(14) 5-18-10-24
Dw

PRESHIFT - ONSHIFT
and
DAILY REPORT

Company Set up - Out By Const

Mine UBB

SECTION Longwall

LOCATION Naoma Raleigh WVa
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

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-17-09 Shift Day Area or Section Out By

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	30 BK 1 Sec	None	Reported
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Work Area	9:00 AM	.0%	11.			
2.		1:00 PM	.0%	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) walkways & Travelways clear at Time of exam .0% CH4, .0% CO, 20.8% O2

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
[illegible]	37004	[illegible]	[illegible]	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination _____ 20____ Section or Area Examined _____

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

Was this report phoned to outside: Yes_____ no_____

By whom _____ Time _____A.M _____P.M.

Report received by _____
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: _____

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

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

Countersigned _____ Mine Manager—Mine Foreman _____

_____ Assistant Foreman _____

_____ Superintendent or Assistant _____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-18-09 Shift Part Area or Section Out By Const

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	30 BK-1 Sec	None	Reported
2.	52 BK	None	Reported
3.			
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Work Area	9:00 AM	.0%	11.			
2.		1:00 PM	.0%	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) walkways & Travelways clear at times of exams

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
[illegible]	37004	[illegible]	38[illegible]	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination _____ 20____ Section or Area Examined _____

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

Was this report phoned to outside: Yes_____ no_____

By whom _____ Time _____A.M _____P.M.

Report received by _____
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: _____

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

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

Countersigned _____ Mine Manager—Mine Foreman _____ _____

_____ Assistant Foreman _____ _____

_____ Superintendent or Assistant _____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-21-09 Shift Day Area or Section Out By Long wall Const

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action taken*
1.	30 BK 1 Sec	None	Reported
2.	52 BK	None	Reported
3.			
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	*Time*	*Methane Content*		*Location*	*Time*	*Methane Content*
1.	work Area	900 AM	.0%	11.			
2.		1:00 PM	.0%	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) .0% CH4, 0% CO, 20.8 O2

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
[signature]	37004	[signature]	330[illegible]	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination _____ 20____ Section or Area Examined _____

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

Was this report phoned to outside: Yes_____ no_____

By whom _____ Time _____A.M _____P.M.

Report received by _____
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: _____

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

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

Countersigned _____ Mine Manager—Mine Foreman _____ _____

_____ Assistant Foreman _____ _____

_____ _____ Superintendent or Assistant _____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-22-09 Shift Dut Area or Section Out By Longwall Const

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	57 BK 1 Sec	None	Reported
2.	52 BK	None	Reported
3.			
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Work Area	9:00 AM	,0%	11.			
2.		1:00 PM	,0%	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) ,0% Cht, ,0% CO, 20.8% O2 Walkways & Travelways in Good Shape

[signature] 37004

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 _____ 20____ Section or Area Examined _____

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

Was this report phoned to outside: Yes_____ no_____

By whom _____ Time _____A.M _____P.M.

Report received by _____
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: _____

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

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

Countersigned _____ Mine Manager—Mine Foreman _____ _____

_____ Assistant Foreman _____ _____

_____ _____ Superintendent or Assistant _____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-23 Shift Day Area or Section Out By Const Longwall

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Mouth Sec 1	None	Reported
2.	52 BK	None	Reported
3.			
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Work Area	9:00AM	.0%	11.			
2.		1:00PM	.0%	12.			
3.				13.			
4.				14.			
5.				15.			
6.				16.			
7.				17.			
8.	Good Air Movement			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) .0% Cht, .0% CO, 20.8 O2

Walkways in Good Shape

Mont Perdue 37004

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 _____ 20____ Section or Area Examined _____

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

Was this report phoned to outside: Yes_____ no_____

By whom _____ Time _____A.M _____P.M.

