Ao
5-25-10-3

Started 11-14-09
Finish 12-1-09

PRESHIFT - ONSHIFT
and
DAILY REPORT

4 section
Barrier

BARRIER Section

Company Performance

Mine UBB

SECTION Barrier Section #4

LOCATION Naoma (Post Office) Raleigh (County) WV (State)

Finished 12-1-09

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 11-14-09 Shift eve Area or Section Barrier Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-7	430500	0%	11.			
2.				12.			
3.	1-7	630-700	0%	13.			
4.				14.			
5.	1-7	830-900	0%	15.			
6.				16.			
7.	1-7	1000-1040	0%	17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Return L	630	0%	6.			
2.	[illegible]			7.			
3.	L	1017	0%	8.			
4.	[illegible]			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) went over safety precautions on staying clear of pinch points PG-4 RLP Paragraph 21-23

Brian Collins	1543-17	Rick Foster	2873	
Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant

[illegible] REPORT

Report shall be signed when made

Date of Examination 11-14 [illegible] Section or Area Examined Barrier

Time of Examination: from [illegible] a.m. [illegible] to [illegible] a.m. [illegible]

Was this report phoned to outside? Yes [illegible] No

By whom Brian Collins Time AM 11:05 P.M.

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

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
Intake	53,660		

Remarks:

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

Work Area, walkways, Travelways, Power Center, out By Refuge,

Intake Phone OK At time of exam

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

Signed By Brian Collins 1543-A
Preshift-Mine Examiner Certificate No.

Assistant Foreman Certificate No.

Countersigned Rick Kesler 28732
Mine Manager—Mine Foreman

Assistant Foreman

Superintendent or Assistant

[illegible] 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 11-15 2009 Section or Area Examined BaRRier

Time of Examination: from 3:40 a.m. or p.m. to 3:55 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ✓

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

Report received by Brought Out (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	*CFM*	*Location*	*CFM*
INtake	55,240		

Remarks: 0% CH4, 20.8% O2, 0ppm C.O.
Power center, Chargers, Intake Phone, outBy shelter
OK At Time of Exam

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

Signed By Greg Cole (Preshift-Mine Examiner) Certificate No. 1947-A

Countersigned Rick Bolo (Mine Manager—Mine Foreman) Certificate No. 28224

Assistant Foreman ____ Certificate No. ____

Assistant Foreman ____ Certificate No. ____

Superintendent or Assistant ____ Certificate No. ____

Logistics 39199

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-15 20 09 Section or Area Examined Barrier '4 Section'

Time of Examination: from 1207 a.m. or p.m. to 1127 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ✓

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

Report received by ____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	*CFM*	*Location*	*CFM*
Intake	53,420		

Remarks: 0% CH^4, 0% C^0, 20.8% O^2 Detected at exam
Track, Travelway, Chargers, Powercenters OK at exam
Chamber, Intake Phone 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 Jacy Stewart (Preshift-Mine Examiner) 39199 (Certificate No.) ____ (Assistant Foreman) ____ (Certificate No.)

Countersigned Rick Foster (Mine Manager—Mine Foreman) 2877 ____

____ (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 11-15 20 9 Section or Area Examined #1 Sec. Barrier

Time of Examination: from 9:00 a.m. or ~~p.m.~~ to 9:25 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.	section under construction		
2.		No CH4 dect. 0% 20.8oz CO 0%	
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*
L.OB	52,045		

Remarks: No CH4 dect. 0% 20.8oz CO 0%
Track & Travelways clear at exam
P/C' clear gun clear
fresh air base & Phone OK

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 29411 — Assistant Foreman — Certificate No.

Countersigned Rick Forbes Mine Manager—Mine Foreman — 28736

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-16-09 Shift 3rd Area or Section UBB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.				11.			
2.	Intake 58520 CFM			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) Track, Travelways, + Out by Air Chamber Clear at Time of Exam

Randall Lafferty — Assistant Mine | 38424 — Certificate No. | Rick Foster — Mine Foreman-Mine Manager | 28736 — Certificate No. | Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-16 20___ Section or Area Examined #4

Time of Examination: from 5:00 a.m. or p.m. to 5:30 a.m. or p.m.

Was this report phoned to outside: Yes_____ no_____

By whom R. Lafferty Time 6:00 A.M. _____ P.M.

