

NORTH Pump's  
Inby Ellis Switch

**PRE-SHIFT - ONSHIFT  
and  
DAILY REPORT**

Started 12.29.09  
Finished 1.14.10

Company -----

Mine -----

SECTION -----

LOCATION -----  
Post Office County State



Re-order from  
BJW Printing and  
Office Supplies  
P. O. Box 1309  
Beckley, WV 25801

Phone (304) 253-7361

**PRESHIFT-MINE EXAMINER'S REPORT**

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 12-29-09 20      Section or Area Examined Pumps  
 Time of Examination: from 830 a.m. or PM to 1130 a.m. or PM  
 Was this report phoned to outside: Yes      no       
 By whom Campbell Time      A.M.      P.M.  
 Report received by      (Signed)

*Violations and other Hazardous Conditions Observed and Reported*

| Location                  | Violation or Hazardous Condition | Action Taken |
|---------------------------|----------------------------------|--------------|
| 1. <u>NMAINS OBCH4</u>    | <u>none observed</u>             | <u>none</u>  |
| 2. <u>ELLS OBCH4</u>      | <u>none observed</u>             | <u>none</u>  |
| 3. <u>GloryHole OBCH4</u> | <u>none observed</u>             | <u>none</u>  |
| 4. <u>    </u>            | <u>    </u>                      | <u>    </u>  |
| 5. <u>    </u>            | <u>    </u>                      | <u>    </u>  |
| 6. <u>    </u>            | <u>    </u>                      | <u>    </u>  |
| 7. <u>    </u>            | <u>    </u>                      | <u>    </u>  |
| 8. <u>    </u>            | <u>    </u>                      | <u>    </u>  |
| 9. <u>    </u>            | <u>    </u>                      | <u>    </u>  |
| 10. <u>    </u>           | <u>    </u>                      | <u>    </u>  |

*Air Measurements*

| Location          | CFM         | Location    | CFM         |
|-------------------|-------------|-------------|-------------|
| <u>Good Point</u> | <u>    </u> | <u>    </u> | <u>    </u> |
| <u>    </u>       | <u>    </u> | <u>    </u> | <u>    </u> |
| <u>    </u>       | <u>    </u> | <u>    </u> | <u>    </u> |
| <u>    </u>       | <u>    </u> | <u>    </u> | <u>    </u> |
| <u>    </u>       | <u>    </u> | <u>    </u> | <u>    </u> |
| <u>    </u>       | <u>    </u> | <u>    </u> | <u>    </u> |
| <u>    </u>       | <u>    </u> | <u>    </u> | <u>    </u> |
| <u>    </u>       | <u>    </u> | <u>    </u> | <u>    </u> |
| <u>    </u>       | <u>    </u> | <u>    </u> | <u>    </u> |

Remarks: OBCH4 OBCH4 20.8.202

TRAVE LWAYS OK

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

Signed By [Signature] 1530A  
 Freshift-Mine Examiner Certificate No.  
 Countersigned [Signature] 33359  
 Mine Manager Mine Foreman  
[Signature] Assistant Foreman  
[Signature] Superintendent or Assistant  
 Certificate No. 1447-A

Walter Campbell 1354-r

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

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

Assistant Mine Foreman

Certificate No. \_\_\_\_\_

Mine Foreman-Mine Manager

Certificate No. \_\_\_\_\_

Superintendent or Assistant

Use Indelible Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-30-09 20 Section or Area Examined North Pump  
 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 5:15 A.M. P.M.  
 Report received by \_\_\_\_\_

(Signed)

#### Violations and other Hazardous Conditions Observed and Reported

| Location             | CH <sub>4</sub> | Violation or Hazardous Condition | Action Taken |
|----------------------|-----------------|----------------------------------|--------------|
| 1. <u>North main</u> | <u>0%</u>       | <u>None observed</u>             | <u>None</u>  |
| 2. <u>Ellis</u>      | <u>0%</u>       | <u>None observed</u>             | <u>None</u>  |
| 3. <u>Glory Hole</u> | <u>0%</u>       | <u>None observed</u>             | <u>None</u>  |
| 4. _____             | _____           | _____                            | _____        |
| 5. _____             | _____           | _____                            | _____        |
| 6. _____             | _____           | _____                            | _____        |
| 7. _____             | _____           | _____                            | _____        |
| 8. _____             | _____           | _____                            | _____        |
| 9. _____             | _____           | _____                            | _____        |
| 10. _____            | _____           | _____                            | _____        |

#### Air Measurements

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

Remarks: 0% CH<sub>4</sub> apparent, 20-25% dk detected at time of exam  
Trench, trenching, power lines, D-Jones, KVA, charger, dk

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 39041  
 Countersigned [Signature] Mine Manager / Mine Foreman Certificate No. 33359  
[Signature] Assistant Foreman Certificate No. 75307  
[Signature] Superintendent or Assistant Certificate No. 1247-A

John A. Bickford 261-1

Walt Copple 1359-10

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 12-30-09 20      Section or Area Examined North Pumps  
 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 Billy Campbell, John Dickford Time 2:50 P.M.  
 Report received by George Curry 27429  
 (Signed)

#### Violations and other Hazardous Conditions Observed and Reported

| Location              | CH4<br>CP%  | Violation or Hazardous Condition | Action Taken |
|-----------------------|-------------|----------------------------------|--------------|
| 1. <u>North Mains</u> | <u>0%</u>   | <u>NONE OBSERVED</u>             | <u>NONE</u>  |
| 2. <u>Ellis</u>       | <u>0%</u>   | <u>NONE OBSERVED</u>             | <u>NONE</u>  |
| 3. <u>Gray Hole</u>   | <u>0%</u>   | <u>NONE OBSERVED</u>             | <u>NONE</u>  |
| 4. <u>    </u>        | <u>    </u> | <u>    </u>                      | <u>    </u>  |
| 5. <u>    </u>        | <u>    </u> | <u>    </u>                      | <u>    </u>  |
| 6. <u>    </u>        | <u>    </u> | <u>    </u>                      | <u>    </u>  |
| 7. <u>    </u>        | <u>    </u> | <u>    </u>                      | <u>    </u>  |
| 8. <u>    </u>        | <u>    </u> | <u>    </u>                      | <u>    </u>  |
| 9. <u>    </u>        | <u>    </u> | <u>    </u>                      | <u>    </u>  |
| 10. <u>    </u>       | <u>    </u> | <u>    </u>                      | <u>    </u>  |

#### Air Measurements

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

Remarks: 0% CH4, 20.8% O2, 0ppm CO Detected at EXAM  
TRACK, TRAVELWAYS, POWER CENTERS, D-BOXES Clean at EXAM

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

Signed By John Dickford 26176 Certificate No.  
 Preshift-Mine Examiner  
 Countersigned Tom Moore 33359 Certificate No. 37567  
 Mine Manager Mine Foreman  
Scott Halstead Assistant Foreman  
 Assistant Foreman  
Walter R. ... Certificate No. 1359A  
 Superintendent or Assistant  
D. Tom ... 1539A

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Report shall be signed when made

# PRESHIFT-MINE EXAMINER'S REPORT

Use Indelible Pencil or Ink

Date of Examination 12-30-09 20 North Rmgs Section or Area Examined  
 Time of Examination: from 8:30 a.m. or 6 p.m. to 11:30 a.m. or 6 p.m.  
 Was this report phoned to outside: Yes no  
 By whom Cambell Time 11:00 A.M. P.M.  
 Report received by [Signature] (Signed)

### Violations and other Hazardous Conditions Observed and Reported

| Location                    | Violation or Hazardous Condition | Action Taken |
|-----------------------------|----------------------------------|--------------|
| 1. <u>North Rmgs OB CHW</u> | <u>none observed</u>             | <u>none</u>  |
| 2. <u>Ellis OB CHW</u>      | <u>none observed</u>             | <u>NOAC</u>  |
| 3. <u>Gory Hole OB CHW</u>  | <u>none observed</u>             | <u>none</u>  |
| 4.                          |                                  |              |
| 5.                          |                                  |              |
| 6.                          |                                  |              |
| 7.                          |                                  |              |
| 8.                          |                                  |              |
| 9.                          |                                  |              |
| 10.                         |                                  |              |

### Air Measurements

| Location        | CFM | Location | CFM |
|-----------------|-----|----------|-----|
| <u>Good Air</u> |     |          |     |
|                 |     |          |     |
|                 |     |          |     |
|                 |     |          |     |
|                 |     |          |     |
|                 |     |          |     |
|                 |     |          |     |
|                 |     |          |     |
|                 |     |          |     |
|                 |     |          |     |

Remarks: OB CHW OB CO 208602  
Travels OK

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

Signed By [Signature] 1579A Certificate No.  
 Countersigned [Signature] 33359 Assistant Foreman  
[Signature] Mine Manager Mine Foreman  
[Signature] Assistant Foreman  
[Signature] Superintendent or Assistant  
[Signature] Assistant Foreman Certificate No.

Use Indelible  
Pencil or Ink

### DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

#### Violations and other Hazardous Conditions Observed and Reported

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

#### Examinations for Methane in Working Places

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

#### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

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

Assistant Mine Foreman

Certificate No. \_\_\_\_\_

Mine Foreman-Mine Manager

Certificate No. \_\_\_\_\_

Superintendent or Assistant

Use Indelible Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-31-09 20   Section or Area Examined North Purgis  
 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 Drought 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. <u>North main's</u> <u>OK</u> | <u>None observed</u>             | <u>None</u>     |
| 2. <u>Glory Hole</u> <u>OK</u>   | <u>None observed</u>             | <u>None</u>     |
| 3. <u>Falls</u> <u>OK</u>        | <u>None observed</u>             | <u>None</u>     |
| 4. <u>        </u>               | <u>        </u>                  | <u>        </u> |
| 5. <u>        </u>               | <u>        </u>                  | <u>        </u> |
| 6. <u>        </u>               | <u>        </u>                  | <u>        </u> |
| 7. <u>        </u>               | <u>        </u>                  | <u>        </u> |
| 8. <u>        </u>               | <u>        </u>                  | <u>        </u> |
| 9. <u>        </u>               | <u>        </u>                  | <u>        </u> |
| 10. <u>        </u>              | <u>        </u>                  | <u>        </u> |

