Started 12-14-09.
Finished 1-3-10

PRESHIFT - ONSHIFT
and
DAILY REPORT

Finished 1-3-10

Company Performance Coal W.B.B

Mine W.B.B

SECTION 3 Section "Portal Section"

LOCATION Naoma Raleigh W.Va.
Post Office County State

Form 6-1489
(March 1970)

Budget Bureau No. 42-R1589

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

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FORM# MS-014

Indelible
Pen or Ink

[illegible] EXAMINER'S REPORT

Report shall be signed when made

[illegible] Section or Area Examined 3 Section

[illegible] Time ____ A.M 3:04 P.M.

[illegible]

Violations and other Hazardous Conditions Observed and Reported

	Violation or Hazardous Condition	Action Taken
[illegible] .0% chg	stopped	
[illegible] .0% chg	scrap cut	reflector
[illegible] .0% chg	none observed	none
[illegible] .0% chg	not bolted	reflector
[illegible] .0% chg	part bolted	reflector
[illegible] .0% chg	needs cleaned & dusted	reported
[illegible] .0% chg	needs cleaned & dusted	reported
[illegible] .0% chg	none observed	none
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
left L.O. X cut	23,680		
right L.O. X cut	22,730		

Remarks: 20.8% O_2 .0% CH_4 .0% CO_2 track, travelway, power centers, scoop charges clear at time of exam.

Rescue chamber clear at time of exam.
Intake phone working at time of exam.

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 33359 — [signature] Assistant Foreman — Certificate No. 1664-A

Countersigned [signature] Mine Manager—Mine Foreman — Certificate No. 2873

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-14-9 Shift Eve Area or Section #3 Portal Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.			
2.	2 left	Scrap cut	Corrected
3.	3	Not Bolted	Corrected
4.	4	Part Bolted	Corrected
5.	5	Needs cleaned & dusted	Corrected
6.	6	Needs cleaned & dusted	Corrected
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	L Ret	4:30	0%	6.			
2.	R Ret	5:00	0%	7.			
3.				8.			
4.	L Ret	8:30	0%	9.			
5.	R Ret	9:00	0%	10.			

Number of Bolts Tested 15
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 4 of Roof control Plan Paragraphs 5-8 with entire crew at end of Track

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
[signature]	16641-A	[signature]	28736	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-15-09 20___ Section or Area Examined #3 Portal / Section

Time of Examination: from 5 a.m. or p.m. to 6 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no ___

By whom J. Burgoff Time 6:02 A.M. P.M.

Report received by T. Moore (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Chy	Violation or Hazardous Condition	02	Action Taken
1.	1	06	Stopped	20.86	
2.	2L & 2	06	Need Clean	20.86	Reported
3.	3	06	N/O	20.86	
4.	4	06	Need Clean	20.86	Reported
5.	5	06	scrap	20.86	Reflectors
6.	6	06	Need Clean & dust	20.86	Reported
7.	7	06	Scrap	20.86	Reflectors
8.	5	06	2 loose Bolts		Reflectors
9.	6R	06	Part Belted		Reflectors
10.					

Air Measurements

Location	CFM	Location	CFM
L-L.O.B	22,857		
R-L.O.B	23,060		

Remarks: Shelter - O.K.
Power Center - O.K.
Chargers - O.K.
Travel ways - O.K.
Int. Phone - O.K.

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

Signed By Jerry [illegible] Preshift-Mine Examiner — Certificate No. 1759-A

Countersigned Rick [illegible] Mine Manager—Mine Foreman — Certificate No. 28736

Terry [illegible] Assistant Foreman — Certificate No. 33359

Assistant Foreman — Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date Dec 15, 09 Shift 1st Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1	stopped	
2.	2 & 2	Need Cleaned	Cleaned & dust
3.	3	W/O	
4.	4	Need Cleaned	Cleaned & dust
5.	5	Scrap & 2 loose bolts	Bolted & spot Bolted
6.	6	NeD	Cleaned & dust
7.	7	Scrap	Bolted
8.	6R	Part Bolted	Bolted

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-7	8-8:45	0	11.			
2.	1-7	10-10:40		12.			
3.	1-7	12-12:35		13.			
4.	1-7	2-2:30		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.	2-Ret	9:06	0	6.			
2.	2-Ret	1:05		7.			
3.				8.			
4.	Rt-Ret	9:14	0	9.			
5.	Rt-Ret	1:11		10.			

Number of Bolts Tested 8
Number of Bolts Torqued Above Range 0 Below Range 0

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken None

Remarks (Statement as to General Conditions of Mine or Area of Mine) Fair. Have the whole Crew & inf. Cont'd on page 4 of the RCP 8:53A. Buddy Check SC Sides

Troy W. Moore 33389 — Assistant Mine Foreman, Certificate No.
33359
Rick Fitz 28736 — Mine Foreman-Mine Manager, Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination _____ 20____ Section or Area Examined _____

Time of Examination: from _____a.m. or p.m. to _____a.m. or p.m.

Was this report phoned to outside: Yes_____ no_____

By whom _____ Time _____A.M _____P.M.

Report received by _____
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Void

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: _____

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

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

Countersigned _____ Mine Manager—Mine Foreman _____

_____ Assistant Foreman _____

_____ Superintendent or Assistant _____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date Dec. 15, 09 Shift Day Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-15 2009 Section or Area Examined #3 Portal Section

Time of Examination: from 2:00 a.m. or (p.m.) to 2:30 a.m. or (p.m.)

Was this report phoned to outside: Yes ✓ no

By whom Terry Moore Time A.M. 3:05 (P.M.)

Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	O2	Violation or Hazardous Condition	Action Taken
1.	2L Entry	0%	20.8	None Observed	Reflector Hung
2.	2 Entry	0%	20.8	None observed	Reflector Hung
3.	3 Entry	0%	20.8	None Observed	Reflector Hung
4.	4R Entry	0%	20.8	Not Bolted	Reflector Hung
5.	5 Entry	0%	20.8	None observed	Reflector Hung
6.	6R Entry	0%	20.8	Needs cleaned & dusted	Reported
7.	7 Entry	0%	20.8	Needs cleaned & dusted	Reported
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
L LOB	23460		
R LOB	21780		

Remarks: Powercenter Travelways Intake Phone chargers and outby chamber ok at time of exam

CH4 0% O2 20.8 CO 0

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

Signed By Terry W. Moore Preshift-Mine Examiner — Certificate No. 33359 — Assistant Foreman — Certificate No. 1664-A

Countersigned Reid Foster Mine Manager—Mine Foreman — Certificate No. 28232

Assistant Foreman — Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-15-9 Shift Eve Area or Section #3 Portal Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.			
2.	4R	Not Bolted	Corrected
3.			
4.	6R	Needs cleaned & dusted	Corrected
5.	7	Needs cleaned & dusted	Corrected
6.			
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	L Ret	4:30-	0%	6.			
2.	R Ret	5:00	0%	7.			
3.				8.			
4.	L Ret	8:30	0%	9.			
5.	R Ret	9:00	0%	10.			

Number of Bolts Tested 15
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over pages 4 & 8 Roof control Plan Paragraphs 9 & 10 with entire crew at end of Track

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
[illegible]	1464-A	[illegible]	28736	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-15-09 20 09 Section or Area Examined #3 Portal Section

Time of Examination: from 10:00 a.m. or (p.m.) to 10:50 a.m. or (p.m.)

Was this report phoned to outside: Yes ____ no ____

By whom Shannon ~~Dickens~~ Perdue Time ____ A.M 10:00 P.M.

