.	Glory Hole	0%	None Observed	none
2.	North Mains	0%	None Observed	none
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

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

Track / Travelways all clear at Exam

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 13544 — Assistant Foreman — Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman — Certificate No. 33359

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-1-10 Shift Day Area or Section 7 H Const

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action taken*
1.	Work Area	None	None
2.	NOR		
3.			
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-1 2010 Section or Area Examined Intake Rooms

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	CH4	Violation or Hazardous Condition	Action Taken
1.	Glory Hole	,0%	Hot bolted-scrap	Reflector
2.	North Mains	,0%	None	Reported
3.	D BOX	,0%	None	Reported
4.	7 Tail Pump	,0%	None	Reported
5.				
6.				
7.				
8.				
9.				
10.				

Void

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: Walkways & Travelways clear at time of exam
,0% CH4, ,0% CO, 20.8% O2

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

Signed By _____ Preshift-Mine Examiner _____ Certificate No. _____ Assistant Foreman _____ Certificate No.

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

Mont Pasha 37004

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-1-010 20___ Section or Area Examined Fortune Room

Time of Examination: from 6:30 a.m. or p.m. to 7:30 a.m. or p.m.

Was this report phoned to outside: Yes_____ no ✓

By whom T. Moore 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.	Glory Hole 10	N/O	
2.	North Mains 10	N/O	
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*
Good air Measurement			

Remarks: _____

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

Signed By Terry Moore — Preshift-Mine Examiner — Certificate No. 33359

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

Assistant Foreman — Certificate No. 32476

Assistant Foreman — Certificate No. 13541

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-1 2010 Section or Area Examined Intake Rooms

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

Was this report phoned to outside: Yes_____ no_____

By whom _____ 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.	Glory Hole	N/O	
2.	North Mains	N/O	
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

CH4

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: CH4 0%, CO 0%, O2 20.8% Detected
Pump, Travelways D-Box's, Powercenters all clear at Exam

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 1354-M — [signature] Assistant Foreman — Certificate No. 32294

Countersigned T. Moore Mine Manager—Mine Foreman — 33359

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-2 2010 Section or Area Examined Intake Rooms

Time of Examination: from 300 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	CH4	Violation or Hazardous Condition	Action Taken
1.	Glory Hole	0%	none observed	
2.	North Mains	0%	none observed	
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: CH4 0%, CO 0%, O^2 20.8% Detected
Travelways, D Box, Pump, Power Centers all clear
at Exam

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

Signed By Willis Campbell (Preshift-Mine Examiner) 1354-A (Certificate No.) _____ (Assistant Foreman) _____ (Certificate No.)

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

_____ (Assistant Foreman) _____

_____ (Superintendent or Assistant) _____

Scott Halstead 37562

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-2 20 10 Section or Area Examined Intake Rooms

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 X

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

Report received by ____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	North mains	None Observed	None
2.	Glory Hole	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 CO detected at time of exam
Travelway, D-Boxclear at time of exam

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

Signed By Scott Halstead (Preshift-Mine Examiner) 37567 (Certificate No.) ____ (Assistant Foreman) ____ (Certificate No.)

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

____ (Assistant Foreman) ____

____ (Superintendent or Assistant)

Watt Carpenter 1354-A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-2 20 10 Section or Area Examined Intake Rooms

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

Was this report phoned to outside: Yes ____ no ____

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

Report received by [signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	North Mains	0%	N/o	
2.	Glory Hole	0%	N/o	
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Good air movement			

Remarks: 0% CH4, 0% CO, 20.8 O2 - Detected

Trailways/Track, D-Box's - Clear at Exam

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

Signed By [signature] Preshift-Mine Examiner — 1354-A Certificate No. — [signature] Assistant Foreman — 32294 Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman — 33359

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-3 20 10 Section or Area Examined Intake Rooms

Time of Examination: from 300 a.m. or p.m. to 6500 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ____

By whom ____ Time 525 A.M. ____ P.M.

Report received by John A. Bickford (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	North Mains CH4 0%	None Observed	None
2.	Glory hole 0%	None Observed	None
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% CH4, 0% CO, 20.8 O2 - Detected
Track/Travelways, D-Box's - all clear at Exam

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

Signed By [illegible] Preshift-Mine Examiner — Certificate No. 1354A

Assistant Foreman — Certificate No.

