(6) 5-18-10-16 Aw

Intake Rooms

PRESHIFT - ONSHIFT

and

DAILY REPORT

Finished 12-7-09

Finished 12-7-09

Company Performance Coal

Mine UKB

SECTION Intake Rooms

LOCATION Naoma Raleigh WV
Post Office County State

Form 6-1489
(March 1970)

Budget Bureau No. 42-R1589

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

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FORM# MS-014

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-21 20 09 Section or Area Examined Uintah Rooms

Time of Examination: from 3 a.m. or p.m. to 6 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.	North Mains CH4 0%	None Observed	Reported
2.	Gilary Hole 0%	None Observed	"
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% CH4 20.8% O2 0 CO
Track Transhumps OK

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

Signed By Mike Bailey (Preshift-Mine Examiner) 27085 (Certificate No.)

Countersigned [signature] (Mine Manager—Mine Foreman)

Assistant Foreman ____ Certificate No. ____

Assistant Foreman Johnny Neely Certificate No. 33472

Superintendent or Assistant ____ Certificate No. ____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-21 2009 Section or Area Examined Intake Rooms

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

Was this report phoned to outside: Yes ✓ no

By whom John Neely Time A.M 2:37 P.M.

Report received by Harley Taylor 37002 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	North Mains	0%	None observed	None
2.	Glory Hole	0%	None observed	None
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% CH4 0% Co 20.8% O2

Track & Travelways OK at TOE

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

Signed By Johnny Neely (Preshift-Mine Examiner) 33472 (Certificate No.) Assistant Foreman Certificate No.

Countersigned [signature] (Mine Manager—Mine Foreman) 3[illegible]

Assistant Foreman

Mike Bailey 27085 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-21-09 20.... Section or Area Examined Intake Room

Time of Examination: from 830 a.m. or p.m. to 1120 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no.....

By whom Daily Time ..... A.M 1100 P.M.

Report received by [signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	North Mains CH4 O6	None Observed	none
2.	Glory Hole O6	none Observed	none
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Good Airment			

Remarks: O6 CH4 O6 CO 228 ZOL

Track, Travel ways OK

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

Signed By [signature] 27685 15397 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.

Countersigned [signature] 350 Mine Manager—Mine Foreman

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-22 20-09 Section or Area Examined Intake Rooms

Time of Examination: from 3 a.m. or p.m. to 6 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.	North Mains CH4 0%	None Observed	Repaired
2.	Gloy Hole 0%	" "	"
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*
Good Air Movement			

Remarks: Track Turnouts OK
0% CH4 0 CO 20.8% O2

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

Signed By Mike Bailey (Preshift-Mine Examiner) 27085 (Certificate No.)

Countersigned [illegible] (Mine Manager—Mine Foreman) [illegible]

_____ (Assistant Foreman) _____

_____ (Assistant Foreman) _____ (Certificate No.)

Johnny Reely (Superintendent or Assistant) 33472

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-22 2009 Section or Area Examined Intake Rooms

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

Was this report phoned to outside: Yes ✓ no

By whom John N Time A.M 245 P.M.

Report received by Joey Stewart 39199 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
JN 1.	North Mains	None observed	Reported
JN 2.	Glory Hole	None observed	Reported
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks:

Track, Travelway OK

0% CH_4, 0% CO, 20.8% O_2

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

Signed By Johnny Neely — Preshift-Mine Examiner — Certificate No. 33472 — Assistant Foreman — Certificate No.

Countersigned [signature] — Mine Manager—Mine Foreman — 370602

Assistant Foreman

Mike Bailey — 27085 — Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____
Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-22-09 20__ Section or Area Examined Intake Rooms

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

Was this report phoned to outside: Yes ✓ no ____

By whom Mike Bailey Time ____ A.M 11:10 P.M.

Report received by [signature] 34342 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	North Mains	OX	None observed	None
2.	Glory Hole	OX	None observed	None
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Good Air movement			

Remarks: OX CH4, OPPMCO, 20.8% OX

Track & Travelways ok at time of exam

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

Signed By Mike Bailey (Preshift-Mine Examiner) 27085 (Certificate No.) ____ (Assistant Foreman) ____ (Certificate No.)