Report received by Greg Cole 1947-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	O2	Action Taken
1.	2L ~~[illegible]~~ Lower	0%	water In Face	20.8%	Reported
2.	2L upper	0%	Not Bolted	20.8%	Reflectors
3.	2 Face	0%	none observed	20.8%	Reported
4.	2&3	0%	Add Cleaning	20.8%	Reported
5.	3L	0%	Add Cleaning	20.8%	Reported
6.	4	0%	None observed	20.8%	Reported
7.	5	0%	None observed	20.8%	Reported
8.	6	0%	Part Bolted	20.8%	Reflectors
9.	7	0%	Needs Cleaned and Dusted	20.8%	Reported
10.	4Right InBy Feeder		Needs 4 Sand Jacks	20.8%	Reported Setting Jacks

Air Measurements

Location		CFM	Location	CFM
LoB	Lt	24,370		
	Rt	21,800		

Remarks: 0% CH4, 20.8% O2, 0PPM C.O., Detected At Time of exam Powercenter, Travelways, Haulageways, Intake Phone, Shelter OK At Time of exam

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

Signed By [signature] Preshift-Mine Examiner 1664-A Certificate No. [signature] Assistant Foreman 1789-A Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 2873L

Assistant Foreman

Superintendent or Assistant

Greg Cole 1947-A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date Dec 16, 09 Shift Owl Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Ch^4	0.0%		11.			
2.	CO	0%		12.			
3.	O^2	20.8%		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.	#7	5:00 AM	0.0%	6.			
2.	#1	5:47 AM	0.0%	7.			
3.				8.			
4.				9.			
5.				10.			

Number of Bolts Tested

Number of Bolts Torqued Above Range Below Range

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

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

[signature]	1759-A	[signature]	28-[illegible]	
Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-16-09 20___ Section or Area Examined #3 Portal Section

Time of Examination: from 5 (a.m.) or p.m. to 6 (a.m.) or p.m.

Was this report phoned to outside: Yes ✓ no___

By whom J. Burgoff Time 6:03 (A.M.) P.M.

Report received by T. Moore (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Chy	Violation or Hazardous Condition	O_2	Action Taken
1.	1	06	Stopped	20.8%	
2.	2	06	Not Bolted	20.8%	Reflectors
3.	3	06	Need Cleaned & dusted	20.8%	Reported
4.	4	06	N/O	20.8%	
5.	5	06	N/O	20.8%	
6.	6	06	Need add. Cleaning	20.8%	Reported
7.	7	06	Need add. Cleaning	20.8%	Reported
8.	2L outby	06	Need Cleaned	20.8%	Reported
9.	7 outby	06	Damaged Bolt	20.8%	Reflectors
10.					

Air Measurements

Location	CFM	Location	CFM
L-L.O.B	23,702		
R-L.O.B.	19,530		

Remarks: Shelter - O.K
Power Center - O.K
Inti Phone - O.K
Travelways - O.K.

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 1759-11 — Assistant Foreman — Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman — 28732

Terry W. Moore Assistant Foreman — 33359

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-16-09 Shift 1st Area or Section #3 Portal section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1	N/O	
2.	2	Not	Bolted
3.	3	NCD	Clean & dusted
4.	4	N/O	
5.	5	N/O	
6.	6	NAC	Clean + dusted
7.	7	NAC	Clean + dusted
8.	2L	NC	Clean & dusted

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.				11.			
2.	1-7	8-8:45	0%	12.			
3.	1-7	10-10:40	|	13.			
4.	1-7	12-12:35	|	14.			
5.	1-7	2-2:30	|	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.	L-Ret	9:12	0%	6.			
2.	L-Ret	1:06	|	7.			
3.				8.			
4.	Rt-Ret	9:32	0%	9.			
5.	Rt-Ret	1:18	|	10.			

Number of Bolts Tested 8

Number of Bolts Torqued Above Range 0 Below Range 0

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken None

Remarks (Statement as to General Conditions of Mine or Area of Mine) Faint Hum the whole Cut-away drift. Continued on page 4 of the RCP. 6:52 Am Buddy Check Silicosis

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
Taylor Moore	33359	Rick Zeto	2872	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-16 20 09 Section or Area Examined #3 Portal Section

Time of Examination: from 2:00 a.m. or p.m. to 2:40 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Terry Moore Time A.M. 2:55 P.M.

Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	O2	Violation or Hazardous Condition	Action Taken
1.	2L Entry	0%	20.8	Part Bolted	Reflector Hung
2.	3R Entry	0%	20.8	Scrap Cut	Reflector Hung
3.	4 Entry	0%	20.8	Not Bolted	Reflector Hung
4.	5 Entry	0%	20.8	None Observed	Reflector Hung
5.	6 Entry	0%	20.8	None Observed	Reflector Hung
6.	7 Entry	0%	20.8	None Observed	Reflector Hung
7.		CH4	O2		
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
L hoB	23270		
R hoB	21424		

Remarks: Powercenter travelways intake phone chargers and outby chamber ok at time of exam

CH4 0% O2 20.8 CO 0

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

Signed By Terry Moore Preshift-Mine Examiner — Certificate No. 33389 — Assistant Foreman — Certificate No. 1664-A

Countersigned Rick Foster Mine Manager—Mine Foreman — 28732

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-16-9 Shift Eve Area or Section #3 Portal Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.			
2.	2L	Part Bolted	Corrected
3.	3R	Scrap cut	Corrected
4.	4	Not Bolted	Corrected
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	L Ret	4:30	0%	6.			
2.	R Ret	5:00	0%	7.			
3.				8.			
4.	L Ret	8:30	0%	9.			
5.	R Ret	9:00	0%	10.			

Number of Bolts Tested 18

Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 4 of Roof control plan Paragraphs 9 & 10 with entire crew at end of Track

[signature]	1664-A	Rick Foster	2873	
Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-16 20 9 Section or Area Examined #3 Portal Sec.

Time of Examination: from 10:00 a.m. or ~~p.m.~~ to 10:50 a.m. or ~~p.m.~~

Was this report phoned to outside: Yes ✓ no

By whom S. Perdue Time A.M 11:03 ~~P.M.~~

Report received by T. Peterson (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 Hdg. 20.8 0% CH4	need clean + dusted	Rep.
2.	2LT Brk 20.8 0%	need add. cleaning	Rep.
3.	2 Hdg. 20.8 0%	none observed	
4.	3 RT. Brk 20.8 0%	SCRAP	Reflector
5.	4 Hdg 20.8 0%	none observed	
6.	5 Hdg 20.8 0%	SCRAP	Reflector
7.	6 Hdg 20.8 0%	part Bolted	Reflector
8.	7 Hdg 20.8 0%	need add. cleaning	Rep.
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LT.	23,580		
RT.	20,950		

Remarks: No CH4 dect. 0% 20.8 oz CO 0%
Travel + Haulage ways clean
Power Center Clean, charger
Fresh air Bay - Intake Phone clean

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

Signed By [signature] Preshift-Mine Examiner 1664-A Certificate No. [signature] Assistant Foreman 1759-A Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 28732

Assistant Foreman

[signature] 29611 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date Dec. 16, 09 Shift Owl Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Ch^4	0.0%		11.			
2.	CO	0		12.			
3.	O^2			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.	#7	0 %	Am	6.			
2.	#1	%	Am	7.			
3.				8.			
4.				9.			
5.				10.			

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
		Rick Foster	25232	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-17-09 20 Section or Area Examined #3 Portal Section

Time of Examination: from 5 a.m. or p.m. to 3:50 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom J. Burgoff Time 5:53 A.M. P.M.

Report received by T. Moore (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	O_2	Violation or Hazardous Condition	Chy	Action Taken
1.	1	20.8%	N/O	0%	Reported
2.	2	20.8%	Scrap	0%	Reflectors
3.	3 R	20.8%	N/O	0%	Reported
4.	4	20.8%	N/O	0%	Reported
5.	5	20.8%	N/O	0%	Reported
6.	6	20.8%	Not Bolted	0%	Reflectors
7.	7	20.8%	Part Bolted	0%	Reflectors
8.	2 L		Need add. Cleaning	0%	Reported
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
L-L.O.B.	22,128		
R-L.O.B	20,571		

Remarks: Shelter - O.K.
Power Center - O.K.
Chargers - O.K.
Travelways - O.K.

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

Signed By Rick Foster (Preshift-Mine Examiner) 28736 (Certificate No.) Assistant Foreman Certificate No.