Countersigned T. Moore Mine Manager—Mine Foreman — 33359

Assistant Foreman

Superintendent or Assistant

John A. Bickford 261 Td

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-3 20 10 Section or Area Examined Intake Rooms

Time of Examination: from 11 a.m. or p.m. to 12 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom John Bickford Time A.M 2:20 P.M.

Report received by M Kilmer (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	North Mains	None observed	None
2.	Glory Hole	None Observed	None
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Good Air	Movement		

Remarks: 0% Ch4 20.9% O2 0% detected At Exam
Track & Travelways OK

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

Signed By John A Bickford (Preshift-Mine Examiner) Certificate No. 26178 Assistant Foreman Certificate No.

Countersigned T. Moore (Mine Manager—Mine Foreman) 3359

Assistant Foreman

Superintendent or Assistant

Dlm Ullm 15394

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-3-10 20___ Section or Area Examined Intake Rooms

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

Was this report phoned to outside: Yes_____ no X

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

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	N. Mains 06 Chy	none	none
2.	Glory Hole 05	none	none
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Good Airment			

Remarks: 06 Chy 06 CO 20 86 02

Travelways OK

D-Box & Pump no Power

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

Signed By [signature] Preshift-Mine Examiner 15304 Certificate No. _____ Assistant Foreman _____ Certificate No.

Countersigned T. Moore Mine Manager—Mine Foreman 33359

_____ Assistant Foreman _____ _____ Superintendent or Assistant _____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-4-10 2010 Section or Area Examined Intake Rooms

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

Was this report phoned to outside: Yes ____ no X

By whom Brought out Time 520 A.M. ____ P.M.

Report received by ____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	North Mains O6 CH4	none	none
2.	Gbry Hole O6 CH4	none	none
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Good Airmount			

Remarks: O6 CH4 O6 CO 20.8 O2

Travel ways OK

D-Box & Pump no Power

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 15794 — Assistant Foreman — Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman — 33359

Assistant Foreman

Superintendent or Assistant

John A. Bickford 26171

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-4- 2010 Section or Area Examined Intake Rooms

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 John Bickford Time A.M 2:30 P.M.

Report received by Russell Dunnoe (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	North Mains	0%	None Observed	None
2.	Glory Hole	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 CO at Time of exam

Travelway OK at time of exam

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

Signed By John A. Bickford (Preshift-Mine Examiner) Certificate No. 26176 Assistant Foreman Certificate No.

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

Assistant Foreman

Superintendent or Assistant

Dlm [signature] 15394

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-4-10 2010 Section or Area Examined Intake Rooms

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

Was this report phoned to outside: Yes ____ no X

By whom Brought out Time ____ A.M 1100 P.M.

Report received by ____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	North Mains Ch4 O6	none	none
2.	Glory Hole Ch4 O6	none	none
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM.
Good Airmount			

Remarks: O6 Ch4 O6 CO 208602

Travelways OK

water in #4 Face

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

Signed By Glen Ullman (Preshift-Mine Examiner) 1539A (Certificate No.) ____ (Assistant Foreman) ____ (Certificate No.)

Countersigned T. Maurer (Mine Manager—Mine Foreman) 33359 ____ (Assistant Foreman) ____ (Superintendent or Assistant)

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-5-10 2010 Section or Area Examined Intake Rooms

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

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

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

Report received by ..... (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	North Mains Ch4 OG	none	none
2.	Gary Hole OG	none	none
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Good Airment			

Remarks: OG Ch4 OG CO 20.8 O2

Travel ways OK

Water in #4 Face

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

Signed By [signature] Preshift-Mine Examiner 15394 Certificate No. [signature] Assistant Foreman 32476 Certificate No.

Countersigned T. Moore Mine Manager—Mine Foreman 33359

Assistant Foreman

Superintendent or Assistant

John A. Bickford 26171

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-5- 2010 Section or Area Examined Intake Rooms

Time of Examination: from 11:00 ~~a.m. or~~ p.m. to 2:00 ~~a.m. or~~ p.m.

Was this report phoned to outside: Yes ✓ no

By whom John Bickford Time A.M 2:30 P.M.

Report received by Russell Dunnoe (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	North mains	0%	None Observed	None
2.	Glory Hole	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 at time of exam

Travelway clear at time of exam

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

Signed By John A. Bickford 26176
Preshift-Mine Examiner — Certificate No. — Assistant Foreman — Certificate No.