Countersigned [signature] (Mine Manager—Mine Foreman) 8 [illegible]

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

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____
Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-23 20 09 Section or Area Examined Intake Rooms

Time of Examination: from 3 a.m. or p.m. to 6 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.	North mains 0% chy	None observed	None
2.	Glory Hole 0% chy	None observed	None
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Good AIR movement			

Remarks: 0% chy, 20.8% O^2, 0 ppm C.O., Detected At Time of exam Track, Travelways, ok At Time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the 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 (Preshift-Mine Examiner) 27085 (Certificate No.) _____ (Assistant Foreman) _____ (Certificate No.)

Countersigned [signature] (Mine Manager—Mine Foreman) 3506[illegible]

_____ (Assistant Foreman) _____ Johnny Neely (Superintendent or Assistant) 33472

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-23 2009 Section or Area Examined Intake Rooms

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

Was this report phoned to outside: Yes ✓ no

By whom John Neely Time A.M 2:46 P.M.

Report received by Jay [illegible] 39179 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	North Mains	0%	None observed	None
2.	Glory Hole	0%	None observed	None
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% CH4 0% Co 20.8% O2
Track, Travelways, OK at TOE

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

Signed By Johnny Neely (Preshift-Mine Examiner) 33472 (Certificate No.) Assistant Foreman Certificate No.

Countersigned [signature] (Mine Manager—Mine Foreman) 39[illegible]

Assistant Foreman

Mike Bailey 27085 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____
Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-23-09 20___ Section or Area Examined Intake Rooms

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

Was this report phoned to outside: Yes_____ no_____

By whom Mike Bailey Time _____ A.M 11:05 P.M.

Report received by Steve Cogleh 39246 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	North Mains	0%	None observed	None
2.	Glory Hole	0%	None observed	None
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% CH4, 0ppm CO, 20.8% O2 detected at time of exam

Track & Travelways ok at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the 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 (Preshift-Mine Examiner) 27085 (Certificate No.) _____ (Assistant Foreman) _____ (Certificate No.)

Countersigned [signature] (Mine Manager—Mine Foreman) 350[illegible]

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

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-24 2009 Section or Area Examined Intake Rooms

Time of Examination: from 3 a.m. or p.m. to 6 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.	North Mains	None Observed	Reported
2.	~~[illegible]~~		
3.	Glory Hole	None Observed	Reported
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% CH4 0 CO 20.8% O2

Track Travelway OK

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

Signed By Mike Bailey (Preshift-Mine Examiner) 27085 (Certificate No.) ____ (Assistant Foreman) ____ (Certificate No.)

Countersigned [signature] (Mine Manager—Mine Foreman) 39[illegible] ____ (Assistant Foreman) ____ Johnny Neely (Superintendent or Assistant) 33472

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-24 2009 Section or Area Examined Intake Rooms

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

Was this report phoned to outside: Yes ✓ no

By whom John Neely Time A.M 2:45 P.M.

Report received by Stanley Taylor 37502 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
JN 1.	North Mains	0%	None observed	None
JN 2.	Glory Hole	0%	None observed	None
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% CH4 0% Co 20.8% O2

Track & Travelways OK at toe

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

Signed By Johnny Neely (Preshift-Mine Examiner) 33472 (Certificate No.) Assistant Foreman Certificate No.

Countersigned [illegible] (Mine Manager—Mine Foreman) 33[illegible]

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-24-07 20____ Section or Area Examined Intake Room's

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

Was this report phoned to outside: Yes ✓ no____

By whom Mike Bailey Time ____ A.M 11:10 P.M.

Report received by Steve Clark 37042
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	North Mains	0%	None observed	None
2.	Glory Hole	0%	None observed	None
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Good Air movement			

Remarks: 0% CH4, 0 ppm CO, 20.8% O2 detected at time of exam

Track & Travelways ok at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the 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 (Preshift-Mine Examiner) 27085 (Certificate No.) ____ (Assistant Foreman) ____ (Certificate No.)