#### Air Measurements

| Location                 | CFM             | Location        | CFM             |
|--------------------------|-----------------|-----------------|-----------------|
| <u>Good Air measured</u> | <u>        </u> | <u>        </u> | <u>        </u> |
| <u>        </u>          | <u>        </u> | <u>        </u> | <u>        </u> |
| <u>        </u>          | <u>        </u> | <u>        </u> | <u>        </u> |
| <u>        </u>          | <u>        </u> | <u>        </u> | <u>        </u> |
| <u>        </u>          | <u>        </u> | <u>        </u> | <u>        </u> |
| <u>        </u>          | <u>        </u> | <u>        </u> | <u>        </u> |
| <u>        </u>          | <u>        </u> | <u>        </u> | <u>        </u> |
| <u>        </u>          | <u>        </u> | <u>        </u> | <u>        </u> |

Remarks: OK CH4, presence of 20.8% of detected at time of exam  
Track, Travelways, passageways, D-boxes, kuts, chert etc

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

Signed By: [Signature] Preshift-Mine Examiner Certificate No. 37042  
 Countersigned: [Signature] Mine Manager Mine Foreman Certificate No. 33359  
[Signature] Assistant Foreman Certificate No. 75202  
[Signature] Superintendent or Assistant

John A. Bickford 26176 Russell Sumner 1536-A Walter 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. _____  | _____                            | _____        |
| 9. _____  | _____                            | _____        |
| 10. _____ | _____                            | _____        |

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-31 2009 Section or Area Examined North Pump  
 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 J. Buckford, R. Gunnoe Time 2:00 P.M.  
 Report received by [Signature] (Signed)

### Violations and other Hazardous Conditions Observed and Reported

| Location              | CH <sub>4</sub> | Violation or Hazardous Condition | Action Taken |
|-----------------------|-----------------|----------------------------------|--------------|
| 1. <u>North Mains</u> | <u>0%</u>       | <u>none observed</u>             | <u>none</u>  |
| 2. <u>Glory Hole</u>  | <u>0%</u>       | <u>none observed</u>             | <u>none</u>  |
| 3. <u>Ellis</u>       | <u>0%</u>       | <u>none observed</u>             | <u>none</u>  |
| 4. _____              | _____           | _____                            | _____        |
| 5. _____              | _____           | _____                            | _____        |
| 6. _____              | _____           | _____                            | _____        |
| 7. _____              | _____           | _____                            | _____        |
| 8. _____              | _____           | _____                            | _____        |
| 9. _____              | _____           | _____                            | _____        |
| 10. _____             | _____           | _____                            | _____        |

### Air Measurements

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

Remarks: CH<sub>4</sub> 0% CO 0% O<sub>2</sub> 20.8%  
TRACK/Travelways, powercenters, D-Box's, KVA's, chargers, all clear at Exam Time

Item Job 3904

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

Signed By John A. Buckford Certificate No. 26176  
 Preshift-Mine Examiner  
 Countersigned Fry Mares Certificate No. 33359  
 Mine Manager Mine Foreman  
 Assistant Foreman  
Scott Halstead Assistant Foreman Certificate No. 37567  
Russell Sumner Certificate No. 1536-A  
 Superintendent or Assistant  
[Signature] 1530A

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-31-09 20      Section or Area Examined North Pung  
 Time of Examination: from 8:30 a.m. or 8:30 p.m. to 11:30 a.m. or 11:30 p.m.  
 Was this report phoned to outside: Yes no /  
 By whom John J. 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. <u>North MAINS O2 CH4</u> | <u>none observed</u>             | <u>none</u>  |
| 2. <u>Glory Hole O2 CH4</u>  | <u>none observed</u>             | <u>none</u>  |
| 3. <u>Ellis O2 CH4</u>       | <u>none observed</u>             | <u>none</u>  |
| 4. <u>    </u>               | <u>    </u>                      | <u>    </u>  |
| 5. <u>    </u>               | <u>    </u>                      | <u>    </u>  |
| 6. <u>    </u>               | <u>    </u>                      | <u>    </u>  |
| 7. <u>    </u>               | <u>    </u>                      | <u>    </u>  |
| 8. <u>    </u>               | <u>    </u>                      | <u>    </u>  |
| 9. <u>    </u>               | <u>    </u>                      | <u>    </u>  |
| 10. <u>    </u>              | <u>    </u>                      | <u>    </u>  |

### Air Measurements

| Location            | CFM         | Location    | CFM         |
|---------------------|-------------|-------------|-------------|
| <u>Good Ambient</u> | <u>    </u> | <u>    </u> | <u>    </u> |
| <u>    </u>         | <u>    </u> | <u>    </u> | <u>    </u> |
| <u>    </u>         | <u>    </u> | <u>    </u> | <u>    </u> |
| <u>    </u>         | <u>    </u> | <u>    </u> | <u>    </u> |
| <u>    </u>         | <u>    </u> | <u>    </u> | <u>    </u> |
| <u>    </u>         | <u>    </u> | <u>    </u> | <u>    </u> |
| <u>    </u>         | <u>    </u> | <u>    </u> | <u>    </u> |
| <u>    </u>         | <u>    </u> | <u>    </u> | <u>    </u> |
| <u>    </u>         | <u>    </u> | <u>    </u> | <u>    </u> |
| <u>    </u>         | <u>    </u> | <u>    </u> | <u>    </u> |

Remarks: O2 CH4 O2 CO 2086 O2  
Travelways OK

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

Signed By Dean Williams 15397 Certificate No.  
 Preshift-Mine Examiner  
 Countersigned Fred W. Moore 33359  
 Mine Manager Mine Foreman  
     Assistant Foreman  
     Assistant Foreman  
     Superintendent or Assistant

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 1-1-40 20 10 Section or Area Examined North Pumps  
 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   | Violation or Hazardous Condition | Action Taken |
|--|----------------------------------|--------------|
| 1. <u>North MAMS O<sub>2</sub> CH<sub>4</sub></u>  | <u>none</u>                      | <u>none</u>  |
| 2. <u>Grassy Hole O<sub>2</sub> CH<sub>4</sub></u> | <u>none</u>                      | <u>none</u>  |
| 3. <u>Ellis O<sub>2</sub> CH<sub>4</sub></u>       | <u>none</u>                      | <u>none</u>  |
| 4. _____   | _____                            | _____        |
| 5. _____   | _____                            | _____        |
| 6. _____   | _____                            | _____        |
| 7. _____   | _____                            | _____        |
| 8. _____   | _____                            | _____        |
| 9. _____   | _____                            | _____        |
| 10. _____  | _____                            | _____        |

#### Air Measurements

| Location        | CFM   | Location | CFM   |
|-----------------|-------|----------|-------|
| <u>Good Air</u> | _____ | _____    | _____ |
| _____           | _____ | _____    | _____ |
| _____           | _____ | _____    | _____ |
| _____           | _____ | _____    | _____ |
| _____           | _____ | _____    | _____ |
| _____           | _____ | _____    | _____ |
| _____           | _____ | _____    | _____ |
| _____           | _____ | _____    | _____ |
| _____           | _____ | _____    | _____ |

Remarks: O<sub>2</sub> CH<sub>4</sub> O<sub>2</sub> CO 208202  
Travel ways OK

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

Signed By [Signature] 1536-A  
 Preshift-Mine Examiner  
 Certificate No. 33387  
 Countersigned [Signature] Assistant Foreman  
 Mine Manager Mine Foreman  
 Certificate No. 39242  
 Superintendent or Assistant

Russell Dunnoe 1536-A John A. Buehler 25176 W. H. Casper 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. _____  | _____                            | _____        |
| 9. _____  | _____                            | _____        |
| 10. _____ | _____                            | _____        |

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-1-10 20 North Pumps Section or Area Examined  
 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 Brought Out Time          A.M.          P.M.  
 Report received by          (Signed)

#### Violations and other Hazardous Conditions Observed and Reported

| Location             | CH <sub>4</sub> | Violation or Hazardous Condition | Action Taken    |
|----------------------|-----------------|----------------------------------|-----------------|
| 1. <u>North Main</u> | <u>0%</u>       | <u>NONE OBSERVED</u>             | <u>NONE</u>     |
| 2. <u>Glory Hole</u> | <u>0%</u>       | <u>NONE OBSERVED</u>             | <u>NONE</u>     |
| 3. <u>Ellis</u>      | <u>0%</u>       | <u>NONE OBSERVED</u>             | <u>NONE</u>     |
| 4. <u>        </u>   | <u>        </u> | <u>        </u>                  | <u>        </u> |
| 5. <u>        </u>   | <u>        </u> | <u>        </u>                  | <u>        </u> |
| 6. <u>        </u>   | <u>        </u> | <u>        </u>                  | <u>        </u> |
| 7. <u>        </u>   | <u>        </u> | <u>        </u>                  | <u>        </u> |
| 8. <u>        </u>   | <u>        </u> | <u>        </u>                  | <u>        </u> |
| 9. <u>        </u>   | <u>        </u> | <u>        </u>                  | <u>        </u> |
| 10. <u>        </u>  | <u>        </u> | <u>        </u>                  | <u>        </u> |

#### Air Measurements

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

Remarks: 0% CH<sub>4</sub>, 20.8% O<sub>2</sub>, 0ppm CO Detected at EXAM time  
Power Centers, D-Boxes, TRACK & TRAVELWAYS Clean T.O.E.

John Wilson 15797

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

Signed By Scott Halstead 37567 Certificate No.  
 Preshift-Mine Examiner  
 Countersigned Troy Moore 33359 Certificate No.  
 Mine Manager Mine Foreman  
         Assistant Foreman  
         Superintendent or Assistant  
         13540 Certificate No.  
         26176  
         1536-A

W. Va. Code 1947-A

Use Indelible  
Pencil or Ink

### DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

#### Violations and other Hazardous Conditions Observed and Reported

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

#### Examinations for Methane in Working Places

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

#### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Assistant Mine Foreman

Certificate No. \_\_\_\_\_

Mine Foreman-Mine Manager

Certificate No. \_\_\_\_\_

Superintendent or Assistant

Use Indelible Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-1-10 2010 Section or Area Examined North Pumps  
 Time of Examination: from 6:30 a.m. or 11:30 a.m. or 6:00 p.m.  
 Was this report phoned to outside: Yes no  
 By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by Brought out (Signed)

#### Violations and other Hazardous Conditions Observed and Reported

|     | Location    | CH <sub>4</sub> | Violation or Hazardous Condition | Action Taken |
|-----|-------------|-----------------|----------------------------------|--------------|
| 1.  | North mains | 0%              | None observed                    | None         |
| 2.  | Glory Hole  | 0%              | None observed                    | None         |
| 3.  | Ellis       | 0%              | None observed                    | None         |
| 4.  |             |                 |                                  |              |
| 5.  |             |                 |                                  |              |
| 6.  |             |                 |                                  |              |
| 7.  |             |                 |                                  |              |
| 8.  |             |                 |                                  |              |
| 9.  |             |                 |                                  |              |
| 10. |             |                 |                                  |              |