Countersigned T. Moore 33309
Mine Manager—Mine Foreman

Assistant Foreman

Superintendent or Assistant

Witt Cooper 1354-A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-5-10 20 10 Section or Area Examined Intake Rooms

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

Was this report phoned to outside: Yes X no

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

Report received by Dan Allen (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.	North Mains OC CH4	none	none
2.	Glory Hole OC	none	none
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*
Good Airment			

Remarks: OC CH4 OC CO 20.82 O2
Travelways OK

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

Signed By Walter Campbell (Preshift-Mine Examiner) Certificate No. 1354-A Assistant Foreman Certificate No.

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

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-6 2010 Section or Area Examined Intake Rooms

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

Was this report phoned to outside: Yes ____ no ✓

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

Report received by ____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	North Mains	0%	none observed	none
2.	Glory Hole	0%	none observed	none
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

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

Travelways clear at Exam

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 13542 — Assistant Foreman — Certificate No.

Countersigned T. Moore Mine Manager—Mine Foreman — 33359

Assistant Foreman

Superintendent or Assistant

John A. Bickford 26176

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-6 20 10 Section or Area Examined Intake Rooms

Time of Examination: from 12 a.m. or (p.m.) to 3 a.m. or (p.m.)

Was this report phoned to outside: Yes ✓ no ____

By whom John Bickford Time ____ A.M 2:15 P.M.

Report received by M Kilbl (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	North mains	0%	None observed	
2.	Glory Hole	0%	None observed	
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Good Air Flow			

Remarks: 0% Ch4 20.9% O2 0% Co detected At Exam
Travel ways + walkways ok

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

Signed By John A. Bickford 26176
Preshift-Mine Examiner Certificate No.

Assistant Foreman Certificate No.

Countersigned T. Moore 33359
Mine Manager—Mine Foreman

Assistant Foreman

Superintendent or Assistant

Will Campbell 1354A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 26 2010 Section or Area Examined Itake Rooms

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

Was this report phoned to outside: Yes ____ no X

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

Report received by ____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	North Mains Ch1 O6	none	none
2.	Gloy Hole Ch4 O6	none	none
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Good Air Mount			

Remarks: O6 Ch4 O6 CO 2018802

Travelways OK

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 13S4A — Assistant Foreman — Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman — 33359

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-6 2010 Section or Area Examined Intake Rooms

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

Was this report phoned to outside: Yes_____ no_____

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

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	North Mains	0%	none observed	none
2.	Glory hole	0%	none observed	none
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% CH4, 0% CO, 20.8% O2 Detected
Track/Travelway, D-Box, Pump Clearout Exam

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 1354A — Assistant Foreman — Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman — 33359

Assistant Foreman

Superintendent or Assistant

John A. Bickford 2-6-1

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-7 20 10 Section or Area Examined Intake Rooms

Time of Examination: from 11:00 a.m. or p.m. to 12:00 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.	North Mains 0% ch4	None Observed	None
2.	Glory Hole 0%	None Observed	None
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% ch4 0% CO + 20.8% O2 detected

Track, trackrump + Pumps clear at time of exam

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

Signed By John A. Bickford (Preshift-Mine Examiner) 26171 (Certificate No.) ____ (Assistant Foreman) ____ (Certificate No.)

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

____ (Assistant Foreman) ____ ____

____ (Superintendent or Assistant) ____

William [illegible] 1354A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-7 2010 Section or Area Examined Intake Rooms

Time of Examination: from 8:20 a.m. or p.m. to 11:30 a.m. or p.m.

Was this report phoned to outside: Yes_____ no_____

By whom _____ Time _____A.M _____P.M.

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	North Mains	0%	None Observed	none
2.	Glory hole	0%	none Observed	none
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% CH4, 0% CO, 20.8% O2 Detected
Track/Travelways, D-Box's, Pump all clean
at time of Exam

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

Signed By [signature] Preshift-Mine Examiner 1354A Certificate No. [signature] Assistant Foreman 32476 Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 33359

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-8 2010 Section or Area Examined Intake Rooms

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

Was this report phoned to outside: Yes ____ no ✓

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

Report received by ____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	Glory hole	0%	none observed	none
2.	North Mains	0%	none observed	none
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% CH4, 0% CO, 20.8% O2 Detected
TRACK Travelway, D-Box, Pump, all clear at Exam