Report received by [signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	*CFM*	*Location*	*CFM*
Intake	58520		

Remarks: Power center And Road ways clear At time of Exam CH4 0% O2 20-8%

Outbrs Helter clear At time of Exa.

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 Randall Lafferty (Sgd.) Preshift-Mine Examiner — Certificate No. 38424 — Assistant Foreman — Certificate No. 165 9A

Countersigned Rick Foster Mine Manager—Mine Foreman — 28736

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-16-09 Shift DAY Area or Section #4

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.			
2.	Section Idle		
3.	under construction		
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.	Intake 53,210			15.			
6.				16.			
7.				17.			
8.				18.			
9.	0% Ch4 20.8% O2 0% Co			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) Had safety meeting with entire crew and end of track, page 4 chapters 4,5,6 of RCP, and keeping mind on job not vacation

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
[signature]	1659-A	[signature]	28736	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-16-09 20__ Section or Area Examined Barrick Section

Time of Examination: from 120 a.m. or p.m. to 200 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Tim Williams Time A.M 250 P.M.

Report received by Brian Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.		Section Idle	
2.		under Construction	
3.			
4.			
5.	Work Area's clear At Time of Exam		
6.			
7.		20.8% O_2 0% CH_4 0ppm CO	
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*
Intake	53,010		

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

pavement, roadways, work areas and entry shelters clear at time of exam

Intake Plume OK at Exam time

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 Tim Williams (Preshift-Mine-Examiner) 1659-A (Certificate No.) Brian Collins (Assistant Foreman) 1543-A (Certificate No.)

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

(Assistant Foreman)

(Superintendent or Assistant)

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-16-09 Shift Eve Area or Section Barnick Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-7	440-505	0%	11.			
2.				12.			
3.	1-7	630-706	0%	13.			
4.				14.			
5.	1-7	830-900	0%	15.			
6.				16.			
7.	1-7	1000-1040	0%	17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Return L	630	0%	6.			
2.	R	652	0%	7.			
3.	L	1006	0%	8.			
4.	R	1039	0%	9.			
5.				10.			

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) had safety meeting on staying focused on job during holiday seasons went over RCP - P66 - Paragraph 6-12

Brian Collins	1543-A	Rick Foster	28236	
Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-16-09 20__ Section or Area Examined #4 Section

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

Was this report phoned to outside: Yes ✓ no____

By whom Brian Collins Time ____ A.M 10:55 P.M.

Report received by Steve Glen 39042 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.		SECTION IDLE	
2.		UNDER Construction	
3.			
4.	Work Area	ok at time of EXAM	
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Intake	53,190		

Remarks: O.K. CH4, Oppm Co, 20.8% Od detected at time of exam

Track, Travelways, powercenters, ~~[illegible]~~, Intake Phone, Refuge 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 Brian Collins (Preshift-Mine Examiner) 1543-A (Certificate No.) ____ (Assistant Foreman) ____ (Certificate No.)

Countersigned Rick Foster (Mine Manager—Mine Foreman) 28736

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

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-17-09 Shift 3rd Area or Section UBB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.				11.			
2.	Intake 57190 CFM			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) Track, Travelways, Outby Air Chamber + Work Area Clear At Time of Exam

Randall Lafferty — Assistant Mine; 38474 — Certificate No.; Rick Foster — Mine Foreman-Mine Manager; 28736 — Certificate No.; Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-17 2009 Section or Area Examined #4 Section

Time of Examination: from 500 a.m. or p.m. to 535 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Randy Lafferty Time 555 A.M P.M.

Report received by Tim Williams (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.		Section Idle	
2.		under construction	
3.			
4.			
5.			
6.			
7.			
8.	0% Ch4 20.8% O2 0% CO		
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
intake 57,190			

Remarks: Faces clear, workarea clear
out by chamber, intake phone ok at time of exam

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 Randall Lafferty (Preshift-Mine Examiner) Certificate No. 38424

Countersigned Rick Foster (Mine Manager—Mine Foreman) Certificate No. 28734

Assistant Foreman

Tim Williams (Assistant Foreman) Certificate No. 1654-A

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-17-09 Shift DAY Area or Section #4 Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.			
2.	Section started running coal at 810AM		
3.			
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-7	7:00-730AM	0% Ch4	11.			
2.				12.			
3.	1-7	9:00-930AM	0% Ch4	13.			
4.				14.			
5.	1-7	11:00-1130AM	0% Ch4	15.			
6.				16.			
7.	1-7	1:00-130PM	0% Ch4	17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Lt Return 7	700AM	0% Ch4	6.			
2.	Rt Return	730AM	0% Ch4	7.			
3.				8.			
4.	Lt Return	11:00AM	0% Ch4	9.			
5.	Rt Return	11:30AM	0% Ch4	10.			