#### Air Measurements

| Location          | CFM | Location | CFM |
|-------------------|-----|----------|-----|
| Good Air movement |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |

Remarks: 0% CH<sub>4</sub>, 20.8% O<sub>2</sub>, 0 PPM C.O. Detected  
D-Boxes, Track, Travelways, P.C.'s, OK At Time of Exam

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

Signed By [Signature] Certificate No. 1947-A  
 Preshift-Mine Examiner  
 Countersigned [Signature] Certificate No. 33359  
 Mine Manager Mine Foreman  
 Assistant Foreman  
 Assistant Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 1-2-70 20 North Pump Section or Area Examined  
 Time of Examination: from 3:00 a.m. or p.m. to 6:00 p.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 Main <u>CHY</u> | <u>none</u>                      | <u>none</u>  |
| 2.  | Glory Hole <u>CF</u>  | <u>none</u>                      | <u>none</u>  |
| 3.  | Ellis <u>OC</u>       | <u>none</u>                      | <u>none</u>  |
| 4.  |                       |                                  |              |
| 5.  |                       |                                  |              |
| 6.  |                       |                                  |              |
| 7.  |                       |                                  |              |
| 8.  |                       |                                  |              |
| 9.  |                       |                                  |              |
| 10. |                       |                                  |              |

### Air Measurements

| Location           | CFM | Location | CFM |
|--------------------|-----|----------|-----|
| <u>Good Airway</u> |     |          |     |
|                    |     |          |     |
|                    |     |          |     |
|                    |     |          |     |
|                    |     |          |     |
|                    |     |          |     |
|                    |     |          |     |
|                    |     |          |     |
|                    |     |          |     |

Remarks: CHY CHY O2 CO 20862  
DBor, Track OK

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

Signed By [Signature] 1539A Certificate No.          Assistant Foreman Certificate No.           
 Countersigned [Signature] 33359 Certificate No.          Superintendent or Assistant [Signature] 1047-A  
 Assistant Foreman [Signature] 1334-A

John G. Bickford 26176

Walter Anderson 1334-A

Scott Halstead 37567

Use Indefilible  
Pencil or Ink

### DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

#### Violations and other Hazardous Conditions Observed and Reported

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

#### Examinations for Methane in Working Places

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

#### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant



Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 1-2-10 2010 Section or Area Examined North Pumps  
 Time of Examination: from 830 a.m. or pm to 1130 a.m. or pm  
 Was this report phoned to outside: Yes no  
 By whom Graynt at Time 1100 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. <u>North MAINS O2 CH4</u> | <u>none</u>                      | <u>none</u>  |
| 2. <u>Glory Hole O2 CH4</u>  | <u>none</u>                      | <u>none</u>  |
| 3. <u>Ellis O2 CH4</u>       | <u>none</u>                      | <u>none</u>  |
| 4. _____                     | _____                            | _____        |
| 5. _____                     | _____                            | _____        |
| 6. _____                     | _____                            | _____        |
| 7. _____                     | _____                            | _____        |
| 8. _____                     | _____                            | _____        |
| 9. _____                     | _____                            | _____        |
| 10. _____                    | _____                            | _____        |

#### Air Measurements

| Location        | CFM   | Location | CFM   |
|-----------------|-------|----------|-------|
| <u>Good Air</u> | _____ | _____    | _____ |
| _____           | _____ | _____    | _____ |
| _____           | _____ | _____    | _____ |
| _____           | _____ | _____    | _____ |
| _____           | _____ | _____    | _____ |
| _____           | _____ | _____    | _____ |
| _____           | _____ | _____    | _____ |
| _____           | _____ | _____    | _____ |

Remarks:

O2 CH4 O2 CO 208302  
D-Box, Track OK

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

Signed By Don McMan 1539A Assistant Foreman Certificate No. \_\_\_\_\_  
 Countersigned Tony Moore 33389 Mine Manager Mine Foreman  
J. Meyer 1947A Superintendent or Assistant Certificate No. 1947A

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-3-10 20      Section or Area Examined North Pumps  
 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 Boyd H. H. H. 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 OF CHY | NONE                             | NONE         |
| 2. Bby Hole OF CHY    | NONE                             | NONE         |
| 3. E.L.S OF CHY       | NONE                             | NONE         |
| 4. <u>    </u>        | <u>    </u>                      | <u>    </u>  |
| 5. <u>    </u>        | <u>    </u>                      | <u>    </u>  |
| 6. <u>    </u>        | <u>    </u>                      | <u>    </u>  |
| 7. <u>    </u>        | <u>    </u>                      | <u>    </u>  |
| 8. <u>    </u>        | <u>    </u>                      | <u>    </u>  |
| 9. <u>    </u>        | <u>    </u>                      | <u>    </u>  |
| 10. <u>    </u>       | <u>    </u>                      | <u>    </u>  |

### Air Measurements

| Location     | CFM         | Location    | CFM         |
|--------------|-------------|-------------|-------------|
| Good Airment | <u>    </u> | <u>    </u> | <u>    </u> |
| <u>    </u>  | <u>    </u> | <u>    </u> | <u>    </u> |
| <u>    </u>  | <u>    </u> | <u>    </u> | <u>    </u> |
| <u>    </u>  | <u>    </u> | <u>    </u> | <u>    </u> |
| <u>    </u>  | <u>    </u> | <u>    </u> | <u>    </u> |
| <u>    </u>  | <u>    </u> | <u>    </u> | <u>    </u> |
| <u>    </u>  | <u>    </u> | <u>    </u> | <u>    </u> |
| <u>    </u>  | <u>    </u> | <u>    </u> | <u>    </u> |

Remarks: OF CHY OF CO 208202  
TRAVEL LAYS OK

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

Signed By [Signature] 1530A Certificate No.      Assistant Foreman      Certificate No.       
 Countersigned [Signature] 33359 Mine Manager Mine Foreman      Superintendent or Assistant       
[Signature] Assistant Foreman     

John D. Rickford 26176

Walter 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. _____  | _____                            | _____        |
| 9. _____  | _____                            | _____        |
| 10. _____ | _____                            | _____        |

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-3 20 10 Section or Area Examined North Pumps  
 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 J Bickford - B. Cambell Time 215 A.M. P.M.  
 Report received by Jay Hunt 39199 (Signed)

#### Violations and other Hazardous Conditions Observed and Reported

| Location              | Violation or Hazardous Condition | Action Taken |
|-----------------------|----------------------------------|--------------|
| 1. <u>North Mains</u> | <u>None</u>                      | <u>None</u>  |
| 2. <u>Glory Hole</u>  | <u>None</u>                      | <u>None</u>  |
| 3. <u>Ellis</u>       | <u>None</u>                      | <u>None</u>  |
| 4. _____              | _____                            | _____        |
| 5. _____              | _____                            | _____        |
| 6. _____              | _____                            | _____        |
| 7. _____              | _____                            | _____        |
| 8. _____              | _____                            | _____        |
| 9. _____              | _____                            | _____        |
| 10. _____             | _____                            | _____        |

#### Air Measurements

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

Remarks: 0% CH<sub>4</sub>, 0% CO, 20.8% O<sub>2</sub> tracks, travelways clean at sec

John G. 39042

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

Signed By John A. Bickford 26176 Certificate No. W. Va. Campbell 13542 Assistant Foreman Certificate No.  
 Countersigned Jay Hunt 39199 Mine Manager Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Jay G. 1947-A

Use Indelible  
Pencil or Ink

### DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

#### Violations and other Hazardous Conditions Observed and Reported

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

#### Examinations for Methane in Working Places

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

#### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-3-10 Section or Area Examined North Pumps  
 Time of Examination: from 8:55 a.m. or 11:10 p.m. to 11:10 a.m. or 8:55 p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Steve Campbell Time 10:30 P.M.  
 Report received by Ray Cab (Signed)

#### Violations and other Hazardous Conditions Observed and Reported

|     | Location    | CH <sub>4</sub> | Violation or Hazardous Condition | Action Taken |
|-----|-------------|-----------------|----------------------------------|--------------|
| 1.  | North mains | 0%              | None observed                    | None         |
| 2.  | Ellis       | 0%              | None observed                    | None         |
| 3.  | Glory Hole  | 0%              | None observed                    | None         |
| 4.  |             |                 |                                  |              |
| 5.  |             |                 |                                  |              |
| 6.  |             |                 |                                  |              |
| 7.  |             |                 |                                  |              |
| 8.  |             |                 |                                  |              |
| 9.  |             |                 |                                  |              |
| 10. |             |                 |                                  |              |

#### Air Measurements

| Location          | CFM | Location | CFM |
|-------------------|-----|----------|-----|
| Good Air movement |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |

Remarks: 0% CH<sub>4</sub>, 20.8% O<sub>2</sub>, 0 PPM C.O. Detected  
Track, Travelways, OK at Time of Exam

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

Signed By [Signature] Certificate No. 33357  
 Countersigned [Signature] Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible  
Pencil or Ink

### DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

#### Violations and other Hazardous Conditions Observed and Reported

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

#### Examinations for Methane in Working Places

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

#### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-4-90 20 North Pump Section or Area Examined  
 Time of Examination: from 5:30 a.m. or p.m. to 6:30 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Brought out Time 3:45 AM P.M.  
 Report received by \_\_\_\_\_ (Signed)

#### Violations and other Hazardous Conditions Observed and Reported

| Location      | CH <sub>4</sub> | Violation or Hazardous Condition | Action Taken |
|---------------|-----------------|----------------------------------|--------------|
| 1. North Main | OK              | None observed                    | None         |
| 2. Long Hole  | OK              | None observed                    | None         |
| 3. Ellis      | OK              | None observed                    | None         |
| 4.            |                 |                                  |              |
| 5.            |                 |                                  |              |
| 6.            |                 |                                  |              |
| 7.            |                 |                                  |              |
| 8.            |                 |                                  |              |
| 9.            |                 |                                  |              |
| 10.           |                 |                                  |              |

#### Air Measurements

| Location          | CFM | Location | CFM |
|-------------------|-----|----------|-----|
| Good Air movement |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |

Remarks: OK CH<sub>4</sub>, 2 ppm, 20-25% O<sub>2</sub> detected at time of exam  
Track, Traveling, powerlines, D-locks, kva's, chaper's ok

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

Signed By [Signature] Certificate No. 39011 Assistant Foreman Certificate No. \_\_\_\_\_  
 Countersigned [Signature] Mine Manager Mine Foreman Certificate No. 33389  
 Assistant Foreman Superintendent or Assistant