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

Signed By [signature] Preshift-Mine Examiner 1354A Certificate No. ____ Assistant Foreman ____ Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 33359

____ Assistant Foreman ____ ____ Superintendent or Assistant ____

Scott Halstead 37567

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-8 2010 Section or Area Examined Intake Rooms

Time of Examination: from 7:00 (a.m.) or p.m. to 7:30 (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. N. Mains	CH_4 0% None Observed	None
2. Glory Hole	0% None Observed	None
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	*CFM*	*Location*	*CFM*
Good Air Movement			

Remarks: 0% CH_4, 20.8% O_2, 0ppm CO Detected at time of Exam
Track & Travelways clear at time of Exam

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

Signed By Scott Hatstead — Preshift-Mine Examiner — Certificate No. 37567 — Assistant Foreman — Certificate No.

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

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-8-10 20__ Section or Area Examined Intake Rooms

Time of Examination: from 0900 a.m. or p.m. to 1100 a.m. or p.m.

Was this report phoned to outside: Yes_____ no ✓

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

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	North Mains	0%	None Observed	none
2.	Glory Hole	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% CO At Time of Exam
Travel Ways & Tracks.

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

Signed By Cecilia Campbell (Preshift-Mine Examiner) 1354A (Certificate No.) _____ (Assistant Foreman) _____ (Certificate No.)

Countersigned [signature] (Mine Manager—Mine Foreman) 33389 _____ (Assistant Foreman) _____ (Superintendent or Assistant)

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-9 20 10 Section or Area Examined Intake Rooms

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	CH4	Violation or Hazardous Condition	Action Taken
1.	North Mains	0%	None Observed	none
2.	Glory Hole	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 % O^2, 0 % CO Detected

Track / Travelways, D-Bot's, Pump, all - Clean at Exam.

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 1554-A — Assistant Foreman — Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman — 33355

Assistant Foreman

Superintendent or Assistant

Scott Halstead 37567

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-9 2010 Section or Area Examined Intake Rooms

Time of Examination: from 7:00 a.m. or p.m. to 7:30 a.m. or p.m.

Was this report phoned to outside: Yes_____ no ✓

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

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	North Mains	0%	None OBSERVED	NONE
2.	Glory Hole	0%	None OBSERVED	NONE
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% CH^4, 20.8% O^2, 0ppm CO Detected at EXAM time
TRACK & Travelways Clear at EXAM

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

Signed By Scott Halstead (Preshift-Mine Examiner) 37547 (Certificate No.) _____ (Assistant Foreman) _____ (Certificate No.)

Countersigned T. Moore (Mine Manager—Mine Foreman) 3335 _____

_____ (Assistant Foreman) _____ _____ (Superintendent or Assistant) _____

Will Carson 1354-A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-9-10 20____ Section or Area Examined Intake Rooms

Time of Examination: from 700 a.m. or p.m. to 745 a.m. or p.m.

Was this report phoned to outside: Yes X no_____

By whom Campbell Time _____ A.M 1715 P.M.

Report received by [signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	N. Mains OG CH4	none Observed	none
2.	Glory Hole OG	none Observed	none
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Good Air movement			

Remarks: OG CH4 OG CO 20.8 O2
Travelways OK

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 13544 — Assistant Foreman — Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman — 3335 — Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-10 20-10 Section or Area Examined Intake Rooms

Time of Examination: from 12:00 a.m. or p.m. to 12:45 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ✓

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

Report received by ____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	North Mains CH4 0%	none observed	none
2.	Glory hole 0%	none observed	none
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% CH4, 0% CO, 20.8% O2 Detected
Track/Travelways, All Clear at Exam

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 13544 — [signature] Assistant Foreman — Certificate No. 32476

Countersigned [signature] Mine Manager—Mine Foreman — 33359

Assistant Foreman

Superintendent or Assistant

Lonnie Richard 26176

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-10 2010 Section or Area Examined Intake Rooms

Time of Examination: from 11:00 a.m. or p.m. to 12:00 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom John Bickford Time A.M 2:30 P.M.

Report received by Russell Dunmore (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	North Mains	0%	None Observed	None
2.	Glory Hole	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 CO at time of exam
Travelway OK at time of exam

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

Signed By John A Beckford (Preshift-Mine Examiner) Certificate No. 2617 Assistant Foreman Certificate No.

