



Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-20 Section or Area Examined HG 22  
 Time of Examination: from 0100 a.m. or 1030 p.m. to 0130 a.m. or 0130 p.m.  
 Was this report phoned to outside Yes no  
 By whom [Signature] Time 11:00 A.M. (P.M.)  
 Report received by [Signature] (Signed)

### Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>Rooms</u>	<u>CH4</u>	<u>—</u>
2.	<u>2</u>	<u>CH4</u>	<u>—</u>
3.	<u>3</u>	<u>CH4</u>	<u>—</u>
4.	<u>1 back</u>	<u>CH4</u>	<u>—</u>
5.	<u>2</u>	<u>needs cleaned</u>	<u>Reported</u>
6.	<u>3/4</u>	<u>scrap</u>	<u>Reported</u>
7.	<u>4</u>	<u>CH4</u>	<u>—</u>
8.	<u>0-4</u>	<u>Soft Ribs</u>	<u>Reported</u>
9.			
10.			

### Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>18,770</u>		

Remarks: Travelsways of Haulways clean at time  
of exam  
Room kept clean - N/A  
Any changes - OK  
weather phone - OK  
CO 0%  
O2 20.8%

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

Signed By Rick Hutchins 37569 Certificate No. [Signature] Assistant Foreman 32224 Certificate No.  
 Countersigned [Signature] Mine Manager Mine Foreman [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 11-22-09 Shift 3rd Area or Section HG. 22

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

Location	Violation or Hazardous Condition	Action Taken
1. <u>342</u>	<u>SCAFF</u>	<u>Re Hauling</u>
2. <u>2</u>	<u>made closed</u>	<u>corrected</u>
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

#### Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1.			11.		
2.			12.		
3.		<u>no</u>	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) \_\_\_\_\_

[Signature] Assistant Mine Foreman      32294 Certificate No.      [Signature] Mine Foreman-Mine Manager      3300000 Certificate No.      \_\_\_\_\_ Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-22-09 20 Section or Area Examined H622  
 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 Fanny Farmer Time 5:28 A.M. P.M.  
 Report received by [Signature] (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1 rem</u>	<u>no obs</u>	<u>all</u>
2. <u>2 rem</u>	<u>no obs</u>	<u>ref</u>
3. <u>3 rem</u>	<u>no obs</u>	<u>no</u>
4. <u>1</u>	<u>no obs</u>	<u>ref</u>
5. <u>2</u>	<u>no obs</u>	<u>ref</u>
6. <u>3</u>	<u>no obs</u>	<u>ref</u>
7. <u>3rd</u>	<u>scrap out</u>	<u>reflect</u>
8. <u>4</u>	<u>no obs</u>	<u>ref</u>
9.	<u>no obs</u>	<u>ref</u>
10.		

### Air Measurements

Location	CFM	Location	CFM
<u>C03</u>	<u>18,400</u>		

Remarks: 2 chgs 20.8oz ago checked - full up  
2 full up OK at time of ER pickup  
Chgs OK

Stelk Chamber OK  
Intake plus OK

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

Signed By [Signature] Certificate No. 32294  
 Preshift-Mine Examiner Assistant Foreman  
 Countersigned [Signature] Certificate No. 36520  
 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 11-22-09 Shift any Area or Section 14622

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

	Location	Violation or Hazardous Condition	Action Taken
1.	1 Room	no OGS	None
2.	2 Room	no OGS	None
3.	3 Room	no OGS	None
4.	1	no OGS	None
5.	2	no OGS	None
6.	3	no OGS	None
7.	3th	scrap	reflect
8.	4	no OGS	None
9.			
10.			

#### Examinations for Methane in Working Places

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

#### Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1.	ret 7:00	0	6.		
2.			7.		
3.	ret 12:00	0	8.		
4.			9.		
5.			10.		

Number of Bolts Tested 0

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) discussed ret # 7 of  
ret # 3 (at 6:57 AM)

[Signature] 36826 [Signature] 390600

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-22 2009 Section or Area Examined HG-22  
 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 Dean Jones Time 2:30 P.M.  
 Report received by Rick Hutchens  
(Signed)

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

Location	Violation or Hazardous Condition	Action Taken	
1. Rm's 1, 2, 3	0% CH <sub>4</sub>	N/O	Reported
2. 1	0% CH <sub>4</sub>	N/O	Reported
3. 2	0% CH <sub>4</sub>	N/O	Reported
4. 3	0% CH <sub>4</sub>	N/O	Reported
5. 3RT	0% CH <sub>4</sub>	Scrap Cut	Taged & Reported
6. 4	0% CH <sub>4</sub>	N/O	Reported
7.			
8.			
9.			
10.			

#### Air Measurements

Location	CFM	Location	CFM
LOB	16,875		
20.8			
0% CH <sub>4</sub>			
0% CO			

Remarks: powercentes, R-ways, Chargers Haulage Clear at Time of Exam

Intake phone OK  
Air Chamber OK

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

Signed By [Signature] Certificate No. 36528 Assistant Foreman \_\_\_\_\_ Certificate No. \_\_\_\_\_  
 Countersigned [Signature] Mine Manager Mine Foreman \_\_\_\_\_  
Rick Hutchens Assistant Foreman Certificate No. 37569 Superintendent or Assistant \_\_\_\_\_

Use Indelible  
Pencil or Ink

### DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 11-22-09 Shift EVE Area or Section HG-22

Violations and other Hazardous Conditions Observed and Reported

1.	Location	Violation or Hazardous Condition	Action Taken
1.	3RT	0%CH4 Scrap Cut	Reported
2.			
3.			
4.	NO PRODUCTION (PC DOWN)		
5.			
6.			
7.			
8.	Set SAND JACKS + CRIBS ON SECTION in AREA'S Needed		
9.			
10.			

Examinations for Methane in Working Places

1.	Location	Time	Methane Content	11.	Location	Time	Methane Content
1.	0-4	4:00-4:30	0%CH4	11.			
2.	0-4	6:00-6:30	0%	12.			
3.	0-4	8:00-8:30	0%	13.			
4.	0-4	10:00-10:30	0%CH4	14.			
5.				15.			
6.	20.802			16.			
7.	0%CH4			17.			
8.	0%CO			18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

1.	Location	Time	Methane Content	6.	Location	Time	Methane Content
1.	Return	4:33pm	0%CH4	6.			
2.	Return	8:35pm	0%CH4	7.			
3.				8.			
4.				9.			
5.				10.			

Number of Bolts Tested 0

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) Page 5 #10 3:55pm RCP

Section Safe + Clear at Time of Exam

Rick Hutchins

Assistant Mine Foreman

37569

Certificate No.

Carl Cook

Mine Foreman-Mine Manager

350000

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 6/22/22 Section or Area Examined HG 22  
 Time of Examination: from 0630 a.m. or 0730 p.m. to 0800 a.m. or 0800 p.m.  
 Was this report phoned to outside: Yes no  
 By whom Rich Hutchens Time 1100 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 Rooms <u>etc</u>	<u>n/a</u>	<u>---</u>
+2	<u>n/a</u>	<u>---</u>
3	<u>wet floor</u>	<u>Reported</u>
4	<u>n/a</u>	<u>---</u>
5	<u>n/a</u>	<u>---</u>
6	<u>scrap</u>	<u>Reported</u>
7	<u>n/a</u>	<u>---</u>
8		
9		
10	<u>Soft Ribs</u>	<u>Reported</u>

## Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>18,970</u>		

Remarks: Insulations of haulways clean at time  
Power ends of chaper - OK (no power)  
any chaper - OK  
antenna phone - OK  
CO 0%  
O2 20.8%

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

Signed By Rich Hutchens Certificate No. 37569  
 Countersigned [Signature] Mine Manager / Mine Foreman  
[Signature] Assistant Foreman Certificate No. 32224  
 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 11-23-09 Shift 3rd Area or Section HG 22

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

Location	Violation or Hazardous Condition	Action Taken
1. <u>B</u>	<u>Water</u>	<u>reported</u>
2. <u>BXR</u>	<u>SCRAP</u>	<u>Reported</u>
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### Examinations for Methane in Working Places