Number of Bolts Tested 26
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 5 chapter 23,24,25 of RCP with entire crew at end of track

[signature]	1659-A	[signature]	28736	
Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-17-09 20__ Section or Area Examined Barrier Section

Time of Examination: from 220 a.m. or p.m. to 245 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no____

By whom Tim Williams Time ____ A.M 255 P.M.

Report received by Brian Collins (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	1 CH4 0%	N/o	None
2.	2 0%	N/o	None
3.	3 0%	Not Bolted	Reflector
4.	4 0%	N/o	None
5.	5 & 5R 0%	Needs cleaned & dusted	Reported
6.	6 0%	SCRAP cut	Reflectors
7.	7 0%	N/o	None
8.			
9.			
10.			

Air Measurements

Location		CFM	Location	CFM
LOB	Lt	20,520		
	Rt	22,300		

Remarks: 20.8% O_2 0% CH_4 0ppm CO at time of Exam

tunnelways, walkways, haulageways, powercenter and entry shelter clean at time of exam

Intake Plume 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 1654-1 Certificate No. [signature] Assistant Foreman 1543-A Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 2822 Certificate No.

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-17-09 Shift eve Area or Section Barnum Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1 & 2	N/o	none
2.	3	Not Bolted	bolted to face
3.	4	NO	none
4.	5 & 5R	needs cleaned & dusted	cleaned & dusted
5.	6	SCRAP cut	pinned cut
6.	7	N/o	none
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-7	430-500	0%	11.			
2.				12.			
3.	1-7	630-700	0%	13.			
4.				14.			
5.	1-7	830-900	0%	15.			
6.				16.			
7.	1-7	1000-1050	0%	17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Return L	630	0%	6.			
2.	R	700	0%	7.			
3.	L	1013	0%	8.			
4.	R	1041	0%	9.			
5.				10.			

Number of Bolts Tested 36
Number of Bolts Torqued Above Range Ø Below Range Ø

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4 part 7 of RCP with crew at start of shift at end of TK

Barnum Collins — Assistant Mine
1543-A — Certificate No.
Rick Foster — Mine Foreman-Mine Manager
2873 — Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-17-09 20__ Section or Area Examined #4 Section

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

Was this report phoned to outside: Yes ✓ no____

By whom Brian Collins Time ____ A.M 10:55 P.M.

Report received by Steve Cgleh 39042 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	#1	0%	None observed	None
2.	#2 Right	0%	Scrap Cut	Reflected
3.	#3	0%	None observed	None
4.	#4 left	0%	Scrap Cut	Reflected
5.	#5	0%	None observed	None
6.	#5 Right	0%	Needs cleaned & Dusted	Reported
7.	#6 Right	0%	Not Bolted	Reflected
8.	#7	0%	None observed	None
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Left L.O.S.	19,017		
Right L.O.S.	21,607		

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

Track, Travelways, powercenters, ~~[illegible]~~, Intake Phone, Intake chamber ok at time of exam

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

Signed By Brian Collins (Preshift-Mine Examiner) 1543-A (Certificate No.) ____ (Assistant Foreman) ____ (Certificate No.)

Countersigned Rick Foster (Mine Manager—Mine Foreman) 28736

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

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-18-09 Shift 3rd Area or Section UBB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1	None Observed	Rep.
2.	2R	Needs Add'l Cleaning	Rep.
3.	3	Needs Add'l. Cleaning	Rep.
4.	4L	Part Bolted	Ref.
5.	4Face	Scrap Cut	Ref.
6.	5, 6R, 7	None Observed	Rep.
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-7	100-136AM	0%	11.			
2.				12.			
3.	1-7	300-340AM	0%	13.			
4.				14.			
5.	1-7	500-540AM	0%	15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	LT Return	100AM	0%	6.			
2.	RT Return	136AM	0%	7.			
3.				8.			
4.	LT Return	500AM	0%	9.			
5.	RT Return	540AM	0%	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) Track, Travelways, Out by Air Chamber, & Intake Phone Clear At Time of Exam

Randall Lafferty — Assistant Mine Foreman
38474 — Certificate No.
Rick Foster — Mine Foreman-Mine Manager
28322 — Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-18 2009 Section or Area Examined #4 Section

Time of Examination: from 500 a.m. or p.m. to 510 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Randy Lafferty Time 550 A.M P.M.