Countersigned [signature] (Mine Manager—Mine Foreman) 590[illegible] ____

____ (Assistant Foreman) ____ ____ ____

____ ____ (Superintendent or Assistant) ____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-25 2009 Section or Area Examined Intake Rooms

Time of Examination: from 3 a.m. or p.m. to 6 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.	North Mains	CH4 0%	None Observed	Reported
2.	Galary Hole	0%	None Observed	Reported
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% CH4 20.8% O2 0 CO

Track Travelways OK

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

Signed By Mike Bailey (Preshift-Mine Examiner) 27085 (Certificate No.) ____ (Assistant Foreman) ____ (Certificate No.)

Countersigned [signature] (Mine Manager—Mine Foreman) 3900 [signature] (Assistant Foreman) ____ Johnny Neely (Superintendent or Assistant) 33472

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-25 20 09 Section or Area Examined Intake Rooms

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

Was this report phoned to outside: Yes ✓ no

By whom John Neely Time A.M 2:27 P.M.

Report received by Harley Taylor 37002 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	North Mains	0%	None observed	None
2.	Glory Hole	0%	None observed	None
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% CH4 0% Co 20.8% O2

Track & Travelways OK at TOE

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

Signed By John Neely (Preshift-Mine Examiner) 33472 (Certificate No.) Assistant Foreman Certificate No.

Countersigned [signature] (Mine Manager—Mine Foreman) 3 80 [illegible]

Assistant Foreman

Glen [signature] 1579A Superintendent or Assistant

Mine Code 1947-A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-25 2009 Section or Area Examined Intake Rooms

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

Was this report phoned to outside: Yes_____ no_____

By whom _____ Time _____A.M _____P.M.

Report received by Brought out (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	North Mains 0%Ch4	None observed	None
2.	Glory Hole 0%Ch4	None observed	None
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% Ch4, 20.8% O2, 0PPm C.O., Detected At Time of exam Track, Travel ways, ok At Time of exam

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

Signed By [signature] Preshift-Mine Examiner 1539A Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 3900

Assistant Foreman

Assistant Foreman Certificate No.

[signature] 1539A

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-26 2009 Section or Area Examined Intake Rooms

Time of Examination: from 3 a.m. ~~or p.m.~~ to 6 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.	North Mains 0% CH4	None Observed	None
2.	Glory Hole 0% CH4	None Observed	None
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*
Good Air Movement			

Remarks: 0% CH4, 20.8% O2, 0 ppm CO detected at time of exam
Track, Travelways, OK at time of exam

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 1535-A — _____ Assistant Foreman — 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 _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-26 20 09 Section or Area Examined Intake Rooms

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

Was this report phoned to outside: Yes ____ no X

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

Report received by ____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	North Mains	0%	None Observed	None
2.	Glory Hole	0%	None Observed	None
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% CH4, 20.8% O2, 0ppm CO detected at time of exam
Track + Travelways clear at time of exam

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

Signed By Russell Gunnoe (Preshift-Mine Examiner) Certificate No. 1536-A

Countersigned [illegible] (Mine Manager—Mine Foreman) Certificate No. 28060-08

Assistant Foreman ____ Certificate No. ____

Assistant Foreman ____ Certificate No. ____

Glen Ullman 1539A (Superintendent or Assistant)

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-26 20 9 Section or Area Examined Intake Rooms

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

Was this report phoned to outside: Yes ____ no ✓

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

Report received by Brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	N. Main 0% CH4	none observed	none
2.	Glory Hole 0% CH4	none observed	none
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Good air movement			

Remarks: No CH4 det. 0% 20.8 oz CO 0%
Track & Travelways clear at exam.

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

Signed By Dean Ullman (Preshift-Mine Examiner) 1539-A (Certificate No.) ____ (Assistant Foreman) ____ (Certificate No.)

Countersigned [signature] (Mine Manager—Mine Foreman) 390600 ____

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

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-27-09 20__ Section or Area Examined Intake Rooms

Time of Examination: from 300 (a.m.) or p.m. to 600 (a.m.) or p.m.

Was this report phoned to outside: Yes____ no✓

By whom Drought out Time ____A.M ____P.M.