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

*no*  
*Don Quintero*

#### 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) \_\_\_\_\_

*A. La*  
Assistant Mine Foreman

32284 *Carl*  
Certificate No. Mine Foreman-Mine Manager

32284  
Certificate No. Superintendent or Assistant

Use Indefilible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-23-09 20    Section or Area Examined HG 22  
 Time of Examination: from 4:45 a.m. or p.m. to 5:00 a.m. or p.m.  
 Was this report phoned to outside: Yes    no     
 By whom Ronald Egan Time 6:17 A.M.    P.M.  
 Report received by [Signature] (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1 room</u>	<u>new OGS</u>	<u>rep</u>
2. <u>2 room</u>	<u>new OGS</u>	<u>rep</u>
3. <u>3 m</u>	<u>H<sub>2</sub>O</u>	<u>rep</u>
4. <u>1</u>	<u>new OGS</u>	<u>rep</u>
5. <u>2</u>	<u>new OGS</u>	<u>rep</u>
6. <u>3rd</u>	<u>scap cut</u>	<u>reflect</u>
7. <u>4</u>	<u>new OGS</u>	<u>rep</u>
8. <u>  </u>	<u>  </u>	<u>  </u>
9. <u>  </u>	<u>  </u>	<u>  </u>
10. <u>  </u>	<u>  </u>	<u>  </u>

### Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>17,400</u>	<u>  </u>	<u>  </u>
<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>

Remarks: OC by 20:80r . 500 observed  
panels 3 Heaps ck at time  
of Ex p.c. and chex ck.

sketch  
Intake Phase → OK

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

Signed By [Signature] Certificate No. 30284  
 Assistant Foreman [Signature] Certificate No. 3622r  
 Countersigned [Signature] Mine Manager / Mine Foreman  
 Assistant Foreman [Signature]  
 Superintendent or Assistant [Signature]

Use Indelible  
Pencil or Ink

### DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 11-23-09 Shift Day Area or Section H622

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

	Location	Violation or Hazardous Condition	Action Taken
1.	1 Room	new obj	nil
2.	2 Room	new obj	nil
3.	3 Room	H2O	H2
4.	1	new obj	nil
5.	2	new obj	nil
6.	3rd	Scraped	replaced
7.	4	new obj	nil
8.			
9.			
10.			

#### Examinations for Methane in Working Places

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

#### Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	ret	7:00	0	6.			
2.				7.			
3.	ret	12:00	0	8.			
4.				9.			
5.				10.			

Number of Bolts Tested 0  
Number of Bolts Torqued Above Range \_\_\_\_\_ 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) discussed at 7:00  
Rep at 23 at 6:09 AM No production other  
Shift.

Deo J. [Signature] Assistant Mine Foreman  
[Signature] Certificate No. \_\_\_\_\_ Mine Foreman-Mine Manager  
[Signature] Certificate No. \_\_\_\_\_ Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-23 2009 Section or Area Examined HG-22  
 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 Dean Jones Time 2:40 P.M.  
 Report received by Rick Hutchins (signed)

## Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Rm's 1, 2	0 % CH <sub>4</sub>	N/A
2. Rm 3	0 % CH <sub>4</sub>	Water
3. 1	0 % CH <sub>4</sub>	N/A
4. 2	0 % CH <sub>4</sub>	N/A
5. 3R	0 % CH <sub>4</sub>	Scrap Cut
6. 4	0 % CH <sub>4</sub>	N/A
7.		
8.		
9.		
10.		

## Air Measurements

Location	CFM	Location	CFM
L0B	27,675		
20.8 % CH <sub>4</sub>			
0 % CH <sub>4</sub>			
0 % CO			

Remarks: powercenter, R-ways, Chargers, Haulage Clear at Time of Exam

Intake phone OK  
AIR Chamber OK

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

Signed By [Signature] 36528  
 Preshift-Mine Examiner Certificate No.  
 Countersigned [Signature] 390642  
 Mine Manager Mine Foreman

Assistant Foreman Certificate No.

Rick Hutchins 37569  
 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 11-23-09 Shift EVE Area or Section HG-22

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

	Location	Violation or Hazardous Condition	Action Taken	
1.	Rm 3	0 % CH <sub>4</sub> 0	WATER	Corrected
2.				
3.	3R	0 % CH <sub>4</sub>	Scrap Cut	Corrected
4.				
5.				
6.				
7.				
8.				
9.				
10.				

#### Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 0-4	4:30-5:00	0 % CH <sub>4</sub>			
2. 0-4	6:30-7:00	0 % CH <sub>4</sub>			
3. 0-4	8:00-8:30	0 % CH <sub>4</sub>			
4. 0-4	10:00-10:30	0 % CH <sub>4</sub>			
5.					
6. 20.80 <sup>2</sup>					
7. 0 % CH <sub>4</sub>					
8. 0 % CO					
9.					
10.					

#### Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	4:27 pm	0 % CH <sub>4</sub>			
2. Return	7:55 pm	0 % CH <sub>4</sub>			
3.					
4.					
5.					
6.					
7.					
8.					
9.					
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 \_\_\_\_\_

Remarks (Statement as to General Conditions of Mine or Area of Mine) page 5 # 6, 7 4:10 pm RCP  
Done Smoke Search at End of Track, Check SCSR'S OK

Reick Hutchins 37569 [Signature] [Signature]  
 Assistant Mine Foreman Certificate No. Mine Foreman-Mine Manager Superintendent or Assistant

# PRESHIFT-MINE EXAMINER'S REPORT

Use Indelible Pencil or Ink

Date of Examination 11-23-09 20 Section or Area Examined HG-22 #1 Section  
 Time of Examination: from 10:00 a.m. or PM to 10:30 a.m. or PM  
 Was this report phoned to outside: Yes  no   
 By whom R. Hutchins Time 11:10 A.M.  P.M.  
 Report received by Steve Gable (Signed)

Violations and other Hazardous Conditions Observed and Reported.

#	Location	CH <sub>4</sub>	Violation or Hazardous Condition	Action Taken
1.	#1 Rooms	OK	None observed	None
2.	#2 Rooms	OK	None observed	None
3.	#3 Rooms	OK	None observed	None
4.				
5.	#4		None observed	None
6.	#2 left	OK	S.C. <del>None observed</del> Scrap cut	Reflected
7.	#3	OK	S.C. <del>Scrap cut</del> None observed	None
8.	#3 Right	OK	S.C. <del>None observed</del> Part bolt	Reflected
9.	#4	OK	None observed	Reported
10.				

Air Measurements

Location	CFM	Location	CFM
<u>L.O. 2.</u>	<u>19860</u>		

Remarks: OK CH<sub>4</sub> approx 0.8% detected at time of exam  
Track, Travelways, powercaterers, O. boxes, chargers, 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 W. Va. Mining Laws and the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Rick Hutchins 37569  
Preshift-Mine Examiner Certificate No.

Countersigned [Signature] 37569  
Mine Manager Mine Foreman

[Signature]  
Assistant Foreman Certificate No. 37084

[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 11-29-89 Shift 3rd Area or Section HG 22

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

Location	Violation or Hazardous Condition	Action Taken
1. <u>24C</u>	<u>Scrap</u>	<u>Re-Marked</u>
2. <u>34C</u>	<u>Paint</u>	<u>Re-Marked</u>
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

#### Examinations for Methane in Working Places

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

#### Examinations for Methane in Return Aircourses

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

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

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

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

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

[Signature]  
Assistant Mine Foreman

32294  
Certificate No. Mine Foreman-Mine Manager

[Signature]  
Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-24 2009 Section or Area Examined HG # 22  
 Time of Examination: from 300 a.m. or p.m. to 430 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom Kenny Farmer Time 435 A.M. P.M.  
 Report received by Crash Bang (Signed)

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

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 Room OCHYL	None Observed	Reported
2.	#2 Room OCHYL	None Observed	Reported
3.	#3 Room OCHYL	None Observed	Reported
4.			
5.	#1 Entry OCHYL	None Observed	Reported
6.	#2 LCC OCHYL	Guying cut	Reflectors
7.	#3 Entry OCHYL	None Observed	Reported
8.	#3R CC OCHYL	Part bolted	Reflectors
9.	#4 Entry OCHYL	None Observed	Reported
10.			

#### Air Measurements

Location	CFM	Location	CFM
L013 OCHYL	18,600		
20.802 OPPM C/O			

Remarks: Power Center  
Travelways  
Chargers  
Intake Phone  
Outby Chamber

All ok. at time of exam  
OCHYL 20.802  
OPPM C/O

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

Signed By Kenny Farmer Certificate No. 32294  
 Preshift-Mine Examiner  
 Countersigned Crash Bang Assistant Foreman Certificate No. 1122-A  
 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 11-24 Shift Eve Area or Section AG # 22

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

	Location	Violation or Hazardous Condition	Action Taken
1.	# 1 Room 0% CH <sub>4</sub>	None observed	none
2.	# 2 Room 0% CH <sub>4</sub>	None observed	none
3.	# 3 Room 0% CH <sub>4</sub>	None observed	none
4.			
5.	# 1 0% CH <sub>4</sub>	None observed	none
6.	# 2L 0% CH <sub>4</sub>	Scrap cut	Reflected
7.	# 3 0% CH <sub>4</sub>	None observed	none
8.	# 3R 0% CH <sub>4</sub>	Part Bolted	Reflected
9.	# 4 0% CH <sub>4</sub>	none observed	none
10.			

#### Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1.			11.		
2.			12.		
3.			13.		
4.			14.		
5.	NO Production		15.		
6.	Moving Equip. off Sec,		16.		
7.	worked out by		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) More Cm. 4 Bcks off Sec. to 1 Bck past  
month. Started moving S-C, Took more Box to Sec.

Carl J. [Signature] 1529-A Cash [Signature] [Signature]  
 Assistant Mine Foreman Certificate No. Mine Foreman-Mine Manager Certificate No. Superintendent or Assistant

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 11-24 2009 Section or Area Examined HG-22  
 Date of Examination: from 1:20 a.m. or p.m. to 2:20 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 For whom Carl Grinnett Time A.M. 2:40 P.M.  
 Report received by Rick Hutchens (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
Rm's 1	0 % CH <sub>4</sub>	Reported
Rm's 2	0 % CH <sub>4</sub>	Tagged & Reported
Rm's 3	0 %	Tagged & Reported
1	0 %	Reported
2L	0 %	Tagged & Reported
2	0 %	Reported
3	0 %	Reported
3L	0 %	Tagged & Reported
4	0 % CH <sub>4</sub>	Reported
	Not Add CLEANING part Bolted water	
	N/O	
	Scrap Cut	
	N/C / O	
	N/O	
	Scrap Cut	
	N/O	

### Air Measurements

Location	CFM	Location	CFM
LOB	13,965		
20.802			
0% CH <sub>4</sub>			
0% CO			

Remarks: powercenter, chargers, R-ways, Haulage Clear at  
Time of Exam  
Intake phone OK  
Air Chamber OK  
Moving Miner off Section  
MOVING 5-CAR  
TOOK Move Box TO SEC.

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

Signed By Carl Grinnett 15448 Certificate No.  
 Assistant Foreman \_\_\_\_\_ Certificate No. \_\_\_\_\_  
 Countersigned Carl Grinnett 3806 Mine Manager Mine Foreman  
 Assistant Foreman \_\_\_\_\_  
Rick Hutchens 37569 Superintendent or Assistant

Use Indelible  
Pencil or Ink

### DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 11-24-09 Shift EVE Area or Section HG-22

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

Location	Violation or Hazardous Condition	Action Taken
1. Rm's 1	0 % CH <sub>4</sub> No Add Clearing	Reported
2. 2	0 % PART Bolted	
3. 3	0 % WATER	
Face 1	0 % N/O	
5. 2L	0 % Scrap Cut	
6. 2	0 % N/C/D	
7. 3	0 % N/O	
8. 3L	0 % Scrap Cut	
9. 4	0 % CH <sub>4</sub> N/O	Reported
10.		

#### Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 0-4	9:00-9:40 pm	0 % CH <sub>4</sub>	11.		
2. 0-4		0 % CH <sub>4</sub>	12.		
3. 0-4		% CH <sub>4</sub>	13.		
4. 0-4		% CH <sub>4</sub>	14.		
5.			15.		
6. NO PRODUCTION			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

#### Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	9:43 pm	0 % CH <sub>4</sub>	6.		
2. Return		% CH <sub>4</sub>	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) page 5 # 10 3:50pm RCP

Went over Clean-up Roof Fall with Crew

Rick Hutchins Assistant Mine Foreman     
 37569 Certificate No.     
 [Signature] Mine Foreman-Mine Manager     
 [Signature] Certificate No.     
 \_\_\_\_\_ Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-24 20   Section or Area Examined Hdgate 22  
 Time of Examination: from 9:00 a.m. or 9:00 p.m. to 11:00 a.m. or 11:00 p.m.  
 Was this report phoned to outside? Yes    no     
 By whom Rick Hutchins Time 11:00 A.M.    P.M.     
 Report received by [Signature] (Signed)

### Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	Rooms	n/a	—
2.	"	n/a	—
3.	"	wedging	Reported
4.	1	n/a	—
5.	2xc	scrap	Reported
6.	2	scrap cleaning	Reported
7.	3	"	Reported
8.	3xc	scrap	Reported
9.	4	n/a	—
10.			

### Air Measurements

Location	CFM	Location	CFM
LOB	13,600		

Remarks: Travelways of haulways clear at time of exam  
Room empty of changes - n/a  
dry changes - ok  
substa phone - ok

man 41 Sak } mounted down radial  
substa 30 Sak

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

Signed By Rick Hutchins 37569 Certificate No.  
 Preshift-Mine Examiner  
 Countersigned [Signature] Mine Manager Mine Foreman  
 Assistant Foreman  
[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 \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-25 2009 Section or Area Examined H6 22  
 Time of Examination: from 9:30 a.m. or p.m. to 4:20 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by \_\_\_\_\_ (Signed)

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

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 Rm	None Observed	Reported
2.	#2 Rm	Part Batted	Tagged
3.	#3 Rm	Water	Reported
4.	1	None Observed	Reported
5.	2	Head C+D	Reported
6.	BRT	Scrap Cut	Tagged
7.	3	None Observed	Reported
8.	BRT	Scrap Cut	Tagged
9.	4	None Observed	Reported
10.			

#### Air Measurements

Location	CFM	Location	CFM
LAB	13,868		

Remarks: Track Translamps OK PC's Chargers Refuge Intake  
Phone OK  
0% CH<sub>4</sub> 20.8% O<sub>2</sub> 0 CO

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

Signed By Mike Bailey 27085 Certificate No. Branch Bond Assistant Foreman 1122-A Certificate No.  
 Countersigned [Signature] Mine Manager Mine Foreman [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 \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-25 2009 Section or Area Examined HG 22  
 Time of Examination: from 12:05 a.m. or 12:35 p.m. to 12:35 a.m. or 12:35 p.m.  
 Was this report phoned to outside: Yes  no   
 By whom John Neely Time 2:32 P.M.  
 Report received by Charley Taylor 37002 (Signed)

### Violations and other Hazardous Conditions Observed and Reported

	Location	CH <sub>4</sub>	Violation or Hazardous Condition	Action Taken
1.	#1 Room	0%	NONE OBSERVED	NONE
2.	#2 Room	0%	PART BOLTER	Tagged
3.	#3 Room	0%	WATER	Reported
4.	1	0%	NONE OBSERVED	NONE
5.	2	0%	NEEDS CLEANED & DUSTED	Reported
6.	2 Left	0%	SCRAP CUT	Tagged
7.	3	0%	NONE OBSERVED	NONE
8.	3 Right	0%	SCRAP CUT	Tagged
9.	4	0%	NONE OBSERVED	NONE
10.				

### Air Measurements

Location	CFM	Location	CFM
LOB	13,760		

Remarks: 0% CH<sub>4</sub> 0% CO 20.8% O<sub>2</sub>  
TRACK, TRAVELWAYS, POWER CENTER, CHARGERS OK AT TOE

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

Signed By Johnny Neely Certificate No. 33472 Assistant Foreman  
 Countersigned Charley Taylor Mine Manager Mine Foreman Certificate No. 3906000  
 Assistant Foreman Superintendent of Assistant

Use Indelible  
Pencil or Ink

### DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 11-25-09 Shift EVE Area or Section H6-22

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

Location	Violation or Hazardous Condition	Action Taken
1. _____	_____	_____
2. <u>Check</u>	_____	_____
3. _____	_____	_____
4. <u>power center 0%CH4</u>	<u>N/O</u>	<u>Reported</u>
5. _____	_____	_____
6. <u>Charger's 0%CH4</u>	<u>N/O</u>	<u>Reported</u>
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. _____	_____	_____	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. _____	_____	_____	13. _____	_____	_____
4. <u>NO PRODUCTION</u>	_____	_____	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) \_\_\_\_\_

Rick Hutchins 37569  
Assistant Mine Foreman Certificate No.