Report received by Tim Williams (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 0% CH4	None observed	Reported
2.	#2R 0% CH4	Needs added cleaning	Reported
3.	#3 0% CH4	Needs added cleaning	Reported
4.	#4 0% CH4	~~None observed~~ Scrap Cut	Reported
5.	#4L 0% CH4	Post Bolted, 1 Row down	Reported, Not Corrected
6.	#5 0% CH4	None	Reported
7.	#6R 0% CH4	None	Reported
8.	#7 0% CH4	None	Reported
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Lt Lob 20,216			
Rt Lob 21,280			

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

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 Randall Lafferty — Pre-Shift-Mine Examiner — Certificate No. 38424

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

Tim Williams — Assistant Foreman — Certificate No. 16594

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-18-09 Shift DAY Area or Section #4 Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	#1	NONE	Reported
2.	#2R	NEEDS ADDED CLEANING	cleaned
3.	#3	NEEDS ADDED CLEANING	cleaned
4.	#4	SCRAP CUT	CORRECTED
5.	#4L	PART BOLTED	CORRECTED
6.	#5	NONE	Reported
7.	#6 #6R	NONE	Reported
8.	#7	NONE	Reported

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-7	7:00-730AM	0% Ch4	11.			
2.				12.			
3.	1-7	9:00-930AM	0% Ch4	13.			
4.				14.			
5.	1-7	1100-1130AM	0% Ch4	15.			
6.				16.			
7.	1-7	1100-130PM	0% Ch4	17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Lt Return	700 AM	0% Ch4	6.			
2.	Rt Return	730 AM	0% Ch4	7.			
3.				8.			
4.	Lt Return	11:00 AM	0% Ch4	9.			
5.	Rt Return	11:30 AM	0% Ch4	10.			

Number of Bolts Tested 36
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) WENT OVER PAGE 4 chapter 425 of RCP with entire crew at end of track, also did smoke search

[signature] Assistant Mine — 1659-A Certificate No. — [signature] Mine Foreman-Mine Manager — 2873 Certificate No. — Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-18-09 20___ Section or Area Examined Barrick Section

Time of Examination: from 220 a.m. or p.m. to 250 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no_____

By whom Tim Williams Time _____ A.M 250 P.M

Report received by Burton Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	1	CH_4 0%	N/o	None
2.	2	0%	Scrap cut	Reflectors
3.	3	0%	needs cleaned + dusted	Reported
4.	4	0%	needs Dusted	Reported
5.	5	0%	needs cleaned + dusted	Reported
6.	6	0%	Scrap cut	Reflectors
7.	7	0%	N/o	NONE
8.				
9.				
10.	4	CH_4 0%	wide Entry	Reflectors

Air Measurements

Location		CFM	Location	CFM
FOB	Lt	22,080		
	Rt	20,400		

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

travelways, walkways, haulageways, pavements and entry shelter clear at time of exam

Intake Phone ok at time of exam

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

Signed By Tim Williams (Preshift-Mine Examiner) 659-A (Certificate No.) Burton Collins (Assistant Foreman) 1543-A (Certificate No.)

Countersigned [illegible] (Mine Manager—Mine Foreman) 28736

(Assistant Foreman)

(Superintendent or Assistant)

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-18-09 Shift Eve Area or Section Barrier Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1	N/o	none
2.	2	SCRAP cut	mined out
3.	3	needs cleaned & dusted	cleaned & dusted
4.	4	Needs dusted	cleaned & dusted
5.	5	needs cleaned & dusted	cleaned & dusted
6.	6	SCRAP cut	mined out
7.	7	N/o	none
8.	#4	wide Entry	set jacks

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	0 - 8	430-500	0%	11.			
2.				12.			
3.	0 - 8	630-700	0%	13.			
4.				14.			
5.	0 - 8	830-900	0%	15.			
6.				16.			
7.	0 - 8	1000-1050	0%	17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Return L	630	0%	6.			
2.	R	700	0%	7.			
3.	L	1010	0%	8.			
4.	R	1041	0%	9.			
5.				10.			

