3 Section

#3 Section
Portal section

PRESHIFT - ONSHIFT
and
DAILY REPORT

started 11-28-09

FULL 12-14-09

Company Performance Coal

Mine VBB

SECTION #3 Portal section

LOCATION Naoma Raliegh W. V.
Post Office County State

Finished 12-14-09

Form 6-1489
(March 1970)

Budget Bureau No. 42-R1089

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

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FORM# MS-014

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-28 2009 Section or Area Examined Portal '3 Section'

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.			
2.			
3.		NO POWER ON Belts	
4.		NO POWER ON Section	
5.		NO Preshift	
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*
Good Air Movement			
On track Entry			

Remarks:

0% CH_4, 0% CO, 20.8% O_2 Detected at exam

Track, Tramway 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 Jay Stuart — Preshift-Mine Examiner — Certificate No. 59199

Countersigned [signature] — Mine Manager—Mine Foreman — Certificate No. 39060-at

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 11-28 20 09 Section or Area Examined Portal section

Time of Examination: from 6:30 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.			
2.			
3.		No Power on Belts	
4.		No Power on Section	
5.		No Preshift	
6.			
7.		Danger Board At	
8.		Mouth of section	
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: 0% CH_4, 20.8% O_2, 0PPM C.O
Track, Travelways, OK At Time OF exam

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

Signed By [signature] 1947-A
Preshift-Mine Examiner — Certificate No. — Assistant Foreman — Certificate No.

Countersigned [signature] 3[illegible]
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 11-29 2009 Section or Area Examined 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 ✓

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.		
2.	No Power on section	
3.	No Power on Belts	
4.	No Preshift	
5.	Danger Board At	
6.	Mouth of section	
7.		
8.		
9.		
10.		

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: 0% CH4 20.8% O2, 0PPM C.O., Detected At Time of exam

Track, Traverways, 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. 1947-A

Countersigned [signature] Mine Manager—Mine Foreman — Certificate No. 39000-UK

Assistant Foreman — Certificate No.

Assistant Foreman

Superintendent or Assistant

Jack 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 11-29 20 09 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.			
2.		No Power on Section	
3.		No Power on Belts	
4.		No Preshift	
5.		Danger Board at Mouth	
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks:

0% CH_4, 0% CO, 20.8% O_2

Track, Travelway 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 Joe Stewart — Preshift Mine Examiner — Certificate No. 39199 — Assistant Foreman — Certificate No.

Countersigned [signature] — Mine Manager—Mine Foreman — 2872

[signature] — Assistant Foreman

[signature] — 29411 — 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 11-29 20 9 Section or Area Examined Portal - 3 sec.

Time of Examination: from 8:30 a.m. or ~~p.m.~~ to 8:49 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's 0% CH4	none observed	Rep
2.	2 0%	none observed	Rep
3.	3 0%	none observed	Rep
4.	4 0%	none observed	Rep
5.	5 0%	none observed	Rep
6.	6 0%	none observed	Rep
7.	Lower 6 RT. 0%	nonoverbs	Rep
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LT.	22,874		
RT.	21,785		

Remarks: No CH4 deet. 0% 20.802 CO0%
Track & Trancher ays clear at exam
Fresh air Base clear & Phone

No Power Center on Sec. No Power

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

Signed By [signature] Preshift-Mine Examiner 29611 Certificate No. [signature] Assistant Foreman 1759-A Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 28236

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 11/30/09 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	4:53am	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) _____

[signature] Assistant Mine	17584A Certificate No.	[signature] Mine Foreman-Mine Manager	2873c Certificate No.	Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made.

Date of Examination 11-30 2009 Section or Area Examined #3 Portal Section

Time of Examination: from 4:45 (a.m.) or p.m. to 5:45 (a.m.) or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Jerrmy Burcluff Time 5:50 (A.M.) P.M.

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

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	1 Entry 0% CH4	None Observed	Reflector Hung
2.	2 Entry 0% CH4	1 wide Bolt in face	Reported,
3.	3 Entry 0% CH4	3 damaged bolts in face	Reported,
4.	3Rt 0% CH4	2 Bolts missing in face	Reported,
5.	4 Entry 0% CH4	Scrap cut	Reflector Hung
6.	5 Entry 0% CH4	None Observed	Reflector Hung
7.	5Rt 0% CH4	Needs ~~Blows~~ Dusted at Power center.	Reported
8.	6 Entry 0% CH4	Needs cleaned & dusted	Reported
9.	6RInby 0% CH4	Needs cleaned & dusted	Reported
10.	6R outby 0% CH4	None Observed	Reflector Hung

Air Measurements

Location	CFM	Location	CFM
L LOB	23265		
R LOB	1730		

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 [signature] Preshift-Mine Examiner — Certificate No. 1759-A

Countersigned [signature] Mine Manager—Mine Foreman — Certificate No. 2373

[signature] Assistant Foreman — Certificate No. 1664-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 11-30 Shift Day Area or Section #3 Portal Section.

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	2	1 wide Bolt in face	Corrected
2.	3	3 Damaged Bolts in face	Corrected
3.	3RT	2 Bolts missing in face	Corrected
4.	4L	Scrap cut	Corrected
5.	5RT	Needs dusted at Power center	Corrected
6.	6	Needs cleaned + dusted	Corrected
7.	6RT	Needs cleaned + dusted	Corrected
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-6	7:00-7:30	0%	11.			
2.				12.			
3.	1-6	9:00-9:30	0%	13.			
4.				14.			
5.	1-6	11:00-11:30	0%	15.			
6.				16.			
7.	1-6	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 10 of Roof Control plan with entire crew at end of Track

[signature]	1661-A	[signature]	28234	
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 11-30 2009 Section or Area Examined #3 Portal section

Time of Examination: from 2:00 ~~a.m.~~ or p.m. to 2:50 ~~a.m.~~ or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Shannon Perdue Time ~~A.M~~ 2:55 P.M.

Report received by Russell Dunmoe (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	1 Entry	0% CH4	None Observed	Reported
2.	2 Entry	0% CH4	None Observed	Reported
3.	3 Entry	0% CH4	None Observed	Reported
4.	4 Entry	0% CH4	Scrap Cut	Reflectors Hung
5.	5 Entry	0% CH4	Needs Additional cleaning	Reported
6.	6 Entry	0% CH4	Needs Cleaned + Dusted	Reported
7.	6R	0% CH4	Part Bolted	Reflectors Hung
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
L LOB	22,300		
R LOB	20,780		

Remarks: Power Center, Travelways, Chargers, intake phone, outby chamber ok at time of exam
0% CH4, 20.8% O2, 0ppm CO detected 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. 16664-A

Countersigned [signature] Mine Manager—Mine Foreman — Certificate No. 29734

[signature] 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 11-30-09 Shift 2nd Area or Section 3 P Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1	N/O	
2.	2	N/O	
3.	3	N/O	
4.	4	Scrap	Bolted
5.	5 & 5R	Need Chemical & dusted	Chemical & dusted
6.	6	Need Chemical	Chemical & dusted
7.	7	Need Chemical	Reported
8.	6 spad 24188 outby	Bolts torn out the top	spot bolted

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-7	4-4:40	0%	11.			
2.	1-7	6-6:43		12.			
3.	1-7	8-8:40		13.			
4.	1-7	10-10:30		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.	Lt. Ret	9:12	0%	6.			
2.	Lt. Ret	11:02		7.			
3.	Rt. Ret	9:41		8.			
4.	Rt. Ret	11:14		9.			
5.				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) Fire & Hoist the whole Crew assigned
Continued on page 4 of the RCP 335 PM Buddy Check Sil Silver

Terry Moore	33359	Rick Foster	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 11-30 20 9 Section or Area Examined 3 Portal Section

Time of Examination: from 10:00 a.m. or ~~p.m.~~ to 10:35 a.m. or ~~p.m.~~

Was this report phoned to outside: Yes ____ no ____

By whom T. Moore Time ____ A.M 11:00 ~~P.M.~~

Report received by T. Peterson (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 Hdg's 0% CH4	none observed	Rep.
2.	2 Hdg's 0%	none observed	Rep.
3.	3 RT. Hdg 0%	being mine	Reflector
4.	4 Hdg 0%	none observed	Rep.
5.	5 Hdg 0%	being mine	Reflector
6.	6 Hdg 0%	none observed	Rep.
7.	7 Hdg 0%	part bolted	Reference Bung
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LT.	20,140		
RT.	22.500		

Remarks: No CH4 dect. 0% 20.8oz CO0%
Pk clear - Charger clear intake shore - outby chainlin clear
Haulage & Trandway 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 Terry W. Moore (Preshift Mine Examiner) 33359 (Certificate No.) [signature] (Assistant Foreman) 1789-A (Certificate No.)

