

STARTED 9-22-09

Pumps

Full 10-07-09

11

# PRE-SHIFT - ONSHIFT and DAILY REPORT

# Finished 10-7-09

Company Performance Coal  
Mine U.S.S.  
SECTION Pumps  
LOCATION Mason Raleigh W.V.  
Post Office County State

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

Phone (304) 253-7361

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-22-09 20 Section or Area Examined 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 A.M. 2:32 P.M.  
 Report received by Scott Halstead 37567  
 (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	CH4	Violation or Hazardous Condition	Action Taken
JB Em's 110's, 13, 14, 19, 30	0%	None observed	None
SH #32 Seal, 37, 60, 62, 77	0%	NONE OBSERVED	NONE
SH HG17, LBB	0%	" "	"
#126	0%	" "	"
#1 Section	0%	" "	"
#2 Section	0%	" "	"
JB #3 Section	0%	None observed	None
N. Mains	0%	" "	"

### Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% CH4, 20.8% O2, 0 ppm CO Detected at EXAM time  
TRACK, TRAVELWAYS, POWERCENTERS, D-BOXES OK at EXAM time

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  
 Proshift-Mine Examiner  
 Countersigned [Signature]  
 Mine Manager Mine Foreman  
 Assistant Foreman

37567  
 Certificate No.  
3706001

[Signature] 2961  
Russell Gunnor 1538-A  
[Signature] 32261  
[Signature] 25116  
George Curry 27429  
 Superintendent or Assistant

May 5th 1947-A

[Signature] 1539A

[Signature] 39042

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 9-22 209 Section or Area Examined Pumps  
 Time of Examination: from 8:00 a.m. or p.m. to 11:00 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom G. J. Johnson Time A.M. 11:00   
 Report received by T. Peterson (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Em's 110's 13-14-19-30</u>	<u>none observed</u>	<u>None</u>
2. <u>37 seal 37-60-62-77</u>		
3. <u>HG 17-2 BB</u>		
4. <u>126</u>		
5. <u>#1 sec.</u>		
6. <u>2 sec.</u>		
7. <u>3 sec.</u>		
8. <u>W. Main</u>		
9. _____		
10. _____		

### Air Measurements

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

Remarks: No CH<sub>4</sub> det. 0% 20.80% CO<sub>2</sub>  
Travelways & track clear at time of exam,  
Pumps, P/O's D. Boxes - Gangers clear

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 G. J. Johnson Certificate No. 29611  
 Preshift-Mine Examiner  
 Countersigned Charles Cook Certificate No. 39042  
 Mine Manager Mine Foreman  
Dean Hillman Certificate No. 1537A  
 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 9-23-09 20          Section or Area Examined Pumps  
 Time of Examination: from 12:00 a.m. or p.m. to 6:00 a.m. or p.m.  
 Was this report phoned to outside: Yes no ✓  
 By whom          Time 5:10 0 P.M.  
 Report received by          (Signed)

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

	Location	CFM	Violation or Hazardous Condition	Action Taken
1.	TP Em Vg. 1344 30	OK	None observed	None
2.	32 Seal 37, 60, 62, 77	OK	None observed	None
3.	HG 17 TP	OK		
4.	L.O.O. TP	OK		
5.	#1 Section	OK		
6.	#2 Section	OK		
7.	#3 Section	OK		
8.	N. main	OK		
9.				
10.				

#### Air Measurements

Location	CFM	Location	CFM
Goal Air Movement			

Remarks: OXCH<sub>4</sub>, O<sub>2</sub>C<sub>2</sub>, 20-25% O<sub>2</sub> detected at time of exam  
Track, Travel ways, power cables, D-DXX<sub>2</sub>, charges ok

*Ray Peterson 29611*

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

Signed By *[Signature]* Certificate No. 39011  
 Countersigned *[Signature]* Mine Manager Mine Foreman Certificate No. 3906000  
*[Signature]* Assistant Foreman Certificate No. 1539-A  
*[Signature]* Certificate No. 1647-A

*George Curry 27429* *Russell Gummoe 1536-A* Superintendent or Assistant  
*John H. Buchford 26171* *Tom Duggan 32261*

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 9-23 2009 Section or Area Examined Pumps  
 Time of Examination: from 1200 a.m. or 300 p.m. to 300 a.m. or 300 p.m.  
 Was this report phoned to outside: Yes X no      
 By whom J.B. Ford - R. Gunnore Time 2:45 P.M.  
 Report received by George Curry 27429 (Signed)

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

Location	CH <sub>4</sub>	Violation or Hazardous Condition	Action Taken
JB 1. EM <sub>2</sub> 110, 13, 17, 30	0%	None observed	None
5# (32 seal, 37) 100, 12, 77	0%	" "	"
3. HGI7	0%	" "	"
4. LBB	0%	" "	"
5. 1 section	0%	" "	"
J 12 2 section	0%	" "	"
JB 7. B section	0%	None observed	None
8. D MAINS	0%	" "	"
9. _____	_____	_____	_____
10. _____	_____	_____	_____

#### Air Measurements

Location	CFM	Location	CFM
Good Air Movement	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH<sub>4</sub>, 0% CO<sub>2</sub>, 20.8% O<sub>2</sub> - tracks, travelways, D Boes, P.C.s  
chargers clear at time of ec

George Curry

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

Signed By George Curry 27429 Certificate No.  
 Countersigned John L. Cook 3506000  
John L. Cook 32511 Assistant Foreman  
John L. Backlund 26176 Superintendent or Assistant

Dan Allman 1539A

July 23 1941-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 9.03 20 9 Section or Area Examined Pumps  
 Time of Examination: from 8:00 a.m. or p.m. to 11:00 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom G. Williams, S. Charbon - G. Colton A.M. 11:00 P.M.  
 Report received by T. Peterson (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. <u>EM's 110's 13-14-17-30</u> <sup>CM</sup> <sub>OK</sub>	<u>none observed</u>	<u>Rep.</u>
2. <u>Seal 32 37 60 62 77</u>		
3. <u>H&amp;I7</u>		
4. <u>LBB</u>		
5. <u>1 sec.</u>		
6. <u>3 sec.</u>		
7. <u>N. Main</u>		
8.		
9.		
10.		

#### Air Measurements

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

Remarks: POCH4 def. 0% 20.80% CO 0%  
Traneways & track clear  
Pumps - e/c's - D. Boxes - charges clear

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 T. Peterson 2901 Assistant Foreman  
 Preshift-Mine Examiner Certificate No. 3906007  
 Countersigned Charles Cook Mine Manager Mine Foreman  
Alan Williams Superintendent or Assistant  
 Certificate No. 15397

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 9-24-01 20          Section or Area Examined Pump  
 Time of Examination: from 12:00  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 5:20  P.M.  
 Report received by \_\_\_\_\_ (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	CH4	Violation or Hazardous Condition	Action Taken		
1. Em Nos 17, 14, 19, 30	OK	None observed	None		
2. #32 Seal 37, 60, 62, 77	OK	None observed	None		
3. #17	OK				
4. L.O.P.	OK				
5. #126	OK				
6. #1 Section	OK				
7. #2 section	OK				
8. #3 section	OK				
9. N. main	OK				
10. _____	_____			_____	_____

### Air Measurements

Location	CFM	Location	CFM
<u>George Good Air movement</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: OK CH4, OK CO, 20-25% OK detected at the of em  
Track, Traveling, powerlines, D-Boxes, KW's, charges, OK at the of em