Carl Cook  
Mine Foreman-Mine Manager

J. M. [Signature]  
Superintendent or Assistant



Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant



Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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

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

Assistant Mine Foreman

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

Mine Foreman-Mine Manager

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

Superintendent or Assistant



Use Indelible  
Pencil or Ink

### DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

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

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

#### Examinations for Methane in Working Places

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

#### Examinations for Methane in Return Aircourses

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

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

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

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

\_\_\_\_\_

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

\_\_\_\_\_

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 11-26-09 20 11 Section or Area Examined H622  
 Time of Examination: from 830 a.m. or pm to 1130 a.m. or pm  
 Was this report phoned to outside: Yes no X  
 By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by \_\_\_\_\_  
 (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. _____	_____	<u>Delayed Off</u>
2. <u>NO Power</u>	_____	_____
3. _____	_____	_____
4. <u>no preshift</u>	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### Air Measurements

Location	CFM	Location	CFM
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Signed By [Signature] 1537-17 \_\_\_\_\_  
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned [Signature] 39060-08 \_\_\_\_\_  
 Mine Manager Mine Foreman  
 \_\_\_\_\_  
 Assistant Foreman  
 \_\_\_\_\_  
 Superintendent or Assistant

Use Indelible  
Pencil or Ink

### DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

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

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

#### Examinations for Methane in Working Places

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

#### Examinations for Methane in Return Aircourses

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

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

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

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant



Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-27 2009 Section or Area Examined HG22  
 Time of Examination: from 12:30 a.m. or p.m. to 12:54 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom John Neely Time 12:54 A.M. P.M.  
 Report received by Harley Taylor 37002 (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	CH <sub>4</sub>	Violation or Hazardous Condition	Action Taken
1. #1 Room	0%	NONE OBSERVED	NONE
2. #2 Room	0%	PART Bolted	Tagged
3. #3 Room	0%	WATER	Reported
4. 1	0%	NONE OBSERVED	NONE
5. 2	0%	Needs cleaned & Dusted	Reported
6. 2 left	0%	SCRAP CUT	Tagged
7. 3	0%	NONE OBSERVED	NONE
8. 3 Right	0%	SCRAP CUT	Tagged
9. 4	0%	NONE OBSERVED	NONE
10.			

### Air Measurements

Location	CFM	Location	CFM
LOB	14,024		

Remarks: 0% CH<sub>4</sub> 0% CO 20.8% O<sub>2</sub>  
TRACK, TRAVELWAYS, POWDER CENTERS, CHARGERS OK AT JOE.

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

Signed By John Neely Certificate No. 33472  
 Preshift-Mine Examiner  
 Countersigned Harley Taylor Certificate No. 37002  
 Mine Manager Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible  
Pencil or Ink

### DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

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

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

#### Examinations for Methane in Working Places

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

#### Examinations for Methane in Return Aircourses

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

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

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

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

\_\_\_\_\_

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

\_\_\_\_\_

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

Use Indelible Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-27-09 20      Section or Area Examined H22  
 Time of Examination: from 900 a.m. or 935 a.m. or (P.M.)  
 Was this report phoned to outside: Yes no  
 By whom Bailey Time 1100 (P.M.)  
 Report received by Don Williams 15397A  
 (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. #1 Room <u>CH4 02</u>	<u>none observed</u>	<u>none</u>
2. #2 Room <u>02</u>	<u>Part Bolted</u>	<u>Rebolted</u>
3. #3 Room <u>02</u>	<u>water</u>	<u>Repaired</u>
4. <u>1</u> <u>02</u>	<u>None observed</u>	<u>none</u>
5. <u>2</u> <u>02</u>	<u>needs cleaned &amp; dusted</u>	<u>Reported</u>
6. <u>2 Left</u> <u>02</u>	<u>Scrapcut</u>	<u>Rebolted</u>
7. <u>3</u> <u>02</u>	<u>None observed</u>	<u>none</u>
8. <u>3 Right</u> <u>02</u>	<u>Scrapcut</u>	<u>Rebolted</u>
9. <u>✓</u> <u>02</u>	<u>none observed</u>	<u>none</u>
10. <u>    </u>	<u>    </u>	<u>    </u>

#### Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>13,840</u>	<u>    </u>	<u>    </u>
<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>

Remarks: 2 CH4 3 CO 202  
TRACK, TRAVELWAYS, PCS, CHARGERS OK AT TCE

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

Signed By Mahe Bailey 27085 Assistant Foreman Certificate No.  
 Countersigned      37000 Mine Manager Mine Foreman Certificate No.  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible  
Pencil or Ink

### DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

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

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

#### Examinations for Methane in Working Places

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

#### Examinations for Methane in Return Aircourses

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

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

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

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-28-09 20 Section or Area Examined H622

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 \_\_\_\_\_ Time 5:08 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 Row <u>CHY/3</u>	noe db)	rep
2. 2 Row <u>CHY/3</u>	part Bolter	reflect
3. 3 row <u>CHY/3</u>	H <sub>2</sub> O	rep
4. 1 <u>CHY/3</u>	noe db)	rep
5. set <u>CHY/3</u>	needs chud: utel	rep
6. 2 <u>CHY/3</u>	Scrap cut	reflect
7. 3 <u>CHY/3</u>	noe db)	rep
8. 3rd <u>CHY/3</u>	Scrap cut	reflect
9. 4 <u>CHY/3</u>	noe db)	rep
10.		

#### Air Measurements

Location	CFM	Location	CFM
<u>COB</u>	<u>13,783</u>		

Remarks: CHY 20,802,000 detected Trukeys  
Trukeys OK at time of EM P.C.I.  
and then OK.

Section Telle no production

Interke Phase OK  
skette Chamber

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

Signed By Mike Bailey 27085 Certificate No.  
Countersigned [Signature] 35060 Certificate No.  
Mine Manager Mine Foreman

[Signature] 35020  
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 11-28-09 Shift any Area or Section H622

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

Location	Violation or Hazardous Condition	Action Taken
1. 1 Room	nae 061	
2. 2 Room	part Botter	
3. 3 mine	H2O	
4. 1	nae 061	
5. 2	nae 061	
6. 3	nae 061	
7. 3	nae 061	
8. 3	nae 061	
9. 4	nae 061	
10.		

#### Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-3			11.		
2. 1-4			12.		
3. 1-3			13.		
4. 1-4			14. Section		
5. 1-3			15. Jelle		
6. 1-3			16. no production		
7. 1-4			17.		
8. 1-3			18.		
9.			19.		
10.			20.		

#### Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. ret			6.		
2. ret.			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] 36120  
 Assistant Mine Foreman Certificate No. \_\_\_\_\_ Mine Foreman-Mine Manager Certificate No. \_\_\_\_\_ Superintendent or Assistant

Use Indelible Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-28 2009 Section or Area Examined #6#22  
 Time of Examination: from 1200 a.m. or p.m. to 100 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom John Neely Time 240 P.M.  
 Report received by Branch Boy (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. Section Idle		Reported
2. OCH <sub>4</sub>		
3. 20.802		
4. OPRM C/O		
5.		
6.		
7.		
8.		
9.		
10.		

#### Air Measurements

Location	CFM	Location	CFM
LOB	13,200		
OCH <sub>4</sub>			
20.802			
OPRM C/O			

Remarks: Power Center  
 Chargers  
 Intake Phone  
 Outby Shelter  
 Travelways  
 OCH<sub>4</sub> 20.802 OPRM C/O

}

All OK at time of exam.

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

Signed By John Neely 33472 Certificate No.  
 Preshift-Mine Examiner  
 Countersigned Branch Boy 39060-08 Assistant Foreman  
 Mine Manager Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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

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

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

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 11-28-09 20          Section or Area Examined H622  
 Time of Examination: from 9:30 a.m. or 10:05 p.m. to          a.m. or          p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Bailey Time 11:00 A.M. P.M.  
 Report received by Don McIlwain 1539A  
 (Signed)

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

Section	Location	Violation or Hazardous Condition	Action Taken Reported
1.	<u>ID1E</u>		
2.			
3.	<u>0% CH4</u>		
4.	<u>20.8% O2</u>		
5.	<u>0PPM C.O.</u>		
6.			
7.			
8.			
9.			
10.			

#### Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>13,741</u>		
<u>02CH4, 02CO, 20.8% O2</u>			

Remarks: Power center  
Chargers  
Intak Phone  
Outby shelter  
Travelways } OK At time of Exam

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

Signed By Mike Bailey 27085  
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned          3506074  
 Mine Manager Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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

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

Assistant Mine Foreman

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

Mine Foreman-Mine Manager

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

Superintendent or Assistant

Use Indefinite Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-29-09 20 H622 Section or Area Examined  
 Time of Examination: from 3:45 a.m. or p.m. to 4:20 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. <u>1 Rm</u>	<u>Name Observed</u>	<u>Reported</u>
2. <u>2 Rm</u>	<u>Post Bolted</u>	<u>Tagged</u>
3. <u>3 Rm</u>	<u>Water</u>	<u>Reported</u>
4. <u>1</u>	<u>Name Observed</u>	<u>Reported</u>
5. <u>2</u>	<u>Feed G&amp;D</u>	<u>Reported</u>
6. <u>2LT</u>	<u>Scrap cut</u>	<u>Tagged</u>
7. <u>3</u>	<u>Name Observed</u>	<u>Reported</u>
8. <u>3LT</u>	<u>Scrap cut</u>	<u>Tagged</u>
9. <u>4</u>	<u>Name Observed</u>	<u>Reported</u>
10. _____	_____	_____

### Air Measurements

Location	CFM	Location	CFM
<u>C03</u>	<u>13,809</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Prank Trounchroy BC Charges OK  
0% CH4 20.8% O2 DCD

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

Signed By Mick Bailey 27085 Certificate No. Dean Jan 36020 Certificate No.  
 Countersigned [Signature] 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 11-29-09 Shift PM Area or Section H622

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

Location	Violation or Hazardous Condition	Action Taken
1. 1Rm	None	
2. 2Rm	part bolted	
3. 3Rm	H <sub>2</sub> O	
4. 1	none	
5. 2	needs dust net	
6. 2nd	scrap cut	
7. 3	none	
8. 3rd	scrap cut	
9. 4	none	
10.		