Countersigned Rick Foster (Mine Manager—Mine Foreman) 28736

[signature] (Assistant Foreman) 29411 (Superintendent or Assistant)

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12/1/09 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.		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	5:54 AM	0.0%	6.			
2.	#1	4:59 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-H	[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 12-1 2009 Section or Area Examined #3 Portal Section

Time of Examination: from 4:50 a.m. or p.m. to 5:50 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Jeremy Burduff Time 5:50 A.M P.M.

Report received by [signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	1 Entry 0% CH4	None observed	Reflector Hung
2.	2 Entry 0% CH4	None Observed	Reflector Hung
3.	3 Entry 0% CH4	3 Damaged Bolts in face	Reported,
4.	4 Entry 0% CH4	Needs additional cleaning	Reported,
5.	5 Entry 0% CH4	wide entry 21 ft	Reported,
6.	6 Entry 0% CH4	Needs cleaned & dusted	Reported,
7.	6R outby Entry 0% CH4	Needs cleaned & dusted	Reported,
8.	7 Entry 0% CH4	Not Bolted	Reflector Hung
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
L LOB	22452		
R LOB	21269		

Remarks: Powercenter travelways Intake phone Chargers & outby chamber ok at Time of exam

CH4 0% O2 20.8 COO

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 1759-A Certificate No. Assistant Foreman Certificate No. 1664-A

Countersigned [signature] Mine Manager—Mine Foreman 28736 [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 12-1-7 Shift Day Area or Section #3 Portal Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	3	3 Damaged Bolts in face	Corrected
2.	4	Needs additional cleaning	Corrected
3.	5	Wide entry 21 ft	Set Jacks, Corrected
4.	6	Needs cleaned & dusted	Corrected
5.	6 R	Needs cleaned & dusted	Reported
6.	7	Not Bolted	Corrected
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 ~~7:30~~	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 13 of Roof Control plan with entire crew at end of Track.

[signature]	1664-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 12-1-09 20__ Section or Area Examined #3 Portal Section

Time of Examination: from 1:50 a.m. or p.m. to 2:52 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Shanaow Perdue Time A.M 3:08 P.M

Report received by Terry Moore (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Chy / O_2	Action Taken
1.	1	Not bolted	20.8%	Reflectors
2.	2	N/O	20.8%	Reported
3.	3L	Need Chemical dust	20.8%	Reported
4.	3, 4, 5	N/O	20.8%	Reported
5.	6	Need add'l Chemical dusting	20.8%	Reported
6.	6R	Part Bolted	20.8%	Reflectors
7.	7	Need Chemical dusted	20.8%	Reported
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
L-L.O.B	22,750		
R-L.O.B	21,200		

Remarks:

0.0%-chy
Shelter-ok.
Int. Phone-ok
Power Center-ok
Track-ok.

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

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

Countersigned Rick Foster Mine Manager—Mine Foreman — 28236

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 12-1-09 Shift 2nd Area or Section 3 Box tal Sect

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1	not Bolted	Bolted
2.	2	N/O	
3.	3a	N.C.D.	cleaned & dusted
4.	3, 4, 5	N/O	
5.	6	N.C.D	cleaned & dusted
6.	6R	Part Bolted	Bolted
7.	7	Need Cleaned & dusted	cleaned & dusted
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.				11.			
2.				12.			
3.	1-7	4:20-5PM	0%	13.			
4.	1-7	6-6:35		14.			
5.	1-7	8-8:39		15.			
6.	1-7	10-10:34		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	7:12	0%	6.			
2.	2-Ret	9:14		7.			
3.	R-Ret	7:20		8.			
4.	R-Ret.	9:24		9.			
5.				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 water Course [illegible] with Carbs on page 5 of the RCP. 3:57PM Buddy Check S.C.S.R.

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
Terry Williams	33359	Rick Miller	28236	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-1 2009 Section or Area Examined #3 Portal section

Time of Examination: from 10:00 a.m. or p.m. to 10:35 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Terry Moore Time A.M 10:50 P.M.

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

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	02	Action Taken
1.	#1	0% ch4	None observed	20.8%	Reported
2.	#2	0% ch4	None observed	20.8%	Reported
3.	#3	0% ch4	Cleaned and Dusted	20.8%	Reported
4.	#4 Right	0% ch4	Scrap	20.8%	Reflectors
5.	#5	0% ch4	None observed	20.8%	Reported
6.	#6 Right	0% ch4	Cleaned and Dusted	20.8%	Reported
7.	#7	0% ch4	Part Bolted	20.8%	Reflectors
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
Lt-LoB	24,680		
Rt-LoB	21,300		

Remarks: 0.0% ch4
Shelter ok
Intake Phone ok
Power center ok
Track 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 3338-9 Certificate No. [signature] Assistant Foreman 1753-A Certificate No.

Countersigned Rick Foster Mine Manager—Mine Foreman 2873L

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 2, 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.		Section Idle	
4.			
5.			
6.	3-L	Wide Entry 22 feet	Set Sand Jacks
7.	3R	Wide Entry 21 feet	Set Sand Jacks
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	4:55 am	0.0%	6.			
2.	#1	5:48 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] Assistant Mine — 1759-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 12-2- 2009 Section or Area Examined #3 Portal Section

Time of Examination: from 4:45 a.m. or p.m. to 5:45 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Jeremy Burdyff Time 5:50 (A.M.) P.M.

Report received by [signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.	1 Entry 0% CH4	None Observed	Reflector Hung
2.	2 Entry 0% CH4	None Observed	Reflector Hung
3.	3 Entry 0% CH4	Part Bolted 1 Row short	Reported
4.	3L Entry 0% CH4	wide entry 22 ft wide	Reported
5.	4 Entry 0% CH4	Needs Additional cleaning	Reported
6.	4R Entry 0% CH4	Scrap cut	Reported
7.	5 Entry 0% CH4	Needs additional cleaning	Reported
8.	6 Entry 0% CH4	Scrap cut	Reported
9.	7 Entry 0% CH4	Needs cleaned & dusted	Reported
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*
L LOB	24114		
R LOB	23057		

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 — Certificate No. 1357-A

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

[signature] Assistant Foreman — Certificate No. 1664-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 12-2-9 Shift Day Area or Section #3

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.			
2.	3	Part Bolted 1 Row short	Corrected
3.	3L	wide entry 22 ft wide	corrected Set Stacks
4.	4	Needs additional cleaning	Corrected
5.	4R	Scrap cut	corrected
6.	5	Needs additional cleaning	corrected
7.	6	Scrap cut	corrected
8.	7	Needs cleaned & dusted	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	~~7:00-7:30~~	0%	6.			
2.	R Ret	7:30		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 14 of Roof Control plan 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	2823	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-2-09 20__ Section or Area Examined 3 Portal Section

Time of Examination: from ~~3:20~~ 3:50 a.m. or p.m. to ~~4:20~~ 4:10 a.m. or p.m. 35° – 4:10

Was this report phoned to outside: Yes ___ no ___

By whom _____ Time _____ A.M 4:38 P.M.