Countersigned Terry Moore (Mine Manager—Mine Foreman) 33339

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-10 20 09 Section or Area Examined Intake rooms

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

Was this report phoned to outside: Yes ____ no ____ Time ____ A.M 1105 P.M.

By whom Terry Morse

Report received by [signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	North mains CH4 0%	None observed	none
2.	Glory Hole 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% CO at time of exam
Travel way ok at time of exam

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 32476

[signature] Assistant Foreman — Certificate No. 19414

Countersigned [signature] Mine Manager—Mine Foreman — Certificate No. 33357

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-11-10 20____ Section or Area Examined INTAKE ROOM

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_____ Time _____A.M _____P.M.

By whom _____

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.	NORTH MAINS	NONE OBSERVED	NONE
2.	GLORY HOLE	NONE OBSERVED	NONE
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*
Good Air Flow.			

Remarks: 0% CH4 0% CO AT TIME OF EXAM
20.8% O2.
TRAVEL WAYS OK AT TIME OF EXAM

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 32476

Countersigned T. Moore Mine Manager—Mine Foreman — Certificate No. 33379

Assistant Foreman — Certificate No.

Assistant Foreman — Certificate No.

Superintendent or Assistant

[signature] 26176

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-11- 2010 Section or Area Examined Intake Rooms

Time of Examination: from 11:00 a.m. or p.m. to 12:00 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom John Bickford Time A.M 2:35 P.M.

Report received by Russell Burnoe (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	*Violation or Hazardous Condition*	*Action Taken*
1.	North Mains	0%	None Observed	None
2.	Glory Hole	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 at time of exam

Travelways clear at time of exam

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

Signed By John A. Bickford (Preshift-Mine Examiner) Certificate No. 2617

Countersigned T. Moore (Mine Manager—Mine Foreman) Certificate No. 33355

Assistant Foreman Certificate No.

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-11-10 20__ Section or Area Examined Intake Roads

Time of Examination: from 730 a.m. or p.m. to 800 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no____

By whom Moore Time ____ A.M 1100 P.M.

Report received by [signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	N Mains OB Cay	none	none
2.	Cherry Hole OB	none	none
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Good Airmt			

Remarks: OB Cay OB CO 20.86 OB

Trackways ok

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

Signed By [signature] Preshift-Mine Examiner 3335-9 Certificate No. ____ Assistant Foreman ____ Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 3335-9

____ Assistant Foreman ____ ____ Superintendent or Assistant ____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-12-10 20__ Section or Area Examined Intake Rooms

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

Was this report phoned to outside: Yes X no____

By whom Former Time ~~A.M.~~ 530 ~~P.M.~~

Report received by [signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	N Mains OG Ch4	None	None
2.	Glory Hole OG	None	None
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Good Air mount			

Remarks: OG Ch4 OG CO 20.8 OC

Travel ways OK

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

Signed By [signature] Preshift-Mine Examiner Certificate No. 33359

Countersigned [signature] Mine Manager—Mine Foreman

Assistant Foreman

[signature] Assistant Foreman Certificate No. 32294

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-12 20 10 Section or Area Examined Intake Rooms

Time of Examination: from 11:00 a.m. or p.m. to 12:00 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom John Bickford Time A.M. 2:30 P.M.

Report received by Russell Dunmoe 1536-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	North Mains	0%	None Observed	None
2.	Glory Hole	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 CO detected at time of exam
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 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 John A. Bickford 2617 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.

Countersigned T. Moore 33359 Mine Manager—Mine Foreman

Assistant Foreman

Superintendent or Assistant William Carpenter 1354-A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-12-10 2010 Section or Area Examined Intake Rooms

Time of Examination: from 735 a.m. or p.m. to 745 a.m. or p.m.

Was this report phoned to outside: Yes X no

By whom Carroll 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.	N. mains Ch4 O6	none	none
2.	Glory Hole Ch4 O6	none	none
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Good Air [illegible]			

Remarks: 86 Ch4 O6 Co 20.8 202

Travelways OK

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

Signed By William Campbell (Preshift-Mine Examiner) 1354-A (Certificate No.) Assistant Foreman Certificate No.

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

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-13-10 20___ Section or Area Examined Intake Rooms

Time of Examination: from 1:35 a.m. or p.m. to 1:05 a.m. or p.m.