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	N. MAIN S OZCH4	none observd	none
2.	Glory Hole OZCH4	none observd	none
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
good Airmovement			

Remarks: OZCH4, OZCO, 208302

Track, Travelways ok

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 18394 — Assistant Foreman — Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman — 350[illegible]

Assistant Foreman

Johnny Neely — Superintendent or Assistant — 33472

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-27 2009 Section or Area Examined Intake Rooms

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

Was this report phoned to outside: Yes ✓ no _____ Time _____ A.M 12:55 P.M

By whom John Neely

Report received by Harley Taylor 37002 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	*Violation or Hazardous Condition*	*Action Taken*
1.	North Mains	0%	None Observed	None
2.	Glory Hole	0%	None observed	None
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	*CFM*	*Location*	*CFM*
Good Air Movement			

Remarks: 0% CH4 0% Co 20.8% O2
Track, Travelways OK at TOE

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

Signed By Johnny Neely (Preshift-Mine Examiner) 33472 (Certificate No.) _____ (Assistant Foreman) _____ (Certificate No.)

Countersigned [signature] (Mine Manager—Mine Foreman) 350[illegible] _____

Mike Bailey (Assistant Foreman) 27085 _____ (Superintendent or Assistant)

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-27-09 20____ Section or Area Examined INTAKE ROOM'S

Time of Examination: from 830 a.m. or p.m. to 1130 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no____

By whom Baily Time ____A.M ____P.M.

Report received by Glen Ullman 153999
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.	North Mains CH4 O2	None observed	none
2.	Gary Hole CH4 O2	none Observed	none
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*
Good Rimount	[redacted]		

Remarks: O2 CH4, O2 CO, 20.8 O2
Track, Travelways OK

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

Signed By Mike Bailey (Preshift-Mine Examiner) Certificate No. 27085 Assistant Foreman Certificate No.

Countersigned [signature] (Mine Manager—Mine Foreman) 3 [illegible]

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-28 2009 Section or Area Examined Intake Rooms

Time of Examination: from 3 a.m. or p.m. to 6 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	CH4	Violation or Hazardous Condition	Action Taken
1.	North Mains	0%	None Observed	Reported
2.	Glory Hole	0%	" "	"
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: Track Travelways OK
0% CH4 20.8% O2 0 CO

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

Signed By Mike Bailey (Preshift-Mine Examiner) 27085 (Certificate No.) _____ (Assistant Foreman) _____ (Certificate No.)

Countersigned [signature] (Mine Manager—Mine Foreman) 350[illegible] _____ (Assistant Foreman) _____ Johnny Neely (Superintendent or Assistant) 33472

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

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

Time of Examination: from 120 a.m. or p.m. to 300 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ____

By whom J. Neely Time ____ A.M 240 P.M.

Report received by J. A. Bedford (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	North Mains CH4 0%	None Observed	Reported
2.	Glory Hole 0%	None Observed	Reported
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: CH4, CO & O_2 detected at time of exam

Track & Traveluays clear at time of exam

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

Signed By John Neely Preshift-Mine Examiner Certificate No. 33472

Countersigned [illegible] Mine Manager—Mine Foreman Certificate No. 39060 OR

John A. Bedford Assistant Foreman Certificate No. 26196

Mike Bailey Assistant Foreman 27085

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-28-09 20____ Section or Area Examined Intake Rooms

Time of Examination: from 830 a.m. or p.m. to 1130 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no____

By whom Baily Time ____A.M ____P.M.

Report received by Dan Williams (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.	North Mains Ch4 Oz	None Observed	none
2.	Glory Hole Ch4 Oz	none Observed	none
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*
Good Firmount			

Remarks: Oz Ch4, Oz CO, 20.8 O2

Track Travelways Clear At Toe

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

Signed By Mike Baily (Preshift-Mine Examiner) 27085 (Certificate No.) ____ (Assistant Foreman) ____ (Certificate No.)

Countersigned [illegible] (Mine Manager—Mine Foreman) [illegible]

____ (Assistant Foreman) ____ ____ ____

____ (Superintendent or Assistant) ____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-29 2009 Section or Area Examined Intake Lines

Time of Examination: from 3 a.m. or p.m. to 6 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	CH4	Violation or Hazardous Condition	Action Taken
1.	North Mains	0%	None Observed	Reported
2.	Glory Hole	0%	None Observed	"
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: Track Travelways OK

0% CH4 20.8% CO

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

Signed By Mike Bailey (Preshift-Mine Examiner) 27085 (Certificate No.) ____ (Assistant Foreman) ____ (Certificate No.)