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

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	1 Entry 0% CH4	None Observed	reflector Hung
2.	2 Entry 0% CH4	None Observed	reflector Hung
3.	2L Entry 0% CH4	Part Bolted	reflector Hung
4.	3 Entry 0% CH4	None observed	reflector Hung
5.	4 Entry 0% CH4	~~NA~~ SP Needs Additional Dusting.	Reported
6.	5 Entry 0% CH4	Needs Additional cleaning.	Reported
7.	SR Entry 0% CH4	Not Bolted	Reflector Hung
8.	6 Entry 0% CH4	None Observed	Reflector Hung
9.	7 Entry 0% CH4	None Observed	Reflector Hung
10.			

Air Measurements

Location	CFM	Location	CFM
L LOB	23750		
R LOB	21200		

Remarks: powercenter, Chargers, intake phone, entry chamber, OK at time of exam

CO-8%

O2-20.8%

~~O2-20.8%~~

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 33359 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 12-2-09 Shift 2nd Area or Section 3 Portal Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1, 2	N/O	
2.	2L	Not Bolted	Bolted
3.	3	N/O	
4.	4	Need addl dusted	dusted
5.	5	Need addl Chem	Chemed & dusted
6.	5R	Not Bolted	Bolted
7.	6	N/O	
8.	7	N/O	

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.				11.			
2.				12.			
3.	1-7	8-8:45	0%	13.			
4.	1-7	10-10:35	/	14.			
5.	1-7			15.			
6.	1-7			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.	7th Rt	9:10	0%	7.			
3.	7th Rt			8.			
4.	Rt-Rt	9:30	0%	9.			
5.	Rt-Rt			10.			

Number of Bolts Tested 6
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) Fine. Done the whole crew every and continued on page 4 of the RCP. 7am Buddy check S.C.S.R's

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
Tazer Mine	33359	Rick Estes	2873	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-2-09 20__ Section or Area Examined #3 Portal Section

Time of Examination: from 10:00 a.m. or p.m. to 10:30 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no____

By whom Terry Moore Time ____ A.M 10:00 P.M.

Report received by [signature] 39042 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH_4	Violation or Hazardous Condition	Action Taken
1.	#1	0%	None observed	None
2.	#2 Left	0%	Not Bolted	Reflected
3.	#3	0%	Not Bolted	Reflected
4.	#4	0%	None observed	None
5.	#5 Right	0%	None observed	None
6.	#6	0%	Scrap cut	Reflected
7.	#7	0%	Part Bolted	Reflected
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Left L.O.B.	23,620		
Right L.O.B.	21,380		

Remarks: 0% CH_4, 0ppm CO, 20.8% O_2 detected at time of exam

Track, Travelways, powercenter, charger's, intake Phone, Intake chamber ok at T.O.E.

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 33359 Certificate No. [signature] Assistant Foreman 1759-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 12/3/09 Shift Owl Area or Section B-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	4:48 AM	0.0 %	6.			
2.	#1	5:53 AM	0.01 %	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	2873	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

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

Time of Examination: from 4:45 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 [signature] 1664-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
L LOB	23861		
R LOB	21300		

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

Countersigned [signature] Mine Manager—Mine Foreman 28236

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

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.			
2.	4L	Needs additional cleaning	Corrected
3.			
4.	6	Needs additional dusting	Corrected
5.	7	Not Bolted 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 13 of Roof control plan with entire crew at end of Track

[signature]	1664-A	[signature]	28232	
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 12-3-09 20 Section or Area Examined #3 Portal Section

Time of Examination: from 1:50 a.m. or p.m. to 2:50 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Shannon Perdue Time A.M 2:55 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	Ob	N/O	20.8%	
2.	2	Ob	N/O	20.8%	
3.	3	Ob	scrap	20.8%	Reflectors
4.	4	Ob	Need Cleaned & dusted	20.8%	Reported
5.	5	Ob	N/O	20.8%	
6.	6	Ob	N/O	20.8%	
7.	6R	Ob	Need Cleaned & dusted	20.8%	Reported
8.	7	Ob	Not Bolted	20.8%	Reflectors
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
L - L.O.B	23,100		
R - L.O.B.	21,850		

Remarks: Powerscent Travelways ~~[illegible]~~ ok at time of exam

Shelter - O.K

Int. Phone - O.K

Chargers - 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. 1664-A — Assistant Foreman — Certificate No.

Countersigned Rick Foster Mine Manager—Mine Foreman — 28736

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 12-3-09 Shift 2nd Area or Section 3 Portal Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1,2	NO	
2.	3	Scrap	Bolted
3.	4	N C D	Cleaned & dusted
4.	5,6	NO	
5.	6R	N.C.D.	Cleaned & dusted
6.	7	Not Bolted	Bolted
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.				11.			
2.				12.			
3.	1-7	4-4:40	OK	13.			
4.	1-7	6-6:35		14.			
5.	1-7	8-8:36		15.			
6.	1-7	10-10:30		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.	2f-Ret	9:11	OK	7.			
3.	2f-Ret.	11:40		8.			
4.	Rf-Ret	9:14		9.			
5.	Rf-Ret.	11:55		10.			

Number of Bolts Tested 6
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 Company & mi. Control on page 4 on the RCR. 4.02 & 4 buddy Check S.C.S.R.

Tyrus Moore	3335	Rick Zeta	2322	
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 12-3-09 20___ Section or Area Examined #3 Section Portal Section

Time of Examination: from 10:40 a.m. or p.m. to 10:40 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no ___

By whom Terry Moore Time ___ A.M 10:55 P.M.

Report received by [signature] 39042 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	#1	ox	Scrap Cut	Reflected
2.	#2	ox	Part Bolted	Reflected
3.	#3	ox	Needs Cleaned & Dusted	Recorded
4.	#4 Right	ox	Scrap Cut	Reflected
5.	#5	ox	None observed	None
6.	#6	ox	None observed	None
7.	#7	ox	None observed	None
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Left L.O.D.	22,960		
Right L.O.D.	21,320		

Remarks: ox CH4, oppm CO, 20.8% O2 detected at time of exam

Traveling's, powercenter, charger's, intake Phone, intake 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 33355 Certificate No. [signature] Assistant Foreman 1759-A Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 28236

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. 4, 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	5:00AM	0.0%	6.			
2.	#1	5:59AM	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	28236	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-4-9 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 [signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
L LOB	23006		
R LOB	19849		

Remarks: Powercenter Travelways intake phone chargers And out by 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] Present Mine Examiner — Certificate No. 1759-A

Countersigned [signature] Mine Manager—Mine Foreman — Certificate No. 23736

[signature] Assistant Foreman — Certificate No. 1664-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 12-4-9 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	Needs cleaned & dusted	Corrected
2.	2	Part Bolted Needs cleaned & dusted	corrected
3.	4	Needs Cleaned & dusted	Corrected
4.	4R	Part Bolted	Corrected
5.	7	Part Bolted	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 Rot	7:00	0%	6.			
2.	R Rot	7:30	0%	7.			
3.				8.			
4.	L Rot	11:00	0%	9.			
5.	R Rot	11:30	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 14 of Roof Control plan with entire crew at end of Truck

[signature]	1664-A	[signature]	2923	
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 12-4-09 20__ Section or Area Examined #3 Portal Section

Time of Examination: from 2 a.m. or (p.m.) to 2:55 a.m. or (p.m.)

Was this report phoned to outside: Yes____ no____

By whom S. Perdue Time A.M. 2:55 P.M.

Report received by T. Moore (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH_4	O_2	Violation or Hazardous Condition	CO	Action Taken
1.	1	0%	20.8%	Part Bolted	0%	Reflectors
2.	2		20.8%	N/O	0%	
3.	3		20.8%	Need add. Cleaning	0%	Reported
4.	4 & 4R		20.8%	Need add. Cleaning	0%	Reported
5.	5		20.8%	N/O	0%	
6.	6		20.8%	N/O	0%	
7.	7		20.8%	Part Bolted	0%	Reflectors
8.	5R		20.8%	Scrap	0%	Reflectors
9.						
10.						