Russell Gummoe 1536-1A

Will Campbell 1354-1A

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 1-14 2010 Section or Area Examined North Pumps  
 Time of Examination from 12:00 a.m. or PM to 3:00 a.m. or PM  
 Was this report phoned to outside? Yes  No   
 By whom Donald Out Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by \_\_\_\_\_  
 (Signed)

#### Violations and other Hazardous Conditions Observed and Reported

|     | Location    | CH <sub>4</sub> | Violation or Hazardous Condition | Action Taken |
|-----|-------------|-----------------|----------------------------------|--------------|
| 1.  | North Mains | 0%              | None Observed                    | None         |
| 2.  | Gilroy Hole | 0%              | None Observed                    | None         |
| 3.  | Ellis       | 0%              | None Observed                    | None         |
| 4.  |             |                 |                                  |              |
| 5.  |             |                 |                                  |              |
| 6.  |             |                 |                                  |              |
| 7.  |             |                 |                                  |              |
| 8.  |             |                 |                                  |              |
| 9.  |             |                 |                                  |              |
| 10. |             |                 |                                  |              |

#### Air Measurements

| Location          | CFM | Location | CFM |
|-------------------|-----|----------|-----|
| Good Air Movement |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |

Remarks: 0% CH<sub>4</sub>, 0% CO, 20.8% O<sub>2</sub> Detected  
Track/Travelways, D-Box's, Powercenter, AVA's chargers, all clear at Exam

St. Jul 31042

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

Signed By W. C. Capwell 1354-A Certificate No.  
 Preshift-Mine Examiner  
 Countersigned Tony Moore 33317 Certificate No.  
 Mine Manager Mine Foreman  
Assistant Foreman  
Scott Holstead Assistant Foreman Certificate No. 37567  
Russell Sumner 1536-A  
 Superintendent or Assistant

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-4-10 20      Section or Area Examined North Pump  
 Time of Examination: from 8:30 a.m. or PM to 11:30 a.m. or PM  
 Was this report phoned to outside: Yes no  
 By whom Brought out Time 10:00 PM  
 Report received by \_\_\_\_\_ (Signed)

#### Violations and other Hazardous Conditions Observed and Reported

| Location             | CH <sub>4</sub> | Violation or Hazardous Condition | Action Taken |
|----------------------|-----------------|----------------------------------|--------------|
| 1. <u>North main</u> | <u>OK</u>       | <u>None observed</u>             | <u>None</u>  |
| 2. <u>Clary Hole</u> | <u>OK</u>       | <u>None observed</u>             | <u>None</u>  |
| 3. <u>Ellis</u>      | <u>OK</u>       | <u>None observed</u>             | <u>None</u>  |
| 4. _____             | _____           | _____                            | _____        |
| 5. _____             | _____           | _____                            | _____        |
| 6. _____             | _____           | _____                            | _____        |
| 7. _____             | _____           | _____                            | _____        |
| 8. _____             | _____           | _____                            | _____        |
| 9. _____             | _____           | _____                            | _____        |
| 10. _____            | _____           | _____                            | _____        |

#### Air Measurements

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

Remarks: OK CH<sub>4</sub> open eg 20% or detected at time of exam  
Trucks, Traveling power centers, D boxes, KVA, chargers OK

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

Signed By [Signature] Certificate No. 39042  
 Preshift-Mine Examiner Assistant Foreman  
 Countersigned [Signature] Certificate No. 1354-K  
 Mine Manager Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible  
Pencil or Ink

### DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

#### Violations and other Hazardous Conditions Observed and Reported

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

#### Examinations for Methane in Working Places

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

#### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-5-10 20 North Pump's Section or Area Examined  
 Time of Examination: from 3:00  or p.m. to 6:00  or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Graight J. A. Time 5:32  P.M.  
 Report received by \_\_\_\_\_ (Signed)

#### Violations and other Hazardous Conditions Observed and Reported

| Location             | CMH       | Violation or Hazardous Condition | Action Taken |
|----------------------|-----------|----------------------------------|--------------|
| 1. <u>North Main</u> | <u>OK</u> | <u>None observed</u>             | <u>None</u>  |
| 2. <u>Glory Hole</u> | <u>OK</u> | <u>None observed</u>             | <u>None</u>  |
| 3. <u>Ellis</u>      | <u>OK</u> | <u>None observed</u>             | <u>None</u>  |
| 4. _____             | _____     | _____                            | _____        |
| 5. _____             | _____     | _____                            | _____        |
| 6. _____             | _____     | _____                            | _____        |
| 7. _____             | _____     | _____                            | _____        |
| 8. _____             | _____     | _____                            | _____        |
| 9. _____             | _____     | _____                            | _____        |
| 10. _____            | _____     | _____                            | _____        |

#### Air Measurements

| Location        | CFM   | Location | CFM   |
|-----------------|-------|----------|-------|
| <u>Good Air</u> | _____ | _____    | _____ |
| _____           | _____ | _____    | _____ |
| _____           | _____ | _____    | _____ |
| _____           | _____ | _____    | _____ |
| _____           | _____ | _____    | _____ |
| _____           | _____ | _____    | _____ |
| _____           | _____ | _____    | _____ |
| _____           | _____ | _____    | _____ |
| _____           | _____ | _____    | _____ |
| _____           | _____ | _____    | _____ |

Remarks: OK CMH, opps ok, no gas detected at time of exam  
Tracks, Traveling, powerlines, D. boxes, lvs, chargers ok

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

Signed By [Signature] 3704A Walter Cooper 1354-A  
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned T. Mame 33353 \_\_\_\_\_  
 Mine Manager Mine Foreman \_\_\_\_\_  
 Assistant Foreman \_\_\_\_\_  
 Superintendent or Assistant \_\_\_\_\_

Russell Dinnel 1536-A

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-5- 20 10 Section or Area Examined North Pumps  
 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           | CH <sub>4</sub> | Violation or Hazardous Condition | Action Taken    |
|-----|--------------------|-----------------|----------------------------------|-----------------|
| 1.  | <u>North Mains</u> | <u>0%</u>       | <u>None Observed</u>             | <u>Reported</u> |
| 2.  | <u>Glory Hole</u>  | <u>0%</u>       | <u>None Observed</u>             | <u>Reported</u> |
| 3.  | <u>Ellis</u>       | <u>0%</u>       | <u>None Observed</u>             | <u>Reported</u> |
| 4.  |                    |                 |                                  |                 |
| 5.  |                    |                 |                                  |                 |
| 6.  |                    |                 |                                  |                 |
| 7.  |                    |                 |                                  |                 |
| 8.  |                    |                 |                                  |                 |
| 9.  |                    |                 |                                  |                 |
| 10. |                    |                 |                                  |                 |

#### Air Measurements

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

Remarks:

0% CH<sub>4</sub>, 20.8% O<sub>2</sub>, 0ppm CO detected at time of exam  
Track, Travelway, power centers, D-Boxes clear at time of exam

Don Williams 15391

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

Signed By Russell Dunbar 1536-17  
Preshift-Mine Examiner Certificate No.  
 Countersigned T. Moore 33389  
Mine Manager Mine Foreman

Scott Halstead 37567  
Assistant Foreman Certificate No.

Assistant Foreman

Superintendent or Assistant

W. H. ... 13542

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-5-10 20\_\_ Section or Area Examined North Pump  
 Time of Examination: from 8:30 a.m. or PM to 11:30 a.m. or PM  
 Was this report phoned to outside: Yes  no   
 By whom W. H. Campbell Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by \_\_\_\_\_  
 (Signed)

#### Violations and other Hazardous Conditions Observed and Reported

| Location             | CFM       | Violation or Hazardous Condition | Action Taken |
|----------------------|-----------|----------------------------------|--------------|
| 1. <u>North Main</u> | <u>OK</u> | <u>None observed</u>             | <u>None</u>  |
| 2. <u>Blow Hole</u>  | <u>OK</u> | <u>None observed</u>             | <u>None</u>  |
| 3. <u>Ellis</u>      | <u>OK</u> | <u>None observed</u>             | <u>None</u>  |
| 4. _____             | _____     | _____                            | _____        |
| 5. _____             | _____     | _____                            | _____        |
| 6. _____             | _____     | _____                            | _____        |
| 7. _____             | _____     | _____                            | _____        |
| 8. _____             | _____     | _____                            | _____        |
| 9. _____             | _____     | _____                            | _____        |
| 10. _____            | _____     | _____                            | _____        |

#### Air Measurements

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

Remarks: OKCHY, approx. 20.2% of detected at time of ex  
Truly, Trenching, excavators, Docks, K&S changers OK

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

Signed By [Signature] Certificate No. 39242  
 Countersigned T. Moore Mine Manager Mine Foreman Certificate No. 33359  
 Assistant Foreman [Signature] Certificate No. 13592  
 Superintendent or Assistant [Signature] Certificate No. 15307

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 1-6 20 10 Section or Area Examined North Pumps  
 Time of Examination: from 3:30 am or p.m. to 6:00 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              | CH <sub>4</sub> | Violation or Hazardous Condition | Action Taken |
|-----------------------|-----------------|----------------------------------|--------------|
| 1. <u>North mains</u> | <u>0%</u>       | <u>none observed</u>             | <u>None</u>  |
| 2. <u>GLORY Hole</u>  | <u>0%</u>       | <u>none observed</u>             | <u>None</u>  |
| 3. <u>ELLIS</u>       | <u>0%</u>       | <u>none observed</u>             | <u>None</u>  |
| 4. _____              | _____           | _____                            | _____        |
| 5. _____              | _____           | _____                            | _____        |
| 6. _____              | _____           | _____                            | _____        |
| 7. _____              | _____           | _____                            | _____        |
| 8. _____              | _____           | _____                            | _____        |
| 9. _____              | _____           | _____                            | _____        |
| 10. _____             | _____           | _____                            | _____        |

#### Air Measurements

| Location                 | CFM   | Location | CFM   |
|--------------------------|-------|----------|-------|
| <u>GOOD Air Movement</u> | _____ | _____    | _____ |
| _____                    | _____ | _____    | _____ |
| _____                    | _____ | _____    | _____ |
| _____                    | _____ | _____    | _____ |
| _____                    | _____ | _____    | _____ |
| _____                    | _____ | _____    | _____ |
| _____                    | _____ | _____    | _____ |
| _____                    | _____ | _____    | _____ |

Remarks: 0% CH<sub>4</sub> 0% CO 20.8% O<sub>2</sub> detected  
TRACK/TRAVELWAY, D-Box, Power center 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 W. Va. Mining Laws and the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By [Signature] 1334A Assistant Foreman  
 Preshift-Mine Examiner Certificate No.  
 Countersigned [Signature] 33359 Assistant Foreman  
 Mine Manager Mine Foreman  
[Signature] Superintendent or Assistant