Countersigned [signature] (Mine Manager—Mine Foreman) 3906022

____ (Assistant Foreman) ____ Johnny Neely (Superintendent or Assistant) 33472

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____
Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-29 20 09 Section or Area Examined Intake Room

Time of Examination: from 12 a.m. or p.m. to 300 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.	North Mains 0% CH4	None observed	None
2.	Glory Hole 0% CH4	None observed	None
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: Track, Travelways

0% CH4, 0% C°, 20.8% O2

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

Signed By Johnny Neely (Preshift-Mine Examiner) 33472 (Certificate No.) ____ (Assistant Foreman) ____ (Certificate No.)

Countersigned [signature] (Mine Manager—Mine Foreman) 390[illegible]

____ (Assistant Foreman) ____

Mike Toarling 27085 ____ (Superintendent or Assistant)

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-29-09 20__ Section or Area Examined Intake Room

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

Was this report phoned to outside: Yes ✓ no____

By whom Mike Bailey Time ____ A.M 10:55 P.M.

Report received by Steve Cyleh 39042 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	North Mains	0%	None observed	None
2.	Glory Hole	0%	None observed	None
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% CH4, oppm CO, 20.8% O2 detected at time of exam's

Track & Travelway's ok at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the 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 (Preshift-Mine Examiner) 27085 (Certificate No.) ____ (Assistant Foreman) ____ (Certificate No.)

Countersigned [signature] (Mine Manager—Mine Foreman) 370[illegible] ____

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

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-30 20 09 Section or Area Examined Intake Rooms

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

Was this report phoned to outside: Yes ____ no ____

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

Report received by ____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.	North Mains CH4 0%	Non Observed	Reported
2.	Gobary Hole 0%	" "	
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*
Good Air Movement			

Remarks: Track Tramways OK
0% CH4 20.8% O2

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

Signed By Mike Bailey (Preshift-Mine Examiner) 21085 (Certificate No.) ____ (Assistant Foreman) ____ (Certificate No.)

Countersigned [signature] (Mine Manager—Mine Foreman) 32060-08

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

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-30 2009 Section or Area Examined Intake Rooms

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

Was this report phoned to outside: Yes_____ no X

By whom Brought Out Time _____A.M _____P.M.

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	North Mains	CH4 0%	None Observed	None
2.	Glory Hole	0%	None Observed	None
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% CH4, 20.8% O2, 0ppm CO detected at time of exam
Track, Travelways OK

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

Signed By Russell Gunnoe (Preshift-Mine Examiner) 1536-A (Certificate No.) _____ (Assistant Foreman) _____ (Certificate No.)

Countersigned [signature] (Mine Manager—Mine Foreman) 39060-08

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

Greg/Cole 1947-A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-30-07 20____ Section or Area Examined Intake Rooms

Time of Examination: from 8:32 a.m. or p.m. to 11:32 a.m. or p.m.

Was this report phoned to outside: Yes_____ no ✓

By whom Brought out Time _____ A.M 10:10 P.M.

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	*Violation or Hazardous Condition*	*Action Taken*
1.	North Mains	0%	None observed	None
2.	Glory Hole	0%	None observed	None
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	*CFM*	*Location*	*CFM*
Good Air movement			

Remarks: 0% CH4, 0 ppm CO, 20.8% O2 detected at time of exam

Track & Travelways ok at time of exam

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 39042

Countersigned [signature] Mine Manager—Mine Foreman — Certificate No. 32060-08

Assistant 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.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____
Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-1-09 20___ Section or Area Examined Intake Rooms

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	CH4	Violation or Hazardous Condition	Action Taken
1.	North Mains	OX	None observed	None
2.	Glory Hole	OX	None observed	None
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: OX CH4, 0ppm CO, 20.8% O2 detected at time of exam

Track & Travelways ok at time of exam

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

Signed By [signature] Preshift-Mine Examiner 390442 Certificate No. _____ Assistant Foreman _____ Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 390600 OX _____