#### Examinations for Methane in Working Places

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

#### Examinations for Methane in Return Aircourses

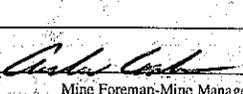
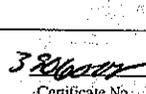
Location	Time	Methane Content %	Location	Time	Methane Content
1. <u>net</u>			6.		
2.			7.		
3. <u>led</u>			8.		
4.			9.		
5.			10.		

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

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

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

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

Assistant Mine Foreman      Certificate No. 3682      Mine Foreman-Mine Manager      Certificate No. 386004      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 H6 # 22  
 Time of Examination: from 1230 a.m. or p.m. to 200 a.m. or p.m.  
 Was this report phoned to outside: Yes  No   
 By whom Deane Jones Time 230 P.M.  
 Report received by Bush (Signed) Bush

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

Location	Violation or Hazardous Condition	Action Taken
1. # 1 Room OCHY!	None Observed	Reported
2. # 2 Room OCHY!	None Observed	Reported
3. # 3 Room OCHY!	Water in face	Being pumped Reported
4. # 1 Entry OCHY!	None Observed	Reported
5. # 2L CC OCHY!	Scrap Cut	Reflectors
6. # 2 Entry OCHY!	None Observed	Reported
7. # 3+3R OCHY!	None Observed	Reported
8. # 4 Entry OCHY!	None Observed	Reported
9. <u>20.802</u>		
10. <u>0PPM C/O</u>		

#### Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>16,765</u>		
<u>OCHY!</u>			
<u>20.802</u>			
<u>0PPM C/O</u>			

Remarks: Power Center  
Travel ways  
Chargers  
Outby shelter  
Intake phone } All OK at time of report  
OCHY! 20.802 0PPM C/O

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

Signed By [Signature] 36525  
 Preshift-Mine Examiner Certificate No.

Countersigned [Signature] 38060  
 Mine Manager Mine Foreman Certificate No.

[Signature] 1122A  
 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### Examinations for Methane in Working Places

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

#### Examinations for Methane in Return Aircourses

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

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

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

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-29-09 20      Section or Area Examined HG-22 #1 Section  
 Time of Examination: from 8:30 a.m. or PM to 11:30 a.m. or PM  
 Was this report phoned to outside: Yes  no   
 By whom Mike Bailey Time 10:55 AM  
 Report received by Steve Jim 39042  
 (Signed)

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

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	Room #1	0%	None observed	None
2.	Room #2	0%	None observed	None
3.	Room #3	0%	WATER Impossible	Reported
4.				
5.	#1	0%	None observed	None
6.	#2	0%	None observed	None
7.	#2 Left	0%	Scrap Cut	Reflected
8.	#3	0%	None observed	None
9.	#3 Right	0%	None observed	None
10.	#4	0%	None observed	None

#### Air Measurements

Location	CFM	Location	CFM
L-0-3	15,631		

Remarks: 0% CH4 opp co, 20-85% detected at time of exam  
Trucky towards, pulverizers, 0-20% charged, intake phone, intake chamber at T-0-E

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

Signed By Mike Bailey 27085 Certificate No.  
 Preshift-Mine Examiner  
 Countersigned Steve Jim 390602 Certificate No.  
 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 11-29 Shift 3rd Area or Section 1 sector

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

	Location	Violation or Hazardous Condition	Action Taken
1.	Room 1	obdctty	
2.	Room 2	obdctty	
3.	Room 3	obdctty	Pumping
4.			
5.	1	none observed	
6.	2	none observed	
7.	2L	Scrap Cut	Reflectors hung
8.	3	none observed	
9.	3R	Scrap Cut	Reflectors hung
10.	4	none observed	

#### Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-4	138	220	obdctty	11.		
2.					12.		
3.	1-4	440	541	obdctty	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.	Return	225	obdctty	6.			
2.				7.			
3.	Return	546	obdctty	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) \_\_\_\_\_

Kyle Anderson 33238 Chris Lab 390607  
 Assistant Mine Foreman Certificate No. Mine Foreman-Mine Manager Certificate No. Superintendent or Assistant

Use indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 11-30-09 20 Section or Area Examined H622  
 Time of Examination: from 4:45 a.m. or p.m. to 5:38 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Kyle Anderson Time 5:48 A.M. P.M.  
 Report received by [Signature] (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. <u>1 Rom</u>	<u>nee cbs</u>	<u>ny</u>
2. <u>2 m</u>	<u>" "</u>	<u>ny</u>
3. <u>3 m</u>	<u>ne cbs</u>	<u>ny</u>
4. <u>1</u>	<u>nee cbs</u>	<u>ny</u>
5. <u>det</u>	<u>script</u>	<u>reflets</u>
6. <u>3rd</u>	<u>script</u>	<u>reflets</u>
7. <u>4</u>	<u>nee cbs</u>	<u>refl</u>
8.		
9.		
10.		

#### Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>19,832</u>		

Remarks: OCity 20802 .000 detected in delay?  
Unless ok at time of Ex p.c. and  
charges ok.

Stellar Chamber → ok  
Intake Pipe → ok

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

Signed By Kyle Anderson 33238 Certificate No. [Signature] 36020 Certificate No.  
 Countersigned [Signature] Mine Manager Mine Foreman [Signature] Assistant Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible  
Pencil or Ink

### DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 11-30-09 Shift my Area or Section HG22

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

Location	Violation or Hazardous Condition	Action Taken
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. <u>Seals</u>	<u>Idle No Rods</u>	<u></u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### Examinations for Methane in Working Places

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

#### Examinations for Methane in Return Aircourses

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

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

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

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

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

[Signature]  
Assistant Mine Foreman

3625 [Signature]  
Certificate No. Mine Foreman-Mine Manager

3501 [Signature]  
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 H6 #22  
 Time of Examination: from 130 a.m. or p.m. to 225 a.m. or p.m.  
 Was this report phoned to outside: Yes  No   
 By whom Deano Jones Time 230 A.M. P.M.  
 Report received by Branch Boy (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1 Room OCH <sub>4</sub> l.	None Observed	Reported
2. #2 Room OCH <sub>4</sub> l.	Not Bolted	Reflectors
3. #3 Room OCH <sub>4</sub> l.	None Observed	Reported
4. #1 Entry OCH <sub>4</sub> l.	None Observed	Reported
5. #2 Entry OCH <sub>4</sub> l.	None Observed	Reported
6. #2 L CC OCH <sub>4</sub> l.	Scrap Cut	Reflectors
7. #3 Entry OCH <sub>4</sub> l.	None Observed	Reported
8. #4 Entry OCH <sub>4</sub> l.	None Observed	Reported
9. <u>OPPM c/o</u>		
10. <u>20.802</u>		

### Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>15,295</u>		
<u>OCH<sub>4</sub>l. 20.802</u>			
<u>OPPM c/o</u>			

Remarks: Power Center  
Chargers  
Travelways  
Intake Phone  
Atty Shelter  
 } All ok at time of exam.  
OCH<sub>4</sub>l. 20.802 OPPM c/o

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

Signed By [Signature] 30225 Certificate No. Branch Boy Assistant Foreman 1102-A Certificate No.  
 Countersigned [Signature] 3206224 Mine Manager Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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

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

Assistant Mine Foreman

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

Mine Foreman-Mine Manager

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

Superintendent or Assistant

Use Indelible Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-30-09 20      Section or Area Examined HG-22 #1 Section  
 Time of Examination: from 8:30 a.m. or pm to 11:30 a.m. or pm  
 Was this report phoned to outside: Yes no   
 By whom Bright out Time A.M. 10:10  P.M.  
 Report received by \_\_\_\_\_

(Signed)