Ray Peterson 29611 9/23/01 Col 1997-4  
 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] 39042 Assistant-Foreman Certificate No. \_\_\_\_\_  
 Countersigned [Signature] 3906001 Mine Manager Mine Foreman Certificate No. \_\_\_\_\_  
 \_\_\_\_\_ Assistant Foreman \_\_\_\_\_ Superintendent or Assistant

George Curry 27429 Lohnd. Backford 26176 Russell Dunnoe 1536-A  
Joe Dyer 52261

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 9-24-09 20 Section or Area Examined Pumps  
 Time of Examination: from 7:00 a.m. or 3:00 p.m.  
 Was this report phoned to outside: Yes  no   
 By whom J. Pickford - R. Curran Time 2:45 P.M.  
 Report received by George Curry (Signed) 27429

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

	Location	CH <sub>4</sub>	Violation or Hazardous Condition	Action Taken
JB 1.	EM 110's, #13, 14, 19, 30	0%	None observed	None
HT 2.	#32 seal #37	0%	" "	"
3.	60, 62, 77, 126	0%	" "	"
HT 4.	46 17	0%	NONE OBSERVED	NONE
5.	LBB	0%	" "	"
6.	#1 Section	0%	" "	"
7.	#2 Section	0%	" "	"
JB 8.	#3 Section	0%	None observed	None
9.	N Main	0%	" "	"
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, travel ways, power lines safe at exam

John Jen 39044  
Jay Hunt 39199 Dlen W... 15377

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 Jim Baayen 32261 Certificate No.  
 Countersigned John Jen 39044 Mine Manager Mine Foreman  
Russell Sumner 1536-A Assistant Foreman  
Frank Taylor 37002 Certificate No.  
George Curry 27429  
John A. Bedford 26176  
Al Le Bailey 27085 Superintendent or Assistant

John Col 1947-A

Use Indelible  
Pencil or Ink

### DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

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

Location	Violation or Hazardous Condition	Action Taken
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
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 9-24-09 20 Section or Area Examined Pumps  
 Time of Examination: from 6-00 a.m. or 11:30 p.m. to 11:30 a.m. or 6:00 p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Mike Bailey Time 11:30 P.M.  
 Report received by Sten Geh 3704  
 (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	CH <sub>4</sub>	Violation or Hazardous Condition	Action Taken
1. Em 110, 13, 14, 19, 30	OK	None observed	None
2. #32 Seal, 37, 60, 62, 77	OK		
3. 126	OK		
4. H617	OK		
5. L.O.S.	OK		
6. #1 Section	OK		
7. #2 Section	OK		
8. #3 Section	OK		
9.			
10.			

### Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: OK CH<sub>4</sub>, OK CO, 20.8% O<sub>2</sub> detected at time of exam  
Tracks, Travelways, power centers, D-boxes ok at time of exam

Joey Stewart 39199 Mike Bailey 27085

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 Sten Geh Certificate No. 39244 Assistant Foreman Don Allen Certificate No. 1639-A  
 Countersigned Mike Bailey Mine Manager Mine Foreman Y/ty/ Cole Superintendent or Assistant 1947-A  
 Assistant Foreman

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

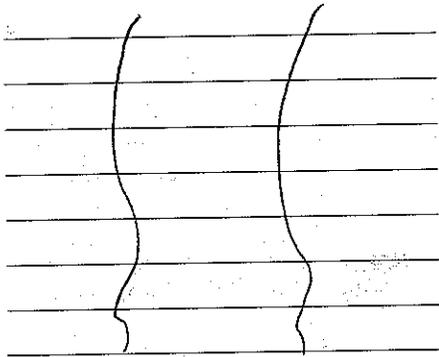
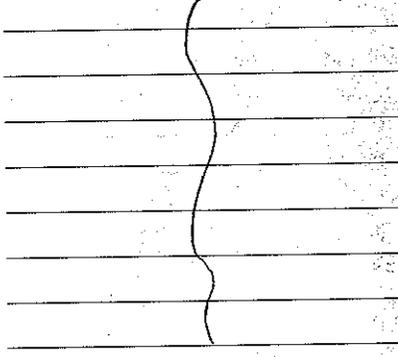
Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 9-25-09 20 Pumps Section or Area Examined  
 Time of Examination: from 12:30 a.m. or p.m. to 6:30 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Mike B Time 536 0 P.M.  
 Report received by Jay Stewart 39199  
 (Signed)

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

Location	CH <sub>4</sub>	Violation or Hazardous Condition	Action Taken
1. <u>EM 10, 13, 14, 19, 30</u>	<u>0%</u>	<u>None observed</u>	<u>None</u>
2. <u>#2 Seal, 37, 60, 62, 77</u>	<u>0%</u>		
3. <u>126</u>	<u>0%</u>		
4. <u>H617</u>	<u>0%</u>		
5. <u>L.B.O.</u>	<u>0%</u>		
6. <u>#1 Section</u>	<u>0%</u>		
7. <u>#2 Section</u>	<u>0%</u>		
8. <u>#3 Section</u>	<u>0%</u>		
9. <u>N. Mains</u>	<u>0%</u>		
10. _____	_____		

#### Air Measurements

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

Remarks: 0% CH<sub>4</sub>, 0% CO, 2.08% O<sub>2</sub> detected at time of exam  
Track, Travelways, power lines, D-boxes, chargers ok at time of exam

Mike Bailey 27085 Jay Stewart 39199

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 Mike Bailey 39042 Certificate No.  
 Preshift-Mine Examiner  
 Countersigned Jay Stewart 3506000 Assistant Foreman  
 Mine Manager Mine Foreman  
Dem Williams 1538A  
 Superintendent or Assistant

Russell Gummel 15367A John A. Bickford 26176 Jim Dwyer 3204  
George Curry 27429

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 9-25 2009 Section or Area Examined Pump  
 Time of Examination: from 1200 a.m. or PM to 300 a.m. or AM  
 Was this report phoned to outside: Yes X no  
 By whom J Bidford - R Dunnoe Time A.M. 240 P.M.  
 Report received by George Curry 27429 (Signed)

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

Location	CH <sub>4</sub>	Violation or Hazardous Condition	Action Taken
JB 1. EMS-110, 13, 14, 19, 30	0%	None observed	None
2. 32 sep, 37, 60, 62, 77	0%	" "	"
3. 121	0%	" "	"
4. HG17	0%	" "	"
5. LBB	0%	" "	"
6. 1 section	0%	None observed	None
SAS 7. 2 section	0%	None observed	None
JB 8. 3 section	0%	None observed	None
RG 9. W Mains	0%	" "	"
10. <del>W Bell 65 1005</del>	0%	<del>none spot checked 4-20, 23-28</del>	

#### Air Measurements

Location	CFM	Location	CFM
Sec'd Air Movement			

Remarks 0% CH<sub>4</sub> - 0% CO - 20.8% O<sub>2</sub> - track, travelways, pump  
pcs clear at time of exam

George Curry 39199

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

Signed By George Curry 27429 Certificate No.  
 Countersigned John Bidford 3901000 Assistant Foreman  
Russell Dunnoe 1536-A  
Mike Bailey 27085 Assistant Foreman  
Don Ulman 1539A Superintendent or Assistant

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-25 2009 Section or Area Examined Pumps  
 Time of Examination: from 800 a.m. or P.M. to 1100 a.m. or P.M.  
 Was this report phoned to outside: Yes  no   
 By whom Mike B Time 1100 PM  
 Report received by Jay Stewart 39199 (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Em's 110, 13, 14, 19, 30</u> <u>0% CH<sub>4</sub></u>	<u>NONE observed</u>	<u>NONE</u>
2. <u>32 Sect, 37, 60, 62, 77</u>	<u>" "</u>	<u>"</u>
3. <u>126</u>	<u>" "</u>	<u>"</u>
4. <u>H617</u>	<u>" "</u>	<u>"</u>
5. <u>LBB</u>	<u>" "</u>	<u>"</u>
6. <u>1 Section</u>	<u>" "</u>	<u>"</u>
7. <u>2 Section</u>	<u>" "</u>	<u>"</u>
8. <u>3 Section</u>	<u>" "</u>	<u>"</u>
9. <u>N Mains</u>	<u>NONE observed</u>	<u>NONE</u>
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 exam

Track, Tractways, PC, Pumps clear at exam.