_____ Assistant Foreman _____ _____ Superintendent or Assistant _____

Russell Gunnoe 1536-A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-1- 2009 Section or Area Examined Intake Rooms

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

Was this report phoned to outside: Yes_____ no X

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

Report received by Brought Out (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	North Mains	0%	None Observed	None
2.	Glory Hole	0%	None Observed	None
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% Ch4, 20.8% O2, 0ppm CO detected at time of exam
Track, Travelways ok at time of exam

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

Signed By Russell Gunnoe (Preshift-Mine Examiner) 1536-A (Certificate No.) _____ Assistant Foreman _____ Certificate No.

Countersigned [signature] (Mine Manager—Mine Foreman) 57060-08 Steve Cogleh 39042

_____ Assistant Foreman _____

_____ Superintendent or Assistant _____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-1-09 20___ Section or Area Examined Intake Rooms

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

Was this report phoned to outside: Yes_____ no ✓

By whom Brought out Time _____ A.M 10:50 P.M.

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	North Main's	ox	None observed	None
2.	Glory Hole	ox	None observed	None
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: Ox CH4, 0ppm co, 20-8x ox detected at time of exam

Track & Travelway's ok at time of exam

[signature] 1539A

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

Signed By [signature] Preshift-Mine Examiner 39042 Certificate No. _____ Assistant Foreman _____ Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 39060 [illegible]

_____ Assistant Foreman _____ _____ Superintendent or Assistant _____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-2-09 20___ Section or Area Examined Intake Rooms

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	CH4	Violation or Hazardous Condition	Action Taken
1.	North Mains	OX	None observed	None
2.	Glory Hole	OX	None observed	None
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

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

Track & Travelways ok at time of exam

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

Signed By [signature] Preshift-Mine Examiner 1539A Certificate No. _____ Assistant Foreman _____ Certificate No. _____

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

_____ Assistant Foreman _____ _____ Superintendent or Assistant _____

[illegible]

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-2 20 09 Section or Area Examined Intake Rooms

Time of Examination: from 1230 a.m. or p.m. to 130 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	CH4	Violation or Hazardous Condition	Action Taken
1.	North Main	0%	None Observed	None
2.	Glory Hole	0%	None Observed	None
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% CH4 0% CO & 20.8% O2 detected at time of exam

Track & travelways clear at time of exam

Fan off 1:31 PM

[signature] -SEM

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

Signed By John L. Bickford (Preshift-Mine Examiner) 2d 17 (Certificate No.) ____ (Assistant Foreman) ____ (Certificate No.)

Countersigned [signature] (Mine Manager—Mine Foreman) 350600-08

____ (Assistant Foreman) ____

____ (Superintendent or Assistant)

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-2-09 20___ Section or Area Examined Intake Rooms

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

Was this report phoned to outside: Yes___ no___

By whom Brought out Time ___ 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.	North Mains 02 Chy	None Observed	none
2.	Glory Hole 02	None Observed	none
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Good Air			

Remarks: Ouchy, DECO, 208202

Track Travelways OK

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

Signed By [signature] 15397 Preshift-Mine Examiner Certificate No. ___ Assistant Foreman ___ Certificate No. ___

Countersigned [signature] Mine Manager—Mine Foreman 39000 ___

___ Assistant Foreman ___ ___ Superintendent or Assistant ___

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-3-09 20__ Section or Area Examined Intake Rooms

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

Was this report phoned to outside: Yes____ no____

By whom Drought out Time 5:10 A.M. ____P.M.

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	North mains	0%	None observed	None
2.	Glory Hole	0%	None observed	None
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% CH4, 0ppm CO, 20.8% O2 detected at time of exam

Track & Travelways ok

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

Signed By [signature] Preshift-Mine Examiner 1539A Certificate No. _____ Assistant Foreman _____ Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 3706 [signature] _____

_____ Assistant Foreman _____ Superintendent or Assistant

[illegible] 1176

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-3 2009 Section or Area Examined Intake Rooms

Time of Examination: from 1200 a.m. or p.m. to 130 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.	North Mains	CH4 0%	None Observed	None
2.	Glory Hole	0%	None Observed	None
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% CH4, 0% CO & 20.8% O2 detected at time of exam

Track & Travelways clear at time of exam.