Air Measurements

Location	CFM	Location	CFM
Lt. - L.O.B.	33,210		
Rt. - L.O.B.	21,700		

Remarks:

Shelter - O.K.
Int. Phone - O.K.
Power Center - O.K.
Chargers - 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. 16664-A — Assistant Foreman — Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman — 28736

[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 12-4-09 Shift 2nd Area or Section 3-section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1	Part Bolted	Bolted
2.	2	N/O	
3.	3	Need add. Cleaning	Cleaned
4.	4 & 4R	Need add. Cleaning	Cleaned & dusted
5.	5, 6	N/O	
6.	7	Part Bolted	Bolted
7.	5R	Scrap	Bolted
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.				11.			
2.	1-7	4-4:45	0%	12.			
3.	1-7	6-6:40		13.			
4.	1-7	8-8:35		14.			
5.	1-7	10-10:30		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.				6.			
2.	7th Ret	9:03	0%	7.			
3.	7th Ret	11:12		8.			
4.	7th Ret	9:15		9.			
5.	7th Ret	11:22		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. Examined the whole mine except the Cartilon page 4 of the RCP. 11:15 AM Buddy Creek S.C.S. Rear

Terry W. Moore — Assistant Mine — Certificate No. 3357

Rush Estes — Mine Foreman-Mine Manager — Certificate No. 28736

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination Dec 4 20 09 Section or Area Examined 3-Section

Time of Examination: from 10:00 a.m. or p.m. to 11:00 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Terry Moore Time A.M 11:27 P.M.

Report received by Jeremy Burghduff (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	1-2-3-4 ch4-0%	NONE observed	NONE
2.	3L	mincing	Reflector off
3.	5R	Part Bolted	Reflector off
4.	6-7	NONE observed	NONE
5.	5	Need cleaned	Reported
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Lt LOB	22,600		
Rt LOB	20,431		

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

Powercenter, charcham, 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 Terry W. Moore (Preshift-Mine Examiner) 3335a (Certificate No.) [signature] (Assistant Foreman) 1759-A (Certificate No.)

Countersigned Rick Foster (Mine Manager—Mine Foreman) 2873L

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 5 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.	CH4	0.0%		11.			
2.	CO	0%		12.			
3.	O2	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	5:02am	0.0%	6.			
2.	#1	5:56am	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-H Certificate No.	[signature] Mine Foreman-Mine Manager	28734 Certificate No.	Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-5-09 20___ Section or Area Examined #3 Section "Portal"

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 ~~Rick Foster~~ Jr. Burdough Time 6:01 A.M. ___ P.M.

Report received by G. Mary (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	1, 2, 4, 5, 5XR & 7, 0% chg	none observed	none
2.	#3 & 3X Left 0% chg	scrap cut	reflector
3.	#6 entry 0% chg	needs cleaned	reported
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
left L.O. X cut	21,222		
right L.O. X cut	20,078		

Remarks: 20.8% O_2 0% chg 0% CO track, traveleways, power center, scoop charger clear at time.

Outby chamber 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. 1289-A — Assistant Foreman — Certificate No. 1664-A

Countersigned Rick Foster Mine Manager—Mine Foreman — 28736 — [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 12-5-9 Shift Day Area or Section #3 Portal Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.			
2.	3	Scrap cut	Corrected
3.	3L	Scrap cut	Corrected
4.	6	Needs cleaned	Corrected
5.			
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 13 of Roof control plan with entire crew at end of Track

[signature] Assistant Mine | 1664-A Certificate No. | [signature] Mine Foreman-Mine Manager | 292 Certificate No. | Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-5-09 20___ Section or Area Examined #3 Portal Section

Time of Examination: from 1 a.m. or (p.m.) to 2 a.m. or (p.m.)

Was this report phoned to outside: Yes ✓ no ___

By whom S. Perdue Time ___ A.M 2:50 (P.M.)

Report received by Terry Moore (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	O2	Action Taken
1.	1	0%	N/O	20.8%	Reported
2.	2	0%	Scrap	20.8%	Reflectors
3.	3	0%	Need Cleaned & dusted	20.8%	Reported
4.	4	0%	N/O	20.8%	Reported
5.	5	0%	Scrap	20.8%	Reflectors
6.	6	0%	Need Cleaned	20.8%	Reported
7.	7	0%	Part Bolted	20.8%	Reflectors
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
L- L.O.B	23,470		
R- L.O.B	22,000		

Remarks:

Int. Phone - Need Replaced
Refuge - O.K.
Chargers - O.K.
Power Center - 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. 1664-A

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

Terry W. Moore 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 12-8-09 Shift 2nd 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.	3	N.C.D.	Channel & dusted
4.	4	N/O	
5.	5	scrap	Bolted
6.	6	Need Channel & spot bolted	Channel & spot bolted
7.	7	Part Bolted	Bolted
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.				11.			
2.	1-7	4:25-5	0%	12.			
3.	1-7	6-6:50		13.			
4.	1-7	8-8:45		14.			
5.	1-7	10-10:35		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.				6.			
2.	I-Ret	9:12	0%	7.			
3.	I-Ret	11:02		8.			
4.	R-Ret	9:02		9.			
5.	R-Ret	11:11		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) Have the whole Crew copy of ventilation control on page 4 of the RCP 4-22-09 Buddy Chest S.C.S.R.

Tey Moore	33359	Rick Roth	2373	
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 12-5-09 20__ Section or Area Examined Portal section

Time of Examination: from 1000 a.m. or p.m. to 1035 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no____

By whom Terry Time ____ A.M 1105 P.M.

Report received by [signature] 15394 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	1	ch4-0% none	none
2.	2L	Cleaned Dusted	Reported
3.	3	Part Bolted	Reflected
4.	4	none	none
5.	5	none	none
6.	6R	Cleaned Dusted	Reported
7.	7	Part Bolted	Reflected
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LT	22,380		
RT	21,120		

Remarks: 06 Ch4, 06 CO, 2018202

PCs OK

Chargers OK

Refuges OK

Travelways OK

Need New Intake Phone

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 33359 Certificate No. ____ Assistant Foreman ____ Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 28736

____ Assistant Foreman

____ Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

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 12-6 2009 Section or Area Examined Portal Section

Time of Examination: from 3:00 a.m. or p.m. to 3:15 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	
2.		IDle	
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location		*CFM*	*Location*	*CFM*
LoB	Lt	22,240		
	Rt	20,970		

Remarks: 0% CH4, 20.8% O2, 0PPm C.O. Detected At Time of exam Travelways, walkways, Travelways, Powercenters, shelter ok At Time of exam

Intake Phone Not working Need New Phone

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. 1947-A

Countersigned [signature] 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 12-26 2009 Section or Area Examined Portal Section

Time of Examination: from 100 a.m. or (p.m.) to 400 a.m. or (p.m.)

Was this report phoned to outside: Yes_____ no 0

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	
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location		CFM	Location	CFM
LOB	Lft.	22,310		
	Rht.	20,830		

Remarks: 0% CH_4, 0% CO, 20.8% O_2, Track, travelways, pc's, chargers clean at exam
Intake phone not working

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 George Curry (Preshift-Mine Examiner) 27429 (Certificate No.) _____ (Assistant Foreman) _____ (Certificate No.)

Countersigned Rick Fode (Mine Manager—Mine Foreman) 28734

_____ (Assistant Foreman) _____

Amy Peterson 29611 _____ (Superintendent or Assistant)

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

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 12-6-9 20 Section or Area Examined Portal Sec. #3

Time of Examination: from 9:00 a.m. or p.m. to 10:00 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ✓

By whom Brought out Time ____ A.M 11:05 P.M.

Report received by ____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	1-7	Ch^4 0.0%	Needs Add Cleaning	Reported
2.	2-6		None observed	None
3.	3-3R-4		None observed	None
4.	5		Part Bolted 2 Row	Reflector off
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Lt LOB	22,218		
Rt LOB	19,475		

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 OK at time of exam

Intake Phone not Working.