Mike Bailey 27085

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: <u>Jay Stewart</u> <small>Preshift-Mine Examiner</small>	Certificate No. <u>39199</u>	Assistant Foreman: <u>Dean Williams</u>	Certificate No. <u>15377</u>
Countersigned: <u>_____</u> <small>Mine Manager Mine Foreman</small>	<u>390600</u>	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 9-20 20 9 Section or Area Examined Pumps  
 Time of Examination: from 300 a.m. or p.m. to 600 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom Jeremy Burgdoff Time 5:47 A.M. P.M.  
 Report received by Jim Dwyer 32261 (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. <u>Em's 110-13-14-19-30</u>	<u>None Observed</u>	<u>none</u>
2. <u>Seal 32, 37-60-62-77</u> <sup>0% CH<sub>4</sub></sup>	<u>None observed</u>	<u>None</u>
3. <u>126</u> <sup>0% CH<sub>4</sub></sup>	<u>None Observed</u>	<u>None</u>
4. <u>HG-17</u> <sup>0% CH<sub>4</sub></sup>	<u>None observed</u>	<u>None</u>
5. <u>LBB</u> <sup>0% CH<sub>4</sub></sup>	<u>None observed</u>	<u>None</u>
6. <u>1 sec</u> <sup>0% CH<sub>4</sub></sup>		
7. <u>2 sec</u> <sup>0% CH<sub>4</sub></sup>		
8. <u>3 sec</u> <sup>0% CH<sub>4</sub></sup>		
9. <u>U-Mains</u> <sup>0% CH<sub>4</sub></sup>		
10. _____		

#### Air Measurements

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

Remarks: 0% CH<sub>4</sub>, 0% CO<sub>2</sub>, 20.8% O<sub>2</sub> Detected at exam  
Track, Travelways, PC, Chargers, D-Boxes OK at exam

Mike Bailey 27085

Jeremy Burgdoff 1753A

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 Jerry Stewart 39199 Certificate No. Assistant Foreman Certificate No.  
 Countersigned Jim Dwyer 390600 Mine Manager Mine Foreman  
Jim Dwyer 29611 Assistant Foreman Superintendent or Assistant  
 Certificate No. 15397A

Jim Dwyer 32261 9/20/69 Col 1947-A

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

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

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
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) \_\_\_\_\_

Use Indelible  
Pen or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 9-26- 2009 Section or Area Examined Pumps & Boxes  
 Time of Examination from            a.m. or p.m. to            a.m. or p.m.  
 Was this report placed to outside? Yes  no   
 By whom Lois Stewart Time ~~1100~~ 1100 (P.M.)  
 Report received by Jack Mason (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
LS 1. Pumps & Pk 115 BRK to outside	None observed	Reported
LS 2. LBB - Pumps & Boxes - 02ch4	None observed	Reported
3. 37+22 sea \ #617 02ch4	/	/
4. 60, 62, 77, 126 02ch4		
5. EM'S 110'S 02ch4		
6. 13, 14, 19, 30 02ch4		
7. 1 section 02ch4		
8. NM 02ch4		
9. 3 section 02ch4		
10. 2 section 02ch4		

#### Air Measurements

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

Remarks: Track Trave ways clear

All clear time of exam

20.8 02  
0.0% ch4  
02CO

Mike Bailey 27085      Lois Stewart 39199

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 Allman 15397A Certificate No.  
 Countersigned            350000 Assistant Foreman Certificate No.  
 Assistant Foreman            Superintendent or Assistant            Certificate No. 29611

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
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 9-27-09 20          Section or Area Examined Pumps & Boxes  
 Time of Examination: from          a.m. or p.m. to          a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Peterson, Gages, Cole, S. Halstead Time 10:15 A.M.          P.M.  
 Report received by Steve Patton (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Pumps & P/c 115 Bk. to outside.	none observed	Reported
2. LBB-Pumps & Boxes	none observed	Reported
3. #37 & 32 Seal Hg 17	/	/
4. 60, 62, 77, 126		
5. Em's 110 V pump		
6. 13, 14, 19, 30		
7. 1 section	/	/
8. N m		
9. 3 section		
10. 2 section	none observed	

### Air Measurements

Location	CFM	Location	CFM
Good Air movement			

Remarks: Track travelways clear

20.8% O2  
0.9% CH4  
0.7% CO

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

Signed By [Signature] Certificate No. 29611  
 Preshift-Mine Examiner  
 Countersigned [Signature] Certificate No. 37567  
 Mine Manager Mine Foreman Assistant Foreman  
[Signature] Assistant Foreman  
[Signature] 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 9-27-9 20      Section or Area Examined Pumps & Boxes  
 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	Violation or Hazardous Condition	Action Taken
SH1. <u>Em's 110 13-14-19-30</u>	<u>0% CH4 none observed</u>	<u>none</u>
U2. <u>32 seal - 37-60-62-77</u>		
3. <u>126</u>		
4. <u>HG 17</u>		
5. <u>LBB</u>		
6. <u>1 sec</u>		
7. <u>2 sec</u>		
WSH. <u>3 sec</u>		
9. <u>W. Mann</u>		
10. <u>LBB</u>		

#### Air Measurements

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

Remarks: NOCH4 det. 0% 20.802 CO%  
power boxes - chargen - pumps - D. Boxes - track & haulways  
clear at time of exam.