John A. Bickford 15377

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

Signed By John A. Bickford (Preshift-Mine Examiner) 26176 (Certificate No.) _____ (Assistant Foreman) _____ (Certificate No.)

Countersigned _____ (Mine Manager—Mine Foreman) 3506022

_____ (Assistant Foreman) _____

_____ (Superintendent or Assistant)

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-3 2009 Section or Area Examined Intake Rooms

Time of Examination: from 830 a.m. or (p.m.) to 1130 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.	North Mains Ch4 O3	None Observed	none
2.	Grony Hole Ch4 O3	None Observed	none
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Good Airmount			

Remarks: O3 Ch4, O3 CO, 2018202

Track Travelways OK

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

Signed By [signature] Preshift-Mine Examiner 1539-A Certificate No. ____ Assistant Foreman ____ Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 3700 [illegible]

____ Assistant Foreman ____ ____ Superintendent or Assistant ____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-4-09 20___ Section or Area Examined Intake Rooms

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 5:10 A.M. _____ P.M.

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	North mains	0%	None observed	None
2.	Glory Hole	0%	None observed	None
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% CH4, open co, 20.8% O2 detected at time of exam

Track's, Travelways ok at time of exam

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 153979 — Assistant Foreman — Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman — 39060-02

Assistant Foreman

Superintendent or Assistant

John A. Bickford 26176

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-4 2009 Section or Area Examined Intake Rooms

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

Was this report phoned to outside: Yes ✓ no

By whom John Bickford Time A.M. 2150 P.M.

Report received by T. Moore (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH_4	Violation or Hazardous Condition	Action Taken
1.	North Mains	0%	None observed	None
2.	Glory Hole	0%	None observed	None
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% CH_4 0% Co 20.8% O_2

Track, Travelways, OK at TOE

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

Signed By John A. Bickford (Preshift-Mine Examiner) 26176 (Certificate No.) Assistant Foreman Certificate No.

Countersigned [signature] (Mine Manager—Mine Foreman) 33060-08

Assistant Foreman

Mike Bailey 27085 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-4 2005 Section or Area Examined Intake Rooms

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

Was this report phoned to outside: Yes ✓ no

By whom Mike Bailey Time A.M 11:00 P.M.

Report received by [signature] Cab 1947-4 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	North mains Chy 0%	None observed	None
2.	Glory Hole 0%	None observe	None
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% Chy, 20.8% O2, 0PPM C.O. Detected At Time of exam
Track, Travelways, OK At Time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the 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 (Preshift-Mine Examiner) 27085 (Certificate No.) Assistant Foreman Certificate No.

Countersigned [signature] (Mine Manager—Mine Foreman) 3900000

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-5 2009 Section or Area Examined Intake Rooms

Time of Examination: from 3 a.m. or p.m. to 6 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.	North Mains CH4 0%	None Observed	Reported
2.	Glory Hole 0%	None Observed	Reported
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: Track Travelways OK
0% CH4 20.8% O2 0 CO

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

Signed By Mike Bailey (Preshift-Mine Examiner) 27085 (Certificate No.) ____ Assistant Foreman ____ Certificate No.

Countersigned [signature] (Mine Manager—Mine Foreman) 3506022

____ Assistant Foreman ____

____ Superintendent or Assistant ____

[signature] 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.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-5 2009 Section or Area Examined Intake Rooms

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

Was this report phoned to outside: Yes ✓ no

By whom Scott Halstead Time A.M P.M.

Report received by Harley Taylor 37062 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	North Mains	0%	None observed	None
2.	Glory Hole	0%	None observed	None
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: 0% CH4 0% Co 20.8% O2
Track & Travelways OK at Toe

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

Signed By Scott Halstead (Preshift-Mine Examiner) 37567 (Certificate No.) Assistant Foreman Certificate No.

Countersigned [illegible] (Mine Manager—Mine Foreman) 3806022

Mike Bailey (Assistant Foreman) 27085 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-5-09 20___ Section or Area Examined Rooms

Time of Examination: from 8:30 a.m. or p.m. to 1:30 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no ___

By whom Baily Time ___ A.M 1110 P.M.