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 1759-A Certificate No. [signature] Assistant Foreman 1759-A 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 Dec 7, 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.		Section Idle	
4.			
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	4:05 Am	0.0%	6.			
2.	#1	4:56 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) _____

Jeremy [signature]	1759-A	Rick [signature]	28732	
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 12-7-9 20 09 Section or Area Examined #3 Portal Section

Time of Examination: from 4:00 a.m. or p.m. to 5:00 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Jeremy Burdoff Time 5:45 A.M. P.M.

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

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	1 Entry 0% CH4	None Observed	Reflector Hung
2.	2L Entry 0% CH4	Needs Cleaned & dusted	Reported
3.	3 Entry 0% CH4	Part Bolted	Reflector Hung
4.	4 Entry 0% CH4	None Observed	Reflector Hung
5.	5 Entry 0% CH4	None Observed	Reflector Hung
6.	6R Entry 0% CH4	Needs cleaned & dusted	Reported
7.	7 Entry 0% CH4	Part Bolted	Reflector Hung
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
L LOB	22576		
R LOB	20052		

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 [signature] Preshift-Mine Examiner Certificate No. 1759-A

Countersigned [signature] Mine Manager—Mine Foreman Certificate No. 28236

[signature] Assistant Foreman Certificate No. 1664-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 12-7-9 Shift Day Area or Section #3 Portal Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	2h	Needs cleaned & dusted	Corrected
2.	3	Part Bolted	Corrected
3.	GR	Needs cleaned & dusted	Corrected
4.	7	Part Bolted	Corrected
5.			
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	7:00-7:30	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 10 of Roof control plan with entire crew at end of track

[signature] Assistant Mine — 1664-A Certificate No. — [signature] Mine Foreman-Mine Manager — 2322 Certificate No. — Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-7-09 20___ Section or Area Examined #3 Portal Panel

Time of Examination: from 1:50 a.m. or p.m. to 2:40 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom S. Perdue Time ___ A.M ___ P.M.

Report received by T. Moore (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	O2	Action Taken
1.	1	0%	N/O	20.8%	
2.	2	0%	Scrap	20.8%	Reflectors
3.	3	0%	N/O	20.8%	
4.	4	0%	N/O	20.8%	
5.	5	0%	Part Bolted	20.8%	Reflectors
6.	6	0%	Scrap	20.8%	Reflectors
7.	7	0%	Not Bolted	20.8%	Reflectors
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
L.-L.O.B	24,560		
R.-L.O.B.	22,000		

Remarks: Int. Phone-ok
Power Center-ok
Shelter-OK.
Chargers-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. 1664-A

Countersigned [signature] Mine Manager—Mine Foreman — Certificate No. 28736

Terry W. Moore Assistant Foreman — Certificate No. 33369

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 12-7-09 Shift 2nd Area or Section #3 Portal Sect.

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.				11.			
2.	1-7	4:05-4:50	Ok	12.			
3.	1-7	6-6:45		13.			
4.	1-7	8-8:40		14.			
5.	1-7	10-10:30		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.	Lt. Ret	9:02	Ok	6.			
2.	Lt. Ret	11:06		7.			
3.				8.			
4.	Rt. Ret	9:21	Ok	9.			
5.	Rt. Ret.	11:16		10.			

Number of Bolts Tested 6

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 [illegible] & ink [illegible] on page 4 of the RCP 4:22 PM, Buddy Check S.C.S.R.s

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-7-09 20__ Section or Area Examined #3 Section Portal

Time of Examination: from 10:00 a.m. or p.m. to 10:40 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no ____

By whom Terry Moore Time ____ A.M 11:00 P.M.

Report received by Steve Cyler 39042 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	#1	ox	None observed	None
2.	#2	ox	None observed	None
3.	#3 Right	ox	Scrap cut	Reflected
4.	#4	ox	None observed	None
5.	#5	ox	None observed	None
6.	#6	ox	None observed	None
7.	#7	ox	None observed	None
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Left L.O.B.	24,000		
Right L.O.B.	22,300		

Remarks: ox CH4, oppm co, 20.8% O2 detected at time of exam
Track, Travelways, powercenter, Chargers, intake phase, intake chamber ok at T.O.F.

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) 33359 (Certificate No.) Jeremy [signature] (Assistant Foreman) 1759-A (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 Dec 8, 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.	#1	4:49 AM	0.0%	6.			
2.	#7	5:36 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)

[illegible]	1789-A	[illegible]	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 12-8 20.09 Section or Area Examined #3 Portal Section

Time of Examination: from 4:45 (a.m.) or p.m. to 5:45 (a.m.) or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Jerry Burdette Time 6:00 (A.M) P.M.

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

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	1 Entry 0% CH4	None Observed	reflector Hung
2.	2 Entry 0% CH4	None Observed	reflector Hung
3.	3 Entry 0% CH4	Wide Bolt in face water in face	Reported
4.	4 Entry 0% CH4	Part Bolted Needs Additional cleaning	Reported
5.	5 Entry 0% CH4	None observed	reflector Hung
6.	6 Entry 0% CH4	None Observed	reflector Hung
7.	7 Entry 0% CH4	None observed	reflector Hung
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
L hoB	24425		
R hoB	20318		

Remarks: Powercenter Trawlways 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 — Certificate No. 1753A — Assistant Foreman [signature] — Certificate No. 1664-A

Countersigned [signature] Mine Manager—Mine Foreman — Certificate No. 28736

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-8-9 Shift Day Area or Section #3 Portal Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.			
2.	3	Wide Bolt in face water in face.	Corrected
3.	4	Part Bolted Needs additional cleaning	corrected
4.			
5.			
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 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 13 of Roof Control Plan with entire crew at end of Track

[signature]	1664-A	[signature]	2222	
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 12-8-09 20__ Section or Area Examined #3 Portal Section

Time of Examination: from 1:30 a.m. or (p.m.) to 2 a.m. or (p.m.)

Was this report phoned to outside: Yes ✓ no

By whom S. Perdue Time A.M 3 (P.M.)

Report received by T. Moore (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	O2	Action Taken
1.	1	0%	N/O	20.8%	
2.	2	0%	N/O	20.8%	
3.	3 L	0%	Scrap	20.8%	Reflectors
4.	4	0%	Need Cleaned & dusted	20.8%	Reported
5.	5	0%	Need Cleaned & dusted	20.8%	Reported
6.	6	0%	N/O	20.8%	
7.	7	0%	Not Bolted	20.8%	Reflectors
8.		0			
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
L. - L.O.B	26,570		
R. - L.O.B.	23,280		

Remarks: Power Center O.K.
Shelter - O.K.
Int. 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. 1664-A

Countersigned [signature] Mine Manager—Mine Foreman — Certificate No. 28736

[signature] 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 12-8-09 Shift 2nd Area or Section #3 Portal Panel

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1, 2	N/O	
2.	3L	Scrap	Bolted
3.	4	NCD	Cleaned & dusted
4.	5	NCD	Cleaned & dusted
5.	6	N/O	
6.	7	Not Bolted	Bolted
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.				11.			
2.	1-7	4:30-5:05	0%	12.			
3.	1-7	6-6:45		13.			
4.	1-7	8-8:40		14.			
5.	1-7	10-10:35		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.	Lt. Ret	9:09	0%	6.			
2.	Lt-Ret	11:01		7.			
3.				8.			
4.	Rt-Ret	9:22	0%	9.			
5.	Rt-Ret.	11:17		10.			

Number of Bolts Tested 6

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 roof + rib control on page 4 of the RCP. 4:23PM Buddy check S.C.S.R.s

Terry W. Monroe — Assistant Mine

33389 — Certificate No.

Rick Foster — Mine Foreman-Mine Manager

2873 — Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-8 2009 Section or Area Examined #3 Portal Section

Time of Examination: from 10:00 a.m. or 6 p.m. to 10:40 a.m. or 6 p.m.