John Bickford 2617A Russell Dunnoe 1536-A

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 1-6 20 10 Section or Area Examined North Pumps  
 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 2:30 A.M. P.M.  
 Report received by \_\_\_\_\_  
 (Signed)

#### Violations and other Hazardous Conditions Observed and Reported

|     | Location           | CH <sub>4</sub> | Violation or Hazardous Condition | Action Taken    |
|-----|--------------------|-----------------|----------------------------------|-----------------|
| 1.  | <u>North Mains</u> | <u>0%</u>       | <u>None Observed</u>             | <u>Reported</u> |
| 2.  | <u>Glory Hole</u>  | <u>0%</u>       | <u>None Observed</u>             | <u>Reported</u> |
| 3.  | <u>Ellis</u>       | <u>0%</u>       | <u>None Observed</u>             | <u>Reported</u> |
| 4.  |                    |                 |                                  |                 |
| 5.  |                    |                 |                                  |                 |
| 6.  |                    |                 |                                  |                 |
| 7.  |                    |                 |                                  |                 |
| 8.  |                    |                 |                                  |                 |
| 9.  |                    |                 |                                  |                 |
| 10. |                    |                 |                                  |                 |

#### Air Measurements

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

Remarks: 0% CH<sub>4</sub>, 20.8% O<sub>2</sub>, 0ppm CO detected at time of exam  
TRACK, Travelway, Power centers, D-Boxes clear at time of exam

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

Signed By Russell Sumner 1536-A Certificate No.  
 Preshift-Mine Examiner  
 Countersigned T. Moore 33359 Certificate No.  
 Mine Manager Mine Foreman  
Scott Whitlock Assistant Foreman Certificate No. 37567  
John A. Bickford Superintendent or Assistant Certificate No. 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. _____  | _____                            | _____        |
| 9. _____  | _____                            | _____        |
| 10. _____ | _____                            | _____        |

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

Assistant Mine Foreman

Certificate No. \_\_\_\_\_

Mine Foreman-Mine Manager

Certificate No. \_\_\_\_\_

Superintendent or Assistant

Use Indelible  
Penell or Ink

# PRESHIFT MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 1-6-70 Section or Area Examined North Pung's  
 Time of Examination from 8:30 a.m. or P.M. to 11:30 a.m. or P.M.  
 Was this report planned to observe no  
 By whom George [unclear] Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by \_\_\_\_\_ (Signed)

### Violations and other Hazardous Conditions Observed and Reported

|     | Location           | CH <sub>4</sub> | Violation or Hazardous Condition | Action Taken |
|-----|--------------------|-----------------|----------------------------------|--------------|
| 1.  | <u>North Main</u>  | <u>0%</u>       | <u>None observed</u>             | <u>None</u>  |
| 2.  | <u>Galaxy Hole</u> | <u>0%</u>       | <u>None observed</u>             | <u>None</u>  |
| 3.  | <u>Fills</u>       | <u>0%</u>       | <u>None observed</u>             | <u>None</u>  |
| 4.  |                    |                 |                                  |              |
| 5.  |                    |                 |                                  |              |
| 6.  |                    |                 |                                  |              |
| 7.  |                    |                 |                                  |              |
| 8.  |                    |                 |                                  |              |
| 9.  |                    |                 |                                  |              |
| 10. |                    |                 |                                  |              |

### Air Measurements

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

Remarks: 0% CH<sub>4</sub>, approx 200 ft or detected at time of exam  
Track, Traveling, powerlines, D-boxes, UVA's charges ok

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

Signed By [Signature] Certificate No. 39042 Assistant Foreman  
 Countersigned T. [unclear] Certificate No. 33359  
 Mine Manager Mine Foreman  
 Assistant Foreman  
[Signature] Certificate No. 15397  
 Superintendent or Assistant

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

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

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

Use Indelible Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-7-5 20 10 Section or Area Examined North Pumps  
 Time of Examination: from 12:00 a.m. or p.m. to 2:15 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom John Bickford Time 2:20 A.M. P.M.  
 Report received by Russell Dunnoe (Signed)

#### Violations and other Hazardous Conditions Observed and Reported

| Location              | CH <sub>4</sub> % | Violation or Hazardous Condition | Action Taken    |
|-----------------------|-------------------|----------------------------------|-----------------|
| 1. <u>North mains</u> | <u>0%</u>         | <u>None Observed</u>             | <u>Reported</u> |
| 2. <u>Glory Hole</u>  | <u>0%</u>         | <u>None Observed</u>             | <u>Reported</u> |
| 3. <u>Ellis</u>       | <u>0%</u>         | <u>None Observed</u>             | <u>Reported</u> |
| 4. _____              | _____             | _____                            | _____           |
| 5. _____              | _____             | _____                            | _____           |
| 6. _____              | _____             | _____                            | _____           |
| 7. _____              | _____             | _____                            | _____           |
| 8. _____              | _____             | _____                            | _____           |
| 9. _____              | _____             | _____                            | _____           |
| 10. _____             | _____             | _____                            | _____           |

#### Air Measurements

| Location                 | CFM   | Location | CFM   |
|--------------------------|-------|----------|-------|
| <u>Good Air movement</u> | _____ | _____    | _____ |
| _____                    | _____ | _____    | _____ |
| _____                    | _____ | _____    | _____ |
| _____                    | _____ | _____    | _____ |
| _____                    | _____ | _____    | _____ |
| _____                    | _____ | _____    | _____ |
| _____                    | _____ | _____    | _____ |
| _____                    | _____ | _____    | _____ |
| _____                    | _____ | _____    | _____ |

Remarks: 0% CH<sub>4</sub>, 20.8% O<sub>2</sub>, 0ppm C.O detected at time of exam  
Track, Travelway, Powercenters, D-Boxes, chargers clear at time of exam

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

Signed By Russell Dunnoe 1536-A Certificate No.  
 Preshift-Mine Examiner  
 Countersigned John Bickford 33309 Assistant Foreman  
 Mine Manager Mine Foreman  
 Assistant Foreman  
Scott Halstead Assistant Foreman  
John A. Bickford Superintendent or Assistant  
 Certificate No. 37567  
 26176

John Ulman 1539A

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 1-7-10 2010 Section or Area Examined North Pumps  
 Time of Examination: from 830 a.m. or pm to 1100 a.m. or pm  
 Was this report phoned to outside: Yes no  X  
 By whom Brought out Time 1100 A.M. P.M.  
 Report received by \_\_\_\_\_ (Signed)

#### Violations and other Hazardous Conditions Observed and Reported

| Location  | Violation or Hazardous Condition | Action Taken |
|---|----------------------------------|--------------|
| 1. <u>North MAINS O<sub>2</sub>CH<sub>4</sub></u> | <u>None observed</u>             | <u>NONE</u>  |
| 2. <u>Glory Hole O<sub>2</sub>CH<sub>4</sub></u>  | <u>None observed</u>             | <u>NONE</u>  |
| 3. <u>Ellis O<sub>2</sub>CH<sub>4</sub></u>       | <u>None observed</u>             | <u>NONE</u>  |
| 4. _____  | _____                            | _____        |
| 5. _____  | _____                            | _____        |
| 6. _____  | _____                            | _____        |
| 7. _____  | _____                            | _____        |
| 8. _____  | _____                            | _____        |
| 9. _____  | _____                            | _____        |
| 10. _____   | _____                            | _____        |

#### Air Measurements

| Location                 | CFM   | Location | CFM   |
|--------------------------|-------|----------|-------|
| <u>Good Air movement</u> | _____ | _____    | _____ |
| _____                    | _____ | _____    | _____ |
| _____                    | _____ | _____    | _____ |
| _____                    | _____ | _____    | _____ |
| _____                    | _____ | _____    | _____ |
| _____                    | _____ | _____    | _____ |
| _____                    | _____ | _____    | _____ |
| _____                    | _____ | _____    | _____ |

Remarks: O<sub>2</sub>CH<sub>4</sub>, O<sub>2</sub>CO, 20.8% O<sub>2</sub>  
Track, Travelways, Power Centers, D-Boxes, Chargers OK

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

Signed By Gen. Ulman 1539-A \_\_\_\_\_  
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned T. Malone 33359 \_\_\_\_\_  
 Mine Manager Mine Foreman  
 \_\_\_\_\_  
 Assistant Foreman  
 \_\_\_\_\_  
 Superintendent or Assistant

Use Indelible  
Pencil or Ink

### DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

#### Violations and other Hazardous Conditions Observed and Reported

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

#### Examinations for Methane in Working Places

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

#### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

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

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

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 1-8-10 20      Section or Area Examined Pumps  
 Time of Examination: from 200 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 500 A.M. P.M.  
 Report received by \_\_\_\_\_  
 (Signed)

#### Violations and other Hazardous Conditions Observed and Reported

| Location  | Violation or Hazardous Condition | Action Taken |
|---|----------------------------------|--------------|
| 1. <u>North main O<sub>2</sub> ch<sub>4</sub></u> | <u>none</u>                      | <u>none</u>  |
| 2. <u>Grey Hole O<sub>2</sub> ch<sub>4</sub></u>  | <u>none</u>                      | <u>none</u>  |
| 3. <u>Elvis O<sub>2</sub> ch<sub>4</sub></u>      | <u>none</u>                      | <u>none</u>  |
| 4. _____  | _____                            | _____        |
| 5. _____  | _____                            | _____        |
| 6. _____  | _____                            | _____        |
| 7. _____  | _____                            | _____        |
| 8. _____  | _____                            | _____        |
| 9. _____  | _____                            | _____        |
| 10. _____   | _____                            | _____        |

#### Air Measurements

| Location             | CFM   | Location | CFM   |
|----------------------|-------|----------|-------|
| <u>Good Air main</u> | _____ | _____    | _____ |
| _____                | _____ | _____    | _____ |
| _____                | _____ | _____    | _____ |
| _____                | _____ | _____    | _____ |
| _____                | _____ | _____    | _____ |
| _____                | _____ | _____    | _____ |
| _____                | _____ | _____    | _____ |
| _____                | _____ | _____    | _____ |
| _____                | _____ | _____    | _____ |

Remarks: O<sub>2</sub> ch<sub>4</sub> JACO 20880  
Track, Travelways o.k.