Countersigned Rick Foster (Mine Manager—Mine Foreman) 28236

Troy W. Moore (Assistant Foreman) 33359

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-17-09 Shift 1st Area or Section #3 Portal section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1	N/O	
2.	2	Scrap	Bolted
3.	3R, 4, 5	N/O	
4.	6	Not Bolted	Bolted
5.	7	Part Bolted	Bolted
6.	2L	Need add. cleaning	Cleaned
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.				11.			
2.	1-7	8-8:50	0%	12.			
3.	1-7	10-10:45	|	13.			
4.	1-7	12-12:40	|	14.			
5.	1-7	2-2:35	|	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.	L-Ret.	9:02	0%	6.			
2.	L-Ret	1:04	|	7.			
3.				8.			
4.	R-Ret.	9:12	0%	9.			
5.	R-Ret.	1:14	|	10.			

Number of Bolts Tested 10

Number of Bolts Torqued Above Range 0 Below Range 0

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken None

Remarks (Statement as to General Conditions of Mine or Area of Mine) Fair & Gave the whole Crew copy of rib control on page 4 of the RCP 6:53A Buddy Check S.C.S.Rs

Tiny W. Moore — Assistant Mine; 33359 — Certificate No.; Rick Foster — Mine Foreman-Mine Manager; 28732 — Certificate No.; Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-17-9 2009 Section or Area Examined #3 Portal Section

Time of Examination: from 2100 a.m. or p.m. to 2140 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ____

By whom Terry Moore Time ____ A.M 2150 P.M.

Report received by [signature] 1664-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	O2	Violation or Hazardous Condition	Action Taken
1.	1 Entry	0%	20.8	None Observed	Reflector Hung
2.	2 Entry	0%	20.8	None Observed	Reflector Hung
3.	3 Entry	0%	20.8	None Observed	Reflector Hung
4.	4R Entry	0%	20.8	Not Bolted	Reflector Hung
5.	5 Entry	0%	20.8	Part Bolted	Reflector Hung
6.	6 Entry	0%	20.8	None Observed	Reflector Hung
7.	7 Entry	0% CH4	20.8 O2	None Observed	Reflector Hung
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
L HOB	23460		
R HOB	21000		

Remarks: Powercenter Travelways intake phone chargers and outby chamber ok at time of exam

CH4 0% O2 20.8 CO 0

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

Signed By [signature] Preshift-Mine Examiner 3338-9 Certificate No. [signature] Assistant Foreman 1664-A Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 2872

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-17-9 Shift Eve Area or Section #3 Portal Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	4R	Not Bolted	Corrected
2.	5	Part Bolted	Corrected
3.			
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	L Ret	4:30	0%	6.			
2.	R Ret	5:00	0%	7.			
3.				8.			
4.	L Ret	8:30	0%	9.			
5.	R Ret	9:00	0%	10.			

Number of Bolts Tested 18
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over Page 5 of Roof Control Plan Paragraphs 13 & 14 with entire crew at end of Truck

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
[illegible]	1664-A	[illegible]	28732	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination Dec 17 2009 Section or Area Examined 3-Section

Time of Examination: from 950 a.m. or p.m. to 10:50 a.m. or p.m.

Was this report phoned to outside: Yes ___ no ___

By whom Shannon Pardue Time ___ A.M 11:06 P.M.

Report received by J Peterson 29611 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	1-2Lt-7	Ch4 0.0% Needs cleaned and Dusted	Reported
2.	2-4-3	None observed	None
3.	3Lt	Scrap Cut	~~Scrap~~ Reflector off
4.	5-6	Needs Add cleaning	Reported
5.	5Rt	Part Bolted	Reflector off
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Lt LOB	18,450		
Rt LOB	Rt 24,000		

Remarks: Ch4 0.0% CO 0% O2 20.8% at time of exam

Powercenter, chargers, travelways clear at time of exam

outby Chamber, Intake Phone OK

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

Signed By [signature] Preshift-Mine Examiner 1664-A Certificate No. [signature] Assistant Foreman 1759-A Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 23736

[signature] Assistant Foreman 29611 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date Dec 18, 02 Shift OW1 Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Ch^4	0.0%		11.			
2.	CO	0%		12.			
3.	O^2	20.8%		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.	#7	5:00 am	0.0%	6.			
2.	#1	5:53 am	0.0%	7.			
3.				8.			
4.				9.			
5.				10.			

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
[signature]	1759-A	Rick Foster	28734	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-18 2009 Section or Area Examined 3 Section

Time of Examination: from 500 a.m. or p.m. to 600 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Jeremy Burdush Time 550 A.M P.M.

Report received by Bobby Baker (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	O_2	Violation or Hazardous Condition	CH_4 %	Action Taken
1.	1	20.8	N C/B	0%	Reported
2.	2	20.8	N/O	0%	
3.	3L	20.8	N C/D	0%	Reported
4.	3	20.8	N. Add. Cleaning	0%	Reported
5.	4	20.8	N/B	0%	Reflectors
6.	4R	20.8	P/B	0%	Reflectors
7.	5	20.8	N C/D	0%	Reported
8.	6	20.8	N C/D	0%	Reported
9.	7	20.8	N C/D	0%	Reported
10.					

Air Measurements

Location	CFM	Location	CFM
Lt LOB	22,109		
Rt LOB	28,385		

Remarks: Sheller
PC
Chargers
Travelways
Clear at time of exam

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

Signed By [signature] Preshift Mine Examiner — Certificate No. 1759A — [signature] Assistant Foreman — Certificate No. 38699

Countersigned [signature] Mine Manager—Mine Foreman — 2872

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-18-09 Shift Dry Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1	N C/D	Corrected
2.	3L	N C/D	Corrected
3.	3	N Add. Cleaning	Corrected
4.	4	N/B	Bolted
5.	4R	P/B	Bolted
6.	5	N C/D	Corrected
7.	6	N C/D	Corrected
8.	7	N C/D	Corrected

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-7	700-730	0%	11.			
2.	1-7	900-930	0%	12.			
3.	1-7	1100-1130	0%	13.			
4.	1-7	100-130	0%	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.	Lt LOB	655	0%	6.			
2.	Rt LOB	735	0%	7.			
3.				8.			
4.	Lt LOB	1055	0%	9.			
5.	Rt LOB	1135	0%	10.			

Number of Bolts Tested 13

Number of Bolts Torqued Above Range Ø Below Range Ø

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) Read page 6 of R.C.P to entire crew at start of shift

[signature] 38699 [signature] 28736

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-18 2004 Section or Area Examined #3 Portal Section

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

Was this report phoned to outside: Yes ✓ no

By whom Bobby Baker Time A.M 3:00 (P.M.)

Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	O2	Violation or Hazardous Condition	Action Taken
1.	1 Entry	0%	20.8	Needs cleaned & clusted	Reported
2.	2 Entry	0%	20.8	Scrap cut	Reflector Hung
3.	3 Entry	0%	20.8	None Observed	Reflector Hung
4.	4 Entry	0%	20.8	None Observed	Reflector Hung
5.	5 Entry	0%	20.8	Scrap cut	Reflector Hung
6.	6R Entry	0%	20.8	Part Bolted	Reflector Hung
7.	7 Entry	0%	20.8	Needs cleaned + clusted	Reported
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
L HOB	21977		
R HOB	20642		

Remarks: Powercenter travelways intake phone chargers and outby chamber o/c at time of exam

CH4 0% O2 20.8 CO 0

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

Signed By Bobby L Baker Preshift Mine Examiner — Certificate No. 38699

Assistant Foreman — Certificate No. 1664-A

Countersigned Mine Manager—Mine Foreman — 28722

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-18-9 Shift Eve Area or Section #3 Portal Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1	Needs cleaned & dusted	Reported
2.	2	Scrap cut	Corrected
3.	5	Scrap cut	Corrected
4.	6R	Part Bolted	Corrected
5.	7	Needs cleaned & dusted	Corrected
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-7	4:30-5:00	0%	11.			
2.				12.			
3.	1-7	6:30-7:00	0%	13.			
4.				14.			
5.	1-7	8:30-9:00	0%	15.			
6.				16.			
7.	1-7	9:50-10:10	0%	17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	L Ret	4:30	0%	6.			
2.	R Ret	5:00	0%	7.			
3.				8.			
4.	L Ret	8:30	0%	9.			
5.	R Ret	9:00	0%	10.			