Was this report phoned to outside: Yes_____ no X

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

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	N. Mains Chy 06	none	none
2.	66ry Hole 06	none	none
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Good Airment			

Remarks: 06 Chy 06 CO 20.86 O2

Travelways OK

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

Signed By Walter Campbell (Preshift-Mine Examiner) 1354A (Certificate No.) _____ (Assistant Foreman) _____ (Certificate No.)

Countersigned Terry Moore (Mine Manager—Mine Foreman) 33389

_____ (Assistant Foreman) _____ (Superintendent or Assistant)

[illegible] 2/17/[illegible]

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-13-10 20____ Section or Area Examined Intake Rooms

Time of Examination: from 11:00 a.m. or p.m. to 12:00 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no____

By whom John Bickford Time ____ A.M 2:30 P.M

Report received by Russell Dunmore (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	North MAINS	0%	None Observed	None
2.	Glory Hole	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 CO at time of exam
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 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 John A. Bickford (Preshift-Mine Examiner) 26176 (Certificate No.) William Campbell (Assistant Foreman) 1354A (Certificate No.)

Countersigned Terry L. Moore (Mine Manager—Mine Foreman) 33351

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-13-10 20 10 Section or Area Examined Intake Rooms

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

Was this report phoned to outside: Yes X no

By whom Cambell 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.	Glory Hole Ch4 O6	none	None
2.	North Mains O6	none	none
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Good Airmount			

Remarks: O2 Ch4 O6 CO 20.8 O2

Travelways OK

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

Signed By William Campbell (Preshift-Mine Examiner) 1354-A (Certificate No.) Assistant Foreman Certificate No.

Countersigned T. [signature] (Mine Manager—Mine Foreman) 33359

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-14-10 20___ Section or Area Examined Intake Rooms

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

Was this report phoned to outside: Yes ___ no X

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

Report received by ___ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	Glory Hole	0%	none observed	none
2.	North Mains	0%	none observed	none
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% CH4, 0% CO, 20.8% O2 Detected
Track/Travelways - D-Box, Pump all clear at Exam

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

Signed By W. Ellis Campbell (Preshift-Mine Examiner) 1354-A (Certificate No.) ___ Assistant Foreman ___ Certificate No. ___

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

___ Assistant Foreman ___ Superintendent or Assistant ___

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-14- 2010 Section or Area Examined Intake Rooms

Time of Examination: from 11:00 a.m. or p.m. to 12:00 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom John Bickford Time A.M 2:30 P.M.

Report received by Russell Dunne (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	North Mains	0%	None Observed	None
2.	Glory Hole	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 CO at time of exam
Travelways clear at time of exam

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

Signed By John A. Bickford (Preshift-Mine Examiner) Certificate No. 26176 Assistant Foreman Certificate No.

Countersigned T. Mauer (Mine Manager—Mine Foreman) 33309

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-14 20 12 Section or Area Examined Intake rooms

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 Bill Campbell 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.	North mains CH4 0%	None observed	None
2.	Glory Hole CH4 0%	None observed	None
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*
good Air movement			

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

Travel ways clear at time of exam

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

Signed By William Campbell Preshift-Mine Examiner — 135474 Certificate No. — [signature] Assistant Foreman — 1941-A Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman — 73357

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-15 20 10 Section or Area Examined Intake Rooms

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 Time ____ A.M ____ P.M.

Report received by ____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	North Mains	0%	none observed	none
2.	Glory Hole	0%	none observed	none
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% CH4, 0% CO, 20.8% O2 Detected
Track/Travelways, D-Boxes & Pump all clear at Exam

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

Signed By William Campbell (Preshift-Mine Examiner) 1354-A (Certificate No.) ____ Assistant Foreman ____ Certificate No.

Countersigned T. Moore (Mine Manager—Mine Foreman) 33359 ____ Assistant Foreman ____ Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-15 2010 Section or Area Examined Intake Rooms

Time of Examination: from 11:00 a.m. or p.m. to 12:00 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom John Bickford Time A.M 2:30 P.M.

Report received by Russell Gunnoe (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	North Mains	0%	None Observed	None
2.	Glory Hole	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 CO at time of exam
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 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 John A. Bickford (Preshift-Mine Examiner) Certificate No. 2617 Assistant Foreman Certificate No.

Countersigned Mine Manager—Mine Foreman

Assistant Foreman Superintendent or Assistant