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

Signed By [Signature] 1537A Certificate No. \_\_\_\_\_ Assistant Foreman \_\_\_\_\_ Certificate No. \_\_\_\_\_  
 Countersigned T. Moore 33359 Certificate No. \_\_\_\_\_  
 Assistant Foreman \_\_\_\_\_  
 Superintendent or Assistant \_\_\_\_\_

John A. Bickford 26176 Russell Dunnoe 1536-A Scott Helsted 37567

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 1-8 20 10 Section or Area Examined Pumps  
 Time of Examination: from 12:00 a.m. or p.m. to 2:30 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom John Rickford Time 2:30 A.M. P.M.  
 Report received by Russell Dunne (Signed)

#### Violations and other Hazardous Conditions Observed and Reported

| Location              | CH <sub>4</sub> | Violation or Hazardous Condition | Action Taken    |
|-----------------------|-----------------|----------------------------------|-----------------|
| 1. <u>North MAINS</u> | <u>0%</u>       | <u>None Observed</u>             | <u>Reported</u> |
| 2. <u>Glory Hole</u>  | <u>0%</u>       | <u>None Observed</u>             | <u>Reported</u> |
| 3. <u>Ellis</u>       | <u>0%</u>       | <u>None Observed</u>             | <u>Reported</u> |
| 4. _____              | _____           | _____                            | _____           |
| 5. _____              | _____           | _____                            | _____           |
| 6. _____              | _____           | _____                            | _____           |
| 7. _____              | _____           | _____                            | _____           |
| 8. _____              | _____           | _____                            | _____           |
| 9. _____              | _____           | _____                            | _____           |
| 10. _____             | _____           | _____                            | _____           |

#### Air Measurements

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

Remarks: 0% CH<sub>4</sub>, 20.8% O<sub>2</sub>, 0ppm CO Detected at time of exam  
TRACK, TRAVELWAYS OK AT time of exam

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

Signed By Russell Dunne 1536-A Certificate No.  
 Preshift Mine Examiner  
 Countersigned T. Moore 33389 Certificate No.  
 Mine Manager Mine Foreman  
Scott Halstead Assistant Foreman  
John H. Burkford Certificate No. 37567  
 Assistant Foreman  
 Superintendent or Assistant

Walter Campbell 1354

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

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

Assistant Mine Foreman

Certificate No. \_\_\_\_\_

Mine Foreman-Mine Manager

Certificate No. \_\_\_\_\_

Superintendent or Assistant

Report shall be signed when made

# PRESHIFT-MINE EXAMINER'S REPORT

Use Indelible Pencil or Ink

Date of Examination 1-8 20 10 Section or Area Examined Pumps  
 Time of Examination: from 8:00 a.m. or PM to 11:00 a.m. or PM  
 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              | CH <sub>4</sub> | Violation or Hazardous Condition | Action Taken |
|-----------------------|-----------------|----------------------------------|--------------|
| 1. <u>North Mairs</u> | <u>0%</u>       | <u>none observed</u>             | <u>none</u>  |
| 2. <u>Glory hole</u>  | <u>0%</u>       | <u>none observed</u>             | <u>none</u>  |
| 3. <u>Ellis</u>       | <u>0%</u>       | <u>none observed</u>             | <u>none</u>  |
| 4. <u>    </u>        | <u>    </u>     | <u>    </u>                      | <u>    </u>  |
| 5. <u>    </u>        | <u>    </u>     | <u>    </u>                      | <u>    </u>  |
| 6. <u>    </u>        | <u>    </u>     | <u>    </u>                      | <u>    </u>  |
| 7. <u>    </u>        | <u>    </u>     | <u>    </u>                      | <u>    </u>  |
| 8. <u>    </u>        | <u>    </u>     | <u>    </u>                      | <u>    </u>  |
| 9. <u>    </u>        | <u>    </u>     | <u>    </u>                      | <u>    </u>  |
| 10. <u>    </u>       | <u>    </u>     | <u>    </u>                      | <u>    </u>  |

## Air Measurements

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

Remarks: 0% CH<sub>4</sub>, 20.5% O<sub>2</sub> 0% CO Detected, Track/Tranclways OK at Exam

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

Signed By W. H. Moore  
 Preshift-Mine Examiner

1354-A  
 Certificate No.  
33357

Scott Halstead  
 Assistant Foreman

Certificate No.  
37567

Countersigned T. Moore  
 Mine Manager Mine Foreman  
 Assistant Foreman

Superintendent or Assistant

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-9- 2010 Section or Area Examined Pumps  
 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              | CH <sub>4</sub> | Violation or Hazardous Condition | Action Taken |
|-----------------------|-----------------|----------------------------------|--------------|
| 1. <u>North Main</u>  | <u>0%</u>       | <u>none observed</u>             | <u>none</u>  |
| 2. <u>Gloria Hole</u> | <u>0%</u>       | <u>none observed</u>             | <u>none</u>  |
| 3. <u>Ellis</u>       | <u>0%</u>       | <u>none observed</u>             | <u>none</u>  |
| 4. _____              | _____           | _____                            | _____        |
| 5. _____              | _____           | _____                            | _____        |
| 6. _____              | _____           | _____                            | _____        |
| 7. _____              | _____           | _____                            | _____        |
| 8. _____              | _____           | _____                            | _____        |
| 9. _____              | _____           | _____                            | _____        |
| 10. _____             | _____           | _____                            | _____        |

### Air Measurements

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

Remarks: 20.8% O<sub>2</sub>, 0% CH<sub>4</sub>, CO Blowers Detected  
Travelway, D. Box's, Pumps 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 W. Va. Mining Laws and the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By W. St. Cupper Certificate No. 1354-12 Assistant Foreman [Signature] Certificate No. 30224  
 Countersigned [Signature] Mine Manager Mine Foreman Certificate No. 33359  
 Assistant Foreman \_\_\_\_\_  
 Superintendent or Assistant \_\_\_\_\_

Johna. 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. _____  | _____                            | _____        |
| 9. _____  | _____                            | _____        |
| 10. _____ | _____                            | _____        |

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Report shall be signed when made

### PRESHIFT-MINE EXAMINER'S REPORT

Use Indelible Pencil or Ink

Date of Examination 1.9 2010 Section or Area Examined Pumps  
 Time of Examination: from 1200 a.m. or 10 to 300 a.m. or PM  
 Was this report phoned to outside: Ye: no  
 By whom S. Halstead Time 2:15 A.M. PM  
 Report received by John A. Bickford (Signed)

#### Violations and other Hazardous Conditions Observed and Reported

| Location              | ch <sub>4</sub> | Violation or Hazardous Condition | Action Taken |
|-----------------------|-----------------|----------------------------------|--------------|
| 1. <u>North Mains</u> | <u>0%</u>       | <u>None observed</u>             | <u>None</u>  |
| 2. <u>Galory Hole</u> | <u>0%</u>       | <u>None observed</u>             | <u>None</u>  |
| 3. <u>Ellis</u>       | <u>0%</u>       | <u>None observed</u>             | <u>None</u>  |
| 4. _____              | _____           | _____                            | _____        |
| 5. _____              | _____           | _____                            | _____        |
| 6. _____              | _____           | _____                            | _____        |
| 7. _____              | _____           | _____                            | _____        |
| 8. _____              | _____           | _____                            | _____        |
| 9. _____              | _____           | _____                            | _____        |
| 10. _____             | _____           | _____                            | _____        |

#### Air Measurements

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

Remarks: 0% ch<sub>4</sub>, 0% CO + 20.8% O<sub>2</sub> detected at time of exam  
Travelways, D'Bois & 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 W. Va. Mining Laws and the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By John A. Bickford Certificate No. 26176  
 Preshift-Mine Examiner  
 Countersigned T. Moore Certificate No. 33359  
 Mine Manager Mine Foreman  
 Assistant Foreman  
 Assistant Foreman Scott Halstead Certificate No. 37567  
 Superintendent or Assistant

D. W. Allen 1539A

William Campbell 1386A

Use Indelible  
Penell or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 1-9-10 20 10 Section or Area Examined North Pumps  
 Time of Examination: from 830 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 8:00 A.M. 11:00 P.M.  
 Report received by \_\_\_\_\_ (Signed)

#### Violations and other Hazardous Conditions Observed and Reported

| Location                    | Violation or Hazardous Condition | Action Taken |
|-----------------------------|----------------------------------|--------------|
| 1. <u>North MAINS OZCHY</u> | <u>None Observed</u>             | <u>None</u>  |
| 2. <u>Glory Hole OZCHY</u>  | <u>None Observed</u>             | <u>None</u>  |
| <u>GW Ellis OZCHY</u>       | <u>None Observed</u>             | <u>None</u>  |
| 4. _____                    | _____                            | _____        |
| 5. _____                    | _____                            | _____        |
| 6. _____                    | _____                            | _____        |
| 7. _____                    | _____                            | _____        |
| 8. _____                    | _____                            | _____        |
| 9. _____                    | _____                            | _____        |
| 10. _____                   | _____                            | _____        |

#### Air Measurements

| Location                 | CFM   | Location | CFM   |
|--------------------------|-------|----------|-------|
| <u>Good Air movement</u> | _____ | _____    | _____ |
| _____                    | _____ | _____    | _____ |
| _____                    | _____ | _____    | _____ |
| _____                    | _____ | _____    | _____ |
| _____                    | _____ | _____    | _____ |
| _____                    | _____ | _____    | _____ |
| _____                    | _____ | _____    | _____ |
| _____                    | _____ | _____    | _____ |
| _____                    | _____ | _____    | _____ |
| _____                    | _____ | _____    | _____ |

Remarks: OZCHY, OZCO, 208202  
Travel ways OK

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

Signed By Don Whelan  
 Preshift-Mine Examiner  
 Countersigned Tony Moore  
 Mine Manager Mine Foreman  
 Assistant Foreman

1539A  
 Certificate No.  
33359

W. H. Cooper  
 Assistant Foreman

1334A  
 Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

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

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

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-10-10 20 Section or Area Examined North Pumps  
 Time of Examination: from 300 (a.m) or p.m. to 600 (a.m) or p.m.  
 Was this report phoned to outside: Ye.  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. <u>North MAINS OF CHY</u> | <u>none</u>                      | <u>none</u>  |
| 2. <u>Glory Hole OF CHY</u>  | <u>none</u>                      | <u>none</u>  |
| 3. <u>ELLIS CU OF CHY</u>    | <u>none</u>                      | <u>none</u>  |
| 4. _____                     | _____                            | _____        |
| 5. _____                     | _____                            | _____        |
| 6. _____                     | _____                            | _____        |
| 7. _____                     | _____                            | _____        |
| 8. _____                     | _____                            | _____        |
| 9. _____                     | _____                            | _____        |
| 10. _____                    | _____                            | _____        |