Jay Stuart 39199

Steve Gled 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 [Signature]  
 Preshift Mine Examiner  
 Countersigned [Signature]  
 Mine Manager - Mine Foreman

[Signature]  
 Certificate No. 39199

[Signature]  
 Assistant Foreman  
[Signature]

37567  
 Certificate No. 1997-A

[Signature]  
 Assistant Foreman  
27085

Superintendent or Assistant



Use Indelible Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-27 2009 Section or Area Examined Pumps  
 Time of Examination: from 2 a.m. or 1100 a.m. or 0 p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Steve C. Mike B. Time 1040 A.M. P.M.  
 Report received by Jay Stewart 39199  
 (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. <u>Ems 110, 13, 14, 19, 30</u>	<u>NONE observed</u>	<u>NONE</u>
2. <u>32 Seal 37, 60, 62, 77</u>	<u>NONE observed</u>	<u>NONE</u>
3. <u>126</u>	<u>NONE observed</u>	<u>NONE</u>
4. <u>HG 17</u>	<u>NONE observed</u>	<u>NONE</u>
5. <u>LBB</u>	<u>NONE observed</u>	<u>NONE</u>
6. <u>1 Sec</u>	<u>NONE observed</u>	<u>NONE</u>
7. <u>2 Sec</u>	<u>NONE observed</u>	<u>NONE</u>
8. <u>3 Sec</u>	<u>NONE observed</u>	<u>NONE</u>
9. <u>NM</u>	<u>NONE observed</u>	<u>NONE</u>
10. <u>LBB</u>	<u>NONE observed</u>	<u>NONE</u>

CH<sub>4</sub> ON ↓

#### Air Measurements

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

Remarks: 0% CH<sub>4</sub>, 0% CO 20.89 O<sub>2</sub> Detected at etam

Powerboxes, Chargers, Pumps, D-Bater OK at etam

Wide Daily 27085

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

Signed By Jay Stewart 39199 Certificate No.  
 Countersigned Steve C. Mike B. 39199 Assistant Foreman Certificate No.  
 Assistant Foreman St Stewart 39199  
 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 9-28-01 20 01 Section or Area Examined Pump  
 Time of Examination: from 12:15 or p.m. to 5:00 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom Brought on Time 5:30 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. Em No. 13, 14, 19, 20	OK	None observed	None
2. Seal 37, 60, 62			
3. 77 H617			
4. 126			
5. L-2-3			
6. #1 Section			
7. #2 Section			
8. #3 Section			
9. North main			
10.			

#### Air Measurements

Location	CFM	Location	CFM
Good Air movement			

Remarks: OK CH<sub>4</sub>, OK CO, 20-25% detected at time of exam  
Track, Trowelings, powerlines, O-sizes, charges ok at time of exam

Neil Bailey 27085 Jay Stewart 39199

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. 39042  
 Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 340000  
[Signature] Assistant Foreman Certificate No. 291011  
 Superintendent or Assistant

Jim Capps 3224 Way ab 1947-A Russell Dummoe 1536-A



Use Indelible Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-28-09 Section or Area Examined pumps  
 Time of Examination: from 1200 a.m. or 300 p.m. to 300 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom: Pete Peterson Russel Gunna Grey cofe Time A.M. 245 P.M.  
 Report received by Charles Smith 31292 (Signed)

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

	Location	CH	Violation or Hazardous Condition	Action Taken
JB	1. <u>Em 110 13, 14, 19, 30</u>	<u>0%</u>	<u>NONE observed</u>	<u>None</u>
	2. <u>#32 seal 37-60-62</u>			
	3. <u>77 HG17</u>			
	4. <u>126</u>			
	5. <u>LBB</u>		<u>none observed</u>	
	6. <u>#1 section</u>			
	7. <u>#2 section</u>			
JB	8. <u>#3 section</u>		<u>None observed</u>	<u>None</u>
RB	9. <u>North Mains</u>		<u>" "</u>	<u>" "</u>
	10.			

#### Air Measurements

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

Remarks: 0% ch 0.0020.8% O2  
TRUCK TRAVEL ways for en Boxes, Chargers, D-Locks

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] 38261 Certificate No.  
 Preshift-Mine Examiner  
 Countersigned [Signature] 3306000 Assistant Foreman  
 Mine Manager - Mine Foreman  
[Signature] Assistant Foreman  
[Signature] Assistant Foreman  
 Certificate No. 1536-A  
1947-A

Charles Smith 31292  
John Bickford 26174  
Steve Jahn 39044  
 Superintendent or Assistant Georg Curry 27429

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 9-28 2009 Section or Area Examined Pumps  
 Time of Examination: from 8:30 a.m. or 11:30 a.m. or 1:30 p.m.  
 Was this report phoned to outside: Yes no  
 By whom J. B. G. S. Campbell Time 11:10 P.M.  
 Report received by George Curry 27429  
 (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. EMs, 110s, 13, 14, 19, 30 @ 40.0%	NONE observed	NONE
2. 32 seal, 37, 60, 62	" "	"
3. 77 NG17 126	" "	"
4. LBB	NONE observed	NONE
5. 1 section	" "	"
6. 2 section	NONE observed	NONE
7. 3 section	NONE observed	NONE
8. W Mairs	NONE observed	NONE
9.		
10.		

#### Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: CH<sup>4</sup> 0.0% CO<sub>2</sub> 0.0% O<sub>2</sub> 20.8% at time of exam

Tracks, travelways, Power centers, chargers, 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 George Curry Preshift Mine Examiner Certificate No. 27429  
 Countersigned John B. G. S. Campbell Mine Manager / Mine Foreman Certificate No. 3904A  
John B. G. S. Campbell Assistant Foreman Certificate No. 26176  
John B. G. S. Campbell 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 must be signed when filed

Date of Examination 9-29-07 2007 Section or Area Examined Pumps  
 Time of Examination: from 12:00  a.m. or p.m. to 6:00  a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom Brought outside Time 5:30  P.M.  
 Report received by \_\_\_\_\_ (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	CH4	Violation or Hazardous Condition	Action Taken
1. <u>EM 110's, 13, 14, 19, 30</u>	<u>OK</u>	<u>None observed</u>	<u>None</u>
2. <u>32 Seal, 37, 60, 62, 77</u>	<u>OK</u>		
3. <u>H6 17</u>	<u>OK</u>		
4. <u>126</u>	<u>OK</u>		
5. <u>#1 Section</u>	<u>OK</u>		
6. <u>#2 Section</u>	<u>OK</u>		
7. <u>#3 Section</u>	<u>OK</u>		
8. <u>L.O. B</u>	<u>OK</u>		
9. _____	_____		
10. _____	_____		

### Air Measurements

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

Remarks: OK CH4, OK CO, 20-35% detected at the of exam  
Track, Travelways, pavement, D-ports, Kuss, ok at the 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. 3924 Assistant Foreman  
 Countersigned [Signature] Mine Manager Mine Foreman  
[Signature] Assistant Foreman  
[Signature] Superintendent or Assistant  
 Certificate No. 27429  
25176

Tom Bayne 32261  
Russell Dummo 1536-A  
May 1947-A  
[Signature] 29611

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
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 9-29 2009 Section or Area Examined 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 T. Peterson, G. Cole Time 2:55 A.M. P.M.  
 Report received by Russell Dunnoe 1536-A  
 (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	CH <sub>4</sub>	Violation or Hazardous Condition	Action Taken
JB Em 110s, 13, 14, 19, 30	0%	None observed	None
BP 32 seal, HG 17	0%	None Observed	None
JP 37, 60, 62, 77, 126	0%	None Observed	"
4. 1 section	0%	None Observed	"
5. 2 section	0%	None Observed	None
JB 3 section	0%	None observed	None
JP LBB	0%	None Observed	None
8. N. MAINS	0%	None Observed	None
9.			
10.			