Number of Bolts Tested 15

Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 6 of Roof control Plan at end of Truck with entire crew

[signature] Assistant Mine — 1664-A Certificate No. — [signature] Mine Foreman-Mine Manager — 28736 Certificate No. — Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-21 2009 Section or Area Examined 3 Section

Time of Examination: from 3:30 a.m. or p.m. to 3:50 a.m. or p.m.

Was this report phoned to outside: Yes ____ no X

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

Report received by ____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 0/0 chl	Needs Dusted	Reported
2.	#2L	" "	"
3.	#3, 4, 5, 7	None observed	Reported
4.	#6	Scrap cut	Denied OFF
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Intake Lt	18360		
RT	20916		

Remarks: 0% chl 20.8% O2 0% CO at exam

Travelway, walkways, Roadways Track Poor cutr Changes pump clear at exam

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

Signed By [signature] Preshift-Mine Examiner 38928 Certificate No. ____ Assistant Foreman ____ Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 28732

[signature] Assistant Foreman 33359

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-18 2009 Section or Area Examined #3 Portal Section

Time of Examination: from 9:50 a.m. or p.m. to 10:10 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ✓

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

Report received by [signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	O2	Violation or Hazardous Condition	Action Taken
1.	1 Entry	0%	20.8	None Observed	~~Co~~ Reflector Hung
2.	2 Entry	0%	20.8	Wide Bolts Needs Tucks	Reported
3.	3 Entry	0%	20.8	Needs additional cleaning	Reported
4.	4 Entry	0%	20.8	None Observed	Reflector Hung
5.	5 Entry	0%	20.8	Needs Cleaned	Reported
6.	6 Entry	0%	20.8	Scrap cut	Reflector Hung
7.	7 Entry	0%	20.8	GoB in face	Reported
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
L LOB	22370		
R LOB	20200		

Remarks: Powercenter travelways intake phone chargers and outby chamber ok at time of exam

CH4 0% O2 20.8 CO 0

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

Signed By [signature] Preshift-Mine Examiner 1664-A Certificate No. Assistant Foreman Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 2374

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-19-09 20___ Section or Area Examined #3 Portal Section

Time of Examination: from _____a.m. or p.m. to _____a.m. or p.m.

Was this report phoned to outside: Yes_____ no ✓

By whom _____ Time _____A.M _____P.M.

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.			
2.			
3.	Pulled crews outside at 4:45 AM due		
4.	to Bandytown fan being down.		
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: _____

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

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

Countersigned Rick Foster 28736 Mine Manager—Mine Foreman

_____ Assistant Foreman

Rick Foster 28736 _____ Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-21-09 20____ Section or Area Examined 3 Section

Time of Examination: from 12:00 a.m. or p.m. to 3:00 a.m. or p.m.

Was this report phoned to outside: Yes_____ no ✓

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

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.	Section Idle	not fireboss ed	
2.		Belts Idle	
3.			
4.	Fireboss ed	only to section	Power Center
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: Power boxes, D-boxes, chargers, pumps clear at exam. 0% CH_4, 20.8 % O_2, 0 % CO

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

Signed By Gene Martin (Preshift-Mine Examiner) Certificate No. 31688 _____ Assistant Foreman Certificate No. _____

Countersigned Rick Foster (Mine Manager—Mine Foreman) 28736 _____ _____

_____ Assistant Foreman _____ _____ Superintendent or Assistant _____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-21 20 9 Section or Area Examined 3 Sec. Portal

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

Was this report phoned to outside: Yes ____ no ____

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

Report received by brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.			
2.			
3.		No Pre-shift on Section	
4.		Sec. Idle	
5.		Fire Boss only to D. Box off Sec. Power Center	
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*
good air movement			

Remarks: No CH4 dect. 0% 20.8 oz CO 0%
Track & Tranelways clear at exam
Pump & D. Box clear

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 29611 — Assistant Foreman — Certificate No.

Countersigned Rick Foster Mine Manager—Mine Foreman — 28735

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-22 20-9 Section or Area Examined 3sec. Portal

Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ✓

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

Report received by brought outside
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 Hdg. 0 CH4 20.8 O2	water	Rep.
2.	2 Hdg 0 20.8 O2	need clean	Rep.
3.	3 Hdg 0 20.8 O2	need clean & dusted	Rep.
4.	4 Hdg. 0 20.8 O2	need dusted	Rep.
5.	5 Hdg 0 20.8 O2	need rock dusted	Rep.
6.	6 Hdg 0 20.8 O2	SCRAP CUT	Reflector
7.	7 Hdg 0 20.8 O2	none observed	
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Lt.	21,270		
Rt.	20,210		

Remarks: 0 CH4 dect. 0 O2 20.8 O2 CO 0 O2
Power Center Charger clear at exam
Track & Tramways clear
Fresh air Bay clear & Intake Phone

Section need machine dusted top needs dusted cross line

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

Signed By [signature] 29611
Preshift-Mine Examiner — Certificate No.

Countersigned [signature] 28236
Mine Manager-Mine Foreman

[signature] 33359
Assistant Foreman

Assistant Foreman — Certificate No.

Superintendent or Assistant

Dave Martin 31688

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-22-09 20___ Section or Area Examined 3 sec. Portal sec.

Time of Examination: from 12:00 a.m. or p.m. to 3:00 a.m. or p.m.

Was this report phoned to outside: Yes_____ no ✓

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

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.			
2.		No pre-shift on section,	
3.		Section Idle	
4.		~~Fire boxed to section power center~~	
5.		Fire box to spliter box at 3 section head	
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*
good air movement			

Remarks: No CH_4 found 0% CO, 21.3 O_2
track, traveluays clear
Pumps clear

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

Signed By Gene Martin (Preshift-Mine Examiner) 31688 (Certificate No.) _____ (Assistant Foreman) _____ (Certificate No.)

Countersigned Rick Foster (Mine Manager—Mine Foreman) 28732

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

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-23-9 2009 Section or Area Examined #3

Time of Examination: from 500 a.m. or p.m. to 530 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ✓

By whom Kenny Thompson Time 600 A.M. ____ P.M.

Report received by Brought out (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.		Section Idle	
2.		No Preshift on Section	
3.		fire Boss to Power center	
4.		at section.	
5.		0% ch4	
6.		0ppm CO	
7.		20.8% O2	
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM

Remarks: 0% ch4, 0 ppm CO, 20.8% O2
TRack, TRavelways, Chargers clear
time of exsame
outby chamber ok

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

Signed By Kenny Thompson (Preshift-Mine Examiner) 1689A (Certificate No.) ____ (Assistant Foreman) ____ (Certificate No.)

Countersigned Rick Fisher (Mine Manager—Mine Foreman) ____ ____

____ (Assistant Foreman) ____ ____

____ (Superintendent or Assistant) ____

Gene Martin 31688

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-23- 2009 Section or Area Examined Portal sect.

Time of Examination: from 1030 a.m. or p.m. to 1130 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Gene Martin Time 1130 A.M. P.M.

Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 20.8 O_2 0% CH_4	water in face	reflectors hung
2.	#2 20.8 O_2 0% CH_4	none obs.	reflectors hung
3.	#3 20.8 O_2 0% CH_4	none obs.	reflectors hung
4.	#4 20.8 O_2 0% CH_4	none obs.	reflectors hung
5.	#5 20.8 O_2 0% CH_4	none obs.	reflectors hung
6.	#6 20.8 O_2 0% CH_4	scrap cut ~~none obs.~~	reflectors hung
7.	#7 20.8 O_2 0% CH_4	none obs.	reflectors hung
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
L LOB	17,760		
R LOB	23,760		

Remarks: chargers, power center KVA's track & travelway safe to travel at time of exam intake phone OK shelter ~~[illegible]~~ ~~[illegible]~~

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

Signed By Gene Martin (Preshift-Mine Examiner) Certificate No. 31688

Countersigned Rick Fola (Mine Manager—Mine Foreman) Certificate No. 28736

Assistant Foreman Certificate No.

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-23-09 20__ Section or Area Examined 3 Sec. Portal

Time of Examination: from 12:00 a.m. or p.m. to 3:00 a.m. or p.m.

Was this report phoned to outside: Yes_____ no_____

By whom _____ Time _____A.M _____P.M.