### Air Measurements

| Location             | CFM   | Location | CFM   |
|----------------------|-------|----------|-------|
| <u>Good Air main</u> | _____ | _____    | _____ |
| _____                | _____ | _____    | _____ |
| _____                | _____ | _____    | _____ |
| _____                | _____ | _____    | _____ |
| _____                | _____ | _____    | _____ |
| _____                | _____ | _____    | _____ |
| _____                | _____ | _____    | _____ |
| _____                | _____ | _____    | _____ |
| _____                | _____ | _____    | _____ |
| _____                | _____ | _____    | _____ |

Remarks: OF CHY, OF CO 201802

TRAVELWAYS OK

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

Signed By [Signature] Certificate No. 5397  
 Preshift-Mine Examiner  
 Countersigned [Signature] Certificate No. 33359  
 Mine Manager Mine Foreman  
 Assistant Foreman  
[Signature] Assistant Foreman  
[Signature] 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. _____  | _____                            | _____        |
| 9. _____  | _____                            | _____        |
| 10. _____ | _____                            | _____        |

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-10-10 Section or Area Examined Pumps  
 Time of Examination: from 1200 a.m. or PM to 300 a.m. or PM  
 Was this report phoned to outside: Yes  no   
 By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by \_\_\_\_\_ (Signed)

### Violations and other Hazardous Conditions Observed and Reported

| Location              | CH        | Violation or Hazardous Condition | Action Taken |
|-----------------------|-----------|----------------------------------|--------------|
| 1. <u>North Mains</u> | <u>0%</u> | <u>None Observed</u>             | <u>None</u>  |
| 2. <u>Glory Hole</u>  | <u>0%</u> | <u>None Observed</u>             | <u>None</u>  |
| 3. <u>ELLIS</u>       | <u>0%</u> | <u>None Observed</u>             | <u>None</u>  |
| 4. _____              | _____     | _____                            | _____        |
| 5. _____              | _____     | _____                            | _____        |
| 6. _____              | _____     | _____                            | _____        |
| 7. _____              | _____     | _____                            | _____        |
| 8. _____              | _____     | _____                            | _____        |
| 9. _____              | _____     | _____                            | _____        |
| 10. _____             | _____     | _____                            | _____        |

### Air Measurements

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

Remarks: 0% CH 0% CO + 20.8% O2 detected at time of exam

Travelways & Track Clear at time of exam

D'Boxes, PCs & Pumps - OK

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

Signed By John R. Buckford 26176 Assistant Foreman Certificate No. \_\_\_\_\_  
 Preshift-Mine Examiner  
 Countersigned T. Moore 33359 Mine Manager Mine Foreman Certificate No. \_\_\_\_\_  
 Assistant Foreman Superintendent or Assistant

Use Indelible  
Penell or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

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

Use Indelible Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-10-10 20      Section or Area Examined North Pumps  
 Time of Examination: from 9:30 a.m. or PM to 11:20 a.m. or PM  
 Was this report phoned to outside: Yes  no   
 By whom Billy Campbell Time A.M. 11:05 PM  
 Report received by [Signature] 2/20/10  
(Signed)

#### Violations and other Hazardous Conditions Observed and Reported

| Location              | CH          | Violation or Hazardous Condition | Action Taken |
|-----------------------|-------------|----------------------------------|--------------|
| 1. <u>North Main</u>  | <u>OK</u>   | <u>None observed</u>             | <u>None</u>  |
| 2. <u>Gloria Hole</u> | <u>OK</u>   | <u>None observed</u>             | <u>None</u>  |
| 3. <u>Fillis</u>      | <u>OK</u>   | <u>None observed</u>             | <u>None</u>  |
| 4. <u>    </u>        | <u>    </u> | <u>    </u>                      | <u>    </u>  |
| 5. <u>    </u>        | <u>    </u> | <u>    </u>                      | <u>    </u>  |
| 6. <u>    </u>        | <u>    </u> | <u>    </u>                      | <u>    </u>  |
| 7. <u>    </u>        | <u>    </u> | <u>    </u>                      | <u>    </u>  |
| 8. <u>    </u>        | <u>    </u> | <u>    </u>                      | <u>    </u>  |
| 9. <u>    </u>        | <u>    </u> | <u>    </u>                      | <u>    </u>  |
| 10. <u>    </u>       | <u>    </u> | <u>    </u>                      | <u>    </u>  |

#### Air Measurements

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

Remarks: OK CH, oppm co, 20-21 of detectors at time of exam  
Track, Traveling's, power cables, D-20's, KW's, chargers ok

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

Signed By [Signature] 3/20/10 Assistant Foreman Certificate No.       
 Countersigned [Signature] 33359 Mine Manager Mine Foreman Certificate No.       
 Assistant Foreman      Superintendent or Assistant

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

*A-2501*

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-11-67 20 North Pump Section or Area Examined  
 Time of Examination: from 7:00 a.m. or p.m. to 6:30 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom Scout out Time 5:10 A.M. P.M.  
 Report received by \_\_\_\_\_ (Signed)

### Violations and other Hazardous Conditions Observed and Reported

| Location              | CHM       | Violation or Hazardous Condition | Action Taken |
|-----------------------|-----------|----------------------------------|--------------|
| 1. <u>North Main</u>  | <u>OK</u> | <u>None observed</u>             | <u>None</u>  |
| 2. <u>Galery Hole</u> | <u>OK</u> | <u>None observed</u>             | <u>None</u>  |
| 3. _____              | _____     | _____                            | _____        |
| 4. _____              | _____     | _____                            | _____        |
| 5. _____              | _____     | _____                            | _____        |
| 6. _____              | _____     | _____                            | _____        |
| 7. _____              | _____     | _____                            | _____        |
| 8. _____              | _____     | _____                            | _____        |
| 9. _____              | _____     | _____                            | _____        |
| 10. _____             | _____     | _____                            | _____        |

### Air Measurements

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

Remarks: OK CHM, approx 20-30% ok detected at time of exam  
Track, Traveling, power cables, D-boxes, (was) charges ok

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

Signed By [Signature] Certificate No. 39046  
 Preshift-Mine Examiner  
 Countersigned [Signature] Certificate No. 13348  
 Mine Manager Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Russell Gummoe 1536-A

Scott Helstead 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. _____  | _____                            | _____        |
| 9. _____  | _____                            | _____        |
| 10. _____ | _____                            | _____        |

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

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

Assistant Mine Foreman

Certificate No. \_\_\_\_\_

Mine Foreman-Mine Manager

Certificate No. \_\_\_\_\_

Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 1-11 20 10 Section or Area Examined North Pump  
 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  Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 By whom \_\_\_\_\_  
 Report received by \_\_\_\_\_ (Signed)

#### Violations and other Hazardous Conditions Observed and Reported

| Location              | CH <sub>4</sub> | Violation or Hazardous Condition | Action Taken |
|-----------------------|-----------------|----------------------------------|--------------|
| 1. <u>North Mains</u> | <u>0%</u>       | <u>None Observed</u>             | <u>None</u>  |
| 2. <u>Glory Hole</u>  | <u>0%</u>       | <u>None Observed</u>             | <u>None</u>  |
| 3. <u>Ellis</u>       | <u>0%</u>       | <u>None Observed</u>             | <u>None</u>  |
| 4. _____              | _____           | _____                            | _____        |
| 5. _____              | _____           | _____                            | _____        |
| 6. _____              | _____           | _____                            | _____        |
| 7. _____              | _____           | _____                            | _____        |
| 8. _____              | _____           | _____                            | _____        |
| 9. _____              | _____           | _____                            | _____        |
| 10. _____             | _____           | _____                            | _____        |

#### Air Measurements

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

Remarks: 0% CH<sub>4</sub>, 20.8% O<sub>2</sub>, 0 ppm CO detected at time of exam  
Track, Travelways, power centers, D-Boxes, chargers clear at time of exam

AS 81 3921

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

Signed By Russell Linn  
 Preshift-Mine Examiner  
 Countersigned T. Moore  
 Mine Manager Mine Foreman  
 Assistant Foreman

1536-A  
 Certificate No.  
33359

Scott Holstead  
 Assistant Foreman  
 Certificate No. 37567  
 Superintendent or Assistant

W. D. Cooper 1754

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

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

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-11-10 20      Section or Area Examined North Pump  
 Time of Examination: from 8:30 a.m. or 0 p.m. to 11:30 a.m. or 0 p.m.  
 Was this report phoned to outside: Yes no  
 By whom Scragg out Time      A.M.      P.M.  
 Report received by      (Signed)

### Violations and other Hazardous Conditions Observed and Reported

|     | Location     | CH <sub>4</sub> | Violation or Hazardous Condition | Action Taken |
|-----|--------------|-----------------|----------------------------------|--------------|
| 1.  | North Main's | OK              | None observed                    | None         |
| 2.  | Along Hole   | OK              | None observed                    | None         |
| 3.  | Ellis        | OK              | None observed                    | None         |
| 4.  |              |                 |                                  |              |
| 5.  |              |                 |                                  |              |
| 6.  |              |                 |                                  |              |
| 7.  |              |                 |                                  |              |
| 8.  |              |                 |                                  |              |
| 9.  |              |                 |                                  |              |
| 10. |              |                 |                                  |              |

### Air Measurements

| Location          | CFM | Location | CFM |
|-------------------|-----|----------|-----|
| Good Air movement |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |

Remarks: OK CH<sub>4</sub> approx 0.2% at detroit at time of exam  
Track, Traveling, pulmonary, N-gas, Hum, charges ok

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

Signed By [Signature]  
 Preshift-Mine Examiner  
 Countersigned T. Moore  
 Mine Manager Mine Foreman  
 Assistant Foreman

39042  
 Certificate No.  
33359

[Signature]  
 Assistant Foreman  
 Superintendent or Assistant

133410  
 Certificate No.

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-12-10 20      Section or Area Examined North Pump's  
 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             | CH <sub>4</sub> | Violation or Hazardous Condition | Action Taken |
|----------------------|-----------------|----------------------------------|--------------|
| 1. <u>North Main</u> | <u>OK</u>       | <u>None observed</u>             | <u>None</u>  |
| 2. <u>Grory Hole</u> | <u>OK</u>       | <u>None observed</u>             | <u>None</u>  |
| 3. <u>Fills</u>      | <u>OK</u>       | <u>None observed</u>             | <u>None</u>  |
| 4. <u>    </u>       | <u>    </u>     | <u>    </u>                      | <u>    </u>  |
| 5. <u>    </u>       | <u>    </u>     | <u>    </u>                      | <u>    </u>  |
| 6. <u>    </u>       | <u>    </u>     | <u>    </u>                      | <u>    </u>  |
| 7. <u>    </u>       | <u>    </u>     | <u>    </u>                      | <u>    </u>  |
| 8. <u>    </u>       | <u>    </u>     | <u>    </u>                      | <u>    </u>  |
| 9. <u>    </u>       | <u>    </u>     | <u>    </u>                      | <u>    </u>  |
| 10. <u>    </u>      | <u>    </u>     | <u>    </u>                      | <u>    </u>  |