### Air Measurements

Location	CFM	Location	CFM
Good Air movement			

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

Y/Co/Gok 1947-A  
Russell Dunnoe 24611

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. 32061  
 Countersigned John Cole 3900000 Assistant Foreman  
Jim Boyer Foreman  
Delm Williams Superintendent or Assistant  
 Assistant Foreman

John A. Bickford 26176 George Curry 27429 Jim Goh 39042

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 9-29 2009 Section or Area Examined Pumps  
 Time of Examination: from 830 a.m. or 1130 p.m. to 1130 a.m. or 1130 p.m.  
 Was this report phoned to outside: Yes no  
 By whom J. Bidstrom Steve Campbell Time 1050 A.M. P.M.  
 Report received by George Curry 27429  
 (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Em 110's 13, 14, 19, 30 OX</u>	<u>None Observed</u>	<u>none</u>
2. <u>32 seal HG17</u>	/	/
3. <u>37, 60, 62, 177, 126</u>		
<u>3rd section</u>		
<u>3rd section</u>		
6. <u>3 section</u>		
7. <u>CB's</u>		
8. <u>N.M.A.'s</u>		
9. _____		
10. _____		

### Air Measurements

Location	CFM	Location	CFM
<u>Good Airman</u>			
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	

Remarks: OTUE 02CO 2018202  
Track Traveling PC Clear

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. 53977  
 Preshift-Mine Examiner  
 Countersigned [Signature] Certificate No. 3506002  
 Mine Manager, Mine Foreman  
[Signature] Assistant Foreman  
 Assistant Foreman  
[Signature] Superintendent or Assistant  
 Certificate No. 27429  
39042

John A. Bickel 2517

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 9-30 2008 Section or Area Examined Pumps  
 Time of Examination: from 800 a.m. or p.m. to 1600 a.m. or p.m.  
 Was this report phoned to outside: Yes  No   
 By whom rought out Time 5:20 P.M.  
 Report received by \_\_\_\_\_ (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. EM, 110, 13141930 <u>CH<sub>4</sub></u>	<u>None observed</u>	<u>None</u>
2. 32 seal HG17		
3. 67, 60, 62, 77, 126		
4. 1 section		
5. 2 section		
6. 3 section		
7. LBB		
8. NO MAINS		
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>  
track travelways, pass, D Boles chargers clear at time of exam

Jay Stewart 39199

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

Signed By George Curry 27429 Certificate No.  
 Preshift Mine Examiner  
 Countersigned [Signature] 3306002 Mine Manager Mine Foreman  
John A. Bickford 26176 Assistant Foreman  
[Signature] 39044  
Mike [Signature] 27085 Assistant Foreman  
 Superintendent or Assistant  
[Signature] 3397A  
Tim Sawyer 32261 Russell Dummot 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 9-30 2009 Section or Area Examined pumps  
 Time of Examination: from 1200 a.m. or 300 p.m. or PM  
 Was this report phoned to outside: Yes  no   
 By whom DRURY Time 2:45 A.M. PM  
 Report received by Charles R. 3292  
 (Signed)

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

	Location	CHY	Violation or Hazardous Condition	Action Taken
JB	EM 110 13-14-19-30	0%	None observed	None
1.	32 seal HG17	0%	"	"
2.	37, 60, 62, 77, 126	0%	"	"
3.	1 section	0%	"	"
4.	2 section	0%	"	"
5.	3 section	0%	None observed	None
JB	LBB	0	"	"
6.	NORTH MAINS	0	"	"
7.				
8.				
9.				
10.				

#### Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 20.8% O<sub>2</sub> 0% CO 0% CH<sub>4</sub>  
TRACK, TRACK, POWER CENTERS, CHARGERS, SAFETY LAMP

Mike Bailey 27085 Log Street 39199 Steve Jeh 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 Jim Beyen 32261 Russell Monroe 1536-A  
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned Charles R. 3906001  
 Mine Manager Mine Foreman  
 Assistant Foreman

Johna. Bickford 26176 Dlen Ullmann 1539-A George Curry 27429  
 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 9-30 2009 Section or Area Examined Pumps  
 Time of Examination: from 830 a.m. or 1130 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom J. Bidford, Campbell, Wickliffe, Gullman Time 535 A.M. P.M.  
 Report received by George Curry 27429 (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. EM, 110, 13, 14, 19, 30 %CH <sub>4</sub>	none observed	none
2. 32 seal, KG 17 %CH <sub>4</sub>	}	}
3. 37, 60, 62, 77, 126 %CH <sub>4</sub>		
4. 1 section %CH <sub>4</sub>		
5. 2 section %CH <sub>4</sub>		
6. 3 section %CH <sub>4</sub>		
7. LBB %CH <sub>4</sub>		
8. North Mains %CH <sub>4</sub>		
9. _____		
10. _____		

### Air Measurements

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

Remarks: 0% CH<sub>4</sub> - 0% CO<sub>2</sub> - 20.8% O<sub>2</sub>  
Track, trailways, PCs, boxes, chargers, pumps clear at time  
of exam

Jay Stewart 39199

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

Signed By George Curry 27429 Certificate No. \_\_\_\_\_  
 Preshift Mine Examiner  
 Countersigned John A. Bidford 350600 Assistant Foreman  
 Mine Manager Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant John A. Bidford 25176

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 10-1 2009 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 J. Rickford Wickline Glen Time 5:40 A.M. P.M.  
 Report received by George Curry 27429 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH <sub>4</sub>	Violation or Hazardous Condition	Action Taken
1. EM, 110, 13, 14, 19, 30	0%	None observed	None
2. 32 seat HG17	0%	" "	"
3. 37, 60, 62, 77, 126	0%	" "	"
4. 1 section	0%	" "	"
5. 2 section	0%	" "	"
6. 3 section	0%	" "	"
7. LBB	0%	" "	"
8. North Mains	0%	" "	"
9.			
10.			

Air Measurements

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

Remarks: 0% CH<sub>4</sub>, 0% CO, 20.8% O<sub>2</sub> Tracks, travelways, p.c., D Boes 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.

George Curry 32670

Signed By George Curry 27429 Certificate No.  
 Countersigned John Wickline 30000 P Mine Manager Mine Foreman

Assistant Foreman John Wickline 32670 Certificate No.  
John Wickline 32670  
John Wickline 26176

Assistant Foreman Mike Barley 27085  
Jim Sawyer 32261

Superintendent or Assistant

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 10-1 20 09 Section or Area Examined Pumps  
 Time of Examination: from 12:00 a.m. or P.M. a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Mike Bailey, Lacy Stewart Time 2:56 P.M.  
 Report received by William Callahan 1543-A  
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH <sub>4</sub>	Violation or Hazardous Condition	Action Taken
JB <sub>1</sub> EAST MAINS 110'S	0%	None observed	None
JB <sub>2</sub> 13, 14, 19, 30	0%	" "	"
HT <sub>3</sub> #32 Seal #37, H617 Sump	0%	NONE OBSERVED	"
HT <sub>4</sub> 126, 77, 60	0%	" "	"
MB <sub>5</sub> 1 Sec	0%	" "	"
MB <sub>6</sub> 2 Sec	0%	" "	"
JB <sub>7</sub> 3 Sec	0%	" "	"
SH <sub>8</sub> LBB	0%	NONE OBSERVED	NONE
MB <sub>9</sub> NORTH MAINS	0%	" "	"
HT <sub>10</sub> #62 BK pump	0%	Pump Down	Reported

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% CH<sub>4</sub> 0% CO 20.8% O<sub>2</sub>  
TRAVELWAYS, POWER CENTERS FOR PUMPS, D. BOXES OK AT TOE

Mike Bailey 27085 Lacy Stewart 39199

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

Signed By Harley Taylor 37002 Certificate No. Jim Sawyer 32261 Assistant Foreman  
 Countersigned William Callahan 35111 Mine Foreman Scott Halstead 37567 Assistant Foreman  
Henry Williams 1539A Superintendent or Assistant