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1 CH4-0%	WATER TO MOUTH	reflected
2. 2	need cleaned	reported
3. 2 LT	clear	none
4. 3-4 BRK.	WATER	Reported
5. 4	clear	none
6. 5	need cleaned	reported
7. 6	Scrap	reflected
8. 7	clear	none
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
LT. 20B	21,240		
RT. 20B	20,475		

Remarks: Power centers, D-box, pumps, charges, fresh air bay + intake phone OK. at exam 0% CH4, 0% CO, ~~[illegible]~~ 21.4% O2

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

Signed By Gene Martin (Preshift-Mine Examiner) Certificate No. 31688 _____ (Assistant Foreman) Certificate No. _____

Countersigned Rick Foster (Mine Manager—Mine Foreman) Certificate No. 2873 _____ (Assistant Foreman) _____

_____ (Superintendent or Assistant)

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-25-09 2009 Section or Area Examined 3 Sec. Portal

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

Was this report phoned to outside: Yes_____ no_____

By whom _____ Time _____A.M _____P.M.

Report received by Brought out (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	No Power	No Preshift	Danger Board At Mouth
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM

Remarks: _____

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the 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 Gary Cole (Preshift Mine Examiner) 1947-A (Certificate No.) _____ (Assistant Foreman) _____ (Certificate No.)

Countersigned Rick Foster (Mine Manager—Mine Foreman) 28234 _____

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

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-26-09 20 09 Section or Area Examined 3 sec. Portal

Time of Examination: from 3:00 (a.m.) or p.m. to 6:00 (a.m.) or p.m.

Was this report phoned to outside: Yes_____ no ✓

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

Report received by Brought out
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.	No Power	No Preshift	Danger Board At Mouth
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: _____

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

Signed By [illegible] 1947A
Preshift-Mine Examiner — Certificate No.

Countersigned Rush Foster 2873
Mine Manager—Mine Foreman

Assistant Foreman — Certificate No.

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-26 20 09 Section or Area Examined #3 Portal Section

Time of Examination: from 150 a.m. or p.m. to 220 a.m. or p.m.

Was this report phoned to outside: Yes_____ no ✓

By whom _____ Time _____A.M _____P.M.

Report received by _____
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.	NO POWER	No PRESHIFT	Danger board at mouth
2.			of section
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: _____

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the 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 — 1659-A Certificate No. — Kenny Thompson Assistant Foreman — 1689A Certificate No.

Countersigned Rick Foster Mine Manager—Mine Foreman — 28232

_____ Assistant Foreman

_____ Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-26- 2009 Section or Area Examined X3

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

Was this report phoned to outside: Yes ____ no ✓

By whom Kenny Thompson Time 10 A.M 1030 P.M

Report received by Brought out (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.	NO Power	NO preshift	Danger Board
2.			at end of
3.			section
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks:

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

Signed By Kenny Thompson (Preshift-Mine Examiner) 1689A (Certificate No.) ____ (Assistant Foreman) ____ (Certificate No.)

Countersigned Rick Foster (Mine Manager—Mine Foreman) 28738 ____

____ (Assistant Foreman) ____ ____ (Superintendent or Assistant) ____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-27 2009 Section or Area Examined #3

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 Kenny Thompson Time ____ A.M ____ P.M.

Report received by Brought out (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.	No power	No preshift	Danger Board
2.			at End of section
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks:

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

Signed By Kenny Thompson (Preshift-Mine Examiner) 1689A (Certificate No.) ____ (Assistant Foreman) ____ (Certificate No.)

Countersigned Rick Foster (Mine Manager—Mine Foreman) 2873 Jacy Stewart 39199

____ (Assistant Foreman) ____ ____ (Superintendent or Assistant)

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-27 20 09 Section or Area Examined 3 Section Portal

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

Was this report phoned to outside: Yes_____ no_____

By whom _____ Time _____A.M _____P.M.

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.	No Power	No Preshift	
2.			
3.		Section Idle	
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: _____

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

Signed By Jay Stewart 39199
Preshift-Mine Examiner Certificate No.

Countersigned Rick Foster 28236
Mine Manager—Mine Foreman

_____ _____
Assistant Foreman

_____ _____
Superintendent or Assistant

_____ _____
Assistant Foreman Certificate No.

_____ _____

_____ _____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination Dec 27 20 09 Section or Area Examined 3-Section

Time of Examination: from 9:30 a.m. or (p.m.) to 10:30 a.m. or (p.m.)

Was this report phoned to outside: Yes ____ no ____

By whom Brought out Time ____ A.M 11:00 (P.M.)

Report received by Jeremy Bushduff (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	1	CH^4 0.0% Part Bolted	Reflector off
2.	2-2L	Water in faces Needs Dusted	Reported
3.	3	Needs Cleaned	Reported
4.	4.	None observed	None
5.	4L	Water in face, none observed	Reported
6.	5	water in face, Needs Add cleaning	Reported
7.	6	Scrap cut	Reflector off
8.	7	Needs Cleaned	Reported
9.	1, 2 brk outby	Wide Bolts	Reported
10.	#2	1 brk outby LOB missing Bolts	Reflector off

Air Measurements

Location	CFM	Location	CFM
Lt LOB	21,431		
Rt LOB	18,959		

Remarks: CH^4 0.0% CO 0% O^2 20.8% at time of exam

Powercenter, chargers, travelways clear at time of exam.

Outby Chamber, Intake Phone ok at time of exam

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

Signed By Jeremy Bushduff — Preshift Mine Examiner — Certificate No. 1959-A; Jeremy Bushduff — Assistant Foreman — Certificate No. 1959-A

Countersigned Rick Hale — Mine Manager—Mine Foreman — Certificate No. 28736

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date Dec 28, 09 Shift Owl Area or Section 3-Section Owl

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Ch^4	0.0%		11.			
2.	CO	0.0%		12.			
3.	O^2	20.8%		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.	#7	5:01AM	0.0%	6.			
2.	#1	5:44AM	0.0%	7.			
3.				8.			
4.				9.			
5.				10.			

Number of Bolts Tested

Number of Bolts Torqued Above Range Below Range

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

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

[signature] Assistant Mine — 1759-A Certificate No. — Rick Foster Mine Foreman-Mine Manager — 28736 Certificate No. — Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-28 2009 Section or Area Examined #3 Portal Section

Time of Examination: from 5:00 a.m. or p.m. to 6:00 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Jeremy Burduff Time 6:00 A.M. P.M.

Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	O2	Violation or Hazardous Condition	Action Taken
1.	1 Entry	0%	20.8	Part Bolted water in face	Reported
2.	2	0%	20.8	~~[illegible]~~ Water in face	Reported
3.	2L	0%	20.8	Water in face	Reported
4.	3	0%	20.8	Needs additional cleaning	Reported
5.	4	0%	20.8	None Observed	Reflector
6.	4L	0%	20.8	Water in crosscut	Reported
7.	5	0%	20.8	Needs additional cleaning	Reported
8.	6	0%	20.8	Scrap cut	Reflector Hung
9.	7 Entry	0%	20.8	Gob in face	Reported,
10.	5 2 Entry			Corner Needs spot Bolted wide Needs sacks set	Reported, Reported,

Air Measurements

Location	CFM	Location	CFM
L LoB	21052		
R LoB	19758		

Remarks: Powercenter, traveleways, intake phone chargers and outby chamber ok at time of exam

CH4 0% O2 20.8 CO 0

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

Signed By [signature] Pre-Shift-Mine Examiner — Certificate No. 1759-A — [signature] Assistant Foreman — Certificate No. 1664-A

Countersigned [signature] Mine Manager—Mine Foreman — Certificate No. 28232

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-28-9 Shift Day Area or Section #3 Portal Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1	Part Bolted Water in face	Reported
2.	2	Water in face	Corrected
3.	2L	Water in face	Reported
4.	3	Needs additional cleaning	Corrected
5.	4L	Water in Cross cut	Corrected
6.	5	Needs additional cleaning	Corrected
7.	6	Scrapcut	Corrected
8.	7	Gob in face	Corrected
	5	Corner Needs spot Bolt	Corrected
	2	Wide Needs packs	Corrected

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	L Ret	7:00	0%	6.			
2.	R Ret	7:30	0%	7.			
3.				8.			
4.	L Ret	11:00	0%	9.			
5.	R Ret	11:30	0%	10.			