Was this report phoned to outside: Yes ✓ no

By whom Terry More Time A.M 11:00 P.M.

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

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	#1	0%	None observed	Reported
2.	#2L	0%	~~Sec~~ Scrap	Reflectors
3.	#3	0%	None observed	Reported
4.	#4R	0%	Part Bolted	Reflectors
5.	#6	0%	None observed	Reported
6.	#7	0%	None observed	Reported
7.				
8.				
9.				
10.				

Air Measurements

Location		CFM	Location	CFM
LOB	Lt	23,980		
	Rt	21,860		

Remarks: Powercenter OK
Chargers OK
Intak Phone OK
Refuge 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 33389 Certificate No. [signature] Assistant Foreman 1769-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 Dec 9, 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.	Ch4	0.0%		11.			
2.	CO	0%		12.			
3.	O2	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	5:04AM	0.0%	6.			
2.	#1	5:53AM	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) _____

Jeremy Bykhoff	1759-A	Rick Foster	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 12-9 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 5:00 A.M. P.M.

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

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
h LOB	23631		
R LOB	21387		

Remarks: Powercenter travelways chargers intake phone 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 1759-A Certificate No. [signature] Assistant Foreman Certificate No. 1664-A

Countersigned [signature] Mine Manager—Mine Foreman 29236

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

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	2L	Part Bolted	Corrected
2.	3	Scrap cut	Corrected
3.	4	Part Bolted	Corrected
4.			
5.			
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 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 13.08 Roof control plan with entire crew

[illegible]	1664-A	[illegible]	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 12-9-09 20__ Section or Area Examined #3 Portal Section

Time of Examination: from 1:00 a.m. or p.m. to 2:00 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom S. Perdue Time A.M. 2:05 P.M.

Report received by T. Moore (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Ch	Violation or Hazardous Condition	Oz	Action Taken
1.	1	06	M/G	20.87	
2.	2	06	water	20.86	Reported
3.	3	06	Part Bolted	20.86	Reflectors
4.	4	06	scrap	20.86	Reflectors
5.	5	06	Not Bolted	20.86	Reflectors
6.	5R	06	Needed rock dust	20.87	Reported
7.	6R	06	Scrap	20.86	Reflectors
8.	7	06	Part Bolted	20.87	Reflectors
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
L-L.O.B.	24,370		
R-L.O.B.	21,610		

Remarks: Shelter-OK
Power Center-OK
Inf. Phone-OK
Chargers-OK

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

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

Countersigned Rick Porter Mine Manager—Mine Foreman — 28286

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 12-9-09 Shift 2nd Area or Section #3 Portal section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1	NIO	
2.	2	water	Partly loaded out
3.	3	Part Bolted	Bolted
4.	4	scrap	Bolted
5.	5	Not Bolted	Bolted
6.	5R	NCD	Cleaned & dusted
7.	6R	Scrap	Bolted
8.	7	Part Bolted	Bolted

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.				11.			
2.	1-7	4:30-5:05	0%	12.			
3.	1-7	6-6:50		13.			
4.	1-7	8-8:45		14.			
5.	1-7	10-10:40		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.	9:05	0%	6.			
2.	2-Ret.	11:09		7.			
3.				8.			
4.	R-Ret.	9:26	0%	9.			
5.	R-Ret.	11:19		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) Fan. Have the whole crew go into control on page 4 of the R.C.P. 4:23 PM Buddy Check S.C.S.R.

Terry W. Moore	3339	Rick Foster	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 12-9-09 20___ Section or Area Examined Portal Section

Time of Examination: from 1000 a.m. or p.m. to 1030 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no_____

By whom Terry Time _____ A.M 1100 P.M.

Report received by [signature] 1579A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	1	Ch4 O2	Stopped	none
2.	2	O2	none observed	none
3.	3	O2	Scrap	Reflected
4.	4R	O2	Part Bolted	Reflected
5.	5	O2	none observed	none
6.	6	O2	Part Bolted	Reflected
7.	7	O2	Scrap	Reflected
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
LT	23,230		
RT	25,030		

Remarks: Shelter
Intake Phone
Charger
PC's
Travelways

O2 Ch4 O2 CO 20.8 O2

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 33389 Certificate No. [signature] Assistant Foreman 1959-A Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 28734

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 12/10/09 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.	CH4	0.0%		11.			
2.	CO	0%		12.			
3.	O2	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	5:05am	0.0%	6.			
2.	#1	5:51am	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	175-A Certificate No.	[signature] Mine Foreman-Mine Manager	2872 Certificate No.	Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-10 20 09 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 [signature] 1664-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
L LOB	23406		
R LOB	20100		

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

Countersigned [signature] Mine Manager—Mine Foreman 28236 [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 12-10-9 Shift Day Area or Section #3 Portal Section

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action taken*
1.			
2.	2	Needs cleaned	Corrected
3.	2L	Needs cleaned	Corrected
4.	3	Needs cleaned	Corrected
5.	4	Needs cleaned & dusted	Corrected
6.	4R	Not Bolted	Corrected
7.	5	3 Damage Bolts	Corrected
8.	6	Damaged Bolts,	Corrected
	7	Part Bolted	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 Rot	7:00	0%	6.			
2.	R Rot	7:30	0%	7.			
3.				8.			
4.	L Rot	11:00	0%	9.			
5.	R Rot	11:30	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 13 of Roof Control Plan with entire crew at end of track

[signature] Assistant Mine — 16647-A Certificate No. — [signature] Mine Foreman-Mine Manager — 23236 Certificate No. — Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-10 2009 Section or Area Examined #3 Portal Section

Time of Examination: from 150 a.m. or p.m. to 240 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Shannon Perdue Time A.M 250 P.M.

Report received by Tim Williams (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	#1	0% Chy	None	Reported
2.	#2	0% Chy	Needs cleaned & dusted	Reported
3.	#3	0% Chy	None	Reported
4.	#4	0% Chy	Needs additional cleaning	Reported
5.	#5	0% Chy	None	Reported
6.	#6	0% Chy	Scrap cut	Reported, Reflectored
7.	#7	0% Chy	Needs cleaned & dusted	Reported
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Lt LOB 23,480			
Rt LOB 20,800			

Remarks: Powercenter, travelways, outby chamber, intake phone OK at time of exam

0% Chy 20.8% O2 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 [signature] Preshift-Mine Examiner 1664-A Certificate No. Assistant Foreman [signature] Certificate No. 1659A

Countersigned [signature] Mine Manager—Mine Foreman 28736

[signature] Assistant Foreman 33389

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-10-09 Shift 2nd Area or Section #3 Portal Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1	Stopped	
2.	2	NCD	Cleaned & dusted
3.	3	N/O	
4.	4	Need add. Cleaning	Cleaned
5.	5	N/O	
6.	6	Scrap Cut	Bolted
7.	7	Need cleaned & dusted	Dusted, Report Cont.
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.				11.			
2.	1-7	4:30-5:10	0%	12.			
3.	1-7	6-6:45		13.			
4.	1-7	8-8:30		14.			
5.	1-7	10-10:33		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	9:02	0%	6.			
2.	2-Ret	11:08		7.			
3.				8.			
4.	Rf-Ret	9:19	0%	9.			
5.	Rf-Ret	11:18		10.			

Number of Bolts Tested 6

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 Home the whole Crew says dir. control on page 40, the RCP. 4:33 Pm. Buddy Check S.C.S.R.

Terry W. Moore	33359	Ruth Foster	28232	
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 10 2009 Section or Area Examined 3-Section

Time of Examination: from 10:00 a.m. or p.m. to 10:30 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Terry Moore Time A.M 10:50 P.M

Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	1 Ch4 0.0%	Stopped	None
2.	2L	Mining	Reflector off
3.	2,3,4,5	None observed	None
4.	6	Mining	Reflector off
5.	7	Part Bolted	Reflector off
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
4 LOB	22,980		
Rt LOB	20,910		

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 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 33359 Certificate No. [signature] Assistant Foreman 1759 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 Dec 11, 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.	Ch4	0.0%		11.			
2.	CO	0%		12.			
3.	O2	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.	#1	5:00 am	0.0%	6.			
2.	#7	5:54 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] Assistant Mine | 1759A Certificate No. | Rick Foster 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 12-11-9 20.09 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 Jerry Burdiff Time 6:00 (A.M) P.M.