George Curry 27429 John Bickford 26171 Ronnie Wickline 32670

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 10-1 2009 Section or Area Examined Pumps  
 Time of Examination: from 8:30 a.m. or 11:30 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom J Bedford Time A.M. 10:55 P.M.  
 Report received by George Curry (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. <u>EAST MAINS, 110s, 1314</u>	<u>none observed</u>	<u>none</u>
2. <u>1930 32 seal, 37, NG17</u>	}	}
3. <u>126, 77, 166</u>		
4. <u>1 sec</u>		
5. <u>2 sec</u>		
6. <u>3 sec</u>		
7. <u>LBB</u>		
8. <u>W MAINS</u>		
9. <u>62 BK pump</u>		
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> - track travelery, p.c., D Boles  
done at time of exam

Renni Wickline 32670

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

Signed By George Curry 27429 Certificate No.  
 Preshift Mine Examiner  
 Countersigned Arthur Cook 3506000  
 Mine Manager Mine Foreman  
John H. Bedford Assistant Foreman  
 15217A 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 10.20.09 Section or Area Examined Pumps  
 Time of Examination: from 300 a.m. or p.m. to 600 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by \_\_\_\_\_ (Signed)

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

Location	chy	Violation or Hazardous Condition	Action Taken
1. <u>Emis 110's 13419 30</u>	<u>0%</u>	<u>None Observed</u>	<u>None</u>
2. <u>32 seal HG17, 6062</u>	<u>"</u>	<u>"</u>	<u>"</u>
3. <u>77, 126</u>	<u>"</u>	<u>"</u>	<u>"</u>
4. <u>1 seat</u>	<u>"</u>	<u>"</u>	<u>"</u>
5. <u>SAB 2 seat</u>	<u>"</u>	<u>"</u>	<u>"</u>
6. <u>3 seat</u>	<u>"</u>	<u>"</u>	<u>"</u>
7. <u>LBB</u>	<u>"</u>	<u>"</u>	<u>"</u>
8. <u>SAB NT Mains</u>	<u>0%</u>	<u>None Observed</u>	<u>None</u>
9. _____	_____	_____	_____
10. _____	_____	_____	_____

#### Air Measurements

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

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

Tareh, tramway, Power Center, chases + D'Boy's clear at time of exam

Ronna Whitten 32670 Jay Stuart 39199

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. Burkard 2517d  
 Preshift-Mine Examiner  
 Certificate No. 3901222  
 Countersigned George Curry Assistant Foreman  
 Certificate No. 27429  
Don Williams  
 Certificate No. 153999  
Mike Bailey Assistant Foreman  
 Certificate No. 27085  
 Superintendent or Assistant

Tom Sawyer 32261 Russell Gummoe 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 10-2-09 20      Section or Area Examined Pumps  
 Time of Examination: from 7:00 a.m. or p.m. to 3:00 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom Letty Stewart, Mike Bailey Time 2:55 P.M.  
 Report received by Bruce Collins 1543-A  
 (Signed)

### Violations and other Hazardous Conditions Observed and Reported

	Location	CH <sub>4</sub>	Violation or Hazardous Condition	Action Taken
JB 1.	Em's 110's 13, 14, 15, 30	0%	None observed	None
2.	32 seal, HG17, 60, 62	0%	none observed	"
3.	77, 124	0%	none observed	"
MB	1 sect	0%	" "	"
MB	2 sect	0%	" "	"
JB	3 sect	0%	" "	"
7.	LBB	0%	none observed	"
RE 8.	Nf Mains	0%	none observed	"
9.				
10.				

### Air Measurements

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

Remarks: 0% CH<sub>4</sub> Oppm<sup>co</sup> 20.8% O<sub>2</sub> at time of exam

truck, trucking, power cables, charges & D-Board  
check at time of exam

Mike Bailey 27085

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 Mike Bailey 32261 Certificate No. Russell Ginnor 1536-A Assistant Foreman  
 Countersigned Letty Stewart 39199 Mine Manager / Mine Foreman  
Alan Williams 1537-A Superintendent or Assistant  
29611  
 10/3/09 1547-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 \_\_\_\_\_

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 10-2 20 9 Section or Area Examined Pumps  
 Time of Examination: from 6:00 a.m. or p.m. to 11:00 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom G. Cole Time 11:00 A.M. PM  
 Report received by T. Peterson (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
TR Em's 110's 13-14-19-30	<u>0% CH<sub>4</sub> none observed</u>	<u>none</u>
TR 32 seal HG17 60-62		
TR -77-120		
4. <u>1 sec</u>		
5. <u>2 sec</u>		
6. <u>3 sec</u>		
TR <u>LBB</u>	<u>none observed</u>	
8. <u>N. Hains</u>		
9.		
10.		

### Air Measurements

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

Remarks: MACH4 detect 0% 20.802 COO%  
Pumps - P/O's charges - D. Boxes, clear  
travelways & track 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 <u>T. Peterson</u> Preshift-Mine Examiner	Certificate No. <u>29611</u> <u>350602</u>	Assistant Foreman <u>D. L. Williams</u> <u>2/1/68</u>	Certificate No. <u>1539-A</u> <u>1947-A</u>
Countersigned <u>G. Cole</u> Mine Manager Mine Foreman	Assistant Foreman	Superintendent or Assistant	

Joey Stuart 39199

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 10-3 20 09 Section or Area Examined Pumps  
 Time of Examination: from 300 a.m. or p.m. to 600 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by \_\_\_\_\_  
 (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
TR. Em's 110's, 13, 14, 19, 30 0% CH <sub>4</sub>	NONE observed	NONE
TP 32 Seal HG17 60-62 0%	"	"
3. 77-126 0%	"	"
4. 1 Sec 0%	"	"
5. 2 Sec 0%	"	"
6. 3 Sec 0%	"	"
TP LBB 0%	"	"
8. N Mairs 0%	NONE observed	NONE
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 at etam  
Pumps, Trayloads, D-Boxes, AC Clean at etam

*[Signature]* 2964 *[Signature]* 1259A

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. \_\_\_\_\_  
 Countersigned *[Signature]* 350600 Assistant Foreman *[Signature]* 1947-A Certificate No. \_\_\_\_\_  
 Assistant Foreman *[Signature]* 27085 Superintendent or Assistant *[Signature]* 32261  
*[Signature]* 39199

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 10-3 20 09 Section or Area Examined Pumps  
 Time of Examination: from 7:30 a.m. or 3 p.m. to 3 a.m. or PM  
 Was this report phoned to outside: Yes  no   
 By whom Mike Bailey Time A.M. 2:45 PM  
 Report received by Jay Stewart 39199  
 (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
JB. Em's 110, 13, 14, 19, 30	CH <sub>4</sub> 0% None observed	NONE
2. 33 Seal, H&M 60-62	0% "	"
3. 77-126	0% "	"
MB 4. 1 Sec	0% "	"
MB 5. 2 Sec	0% "	"
JB 6. 3 Sec	0% "	"
MB 7. LBB	0% "	"
MB 8. N Mairs	0% None observed	NONE
9. 74 BK Pump	None listed	None
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 at exam  
Track, Tracelway, D-Boxes, chargers, pumps OK at exam

Mike Bailey 22005

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

Signed By Jay Stewart 39199 Certificate No.  
 Preshift-Mine Examiner  
 Countersigned Mike Bailey 37002 Certificate No.  
 Mine Manager Mine Foreman  
Paul Sullivan 29611 Certificate No.  
 Assistant Foreman  
Jim Boyner 32261 Certificate No.  
 Assistant Foreman  
Harley Taylor 37002 Certificate No.  
W. D. Luddy 28045 Certificate No.  
 Superintendent or Assistant  
Don Williams 1539A

W. Va. Code 1947-A

Indelible  
Pen or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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 10-3 20 9 Section or Area Examined Pumps  
 Time of Examination: from 8:00 a.m. or p.m. to 11:00 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom G. G. Cole Time 11:00 A.M. PM  
 Report received by T. Telum 24611  
 (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
TP Em's 110's 13-14-19-30	06CH4	none observed
TP 32 scol HG 17 60-62		
3PA 77-126		
4. 1 sec.		
5. 2 sec.		
6. 3 sec.		
TP h.B.B.		
8. M.M.		
9. 74 blk.		
10.		