Number of Bolts Tested 18
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 4 of Roof control Plan paragraph 1 & 2 with entire crew at end of Trask

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
[illegible]	1664-A	Reed Foster	2873	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-28 2009 Section or Area Examined 3 Section

Time of Examination: from 200 a.m. or p.m. to 250 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Shannon Perdue Time A.M 255 P.M.

Report received by Bobby Baker (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	O2	Violation or Hazardous Condition	Action Taken
1.	1	0%	20.8%	Water in face	Reported
2.	2L	0%	20.8%	N/B	Reflectors
3.	2	0%	20.8%	N C/D	Reported
4.	3	0%	20.8%	Scrap/Water coming out of top	Reflectors
5.	4	0%	20.8%	Water in face	Reported
6.	5R	0%	20.8%	P/B	Reflectors
7.	6	0%	20.8%	Needs Add. Cleaning	Reported
8.	7	0%	20.8%	Scrap	Reflectors
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
Lt 2OB	22,300		
Rt 2OB	19,780		

Remarks: PC, travelways, intake phone, charger, and outby chamber — OK at time of exam

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

Signed By [signature] Preshift-Mine Examiner — 1664-A Certificate No. — [signature] Assistant Foreman — 38699 Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman — 28736

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-28-09 Shift Eve Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

	Location	CHY	OZ	Violation or Hazardous Condition	Action taken
1.	1	0%	20.8%	Water in face	Reported
2.	2L	0%	20.8%	N/B	Bolted
3.	2	0%	20.8%	N C/D	Corrected
4.	3	0%	20.8%	Scrap	Bolted
5.	4	0%	20.8%	Water in face	Reported
6.	5R	0%	20.8%	P/B	Bolted
7.	6	0%	20.8%	Needs Add. Cleaning	Corrected
8.	7	0%	20.8%	Scrap	Bolted

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-7	430-500	0%	11.			
2.	1-7	630-700	0%	12.			
3.	1-7	830-900	0%	13.			
4.	1-7	1030-1100	0%	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.	Lt Return	425	0%	6.			
2.	Rt Return	505	0%	7.			
3.				8.			
4.	Lt Return	825	0%	9.			
5.	Rt Return	905	0%	10.			

Number of Bolts Tested 13
Number of Bolts Torqued Above Range Ø Below Range Ø

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) Read page 4 of R.C.P. to entire crew at start of shift

[signature] Assistant Mine — 38699 Certificate No. — Rick Foster Mine Foreman-Mine Manager — 28736 Certificate No. — Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-28-09 2009 Section or Area Examined 3 Section

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

Was this report phoned to outside: Yes ____ no ____

By whom Bobby Baker Time ____ A.M 10:50 P.M.

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

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 0% Ch4 20.8% O2	Water	Reported
2.	#2 0% Ch4 20.8% O2	Water	Reported
3.	#3 0% Ch4 20.8% O2	Cleaned And Dusted	Reported
4.	#4, #5, #6, 0% Ch4 20.8 O2	None observed	Reported
5.	#7 0% Ch4 20.8% O2	Scrap cut	Reflectors
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location		CFM	Location	CFM
L.O.B.	Lt	21,760		
	Rt	20,278		

Remarks: Powercenter, Travelways, Intake Phone, Chargers, Intake Phone, OK At Time of exam

0% Ch4, 20.8% O2, 0ppm C.O. Detected

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

Signed By [signature] Preshift-Mine Examiner 38699 Certificate No. [signature] Assistant Foreman 1759-A Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 28732

Assistant Foreman

Superintendent or Assistant

[signature] Cole 1947-A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date Dec 29, 09 Shift Owl 3rd Area or Section 3-Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	CH^4	0.0%		11.			
2.	CO	0%		12.			
3.	O^2	20.8%		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.	#7	5:08AM	0.0%	6.			
2.	#1	5:45AM	0.0%	7.			
3.				8.			
4.				9.			
5.				10.			

Number of Bolts Tested

Number of Bolts Torqued Above Range Below Range

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

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

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
Jimmy [illegible]	1759-A	Rick Foster	28236	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-29-9 2009 Section or Area Examined #3 Portal Section

Time of Examination: from 5100 a.m. or p.m. to 6100 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Jeremy Burduff Time 6100 A.M P.M.

Report received by [signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	O2	Violation or Hazardous Condition	Action Taken
1.	1 Entry	0%	20.8	Water in face	Reported
2.	2 Entry	0%	20.8	Needs additional Cleaning	Reported
3.	3 Entry	0%	20.8	Not Bolted Needs cleaned & dusted	Reported
4.	4 Entry	0%	20.8	None Observed	Reflector Hung
5.	5 Entry	0%	20.8	None Observed	Reflector Hung
6.	6 Entry	0%	20.8	Part Bolted	Reflector Hung
7.	6R Entry	0%	20.8	Scrap cut	Reflector Hung
8.	7 Entry	0%	20.8	Needs additional Cleaning	Reported
9.	7 Entry	0%	20.8	1 Damaged Bolt 1 Brk outby	Reported
10.					

Air Measurements

Location	CFM	Location	CFM
L LOB	22142		
R LOB	19954		

Remarks: Powercenter Travelways intake phone changers & outby chamber OK at time of exam

CH4 0% O2 20.8 CO 0

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

Signed By [signature] Preshift-Mine Examiner 1739-A Certificate No. [signature] Assistant Foreman 1664-A Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 28736

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-29-9 Shift Day Area or Section #3 Portal Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1	Water in face	Reported
2.	2	Needs additional cleaning	Corrected
3.	3	Not Bolted Needs cleard & dusted	Corrected
4.	6	Part Bolted	Corrected
5.	6R	Scrap Cut	Corrected
6.	7	Needs additional cleaning	Corrected
7.	7	1 Damaged Bolt 1 Brk out by	Corrected
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	L Ret	7:00	0%	6.			
2.	R Ret	7:30	0%	7.			
3.				8.			
4.	L Ret	11:00	0%	9.			
5.	R Ret	11:30	0%	10.			

Number of Bolts Tested 18
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 4 of Roof Control Plan paragraphs 3, 4, & 5 with entire crew at end of Track.

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
[illegible]	1664-A	Rick Foster	28736	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-29 2009 Section or Area Examined 3 Section

Time of Examination: from 200 a.m. or p.m. to 250 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Shannon Perdue Time A.M 300 P.M.

Report received by Bobby Baker (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	O2	Violation or Hazardous Condition	Action Taken
1.	1	0%	20.8%	Water in face	Reported
2.	2	0%	20.8%	N C/D	Reported
3.	3	0%	20.8%	Needs Add. Cleaning / Water	Reported
4.	4R	0%	20.8%	Scrap	Reflectors
5.	5	0%	20.8%	P/B	Reflectors
6.	6	0%	20.8%	Scrap	Reflectors
7.	7	0%	20.8%	Gob in face	Reported
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
Lt LOB	21,320		
Rt LOB	19,780		

Remarks: PC, travelways, intake phone, chargers, and outby chamber — ok at time of exam

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

Signed By [signature] Preshift-Mine Examiner 1664-A Certificate No. [signature] Assistant Foreman 38659 Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 28736

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-29-07 Shift Eve Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	O2	Violation or Hazardous Condition	Action taken
1.	1	0%	20.8%	Water in face	Reported
2.	2	0%	20.8%	N C/D	Corrected
3.	3	0%	20.8%	Needs Add. Cleaning / Water in face	Corrected
4.	4R	0%	20.8%	Scrap	Bolted
5.	5	0%	20.8%	P/B	Bolted
6.	6	0%	20.8%	Scrap	Bolted
7.	7	0%	20.8%	Gob in face	Reported
8.					

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-7	430-500	0%	11.			
2.	1-7	630-700	0%	12.			
3.	1-7	830-900	0%	13.			
4.	1-7	1030-1100	0%	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.	Lt Return	425	0%	6.			
2.	Rt Return	505	0%	7.			
3.				8.			
4.	Lt Return	825	0%	9.			
5.	Rt Return	905	0%	10.			