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

Location	CH <sub>4</sub>	Violation or Hazardous Condition	Action Taken
1. #1 Room	OX	None observed	None
2. #2 Room	OX	None observed	None
3. #3 Room	OX	None observed	None
4. _____	_____	_____	_____
5. #1	OX	None observed	None
6. #2 left	OX	Scrap cut	Reflected
7. #3 right	OX	Scrap cut / Paint dotted	Reflected
8. #4	OX	None observed	None
9. _____	_____	_____	_____
10. _____	_____	_____	_____

#### Air Measurements

Location	CFM	Location	CFM
L-O-S.	15,692	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0.5 CH<sub>4</sub> open co 20.8% od detected at time of exam  
Track, Traveling, powercenter, chargers, 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 W. Va. Mining Laws and the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By [Signature] Certificate No. 39042  
 Preshift-Mine Examiner  
 Countersigned [Signature] Certificate No. 390602  
 Mine Manager Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

38238  
 Certificate No.

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 12-1-09 20    Section or Area Examined HG-22 #1 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 Brought out Time 5:00  A.M.    P.M.  
 Report received by    (Signed)

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

#	Location	CH	Violation or Hazardous Condition	Action Taken
1.	#1 Room	0%	None observed	None
2.	#2 Room	0%	None observed	None
3.	#3 Room	0%	None observed	None
4.				
5.	#1	0%	None observed	None
6.	#2 left	0%	Scrap cut	Reflected
7.	#3 Right	0%	Scrap cut / Part bolted	Reflected
8.	#4	0%	None observed	None
9.				
10.				

#### Air Measurements

Location	CFM	Location	CFM
<u>L-0-3.</u>	<u>15,710</u>		

Remarks: 0% CH<sub>4</sub>, open co, 20.8% O<sub>2</sub> detected at time of exam  
Track, Traveling, pulverizers, choppers, Intake Phase, 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 W. Va. Mining Laws and the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By [Signature] 39042 [Signature] 36720  
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned [Signature] 58000  
 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 11-1-09 Shift Day Area or Section H622

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

Location	Violation or Hazardous Condition	Action Taken
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. <u>seater Id 1p</u>	_____	_____
6. _____	_____	_____
7. <u>no products</u>	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### Examinations for Methane in Working Places

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

#### Examinations for Methane in Return Aircourses

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

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

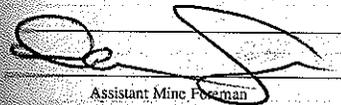
Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_

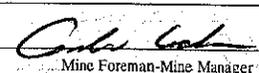
If majority of bolts tested in any working place falls outside approved torque range, state what action was taken \_\_\_\_\_

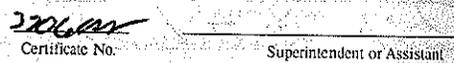
\_\_\_\_\_

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

\_\_\_\_\_

  
Assistant Mine Foreman

3652r   
Certificate No. Mine Foreman-Mine Manager

3206   
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 HG-22  
 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 DEAN JONES Time A.M. 2:40 P.M.  
 Report received by Rick Hutchens  
 (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. Rm 1	0% CH <sub>4</sub> N/O	Reported
2. " 2	0% CH <sub>4</sub> P/B	Tagged + Reported
3. " 3	0% CH <sub>4</sub> N/O	Reported
Face 1, 2	0% CH <sub>4</sub> N/O	Reported
5. 2L	0% CH <sub>4</sub> SCRAP CUT	Tagged + Reported
6. 3, 3R, 4	0% CH <sub>4</sub> N/O	Reported
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### Air Measurements

Location	CFM	Location	CFM
L O B	15,295		
0% CH <sub>4</sub>			
20.8°			
0% CO			

Remarks: powercenter, R-ways, chargers, Haulage Clear at  
Time of Exam

Intake phone OK  
Air Chamber OK

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

Signed By [Signature] Certificate No. 36028 Assistant Foreman  
 Countersigned [Signature] Mine Manager Mine Foreman Certificate No. 39000-08  
Rick Hutchens Assistant Foreman Certificate No. 37569 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 EVE Area or Section HG-22

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

Location	Violation or Hazardous Condition	Action Taken
1. Rm 2	0 %CH <sub>4</sub>	Reported
FACE 2L	0 %CH <sub>4</sub>	Reported
3.		
4.		
5.		
6.	Section Idle	
7.	NO PRODUCTION	
8.		
9.	Work on pumps + Fall on Longwall	
10.		

#### Examinations for Methane in Working Places

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

Face's  
Fire Boss Face

#### Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	9:35	0 %CH <sub>4</sub>	6.		
2. Return		0 %CH <sub>4</sub>	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) \_\_\_\_\_

Rich Hutchins 37569

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-1-09 20    Section or Area Examined HG 22 #1 Section  
 Time of Examination: from 8:30 a.m. or PM to 11:30 a.m. or PM  
 Was this report phoned to outside: Yes    no     
 By whom Brought out Time    A.M. 6:50 P.M.     
 Report received by   

(Signed)

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

Location	CH <sub>4</sub>	Violation or Hazardous Condition	Action Taken
1. #1 Room	OX	None observed	None
2. #2 Room	OX	None observed	None
3. #3 Room	OX	None observed	None
4. <u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
5. #1	OX	None observed	None
6. #2 left	OX	Scrap cut	Reflected
7. #3 right	OX	Scrap cut / Part bolts	Reflected
8. #4	OX	None observed	None
9. <u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
10. <u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>

#### Air Measurements

Location	CFM	Location	CFM
<u>L-0-3</u>	<u>15,690</u>	<u>  </u>	<u>  </u>
<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>

Remarks: 0.1 CH<sub>4</sub> ppm co, 20-30% od detected at time of exam  
Track, travelways, pulverizer, charger's, intake phase, Intake chamber ok at T.O.F.

*Don Allen 15397*

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

Signed By Don Allen Certificate No. 39042  
 Countersigned    Mine Manager / Mine Foreman Certificate No.     
 Assistant Foreman Certificate No.     
 Superintendent or Assistant

Use Indelible  
Pencil or Ink

### DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

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

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

#### Examinations for Methane in Working Places

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

#### Examinations for Methane in Return Aircourses

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

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

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

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made.

Date of Examination 12-20-09 20 Section or Area Examined HG #22  
 Time of Examination: from 330 a.m. or p.m. to 400 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Brought out Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by \_\_\_\_\_  
 (Signed)

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

	Location	Ch <sub>4</sub>	Violation or Hazardous Condition	Action Taken
1.	#1 Room	06	none observed	none
2.	#2 Room	06	none observed	none
3.	#3 Room	06	none observed	none
4.				
5.	#1	06	none observed	none
6.	#2 Left	06	Scrap cut	Re-labeled
7.	#3 Right	06	Scrap cut / Bartolled	re-labeled
8.	#4	06	none observed	none
9.				
10.				

#### Air Measurements

Location	CFM	Location	CFM
LOB	16,170		

Remarks: 06 CH<sub>4</sub> 06 CO 208802  
Track, Travelways, Power centers, Chargers Intake Phase, cut by chamber  
OK AT TOE

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

Signed By [Signature] 15394 Certificate No. [Signature] 36528 Certificate No.  
 Countersigned [Signature] Mine Manager Mine Foreman [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 \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

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

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

#### Examinations for Methane in Working Places

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

#### Examinations for Methane in Return Aircourses

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

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

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

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 12-2-09 Section or Area Examined H622 #1 Sect.  
 Time of Examination: from 1200 a.m. or PM to 1235 a.m. or PM  
 Was this report phoned to outside: Yes no  
 By whom Brought out Time          A.M.          P.M.  
 Report received by          (Signed)

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

Location	CH <sub>4</sub>	Violation or Hazardous Condition	Action Taken
1. <u>1 Room</u>	<u>0%</u>	<u>None Observed</u>	<u>None</u>
2. <u>2 Room</u>	<u>0%</u>	<u>Part Bolted</u>	<u>Reflectn</u>
3. <u>3 Room</u>	<u>0%</u>	<u>None Observed</u>	<u>None</u>
4. <u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
5. <u>1</u>	<u>0%</u>	<u>None Observed</u>	<u>None</u>
6. <u>2 Left</u>	<u>0%</u>	<u>Scrap Cut</u>	<u>Reported, Reflecting Hang</u>
7. <u>3</u>	<u>0%</u>	<u>Scrap Cut, Part Bolted</u>	<u>Reported, Reflecting Hang</u>
8. <u>4</u>	<u>0%</u>	<u>None Observed</u>	<u>None</u>
9. <u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
10. <u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>

#### Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>18200</u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>

Remarks: 0% ch<sub>4</sub> 0% CO + 20.8% O<sub>2</sub> detected at time of exam

Track, trackage, PCs & chaises OK at time of exam  
Intal Phn & Refuge Chamber OK