### Air Measurements

| Location                 | CFM         | Location    | CFM         |
|--------------------------|-------------|-------------|-------------|
| <u>Good Air movement</u> | <u>    </u> | <u>    </u> | <u>    </u> |
| <u>    </u>              | <u>    </u> | <u>    </u> | <u>    </u> |
| <u>    </u>              | <u>    </u> | <u>    </u> | <u>    </u> |
| <u>    </u>              | <u>    </u> | <u>    </u> | <u>    </u> |
| <u>    </u>              | <u>    </u> | <u>    </u> | <u>    </u> |
| <u>    </u>              | <u>    </u> | <u>    </u> | <u>    </u> |
| <u>    </u>              | <u>    </u> | <u>    </u> | <u>    </u> |
| <u>    </u>              | <u>    </u> | <u>    </u> | <u>    </u> |
| <u>    </u>              | <u>    </u> | <u>    </u> | <u>    </u> |

Remarks: OK CH<sub>4</sub> approx 20-30% detected at time of exam  
Tracks, Travelways, power cables, D-2200s, kwia, chargers OK at time of exam

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

Signed By [Signature]  
 Preshift-Mine Examiner  
 Countersigned [Signature]  
 Mine Manager Mine Foreman  
 Assistant Foreman

11042  
 Certificate No.  
33359

[Signature]  
 Assistant Foreman  
 Superintendent or Assistant

1354-10  
 Certificate No.

Scott Helstead 37567

Use Indelible  
Pen or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date April 13 1944 Shift Day Area or Section ...

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-12-10 20 Section or Area Examined North Pumps
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 Scott Halstead Time 2:50 P.M.
Report received by Mike Kiblinger (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4, Violation or Hazardous Condition, Action Taken. Rows 1-10.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: Good Air Movement.

Remarks: 0% CH4, 20.8% O2, 0ppm CO Detected at EXAM time
Power Centers - D-Boxes, TRACK & TRAVELWAYS Clean at EXAM

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

Signed By Scott Halstead Preshift-Mine Examiner Certificate No. 37567
Countersigned Tim Moore Mine Manager - Mine Foreman Certificate No. 33359
Assistant Foreman

Dan Williams 15397 Superintendent or Assistant W. Va. Coal Mine

Use Indelible  
Pencil or Ink

### DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

#### Violations and other Hazardous Conditions Observed and Reported

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

#### Examinations for Methane in Working Places

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

#### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-12-10 20      Section or Area Examined North Pump's  
 Time of Examination: from 9:30 a.m. or P.M. to 11:30 a.m. or P.M.  
 Was this report phoned to outside: Yes no no       
 By whom Drought WT Time 9:18 P.M.  
 Report received by      (Signed)

### Violations and other Hazardous Conditions Observed and Reported

| Location              | CH <sub>4</sub> | Violation or Hazardous Condition | Action Taken |
|-----------------------|-----------------|----------------------------------|--------------|
| 1. <u>North main</u>  | <u>0%</u>       | <u>None observed</u>             | <u>None</u>  |
| 2. <u>Galery Hole</u> | <u>0%</u>       | <u>None observed</u>             | <u>None</u>  |
| 3. <u>Ellis</u>       | <u>0%</u>       | <u>None observed</u>             | <u>None</u>  |
| 4. <u>    </u>        | <u>    </u>     | <u>    </u>                      | <u>    </u>  |
| 5. <u>    </u>        | <u>    </u>     | <u>    </u>                      | <u>    </u>  |
| 6. <u>    </u>        | <u>    </u>     | <u>    </u>                      | <u>    </u>  |
| 7. <u>    </u>        | <u>    </u>     | <u>    </u>                      | <u>    </u>  |
| 8. <u>    </u>        | <u>    </u>     | <u>    </u>                      | <u>    </u>  |
| 9. <u>    </u>        | <u>    </u>     | <u>    </u>                      | <u>    </u>  |
| 10. <u>    </u>       | <u>    </u>     | <u>    </u>                      | <u>    </u>  |

### Air Measurements

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

Remarks: 0% CH<sub>4</sub>, open co, as-bid detected at time of exam  
Temp, Traveling, powerlines, D-boxes, kva, charges ok

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

Signed By John Selby Certificate No. 37042 Assistant Foreman William Campbell Certificate No. 1354-11  
 Countersigned Tom Moore Mine Manager Mine Foreman John Adams Superintendent or Assistant

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-13-10 20   Section or Area Examined North Puffs  
 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    | CH <sub>4</sub> | Violation or Hazardous Condition | Action Taken |
|-----|-------------|-----------------|----------------------------------|--------------|
| 1.  | North main  | OK              | None observed                    | None         |
| 2.  | Galery Hole | OK              | None observed                    | None         |
| 3.  | Fills       | OK              | None observed                    | None         |
| 4.  |             |                 |                                  |              |
| 5.  |             |                 |                                  |              |
| 6.  |             |                 |                                  |              |
| 7.  |             |                 |                                  |              |
| 8.  |             |                 |                                  |              |
| 9.  |             |                 |                                  |              |
| 10. |             |                 |                                  |              |

#### Air Measurements

| Location          | CFM | Location | CFM |
|-------------------|-----|----------|-----|
| Good Air movement |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |
|                   |     |          |     |

Remarks: OK CH<sub>4</sub>, O<sub>2</sub> ppm's 20-25% detected at time of exam  
Track, Traveling, poweratory, D-axes, KVA, chargers OK

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

Signed By [Signature] Certificate No. 37042  
 Countersigned [Signature] Mine-Manager Mine Foreman Assistant Foreman Certificate No. 33357  
[Signature] Assistant Foreman Certificate No. 1354  
[Signature] Superintendent or Assistant Certificate No. 1539A

John A. Bickford 26176

Use Indelible  
Pen or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

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

Assistant Mine Foreman

Certificate No. \_\_\_\_\_

Mine Foreman-Mine Manager

Certificate No. \_\_\_\_\_

Superintendent or Assistant

Use Indelible Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-13-10 20      Section or Area Examined North - Pumps  
 Time of Examination: from 12:00 a.m. or (6.m) to 3:00 a.m. or (p.m)  
 Was this report phoned to outside: Yes  no   
 By whom J. Bickford Time 2:30 A.M. P.M.  
 Report received by M. Kiblinger (Signed)

#### Violations and other Hazardous Conditions Observed and Reported

| Location              | CH <sub>4</sub> | Violation or Hazardous Condition | Action Taken |
|-----------------------|-----------------|----------------------------------|--------------|
| 1. <u>North Maino</u> | <u>0%</u>       | <u>None OBSERVED</u>             | <u>None</u>  |
| 2. <u>Glory Hole</u>  | <u>0%</u>       | <u>None OBSERVED</u>             | <u>None</u>  |
| 3. <u>Ellis</u>       | <u>0%</u>       | <u>None OBSERVED</u>             | <u>None</u>  |
| 4. <u>    </u>        | <u>    </u>     | <u>    </u>                      | <u>    </u>  |
| 5. <u>    </u>        | <u>    </u>     | <u>    </u>                      | <u>    </u>  |
| 6. <u>    </u>        | <u>    </u>     | <u>    </u>                      | <u>    </u>  |
| 7. <u>    </u>        | <u>    </u>     | <u>    </u>                      | <u>    </u>  |
| 8. <u>    </u>        | <u>    </u>     | <u>    </u>                      | <u>    </u>  |
| 9. <u>    </u>        | <u>    </u>     | <u>    </u>                      | <u>    </u>  |
| 10. <u>    </u>       | <u>    </u>     | <u>    </u>                      | <u>    </u>  |

#### Air Measurements

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

Remarks: 0% CH<sub>4</sub>, 20.8% D<sub>2</sub>, 0ppm CO Detected at EXAM time  
Power Centers, D. Bois. track & travel ways Clean.

*[Signature]* 1599

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

Signed By Scott Halstead  
 Preshift-Mine Examiner  
 Countersigned T. Moore  
 Mine Manager Mine Foreman  
 Assistant Foreman

37567  
 Certificate No.  
33359

John A. Bickford  
 Assistant Foreman  
 Certificate No. 26176

Superintendent or Assistant

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-13-10 20      Section or Area Examined North Pump's  
 Time of Examination: from 8:30 a.m. or PM to 11:30 a.m. or PM  
 Was this report phoned to outside: Yes no   
 By whom Brought out Time 11:00 PM  
 Report received by \_\_\_\_\_ (Signed)

### Violations and other Hazardous Conditions Observed and Reported

| Location      | CH <sub>4</sub> | Violation or Hazardous Condition | Action Taken |
|---------------|-----------------|----------------------------------|--------------|
| 1. North Main | 0%              | None observed                    | None         |
| 2. Glory Hole | 0%              | None observed                    | None         |
| 3. Ellis      | 0%              | None observed                    | None         |
| 4. _____      | _____           | _____                            | _____        |
| 5. _____      | _____           | _____                            | _____        |
| 6. _____      | _____           | _____                            | _____        |
| 7. _____      | _____           | _____                            | _____        |
| 8. _____      | _____           | _____                            | _____        |
| 9. _____      | _____           | _____                            | _____        |
| 10. _____     | _____           | _____                            | _____        |

### Air Measurements

| Location          | CFM   | Location | CFM   |
|-------------------|-------|----------|-------|
| Good Air Movement | _____ | _____    | _____ |
| _____             | _____ | _____    | _____ |
| _____             | _____ | _____    | _____ |
| _____             | _____ | _____    | _____ |
| _____             | _____ | _____    | _____ |
| _____             | _____ | _____    | _____ |
| _____             | _____ | _____    | _____ |
| _____             | _____ | _____    | _____ |

Remarks: 0% CH<sub>4</sub> approx as is ok detected at time of exam  
Track, Traveling's, fanratters, D-boxes, Kwik chargers ok

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

Signed By [Signature]  
 Mine Examiner  
 Countersigned [Signature]  
 Mine Manager Mine Foreman  
 \_\_\_\_\_  
 Assistant Foreman

39042  
 Certificate No.  
26041

Assistant Foreman  
[Signature]  
 \_\_\_\_\_  
 Superintendent or Assistant

Certificate No.  
1539-A

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant



Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

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

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

Assistant Mine Foreman

Certificate No. \_\_\_\_\_

Mine Foreman-Mine Manager

Certificate No. \_\_\_\_\_

Superintendent or Assistant