#### Air Measurements

Location	CFM	Location	CFM
good air movement			

Remarks: NoCH4 det. 0% 20.5oz CO2  
Troneways & track clear at time of exam.

May 20 1947-A

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 T. Telum 24611 Certificate No. 24611  
 Countersigned G. G. Cole Mine Manager / Mine Foreman  
 Assistant Foreman Don Allen Certificate No. 15397A  
 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 10-4 20 9 Section or Area Examined pumps  
 Time of Examination: from 3:00 a.m. or p.m. to 5:00 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by \_\_\_\_\_  
 (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
TR. Em's 110's 13-14-19.30	0% CH <sub>4</sub> none observed	none
TR. 32 Seal HG 17 60-62		
3. 77-126		
4. 1 sec.		
5. 2 sec.		
6. 3 sec.		
TR. hBB		
8. N.M.		
9. 74 Bk		
10.		

### Air Measurements

Location	CFM	Location	CFM
Good air movement			

Remarks: 0% CH<sub>4</sub> det. 0% 20.8 or CO<sub>2</sub>  
Trouseways & tracks clear at time of exam.  
Pumps - P/c's D. Boxes - Charges - clear

1947-A

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

Signed By [Signature] 29611 Certificate No. \_\_\_\_\_ Assistant Foreman \_\_\_\_\_ Certificate No. \_\_\_\_\_  
 Countersigned [Signature] Mine Manager Mine Foreman \_\_\_\_\_  
 \_\_\_\_\_ Assistant Foreman \_\_\_\_\_  
 \_\_\_\_\_ Superintendent or Assistant \_\_\_\_\_

George Curry 27429 Ronnie Albrecht 32650 John 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 10-4 2009 Section or Area Examined Pumps  
 Time of Examination: from 1200 a.m. or 300 p.m.  
 Was this report phoned to outside: Yes  no   
 By whom J. B. Halstead Time A.M. 225 P.M.  
 Report received by George Curry 27429 (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
SH 2 Ms 110s 13, 14, 19, 30	0% CH <sub>4</sub>	None observed
2. 32 Seal HG 7, 10, 12	0% CH <sub>4</sub>	None
3. 77-121e	0% CH <sub>4</sub>	
4. 1 Sec	0% CH <sub>4</sub> Power off	
5. 2 Sec	0% CH <sub>4</sub> Power off	
SH 3 Sec	0% CH <sub>4</sub>	
7. LBB	0% CH <sub>4</sub>	
8. WM	0% CH <sub>4</sub>	
9. 74 BK	0% CH <sub>4</sub>	
10.		

### Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks 0% CH<sub>4</sub> - 0% CO<sub>2</sub>, 20.8 O<sub>2</sub>% Tracks, travelways, pass, 0 Boles  
chargers clear at times of exam

Ronie Wisblum 32670

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

Signed By George Curry 27429 Certificate No. 37567  
 Preshift-Mine Examiner Assistant Foreman  
 Countersigned Johna Bickford 26776  
 Mine Manager Mine Foreman  
 Assistant Foreman

Steve Gled 39042 Randy Lester 29611 Wing Cole 1947-A  
 Superintendent or Assistant

Use Indelible  
Pencil or Ink

### DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 10-4-09 Shift 2nd Area or Section Pumps

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

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>LAB</u>	<u>OR CHY</u>	<u>N/A</u>
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

#### Examinations for Methane in Working Places

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

#### Examinations for Methane in Return Aircourses

1.	Location	Time	Methane Content	6.	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 10-4 Section or Area Examined Pumps  
 Time of Examination: from 8:00 a.m. or p.m. to 11:00 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom R. Peterson Time 11:00 (P.M.)  
 Report received by \_\_\_\_\_ (Signed)

## Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
TP 1. <u>EM<sub>2</sub> 110, 13, 14, 19, 30</u>	<u>0% CH<sub>4</sub></u>	<u>NONE</u>
TP 2. <u>32 seal, HG 17, 60, C2</u>		
TP 3. <u>77-126 TP</u>		
4. <u>1 SAC</u>		
5. <u>2 SAC</u>		
6. <u>3 SAC</u>		
TP. <u>LBS</u>		
8. <u>NM</u>		
9. <u>74 OK</u>		
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, trackways, Power Cables, D-Boxes, Chokes  
clean at time of EXAM

Greg 1047-A

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 R. Peterson Certificate No. 29611 Assistant Foreman [Signature] Certificate No. 37284  
 Countersigned [Signature] Mine Manager / Mine Foreman Certificate No. 35000 Superintendent of Assistant [Signature] Certificate No. 39042

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 10-5-09 20 Section or Area Examined Pumps  
 Time of Examination: from 12:05 AM or p.m. to 6:00 AM 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. Em Nos 13, 14, 19, 32	OK	None observed	None
2. 32 Seal, 60, 62, 77	OK	None observed	None
3. H6 17	OK		
4. L.B.S.	OK		
5. 126	OK		
6. #1 Section	OK		
7. #2 Section	OK		
8. #3 Section	OK		
9. N. Main	OK		
10.			

### Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: OK CH<sub>4</sub> OK CO, 20.8% O<sub>2</sub> detected at time of exam  
Track, Traveling powercables, D-boxes, kums, 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 Certificate No. 35044  
 Countersigned [Signature] Mine Manager / Mine Foreman Certificate No. 35044  
 Assistant Foreman [Signature] Certificate No. 1947-A

George Curry 27429      Russell Gurnee 15362      Superintendent or Assistant  
 John B. Beckford 26172      Tim Dungan 32261

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 10-5 2009 Section or Area Examined Pumps  
 Time of Examination: from 1200 a.m. or 300 p.m. to 300 a.m. or 3 p.m.  
 Was this report phoned to outside? no  
 By whom J. Bickel & R. Cannon Time A.M. 235 P.M.  
 Report received by George Curry 27429 (Signed)

### Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
JB	1. EM 110s, 13, 14, 19, 30 $\frac{0}{10}$ CH <sub>4</sub>	None observed	None
	2. 32 seal, 20, 62, 77 $\frac{0}{10}$ CH <sub>4</sub>	None observed	None
	3. HG 17 $\frac{0}{10}$ CH <sub>4</sub>		
	4. LBB $\frac{0}{10}$ CH <sub>4</sub>		
	5. 126 $\frac{0}{10}$ CH <sub>4</sub>		
	6. 1 section $\frac{0}{10}$ CH <sub>4</sub>		
	7. 2 section $\frac{0}{10}$ CH <sub>4</sub>		
JB	8. 3 section $\frac{0}{10}$ CH <sub>4</sub>		
	9. N Mains $\frac{0}{10}$ CH <sub>4</sub>		
	10. _____		

### Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks  $\frac{0}{10}$  CH<sub>4</sub>,  $\frac{0}{10}$  CO<sub>2</sub>,  $\frac{0}{10}$  O<sub>2</sub> Tracks, travelways, pas, & 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 George Curry 27429 Certificate No.  
 CounterSigned [Signature] 350122  
 Assistant Foreman Russell Cannon 32281 Certificate No.  
John B. Buckner 1538-A  
 Superintendent or Assistant [Signature] 26172  
[Signature] 29611

1/18/06 1967 Star Jan 39042

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 10/5/09 20 Section or Area Examined Pumps  
 Time of Examination: from 8:30 a.m. or P.M. to 11:00 a.m. or P.M.  
 Was this report phoned to outside: Yes  no   
 By whom Jerry Peterson Greg Cole Time 11:27 P.M.  
 Report received by Jeremy Burghoff 1799-A  
(Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. <u>Em's 110s, 13, 14, 19, 30</u>	<u>CH<sub>4</sub> 0.0%</u>	<u>NONE</u>
2. <u>32 Seal, 60, 62, 77</u>	<u>     </u>	
3. <u>HG 17</u>	<u>     </u>	
4. <u>LBB</u>	<u>     </u>	
5. <u>12C</u>	<u>NONE observed</u>	
6. <u>1 Section</u>	<u>NONE observed</u>	
7. <u>2 Section</u>	<u>NONE observed</u>	
8. <u>3 Section</u>	<u>     </u>	
9. <u>N-meins</u>	<u>     </u>	
10. _____		

#### Air Measurements

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

Remarks: CH<sub>4</sub> 0.0% CO<sub>2</sub> 0% O<sub>2</sub> 20.8% at time of exam.  
Track, travelways, Powercenter, chargers, 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 [Signature] 1947-A Assistant Foreman Certificate No. \_\_\_\_\_  
 Countersigned [Signature] 3200000 Mine Manager Mine Foreman Certificate No. \_\_\_\_\_  
 Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

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

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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

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

Assistant Mine Foreman

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

Mine Foreman-Mine Manager

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

Superintendent or Assistant



Use Indelible  
Pencil or Ink

# 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 10-6-09 20 Section or Area Examined Pumps  
 Time of Examination from 12:00 ~~a.m.~~ o.p.m. to 3:00 ~~a.m.~~ o.p.m.  
 Was this report phoned to outside: Yes no  
 By whom George, Russell, John Time 245 PM  
 Report received by Barbara Collins 1543-19  
 (Signed)

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

JB#	Location	CH <sub>4</sub>	Violation or Hazardous Condition	Action Taken
1	EM's 110's, 13, 14, 19, 30	0%	NONE OBSERVED	NONE
2	#32 SEAL, 37, HG17 sump	2%	" "	"
3	#60, 62, 77, 126	2%	" "	"
4	LBB	0%	" "	"
5	1 Section	0%	" "	"
6	2 Section	0%	" "	"
7	3 Section	0%	" "	"
8	N. mains	0%	" "	"
9				
10				

#### Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: CH<sub>4</sub> 0%, O<sub>2</sub> 0%, CO  
Oppm Detected at EXAM time  
Powercenters, DBOXs, TRACK, TRAVELWAYS clear at EXAM time

Mike Bailey 27085

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.  
 Countersigned John Beckford 32122 Mine Foreman  
George Currie 27429 Assistant Foreman  
John A. Beckford 26176 Superintendent or Assistant

Jacy Stewart 39199 John Beckford 32122 John A. Beckford 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

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 10-6-09 20 \_\_\_\_\_ Section or Area Examined Pumps  
 Time of Examination: from 6:00 a.m. or (p.m) to 11:30 a.m. or (p.m)  
 Was this report phoned to outside: Yes  no   
 By whom Mike Bailey Time A.M. 11:10 (P.M.)  
 Report received by Lacy Stewart (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	CFM	Violation or Hazardous Condition	Action Taken
1. Em 110's, 13, 14, 19, 30	0%	None observed	None
2. #32 seal, 37, 60, 62, 77	0%		
3. H6-17	0%		
4. 126	0%		
5. L.B.S.	0%		
6. #1 Section	0%		
7. #2 Section	0%		
8. #3 Section	0%		
9. N. main	0%		
10. _____	_____		

### Air Measurements

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

Remarks: 0% CH<sub>4</sub>, 0ppm CO, 20-25% O<sub>2</sub> detected at time of exam  
Track, Travel Unit, generators, D-boxes, chargers ok at time of exam

Mike Bailey 27085

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 <u>Mike Bailey</u> Preshift-Mine Examiner	Certificate No. <u>39042</u>	Assistant Foreman _____	Certificate No. _____
Countersigned <u>Lacy Stewart</u> Mine Manager Mine Foreman	Assistant Foreman _____	Superintendent or Assistant _____	_____

Lacy Stewart 39199

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 10-7-09 20 Section or Area Examined Pumps  
 Time of Examination: from 12:00 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 4:50  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. Em 1105, 12, 14, 19, 20	OK	None Observed	None
2. #2 Seal, 37, 60, 02, 77	OK		
3. Hg 17	OK		
4. 126	OK		
5. L.S.G.	OK		
6. #1 Section	OK		
7. #2 Section	OK		
8. #3 Section	OK		
9. N. main	OK		
10. _____	_____		

### Air Measurements

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

Remarks: OK CH<sub>4</sub>, Open CO, 20.3% O<sub>2</sub> detected at time of exam.  
Tracks Travelways, power lines, D-locks, Changers OK at the exam

Mike Bailey 27085

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] 39041 Assistant Foreman \_\_\_\_\_ Certificate No. \_\_\_\_\_  
 Countersigned [Signature] 39041 Mine Manager / Mine Foreman \_\_\_\_\_  
 \_\_\_\_\_ Dlen Ullman Assistant Foreman \_\_\_\_\_ 1539A

Jag Stewart 39199 Russell Gurnoe 1538-A Mike Bailey 32261  
Dwain Curr 27429 John Biedler 26176 Ronnie Ullman 32620

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 10-7 2007 Section or Area Examined 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 JB Biggs - R. G. Moore Time A.M. 235 P.M.  
 Report received by George Curry 27429  
(Signed)

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

Location	Violation or Hazardous Condition	Action Taken
JB 1. EMs, 11, 13, 14, 19, 30 & CH <sub>4</sub>	none observed	none
2. 32 seal, 31, 66, 62, 77	None observed	None
3. HG 17		
4. 121e		
5. LBB		
6. 1 section		
7. 2 section		
JB 8. 3 section		
9. W MAINS		
10.		

#### Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% CH<sub>4</sub> - 0% CO - 26.8% O<sub>2</sub> tracks travelways pc  
observed clear at time of exam

Mike Bailey 27085

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

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

27429  
Certificate No.  
[Signature]

John B. Buchard 26176  
[Signature]  
Assistant Foreman  
[Signature]  
Superintendent or Assistant

32261  
Certificate No.  
37567  
1536-A

Stan Geln 39012

Jay Street 39199

[Signature]