Number of Bolts Tested 13
Number of Bolts Torqued Above Range Ø Below Range Ø

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) Read page 5 of R.C.P. to entire crew at start of shift

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
Billy L Bailey	38699	Rick Foster	28736	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-29- 2009 Section or Area Examined #3 Section

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

Was this report phoned to outside: Yes ✓ no

By whom Bobby Baker Time A.M 1035 P.M.

Report received by Jason Thomas 147-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	1 Face CH4 8%	O2 20.8%	water in face	pumping - Reported
2.	2 Face 0%	20.8%	none observed	
3.	3 Left 0%	20.8%	Scrap Cut	Tagged - Reported
4.	4 Face 0%	20.8%	Needs cleaned dusted	Reported
5.	5 Face 0%	20.8%	Needs cleaned dusted	Reported
6.	6 Face 0%	20.8%	Part Bolted	Tagged - Reported
7.	7 Face 0%	20.8%	None observed	
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Left Air Last open Break	21,688		
Rt Side Last open Break	20,236		

Remarks: f. center, travelways, Intake Phone, Charger, out by fresh Air bay - Clear at time of exam.

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

Signed By Bobby L Baker Preshift Mine Examiner — Certificate No. 38699

Countersigned Rick Baker Mine Manager—Mine Foreman — Certificate No. 28736

Assistant Foreman — Certificate No. 147-A

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-30-09 Shift 3rd Area or Section #3 Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	*Time*	*Methane Content*		*Location*	*Time*	*Methane Content*
1.	#1 Return	343Am	0.0%	6.			
2.	#7 Return	417Am	0.0%	7.			
3.				8.			
4.				9.			
5.				10.			

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

[signature]	1477A	[signature]	2872	
Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-30-9 20-09 Section or Area Examined #3 Portal Section

Time of Examination: from 3:40 a.m. or p.m. to 4:15 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Jason Thomas Time 5:50 A.M. P.M.

Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	O2	Violation or Hazardous Condition	Action Taken
1.	1 Entry	0%	20.8	Water in face	Reported
2.	2 Entry	0%	20.8	Needs cleaned	Reported,
3.	3 Entry	0%	20.8	Sump cut	Reflector Hung,
4.	3h Entry	0%	20.8	Needs cleaned & dusted	Reported
5.	4 Entry	0%	20.8	Needs cleaned & dusted	Reported,
6.	5 Entry	0%	20.8	None Observed	Reflector Hung
7.	6 Entry	0%	20.8	None Observed	Reflector Hung
8.	7 Entry	0%	20.8	None Observed	Reflector Hung,
		CH4	O2		
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
L LOB	21707		
R LOB	20704		

Remarks: Powercenter Travelways Intake phone Chargers & Outby Chamber OK at time of exam

CH4 0% O2 20.8 CO 0

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

Signed By Preshift-Mine Examiner 1477-A Certificate No. Assistant Foreman 1664-A Certificate No.

Countersigned Mine Manager—Mine Foreman 28736

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-30-9 Shift Day Area or Section #3 Portal Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1	Water in face	Reported
2.	2	Needs cleaned	Corrected
3.	3	Scrap cut	corrected
4.	3 4	Needs cleaned & dusted	corrected
5.	4	Needs cleaned & dusted	Corrected
6.			
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	L Ret	7:00	0%	6.			
2.	R Ret	7:30	0%	7.			
3.				8.			
4.	L Ret	11:00	0%	9.			
5.	R Ret	11:30	0%	10.			

Number of Bolts Tested 18
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over page 4 of Roof Control Plan Paragraph. 5-8 with entire crew at end of Truck

[signature]	1664-A	[signature]	2872	
Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12·30 20 09 Section or Area Examined 3 Section

Time of Examination: from 200 a.m. or p.m. to 250 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Shannon Perdue Time A.M 300 P.M.

Report received by Bobby Baker (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	O2	Violation or Hazardous Condition	Action Taken
1.	1	0%	20.8%	Water	Reported
2.	2	0%	20.8%	Needs Add. Cleaning	Reported
3.	2L	0%	20.8%	Scrap	Reflectors
4.	3	0%	20.8%	Water	Reported
5.	4	0%	20.8%	Scrap	Reflectors
6.	5	0%	20.8%	P/B	Reflectors
7.	6	0%	20.8%	N/O	Reported
8.	7	0%	20.8%	Gob in face	Reported
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
Lt LOB	24,080		
Rt LOB	21,250		

Remarks: PC, travelways, intake place, chargers, outby chambers – OK at time of 12 am

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 1664-A

[signature] Assistant Foreman — Certificate No. 38699

Countersigned [signature] Mine Manager—Mine Foreman — 28736

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-30-09 Shift Eve Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	O2	Violation or Hazardous Condition	Action taken
1.	1	0%	20.8%	Water	Pumping
2.	2	0%	20.8%	Needs Add. Cleaning	Corrected
3.	2L	0%	20.8%	Scrap	Bolted
4.	3	0%	20.8%	Water	Reported
5.	4	0%	20.8%	Scrap	Bolted
6.	5	0%	20.8%	P/B	Bolted
7.	7	0%	20.8%	Gob in face	Loaded out
8.					

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-7	430-500	0%	11.			
2.	1-7	630-700	0%	12.			
3.	1-7	830-900	0%	13.			
4.	1-7	1030-100	0%	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.	Lt Return	425	0%	6.			
2.	Rt Return	505	0%	7.			
3.				8.			
4.	Lt Return	825	0%	9.			
5.	Rt Return	905	0%	10.			

Number of Bolts Tested 13
Number of Bolts Torqued Above Range Ø Below Range Ø

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) Read page 7 of R.C.P. to entire crew at start of shift

[signature] Assistant Mine — 38697 Certificate No. — [signature] Mine Foreman-Mine Manager — 28236 Certificate No. — Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-30- 2009 Section or Area Examined #3

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

Was this report phoned to outside: Yes ____ no ____

By whom Billy Baker Time ____ A.M 11:15 P.M.

Report received by Jason Thomas 1479-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	Face	water in face	pumping
2.	Left	Part Bolted	Reported
3.	Face	Scrap cut	Reported
4.	Face	needs cleaned dusted	Reported
5.	Face	none observed	Reported
6.	Face	none observed	Reported
7.	Face	Scrap cut	Reported
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Left Return	22,480		
Right Return	21,196		

Remarks: p.center, travelways, chargers, Intake Phone, fresh Air bay - Clear at time of exam.

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

Signed By [signature] Preshift Mine Examiner — Certificate No. 38699 — Assistant Foreman — Certificate No. 1479-A

Countersigned [signature] Mine Manager—Mine Foreman — 28732 [signature]

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-31-09 Shift 3rd Area or Section #3 Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Lt Return	3:30Am	0.0%	6.			
2.	Rt Return	410 Am	0.0%	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) Had Smoke Search. 1205Am SCSR's ok.

[signature]	1479-A	[signature]	28236	
Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-31-9 2009 Section or Area Examined #3 Portal

Time of Examination: from 3:30 a.m. or p.m. to 4:10 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Jason Thomas Time 5:30 A.M. P.M.

Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	O2	Violation or Hazardous Condition	Action Taken
1.	1 Entry	0%	20.8	Water in face	Pumping
2.	2L Xcut	0%	20.8	Scrap cut	Reflector Hung
3.	3 Entry	0%	20.8	Needs cleaned & dusted	Reported
4.	4 Entry	0%	20.8	Scrap cut	Reflector Hung
5.	5R Xcut	0%	20.8	Needs cleaned & dusted	Reported
6.	6 Entry	0%	20.8	None Observed	Reflector Hung
7.	7 Entry	0%	20.8	None Observed	Reflector Hung
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
L LOB	21600		
R LOB	20200		

Remarks: Powercenter Travelways intake phone chargers & Outby chamber OK at time of exam

CH4 0% O2 20.8 CO 0

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

Signed By Preshift-Mine Examiner — Certificate No. 1471A — Assistant Foreman — Certificate No. 1664-A

Countersigned Mine Manager—Mine Foreman — Certificate No. 29736

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-31-9 Shift Day Area or Section #3 Portal Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1	Water in face	Pumping
2.	2L x cut	Scrapcut	Corrected
3.	3	Needs cleaned & dusted	Corrected
4.	4	Scrapcut	Corrected
5.	5R x cut	Needs cleaned & dusted	Corrected
6.			
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	L Ret	7:00	0%	6.			
2.	R Ret	7:30	0%	7.			
3.				8.			
4.	L Ret	11:00	0%	9.			
5.	R Ret	11:30	0%	10.			