Report received by 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	Water in face	Reported
2.	2 Entry	0%	20.8	Needs Cleaned water in face	Reported
3.	2L Entry	0%	20.8	Needs cleaned	Reported
4.	3L Entry	0%	20.8	Post Bolted Needs cleaned	Reported
5.	3 Entry	0%	20.8	Needs cleaned	Reported
6.	4 Entry	0%	20.8	Not Bolted	Reflector Hung
7.	5 Entry	0%	20.8	None Observed	Reflector Hung
8.	6 Entry	0%	20.8	Not Bolted	Reflector Hung
9.	7 Entry	0%	20.8	Needs additional cleaning	Reported
10.	5 1 Brk Outby	CH4 0%	O2 20.8	1 Damaged Belt	Reported

Air Measurements

Location	CFM	Location	CFM
L hoB	24000		
R hoB	20490		

Remarks: Powercenter trackways intake Phone chargers & Outby chamber OK at time of exam

CH4 0% O2 20.8 CO 0

Section Needs Additional 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 Jerry Burdiff Preshift Mine Examiner 1759-A Certificate No. Assistant Foreman Certificate No. 1664-A

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 12-11-9 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 Water in Face	Corrected
3.	3h	Part Bolted Needs cleaned	Corrected
4.	3	Needs Cleaned	Corrected
5.	4	Not Bolted	Corrected
6.	6	Not Bolted	Corrected
7.	7	Needs additional Cleaning	Corrected
8.	5 1 Brk out By	1 Damaged Bolt	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 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
With entire crew at end of Truck.

[signature] Assistant Mine — 1664-A 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 12-11-09 20____ Section or Area Examined #3 Portal Section

Time of Examination: from 1:00 a.m. or p.m. to 2:00 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no____

By whom S. Perdue Time ____ A.M 2:55 (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%	Water	0%	Reported
2.	2L	20.8%	Part Bolted	0%	Reflectors
3.	3	20.8%	Need Cleaned & dusted	0%	Reported
4.	4	20.8%	scrap	0%	Reflectors
5.	5R	20.8%	scrap	0%	Reflectors
6.	6	20.8%	N/O	0%	
7.	7	20.8%	N/O	0%	
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
L. - L.O.B.	23,600		
R - L.O.B.	22,000		

Remarks:

Shelter - O.K.
Int. Phone - O.K.
Power Center - 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. 1664-A

Countersigned [signature] Mine Manager—Mine Foreman — Certificate No. 28736

Tony W. Moore Assistant Foreman — Certificate No. 33357

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 12-11-09 Shift 2nd Area or Section #3 Portal section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1	Stopped	
2.	2L	Part Bolted	Bolted
3.	3	NCD	Cleaned & dusted
4.	4	Scrap	Bolted
5.	5R	Scrap	Bolted
6.	6	N/O	
7.	7	N/O	
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.				11.			
2.	2-7	4:40-5:10	0%	12.			
3.	2-7	6:10-6:45		13.			
4.	2-7	8:05-8:40		14.			
5.	2-7	10-10:30		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	7:09	0%	6.			
2.	L-Ret	11:06		7.			
3.				8.			
4.	Rt-Ret	7:18	0%	9.			
5.	Rt-Ret	11:18		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) Fair. Gave the whole Crew [illegible] with Control on page 4 of the RCP. 4:33PM Buddy Check S.C.S.R.s

Terry McMurray — Assistant Mine; 33359 — 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 Dec 11 20 09 Section or Area Examined 3-Section

Time of Examination: from 10:00 a.m. or p.m. to 10:45 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Terry Moore Time A.M 10:49 P.M.

Report received by Jeremy Brighoff (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	1 ch4 0.0%	Stopped	Reported
2.	2C-6	Scrap Cut	Reflector off
3.	2-4-7	None observed	None
4.	3-3R	Need Clean and Dusted	Reported
5.	5	None observed	None
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Lt	20,160		
Rt	21,112		

Remarks: ch4 0.0% co 0% o2 20.8% at time of exam

Powercenter, chargers, travelways clear at time of exam.

Outby Chamber and 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 Terry W. Moore Preshift-Mine Examiner 33389 Certificate No. Jeremy Brighoff Assistant Foreman 1759-A 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 Dec 12, 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	5:43am	0.0%	6.			
2.	#1	4:48am	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. — [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 12-12 2009 Section or Area Examined #3 Portal Section

Time of Examination: from 4:15 a.m. or p.m. to 5:15 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Jeremy Burduff Time 5:50 A.M. 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	Water in face	Reported
2.	2L outby	0%	20.8	Needs cleaned	Reported
3.	2L Inby	0%	20.8	Part Bolted	Reflector Hung
4.	2 Entry	0%	20.8	None Observed	Reflector Hung
5.	3 Entry	0%	20.8	None Observed	Reflector Hung
6.	3R Entry	0%	20.8	Not Bolted	Reflector Hung
7.	4 Entry	0%	20.8	Not Bolted	Reflector Hung
8.	5 Entry	0%	20.8	Not Bolted	Reflector Hung
9.	6 Entry	0%	20.8	Needs Dusted	Reported
10.	7 Entry	0%	20.8	None Observed	Reflector Hung

Air Measurements

Location	CFM	Location	CFM
L LOB	19460		
R LOB	13241		

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

CH4 0% O2 20.8 CO 0

Section Needs additional 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 Certificate No. 1059-A

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

[signature] Assistant Foreman Certificate No. 1664-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 12-12-9 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.	2L Outby	Needs cleaned	Corrected
3.	2L Inby	Part Bolted	Corrected.
4.	3R	Not Bolted	Corrected
5.	4	Not Bolted	Corrected
6.	5	Not Bolted	Corrected
7.	6	Needs dusted	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 paragraph 1 & 2 of Roof control plan with entire crew

[illegible]	1664-A	[illegible]	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 12-12-09 20 Section or Area Examined #3 Portal Section

Time of Examination: from 1:50 a.m. or p.m. to 2:40 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom S. Perdue Time A.M. 2:56 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	Water	20.86	Reported
2.	2L	06	Need add. Cleaning	20.86	Reported
3.	3	06	Need add Cleaning	20.86	Reported
4.	4	06	Part Bolted	20.86	Reflectors
5.	5	06	Not Bolted	20.86	Reflectors
6.	6 & 6R	06	Not Bolted	20.86	Reflectors
7.	7	06	Need add. Cleaning	20.86	Reported
8.	2		N/O		
9.	3L		Scrap		
10.					

Air Measurements

Location	CFM	Location	CFM
L-L.O.B	22,680		
R-L.O.B	21,200		

Remarks:

Shelter - O.K.

Power Center - O.K.

Chargers - O.K

Travel ways - 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. 1664-A — Assistant Foreman — Certificate No.

Countersigned Rick Fosler Mine Manager—Mine Foreman — 28736

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 12-12-09 Shift 2nd Area or Section #3 Portal Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1	Water	Report Cont.
2.	2L	N.A.C.	Cleaned & dusted
3.	2	N.A.C.	Cleaned & dusted
4.	3	NAC	Cleaned & dusted
5.	3L	Scrap	Bolted
6.	4	Part Bolted	Bolted
7.	5	Not Bolted	Bolted
8.	6+6R	Not Bolted	Bolted
	7	Scrap	Bolted

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.				11.			
2.	2-7	4:35-5:05	Or	12.			
3.	2-7	6-6:35		13.			
4.	2-7	8-8:37		14.			
5.	2-7	10-10:30		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.	Lt. Ret.	7:14	Or	6.			
2.	Lt. - Ret.	11:06		7.			
3.				8.			
4.	Rt - Ret.	7:02	Or	9.			
5.	Rt - Ret.	11:16		10.			