Report received by _____
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: _____

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

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

Countersigned _____ Mine Manager—Mine Foreman _____ _____

_____ Assistant Foreman _____ _____

_____ _____ Superintendent or Assistant _____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-24 Shift Pay Area or Section Longwall Out By

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Mouth of 1 Sec	None	Reported
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Work Area	900 AM	.0%	11.			
2.		1:00 PM	.0%	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) .0% Cht, .0% CO, 20.8% O2

Walkways & Travelways clear at time of exams

[signature] 37004

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 _____ 20____ Section or Area Examined _____

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

Was this report phoned to outside: Yes_____ no_____

By whom _____ Time _____A.M _____P.M.

Report received by _____
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: _____

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

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

Countersigned _____ Mine Manager—Mine Foreman _____ _____

_____ Assistant Foreman _____ _____

_____ _____ Superintendent or Assistant _____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-25 Shift Day Area or Section Mother drive - out B1

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Mother drive	None	Reported
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Work Area	9:00 Am	10%	11.			
2.		1:00 Pm	10%	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) walkways & Travelways clear at time of exam

[signature] 32004 _____ _____ _____
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 _____ 20____ Section or Area Examined _____

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

Was this report phoned to outside: Yes_____ no_____

By whom _____ Time _____A.M _____P.M.

Report received by _____
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: _____

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

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

Countersigned _____ Mine Manager—Mine Foreman _____

_____ Assistant Foreman _____

_____ _____ Superintendent or Assistant _____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-26-09 Shift Day Area or Section Mother drive - Out By

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Mother drive	None	Reported
2.	Tripper	None	Reported
3.			
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Work Area	9:00 AM	.0%	11.			
2.		1:00 PM	.0%	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) Walkways & Travelways clear at times of exams

[signature] 3700 [signature]
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 _____ 20____ Section or Area Examined _____

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

Was this report phoned to outside: Yes_____ no_____

By whom _____ Time _____A.M _____P.M.

Report received by _____
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: _____

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

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

Countersigned _____ Mine Manager—Mine Foreman _____ _____

_____ Assistant Foreman _____ _____

_____ _____ Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-28-09 Shift Day Area or Section 4 North Construction Area

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	work area ch4 0%	None observed	Reported
2.	Scoop charger 0%	\\ \\	\\ \\
3.	134 BK NM	None	Reported
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	work area's	9:00am	0%	11.			
2.		11:00am	0%	12.			
3.		1:00pm	0%	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) 0% ch4 0% CO 20.802 was detected at time of exam.

Michael a Ferrell 37942

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 9-28-09 20 09 Section or Area Examined 4 North construction Area

Time of Examination: from 1:00 a.m. or p.m. to 7:00 a.m. or p.m.

Was this report phoned to outside: Yes_____ no ✓

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

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.	Work Area ch4 0%	None observed	Reported
2.	Scoop charger 0%	" "	" "
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: track + travelways in good condition at time of exam. 0% ch4 0% co 20.8 o2 was detected at time of exam.

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

Signed By Michael a O'Farrell (Preshift-Mine Examiner) 37942 (Certificate No.) _____ (Assistant Foreman) _____ (Certificate No.)

Countersigned _____ (Mine Manager—Mine Foreman) _____

_____ (Assistant Foreman) _____

_____ (Superintendent or Assistant)

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-29-09 Shift Day Area or Section Mowher drive - outby

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	134 BK NM	None	Reported
2.	4 North Mains	None	Reported
3.			
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Work Area	9:00 AM	1.0%	11.			
2.		1:00 PM	1.0%	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) Walkways + Travelways in Fair Shape

Mont Perdue — Assistant Mine — 37004 — Certificate No. — Mine Foreman-Mine Manager — Certificate No. — Superintendent or Assistant

Michael [illegible]

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-28 20 09 Section or Area Examined 4 Nt. Const Area

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 _____ Time _____A.M _____P.M.