Number of Bolts Tested 18

Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 4 of Roof control Plan with entire Crew at end of Track

[signature] Assistant Mine — 1664-A Certificate No. — [signature] Mine Foreman-Mine Manager — 33359 Certificate No. — Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-31 2009 Section or Area Examined 3 Section

Time of Examination: from 100 a.m. or p.m. to 130 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Shannon Perdue Time A.M 145 P.M.

Report received by Bobby Baker (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	O2	Violation or Hazardous Condition	Action Taken
1.	1	0%	20.8%	N/B	Reflectors
2.	2	0%	20.8%	Scrap	Reflectors
3.	3	0%	20.8%	N C/D	Reported
4.	4	0%	20.8%	N/O	Reported
5.	5	0%	20.8%	P/B	Reflectors
6.	6R	0%	20.8%	P/B	Reflectors
7.	7	0%	20.8%	N/O	Reported
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
Lt LOB	24,750		
Rt LOB	20,300		

Remarks: PC, travelways, intake phone, chargers, outby chamber — OK at time of exam

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 1664-A — Bobby L Baker Assistant Foreman — Certificate No. 38699

Countersigned Rick Foster Mine Manager—Mine Foreman — 23236

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 12-31-09 Shift Eve Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

	Location	CH_4	O_2	Violation or Hazardous Condition	Action taken
1.	1	0%	20.8%	N/B	Bolted
2.	2	0%	20.8%	Scrap	Bolted
3.	3	0%	20.8%	N C/D	Corrected
4.	5	0%	20.8%	P/B	Bolted
5.	6R	0%	20.8%	P/B	Bolted
6.					
7.					
8.					

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-7	230-300	0%	11.			
2.	1-7	430-500	0%	12.			
3.	1-7	630-700	0%	13.			
4.	1-7	830-900	0%	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.	Lt Return	225	0%	6.			
2.	Rt Return	305	0%	7.			
3.				8.			
4.	Lt Return	625	0%	9.			
5.	Rt Return	705	0%	10.			

Number of Bolts Tested 13

Number of Bolts Torqued Above Range Ø Below Range Ø

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) Read page 7 of R.C.P. to entire crew at start of shift

[signature] Assistant Mine — 38699 Certificate No. — [signature] Mine Foreman-Mine Manager — 33389 Certificate No. — Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination _____ 20____ Section or Area Examined _____

Time of Examination: from _____a.m. or p.m. to _____a.m. or p.m.

Was this report phoned to outside: Yes_____ no_____

By whom _____ Time _____A.M _____P.M.

Report received by _____
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: _____

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

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

Countersigned _____ Mine Manager—Mine Foreman _____ _____ _____

_____ Assistant Foreman _____ _____ _____

_____ _____ Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-1 20-10 Section or Area Examined 3 Section 'Portal'

Time of Examination: from ____a.m. or p.m. to ____a.m. or p.m.

Was this report phoned to outside: Yes____ no____

By whom ____ Time ____A.M ____P.M.

Report received by ____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.	NO Preshift, NO	NO Power	Dangered Off
2.	Power on Section		at Mouth of
3.			Section
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: ____

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

Signed By Jacy Stewart (Preshift-Mine Examiner) 39199 (Certificate No.) ____ (Assistant Foreman) ____ (Certificate No.)

Countersigned [illegible] (Mine Manager—Mine Foreman) 3333-9 ____

____ (Assistant Foreman) ____

____ (Superintendent or Assistant) ____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-1-10 20 10 Section or Area Examined 3 Sec Portal

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

Was this report phoned to outside: Yes_____ no_____

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

Report received by Brought out
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.	Section Idle	No Preshift	Dangered off
2.	No work	No Power	At mouth
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: _____

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

Signed By Glen Cole — Preshift-Mine Examiner — Certificate No. 1947-A

Assistant Foreman — Certificate No.

Countersigned Terry Moore — Mine Manager—Mine Foreman — Certificate No. 53589

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-2-10 20 10 Section or Area Examined 3-Sec Portal

Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.

Was this report phoned to outside: Yes_____ no_____

By whom _____ Time _____A.M _____P.M.

Report received by Brought OUT (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.	Section IDle	No Preshift No Power	Danger Board At
2.	No work		Mouth
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: _____

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the 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 Greg Cole (Preshift-Mine Examiner) Certificate No. 1947-A

Countersigned Terry Moore (Mine Manager—Mine Foreman) Certificate No. 55357

Assistant Foreman _____ Certificate No. _____

Assistant Foreman _____ Certificate No. _____

Superintendent or Assistant _____ Certificate No. _____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-2 20 10 Section or Area Examined Portal 3 Section

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

Was this report phoned to outside: Yes____ no____

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

Report received by ____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.	No Power, No Preshift	No Power	Dangered off at mouth of Section
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: ____

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the 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 Larry Stewart Preshift-Mine Examiner — Certificate No. 39199

Countersigned Terry Moore Mine Manager-Mine Foreman — Certificate No. 33352

Assistant Foreman — Certificate No. ____

Assistant Foreman — Certificate No. ____

Superintendent or Assistant — Certificate No. ____

Mss Eb 1947-A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-2-10 20 10 Section or Area Examined Portal #3 Section

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

Was this report phoned to outside: Yes_____ no_____

By whom _____ Time _____A.M _____P.M.

Report received by Brought out
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.	No power	No Preshift	Dangered off At
2.	No work		mouth
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: _____

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

Signed By Glen Cole 1947-A
Preshift Mine Examiner — Certificate No.

_____ Assistant Foreman — Certificate No.

Countersigned Troy Moore 33358
Mine Manager—Mine Foreman

_____ Assistant Foreman

_____ Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-3-10 2010 Section or Area Examined #3 Portal Section

Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.

Was this report phoned to outside: Yes_____ no ✓ Time _____ A.M _____ P.M.

By whom _____

Report received by Brought out (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	No Power, No work	No Preshift	Dangered off At mouth
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM

Remarks: _____

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the 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] Cole 1947-A (Preshift-Mine Examiner) 1947-A (Certificate No.) _____ (Assistant Foreman) _____ (Certificate No.)

Countersigned [signature] (Mine Manager—Mine Foreman) 33359 _____

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

Tracy 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.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-3 20 10 Section or Area Examined Portal 3 Section

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

Was this report phoned to outside: Yes____ no____

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

Report received by ____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.	No Power, No Preshift	No Power	Dangered off at Mouth of Section
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: ____

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

Signed By Jacy Stewart (Preshift-Mine Examiner) — Certificate No. 39199

Countersigned [illegible] (Mine Manager—Mine Foreman) — Certificate No. 33367

[illegible] (Assistant Foreman) — Certificate No. 2964

Assistant Foreman — Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-3 2010 Section or Area Examined #3 section

Time of Examination: from 8:38 a.m. or p.m. to 8:50 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom T Peterson Time A.M 9:00 P.M.

Report received by Jason Thomas 1479A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	Face OCH420802	water in face	Reported
2.	Face " "	Needs cleaned - dusted	" "
3.	Face " "	water in face	" "
4.	3Left " "	Scrap cut	" "
5.	4Face - 4Right " "	Needs cleaned dusted	" "
6.	5Face " "	Needs cleaned dusted	" "
7.	6Face " "	None observed	" "
8.	6Right " "	Needs cleaned dusted	" "
9.	7Face " "	Needs Spot Cleaning	" "
10.			

Air Measurements

Location	CFM	Location	CFM
LT Return	19,210		
RT Return	19,010		

Remarks: Intake Phone, Fresh Air bay, travel ways, power center, chargers Clear at Time of exam.

Section needs add. cleaning.

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

Signed By [signature] Preshift-Mine Examiner 29611 Certificate No. Assistant Foreman Certificate No. 1479A

Countersigned [signature] Mine Manager—Mine Foreman 28736

Assistant Foreman

Superintendent or Assistant