Fan off 1:31 Pm

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

Signed By John A. Bedford 25171  
 Preshift-Mine Examiner Certificate No.  
 Countersigned Andy Cook 390651X  
 Mine Manager Mine Foreman Assistant Foreman Certificate No.  
 Assistant Foreman Superintendent or Assistant

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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

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

Assistant Mine Foreman

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

Mine Foreman-Mine Manager

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

Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-2-09 20 116-22 Section or Area Examined 1500  
 Time of Examination: from 3:22 a.m. or p.m. to 5:22 a.m. or p.m.  
 Was this report phoned to outside: Yes no Time          A.M.          P.M.  
 By whom           
 Report received by          (Signed)

## Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>C44-</u>		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Location	Air Measurements	Location	CFM
<u>LOB</u>			

*Steve Gish 3/24/2*

Remarks: C44-0%, O2-20.5%, CO-0ppm power centers checked, intake  
trucks always on trackways checked, clear at  
time of exam  
EO

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

Signed By \_\_\_\_\_ 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-2-01 20      Section or Area Examined HG 22 #1 Section  
 Time of Examination: from 4:45 a.m. or      p.m. to 5:20 a.m. or      p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Rick Hutchins Time 5:15 A.M.      P.M.  
 Report received by St Jim 3104  
 (Signed)

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

Location	CH <sub>4</sub>	Violation or Hazardous Condition	Action Taken
1. Room #1	0%	None observed	None
2. Room #2	0%	Part bolted	Reflected
3. Room #3	0%	None observed	None
4. <u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
5. #1	0%	None observed	None
6. #2	0%	None observed	None
7. #2 left	0%	Scrap cut	Reflected
8. #3 Right	0%	None observed	None
9. #4	0%	None observed	None
10. <u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>

#### Air Measurements

Location	CFM	Location	CFM
<u>L.O.S.</u>	<u>15,740</u>	<u>    </u>	<u>    </u>
<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>

Remarks: 0% CH<sub>4</sub> ppm w/ 20-30% O<sub>2</sub> detected at time of exam  
Track, Driveway, personnel's, choppers, intake phone, intake chamber ok at L.O.S.

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

Signed By Rick Hutchins 31569  
 Preshift-Mine Examiner 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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

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

Assistant Mine Foreman

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

Mine Foreman-Mine Manager

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

Superintendent or Assistant



Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-3-09 20 Section or Area Examined HG22 #1 section  
 Time of Examination: from 4:00 a.m. or p.m. to 4:30 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Brought out Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by \_\_\_\_\_  
 (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Room #1	None Observed	None
2. Room #2	Part Bolted	Reflected
3. Room #3	None Observed	None
4. _____	_____	_____
5. #1	None observed	None
6. #2	None Observed	None
7. #2L	Scraps	Reflected
8. #3RT	None Observed	None
9. 4	None Observed	None
10. _____	_____	_____

### Air Measurements

Location	CFM	Location	CFM
LOB	17,170	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: OB 64, 0660, 208802  
Track  
TRAVELWAYS  
PC'S  
Chargers  
Intake Phones  
Relge  
 OK At time of Exam

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

Signed By John Williams 15997 Certificate No. \_\_\_\_\_ Assistant Foreman \_\_\_\_\_ Certificate No. \_\_\_\_\_  
 Countersigned Charles Cook Mine Manager Mine Foreman \_\_\_\_\_ Assistant Foreman \_\_\_\_\_  
 \_\_\_\_\_ Superintendent or Assistant

John A. Bickford 26171

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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

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

Assistant Mine Foreman

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

Mine Foreman-Mine Manager

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

Superintendent or Assistant

Use Indelible Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-3 2009 Section or Area Examined H16-22  
 Time of Examination: from 2:00 a.m. or p.m. to 2:30 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom John Bick Ford Time 2:35 A.M. P.M.  
 Report received by Rick Hutchens  
(Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. Rm 1	0% CH <sub>4</sub> N/O	Reported
2. Rm 2	0% CH <sub>4</sub> part Bolted	Tagged + Reported
3. Rm 3	0% CH <sub>4</sub> N/O	Reported
4. 1	0% CH <sub>4</sub> N/O	Reported
5. 2	0% CH <sub>4</sub> N/O	Reported
6. 2LT	0% CH <sub>4</sub> Scrap Cut	Tagged + Reported
7. 3RT	0% CH <sub>4</sub> N/O	Reported
8. 4	0% CH <sub>4</sub> N/O	Reported
9.		
10.		

#### Air Measurements

Location	CFM	Location	CFM
LOB	18470		
20.8 <sup>o2</sup>			
0% CH <sub>4</sub>			

Remarks: powercenter, R-ways, Haulage, R-ways Clean at Time of EXAM

Air Chamber OK  
Intake phone OK

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

Signed By John B. Buckford 26176  
Preshift-Mine Examiner Certificate No.  
 Countersigned [Signature] 3801124  
Mine Manager Mine Foreman

Assistant Foreman

Certificate No.

Rick Hutchens 37569  
Assistant Foreman

Superintendent or Assistant

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 12-3-09 20      Section or Area Examined H622  
 Time of Examination: from 800 a.m. or 930 p.m. to      a.m. or      p.m.  
 Was this report phoned to outside: Yes no  
 By whom Brought out Time      A.M.      P.M.  
 Report received by       
 (Signed)

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

	Location	Violation or Hazardous Condition	Action Taken
1.	Rm #1 OZ ch4	none observed	none
2.	Rm #2 OZ ch4	Part Bolted	Reflected
3.	Rm #3 OZ ch4	none observed	none
4.			
5.	1 OZ ch4	none observed	none
6.	2 OZ ch4	none observed	none
7.	2LT OZ ch4	scrapcut	Reflected
8.	3RT OZ ch4	none observed	none
9.	4 OZ ch4	none observed	none
10.			

#### Air Measurements

Location	CFM	Location	CFM
LCB	18,640		

Remarks: OZ ch4 OZCO 208202  
Power centers, R-WAYS, CHARGES OK  
      
      
Air Chambers OK  
Intake Phase OK  
      
    

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

Signed By [Signature] 1539A Assistant Foreman Certificate No.       
 Preshift-Mine Examiner  
 Countersigned [Signature] 3501118 Mine Manager Mine Foreman Certificate No.       
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-4-09 20 Section or Area Examined HG 22  
 Time of Examination: from 330 a.m. or p.m. to 100 a.m. or p.m.  
 Was this report phoned to outside: no  
 By whom: Brought out Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by \_\_\_\_\_ (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Room #1 <u>CH4</u> <u>0%</u>	<u>none observed</u> <u>CO</u> <u>0%</u>	<u>none</u> <u>208202</u>
2. Room #2 <u>CH4</u> <u>0%</u>	<u>Dart batted</u> <u>O2 CO</u>	<u>Reflected</u> <u>208202</u>
3. Room #3 <u>CH4</u> <u>0%</u>	<u>none observed</u> <u>O2 CO</u>	<u>none</u> <u>208202</u>
4. <u>0%</u>		
5. #1 <u>CH4</u> <u>0%</u>	<u>none observed</u> <u>O2 CO</u>	<u>none</u> <u>208202</u>
6. #2 <u>CH4</u> <u>0%</u>	<u>none observed</u> <u>O2 CO</u>	<u>none</u> <u>208202</u>
7. #2LT <u>CH4</u> <u>0%</u>	<u>Scrap cut</u> <u>O2 CO</u>	<u>Reflected</u> <u>208202</u>
8. #3RT <u>CH4</u> <u>0%</u>	<u>none observed</u> <u>O2 CO</u>	<u>none</u> <u>208202</u>
9. #4 <u>CH4</u> <u>0%</u>	<u>none observed</u> <u>O2 CO</u>	<u>none</u> <u>208202</u>
10. _____		

### Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>18,265</u>		

Remarks: 0% CH4, 0% CO, 208202  
PC'S OK  
Chargers OK  
Travellers OK  
Intake Area OK  
Refuge OK

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

Signed By [Signature] 1539A Assistant Foreman Certificate No. \_\_\_\_\_  
 Countersigned [Signature] 390000 Mine Manager - Mine Foreman Certificate No. \_\_\_\_\_  
 Assistant Foreman \_\_\_\_\_ Superintendent or Assistant \_\_\_\_\_

John B. Biedford 26176

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 12-14-09 20 Section or Area Examined H. C. 22  
 Time of Examination: from 12 a.m. or PM to 2 a.m. of PM  
 Was this report phoned to outside: Yes  no   
 By whom Buckford Time 2:50 A.M.  P.M.   
 Report received by T. Moore (Signed)

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

Location	Chf	Violation or Hazardous Condition		Action Taken
1. #1 Room	0%	N/A	20.82	Reported
2. 2 Room	0%	Part belt d	20.8%	Reflectors
3. 3 Room	0%	N/A	20.82	Reported
4.				
5. #1	0%	N/A	20.82	
6. #2	0%	N/A	20.82	
7. #2L	0%	Scrap Cut	20.82	Reflectors
8. 3R	0%	N/A	20.8%	
9. 4	0%	N/A	20.8%	
10.				