Report received by [signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	North Mains Ch4 O2	None Observed	None
2.	Ghamp Hole O2	None observed	None
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Good Airment			

Remarks: O2 Ch4, O2 CO, 2018202

Track Travelways ok

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

Signed By Mike Bailey (Preshift-Mine Examiner) 77085 (Certificate No.) ___ (Assistant Foreman) ___ (Certificate No.)

Countersigned [signature] (Mine Manager—Mine Foreman) 3906022

___ (Assistant Foreman) ___

___ (Superintendent or Assistant)

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-6 2009 Section or Area Examined Intake Rooms

Time of Examination: from 3 a.m. or p.m. to 6 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.	North Mains CH4 0%	None Observed	Reported
2.	Glory Hole 0%	None Observed	Reported
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: Travelways OK

0% CH4 20.8% O2 0 CO

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

Signed By Mike Bailey (Preshift-Mine Examiner) 27085 (Certificate No.) ____ (Assistant Foreman) ____ (Certificate No.)

Countersigned [signature] (Mine Manager—Mine Foreman) 35060 ____

____ (Assistant Foreman) ____

____ (Superintendent or Assistant)

[signature] 2617

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-6-09 20____ Section or Area Examined Intake Rooms

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

Was this report phoned to outside: Yes_____ no_____

By whom _____ Time _____A.M _____P.M.

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	*Violation or Hazardous Condition*	*Action Taken*
1.	North Mains	0%	None Observed	None
2.	Glory Hole	0%	None Observed	None
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	*CFM*	*Location*	*CFM*
Good Air Movement			

Remarks: 0% CH4, 20.8% O2, 0ppm CO Detected at Exam
Track & Travelways OK at Exam

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

Signed By Scott Halstead (Preshift-Mine Examiner) 37567 (Certificate No.) _____ (Assistant Foreman) _____ (Certificate No.)

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

Mike Bailey (Assistant Foreman) 27085 _____ (Superintendent or Assistant) _____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-6-09 20__ Section or Area Examined Intake Rooms

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

Was this report phoned to outside: Yes ✓ no____

By whom Mike Bailey Time ____ A.M 11:10 P.M.

Report received by Steve [illegible] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	North Mains	OK	None observed	None
2.	Glory Hole	OK	None observed	None
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Good Air movement			

Remarks: OK CH4, 0 ppm CO, 20.8% O2 detected at time of exam

Track & Travelways ok at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the 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 (Preshift-Mine Examiner) 27085 (Certificate No.) ____ (Assistant Foreman) ____ (Certificate No.)

Countersigned [signature] (Mine Manager—Mine Foreman) 37066 ____

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

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-7-09 20___ Section or Area Examined Intake Room

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

Was this report phoned to outside: Yes_____ no ✓

By whom Brought out Time _____A.M _____P.M.

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CHY	*Violation or Hazardous Condition*	*Action Taken*
1.	North Main's	OX	None observed	None
2.	Glory Hole	OX	None observed	None
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	*CFM*	*Location*	*CFM*
Good Air Movement			

Remarks: OXCHY 0ppm Co, 20.8% O2 detected at time of exam

track's travelways ok at time of exam

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

Signed By Mike Bailey (Preshift-Mine Examiner) 27085 (Certificate No.) _____ (Assistant Foreman) _____ (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.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-7-09 20____ Section or Area Examined Intake Rooms

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

Was this report phoned to outside: Yes_____ no ✓

By whom _____ Time _____A.M _____P.M.

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH^4	*Violation or Hazardous Condition*	*Action Taken*
1.	North Mains	0%	None Observed	None
2.	Glory Hole	0%	None Observed	None
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	*CFM*	*Location*	*CFM*
Good Air Movement			

Remarks: 0% CH^4, 20.8% O^2, 0ppm CO Detected at Exam
Track & Travelways ok at Exam

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

Signed By Scott Halstead (Preshift-Mine Examiner) 37567 (Certificate No.) _____ (Assistant Foreman) _____ (Certificate No.)

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

[signature] (Assistant Foreman) 27085 _____ (Superintendent or Assistant) _____