Number of Bolts Tested 6

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 Cw roof + rib control on page 4 of the RCP 4:28PM Buddy Check S.C.S.R's

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
Terry Moore	33359	Rick Foster	28736	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

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

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

Was this report phoned to outside: Yes ___ no ✓

By whom Bought-out Time ___ A.M ___ P.M.

Report received by ___ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	O_2	Violation or Hazardous Condition	Action Taken
1.	1	20.86	N/O - Stopped	
2.	2	20.86	Scrap	Reflectors
3.	3	20.86	N/O	
4.	4	20.86	N/O	
5.	5	20.86	N/O	
6.	6	20.86	N/O	
7.	7	20.86	N/O	
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
L - L.O.B.	22,410		
R - L.O.B	17,910		

Remarks:

Shelter - ok
Chargers - ok
Power Center - ok
Travelways - ok

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

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

Countersigned [signature] Mine Manager—Mine Foreman — 28736

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

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 12-13-09 2009 Section or Area Examined #3 Portal Section

Time of Examination: from 4:40 a.m. or ~~p.m.~~ to 5:00 a.m. or p.m.

Was this report phoned to outside: Yes_____ no ✓

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

Report received by Brought out
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location		CFM	Location	CFM
LoB	Rt	22,610		
	Lt	18,170		

Remarks: 0% CH4, 20.8% O2, 0PPM C.O. Detected At Time of exam

Shelter
Intakphone
Power centers
Chargers
Travelways

ok At Time of exam

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

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

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

Assistant Foreman — Certificate No.

Assistant Foreman — Certificate No.

Superintendent or Assistant

Joe 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 12-13 20 09 Section or Area Examined Pental

Time of Examination: from 1 a.m. or p.m. to 4 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		
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*
LOB Rt	24,260		
Lf	19,460		

Remarks:

0% CH^4, 0% CO, 20.8% O^2

Track, Travelway, Powercenters, Chargers OK at exam

"18BK D-Box not Powered up"

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 Joey Stewart — Preshift Mine Examiner — Certificate No. 39199

Countersigned Rick Foster — Mine Manager—Mine Foreman — Certificate No. 28236

Assistant Foreman — Certificate No.

Assistant Foreman — Certificate No.

Kim Peterson — Assistant Foreman — Certificate No. 29611

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

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 12-13-09 20 09 Section or Area Examined Portal

Time of Examination: from 10:00 a.m. or p.m. to 11:00 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Jeremy Burgduff Time A.M 11:05 P.M.

Report received by Greg Col 1947-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	2 CH4 0%	Stoped water In Face	Reported
2.	2L out By 0%	needs Cleaned	Reported
3.	2L In By 0%	Not Bolted	Reflectors
4.	2 0%	Add cleaning	Reported
5.	3 0%	Part Bolted	Reported Reflectors
6.	4 0%	Add Cleaning	Reported
7.	5 0%	Add Cleaning	Reported
8.	6 0%	None observed	Reported
9.	7 0%	None observed	Reported
10.			

Air Measurements

Location	CFM	Location	CFM
Lt	19,460		
R	15,248		

Remarks: 0% CH4, 20.8% O2, 0 PPM C.O. Detected At Time of exam

Shelter

Intake Phone

~~Phone~~ Power Center OK At TOE

Chargers

Travelways

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 1759-A Certificate No. Assistant Foreman Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 2873C

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 11, 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.		Section Idle	
4.			
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	5:43 am	0.0%	6.			
2.	#1	5:01 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] Assistant Mine	1755-A Certificate No.	[signature] Mine Foreman-Mine Manager	2822 Certificate No.	Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-14-09 20___ Section or Area Examined #3 Portal Section

Time of Examination: from 5 a.m. or p.m. to 5:44 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no ___

By whom Jeremy Burgoff Time 5:45 A.M. ~~5:4~~ P.M.

Report received by T. Moore (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	O_2	Violation or Hazardous Condition	Chg	Action Taken
1.	1	20.8%	Stopped	0%	
2.	2L	20.8%	Scrap	0%	Reflectors
3.	3	20.8%	Part Bolted	0%	Reflectors
4.	4	20.8%	Need add. Cleaning	0%	Reported
5.	5	20.8%	Need add. Cleaning	0%	Reported
6.	6	20.8%	N/O	0%	
7.	7	20.8%	N/O	0%	
8.	2	20.8%	Need add. Cleaning	0%	Reported
9.	2L - outby	20.8%	Need add. Cleaning	0%	Reported
10.					

Air Measurements

Location	CFM	Location	CFM
L - L.O.B.	19,460		
R - L.O.B	15,240		

Remarks:

Shelter - O.K.

Power Center - O.K.

Int. Phone - O.K.

Travel ways - 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-A — Assistant Foreman — Certificate No.

Countersigned Rick Foster Mine Manager—Mine Foreman — 28736

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 12-4-09 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	Stopped	
2.	2L	scrap	Bolted
3.	3	Part Bolted	Bolted
4.	4, 5	NAD	Cleaned & dusted
5.	6, 7	NO	
6.	2 & 2L	NAD	Cleaned & dusted
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.				11.			
2.				12.			
3.	1-7	8-8:40	OK	13.			
4.	1-7	10-10:35	|	14.			
5.	1-7	12-12:33	|	15.			
6.	1-7	2-2:31	|	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	9:12	OK	6.			
2.	2-Ret	1:02	|	7.			
3.				8.			
4.	R-Ret.	9:27	OK	9.			
5.	R-Ret	1:17	|	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) Fire Hose the whole Conveyor
w/ control on page 4 of the RCP 7.02A — Buddy check S.C.S. Rec.

Tey Moore	33359	Rick Foster	2973	
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 12-14-09 20__ Section or Area Examined 3. Section

Time of Examination: from 1:30 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 3:04 P.M.

Report received by Rick Foster (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 entry 20 8/10 O_2 - 0 % CH_4	none observed	
2.	#2 X left 20 8/10 O_2 - 0 % CH_4	~~part bolted~~	
3.	#2 entry 20 8/10 O_2 - 0 % CH_4	~~scrap cut~~ part bolts	
4.	#3 entry 20 8/10 O_2 - 0 % CH_4	none observed	
5.	#4 entry 20 8/10 O_2 - 0 % CH_4		
6.	#5 X right 20 8/10 O_2 - 0 % CH_4		
7.	#5 entry 20 8/10 O_2 - 0 % CH_4		
8.	#6 entry 20 8/10 O_2 - 0 % CH_4	VOID	
9.	#7 entry 20 8/10 O_2 - 0 % CH_4		
10.			

R. J. F. 28732

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 Dec. 14 20 09 Section or Area Examined 3-Section

Time of Examination: from 9:50 a.m. or p.m. to 10:40 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Shannon Time A.M 11:05 P.M.

Report received by T. Peterson (Signed)

Violations and other Hazardous Conditions Observed and Reported.

	Location	Violation or Hazardous Condition	Action Taken
1.	2Lt	Ch4 0.0% needs clean and Dusted	Reported
2.	2-4	None observed	none
3.	3-6	Needs Add cleaning	Reported
4.	3Rt	Scrap Cut	Reflector off
5.	4Rt	Wide needs Jacks Set	Reflector off, Reported
6.	5	Part Bolted	Reflector off
7.	6Rt	Not Bolted	Reflector off
8.	7	Scrap Cut	Reflector off
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Lt LOB	26,550		
Rt LOB	23,200		

Remarks: Ch4 0.0% co 0% o2 20.8% at time of exam

Powercenter, chargers, travelways clear at time of exam

Intake Phone, 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 16664-A Certificate No. [signature] Assistant Foreman 1759-A Certificate No.

Countersigned Rick Foster Mine Manager—Mine Foreman 28736

Assistant Foreman

Superintendent or Assistant

[signature] 2/9/09