#### Air Measurements

Location	CFM	Location	CFM
<u>L.O.B.</u>	<u>18,265</u>		

Remarks:

P.C. - o.k.  
Chargers - o.k.  
Track - o.k.  
Int. Phone - o.k.  
Shelter - o.k.

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

Signed By John H. Buckford 26176 Certificate No.  
 Preshift-Mine Examiner  
 Countersigned Adrian Cook 39000 Assistant Foreman Certificate No.  
 Mine Manager Mine Foreman  
Trey W. Moore 33354 Assistant Foreman  
 Superintendent or Assistant

Use Indelible  
Pencil or Ink

### DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

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

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

#### Examinations for Methane in Working Places

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

#### Examinations for Methane in Return Aircourses

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

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

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

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-4 2009 Section or Area Examined H.G. 22  
 Time of Examination: from 8:30 a.m. or p.m. to 9:05 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Mike Bailey Time A.M. 11:00 P.M.   
 Report received by [Signature] 1947-1  
 (Signed)

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

	Location	CH <sub>4</sub>	Violation or Hazardous Condition	02	Action Taken
1.	# 1 Room	0%	None observed	20.8%	Reported
2.	2 Room	0%	Part Bolted	20.8%	Reflectors
3.	3 Room	0%	None observed	20.8%	Reported
4.					
5.	1	0%	None observed	20.8%	Reported
6.	2	0%	None observed	20.8%	Reported
7.	2L	0%	scap cut	20.8%	Reflectors
8.	3R	0%	None observed	20.8%	Reported
9.	4	0%	None observed	20.8%	Reported
10.					

#### Air Measurements

Location	CFM	Location	CFM
LOB	15,634		

Remarks: Power centers OK  
chargers OK  
Track OK  
Intake Phone Not working  
shelter OK

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

Signed By Mike Bailey Certificate No. 27085 Assistant Foreman \_\_\_\_\_ Certificate No. \_\_\_\_\_  
 Countersigned [Signature] Mine Manager Mine Foreman \_\_\_\_\_ Certificate No. \_\_\_\_\_  
 \_\_\_\_\_ Assistant Foreman \_\_\_\_\_  
 \_\_\_\_\_ Superintendent or Assistant \_\_\_\_\_

Use Indelible  
Pen or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Assistant Mine Foreman

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

Mine Foreman-Mine Manager

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

Superintendent or Assistant

Use Indelible Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-5 2009 Section or Area Examined H6 22  
 Time of Examination: from 3:30 a.m. or p.m. to 4:20 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by \_\_\_\_\_ (Signed)

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

	Location	Violation or Hazardous Condition	Action Taken
1.	1 Km	Name Observed	Reported
2.	2 Km	Part Bolted	Tagged
3.	3 Km	Water	Reported
4.			
5.	1	Name Observed	Reported
6.	2	Name Observed	Reported
7.	2L	Scrap Cut	Tagged
8.	3	Name Observed	Reported
9.	3RT	Name Observed	Reported
10.	4	Name Observed	Reported

#### Air Measurements

Location	CFM	Location	CFM
HOB	15,809		

Remarks: Track Trunkmap PC's charges OK  
0% CO<sub>2</sub> 20.8% O<sub>2</sub> 0 CO  
Intake Phone Not Working  
Refuge OK

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

Signed By Mide Bailey 27085 Certificate No. Brash King Assistant Foreman 1122-A Certificate No.  
 Countersigned Richard Cook Mine Manager Mine Foreman 3506019  
 Assistant Foreman  
 Superintendent or Assistant

John M. Bickford 26176

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Date 12-5-9 Shift Day Area or Section H6 #22

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Section Idle</u>	<u>No production</u>	
2. <u>#3 Room OCH<sub>4</sub></u>	<u>Water</u>	<u>Pumped water down</u>
3. <u>20.8 oz OPP<sub>2</sub> / lb</u>		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Z-R-4</u>	<u>7-7:30am</u>	<u>0 CH<sub>4</sub></u>	11.		
2. <u>1-4 Rooms</u>	<u>9-9:30am</u>	<u>0 CH<sub>4</sub></u>	12.		
3. <u>1-4 Rooms</u>	<u>11-11:30am</u>	<u>0 CH<sub>4</sub></u>	13.		
4. <u>1-4 Rooms</u>	<u>1-2:00pm</u>	<u>0 CH<sub>4</sub></u>	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. <u>Return</u>	<u>7:30am</u>	<u>0 CH<sub>4</sub></u>	6.		
2. <u>Return</u>	<u>11:02am</u>	<u>0 CH<sub>4</sub></u>	7.		
3. <u>Return</u>	<u>1:05pm</u>	<u>0 CH<sub>4</sub></u>	8.		
4.			9.		
5.			10.		

Number of Bolts Tested 0

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) Pg. 3 sect C of RCP at 650AM.

Bruno Assistant Mine Foreman  
1122-A Certificate No.  
Chick Mine Foreman-Mine Manager

3200 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 2009 Section or Area Examined HG-22  
 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 Brandon Bowling Time 2:45 P.M.  
 Report received by Rick Hutchens  
(Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. Rm 1, 2, 3	0%CH <sub>4</sub> N/O	Reported
#1 FACE, 2 FACE	0%CH <sub>4</sub> N/O	Reported
3. 2L	0%CH <sub>4</sub> Scrap Cut	Tagged & Reported
4. 3	0%CH <sub>4</sub> N/O	Reported
5. 4	0%CH <sub>4</sub> out-by CORNER needs spotted	Reported
6. #2R Face	Fast Bolted	Reflectors
7.		
8.		
9.		
10.		

#### Air Measurements

Location	CFM	Location	CFM
LOB	17,320		
0%CH <sub>4</sub>			
20.8 <sup>02</sup>			

Remarks: powercenter, Chargers, R-ways, HAULAGE, TRACK Clear at Time of EXAM

INTAKE phone OK  
Air Chamber OK

Soft Ribs Thru-out Section

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

Signed By Brandon Bowling 1122-A Assistant Foreman Certificate No.  
 Countersigned Carl Cook 390000 Mine Manager Mine Foreman  
Rick Hutchens 37569 Assistant Foreman Superintendent or Assistant

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 12-5-09 20 4C 22 Section or Area Examined  
 Time of Examination: from 1000 a.m. or pm to 1055 a.m. or pm  
 Was this report phoned to outside: Yes no  
 By whom Boily Time 1110 A.M. P.M.  
 Report received by Don Adelman 1539A  
 (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. <u>Rm #1, #2, #3</u>	<u>none</u>	<u>none</u>
2. <u>1</u>	<u>none</u>	<u>none</u>
3. <u>2</u>	<u>none</u>	<u>none</u>
4. <u>2L</u>	<u>Scrapcut</u>	<u>Reflected</u>
5. <u>3</u>	<u>none</u>	<u>none</u>
6. <u>4</u>	<u>cutby corner needs A Bolt</u>	<u>Reported</u>
7. <u>2R</u>	<u>Part bolted</u>	<u>Reflected</u>
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>16320</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

#### Remarks:

02 ch4, 02 CO, 20.822  
PC, Changer, Intake Phone, Air Chamber OK  
Track Travelways OK

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

Signed By Mike Rainey Certificate No. 27085  
 Preshift-Mine Examiner Assistant Foreman Certificate No.  
 Countersigned Charles Cook Certificate No. 3900000  
 Mine Manager Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

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

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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

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

Assistant Mine Foreman

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

Mine Foreman-Mine Manager

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

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-6-09 20 Section or Area Examined H622
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 5:25 A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for rows 1-10, including locations like '1 Row', '2 Row', '3 Row', '1', '2', 'elt', '3', '4', '3rd' and violations like 'new obs', 'scrapped', 'bolt out on corner'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry: Location COB, CFM 16,957.

Remarks: - 0 city 20-802 000 detected in line
- 2 Huleys ok at time of E.M. P.C.
and change ok.

Sketch
Plane Intake -> OK

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

Signed By Mike Rainey 27085 Certificate No. Assistant Foreman
Countersigned [Signature] 35111 Certificate No. Mine Manager Mine Foreman

Assistant Foreman

Superintendent or Assistant

Scott Halstead 37567

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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

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

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

304 222-1858

575-5421