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	chk	Violation or Hazardous Condition	Action Taken
1.	Work Area	0%	None Observed	None
2.	Scoop Charger 'D' Box	0%	" "	None
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM

Remarks: 0% chk 0% CO + 20.8% O2 detected

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 John A. Bickford (Preshift-Mine Examiner) 2-1-76 (Certificate No.) _____ (Assistant Foreman) _____ (Certificate No.)

Countersigned _____ (Mine Manager—Mine Foreman) _____ _____ _____

_____ (Assistant Foreman) _____ _____ _____

_____ _____ _____ (Superintendent or Assistant)

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9.29 20 09 Section or Area Examined 4 North Construction

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

Was this report phoned to outside: Yes_____ no_____

By whom _____ Time _____A.M _____P.M.

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.	Work Area	ch4 0% None Observed	None
2.	Charger	0% None "	None
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: 0% ch4 0% CO + 20.8% O2 detected

Track + traveways 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 J. A. Bickford (Preshift-Mine Examiner) 26176 (Certificate No.) _____ (Assistant Foreman) _____ (Certificate No.)

Countersigned _____ (Mine Manager—Mine Foreman) _____ _____ (Assistant Foreman) _____ _____ (Superintendent or Assistant)

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-29-09 20____ Section or Area Examined 4 North Mains

Time of Examination: from 1 a.m. or p.m. to 3 a.m. or p.m.

Was this report phoned to outside: Yes_____ no_____

By whom _____ Time _____ A.M 300 P.M.

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.	Work Area	None	Reported
2.	Scoop Charger	~~Reported~~ None	Reported
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

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

Remarks: No chk, No Oxy deficiency found at time of exam Travelways Clear

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

Signed By Michael O'Fenell (Preshift-Mine Examiner) Certificate No. _____ Assistant Foreman _____ Certificate No. _____

Countersigned _____ (Mine Manager—Mine Foreman) _____ Certificate No. _____

_____ (Assistant Foreman) _____ Certificate No. _____

_____ (Superintendent or Assistant)

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-30-09 Shift Dut Area or Section Longwall out By Const

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	134 BK N Mains	None	Reported
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	work Area	9:00	.0%	11.			
2.		1:00	.0%	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) walkways & travelways in fair shape

[signature] Assistant Mine Certificate No. 37004 Mine Foreman-Mine Manager Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination _____ 20____ Section or Area Examined _____

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

Was this report phoned to outside: Yes_____ no_____

By whom _____ Time _____A.M _____P.M.

Report received by _____
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: _____

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

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

Countersigned _____ Mine Manager—Mine Foreman _____ _____

_____ Assistant Foreman _____ _____

_____ Superintendent or Assistant _____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-1-09 Shift Day Area or Section Motherdrive OutBY

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Mother drive	None	Reported
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Work Area	9:00 AM	.0%	11.			
2.		1:00 PM	.0%	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) Walkways & Travelways clear at time of exam

Mont Prudue — Assistant Mine
37004 — 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 _____ 20____ Section or Area Examined _____

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

Was this report phoned to outside: Yes_____ no_____

By whom _____ Time _____A.M _____P.M.

Report received by _____
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: _____

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

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

Countersigned _____ Mine Manager—Mine Foreman _____ _____

_____ Assistant Foreman _____ _____

_____ _____ Superintendent or Assistant _____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-2-09 Shift Day Area or Section Longwall out by Const

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	134 BK N Mains	Clean + Set Timbers	cleaned + set Timbers
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Work Area	9:00 AM	10%	11.			
2.		1:00 PM	10%	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) walkways + Travelways in fair Shape

[signature] 37004

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 _____ 20___ Section or Area Examined _____

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

Was this report phoned to outside: Yes_____ no_____

By whom _____ Time _____A.M _____P.M.

Report received by _____
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: _____

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

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

Countersigned _____ Mine Manager—Mine Foreman _____ _____

_____ Assistant Foreman _____ _____

_____ _____ Superintendent or Assistant _____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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