Number of Bolts Tested 52
Number of Bolts Torqued Above Range Ø Below Range Ø

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4 part 8 of RCR with crew at start of shift at end of TK

Brian Collins — Assistant Mine
1543-A — Certificate No.
Rick Foster — Mine Foreman-Mine Manager
2523 — Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-1809 20___ Section or Area Examined Barrier Section

Time of Examination: from 1000 a.m. or p.m. to 1050 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no ___

By whom Collins Time ___ A.M 1100 P.M.

Report received by [signature] 1539A
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	0	O2 Chy	Cleaned / Dusted	Reported
2.	1	O2 Chy	n/o	none
3.	2	O2 Chy	scrap	Reflected
4.	3	O2 Chy	n/o	none
5.	4	O2 Chy	Part Bolted	Reflected
6.	5R	O2 Chy	Cleaned Dusted	Reported
7.	5L	O2 Chy	Scrap	Reflected
8.	6	O2 Chy	Cleaned Dusted	Reported
9.	7	O2 Chy	n/o	none
10.	8	O2 Chy	Cleaned & Dusted	Reported

Air Measurements

Location	CFM	Location	CFM
LT	19,043		
RT	19,720		

Remarks: 20.8302 O2 CO, O2 Chy

Track
Intake phone
Refuge
PC's
[illegible]

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] 1543-A
Preshift-Mine Examiner — Certificate No. — Assistant Foreman — Certificate No.

Countersigned [signature] 28234
Mine Manager—Mine Foreman

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-19-09 Shift 3rd Area or Section UBB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	0	None Observed	Rep.
2.	1	Part Bolted	Ref.
3.	2R, 3	None Observed	Rep.
4.	4, 5L	Needs Cleaned + Dusted	Rep.
5.	6, 7	None Observed	Rep.
6.	8	Not Bolted	Ref.
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	0-8	100-145AM	0%	11.			
2.				12.			
3.	0-8	300-344AM	0%	13.			
4.				14.			
5.	0-8	500-545AM	0%	15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Lt Return	100AM	0%	6.			
2.	Rt Return	145AM	0%	7.			
3.				8.			
4.	Lt Return	500AM	0%	9.			
5.	Rt Return	545AM	0%	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) Track, Travelways, Out by Air Chamber, + Intak Phone Clear at Time of Exam

Randall Lafferty — Assistant Mine Foreman
38424 — Certificate No.
Rick Foster — Mine Foreman-Mine Manager
28236 — Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-19 2009 Section or Area Examined #4 Section

Time of Examination: from 500 a.m. or p.m. to 515 a.m. or p.m.

Was this report phoned to outside: yes ✓ no

By whom Randy Lafferty Time 550 A.M P.M.

Report received by Tim Williams (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	0 #0	0% CH4	None observed	Reported
2.	#1	0% CH4	Part Bolted	Reported, Reflectorized
3.	#2	0% CH4	None observed	Reported
4.	#2R	0% CH4	None observed	Reported
5.	#3	0% CH4	None observed	Reported
6.	#4	0% CH4	Needs cleaned & dusted	Reported
7.	#5 #5L	0% CH4	Needs cleaned & dusted	Reported
8.	#6	0% CH4	None observed	Reported
9.	#7	0% CH4	None observed	Reported
10.	#8	0% CH4	not Bolted	Reported, Reflectorized

Air Measurements

Location	CFM	Location	CFM
Lt Lob 22,610			
Rt Lob 21,945			

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

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 Randall Lafferty, Pre-Shift-Mine Examiner — Certificate No. 38424

Countersigned Rick Foster, Mine Manager—Mine Foreman — Certificate No. 28234

Assistant Foreman — Tim Williams — Certificate No. 1659-A

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-19-09 Shift DAY Area or Section #4 Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	#0 0% CH4	none observed	Reported
2.	#1 0% CH4	Part Bolted	Corrected
3.	#2 0% CH4	none observed	Reported
4.	#2R 0% CH4	none observed	Reported
5.	#3 0% CH4	none observed	Reported
6.	#4 #5 #5L 0% CH4	needs cleaned & dusted	Corrected
7.	#6 #7 0% CH4	none observed	Reported
8.	#8 0% CH4	not Bolted	Corrected

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-7	7:00-730AM	0% CH4	11.			
2.				12.			
3.	1-7	900-930AM	0% CH4	13.			
4.				14.			
5.	1-7	11:00-1130AM	0% CH4	15.			
6.				16.			
7.	1-7	1:00-130PM	0% CH4	17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Lt Return	700 AM	0% CH4	6.			
2.	Rt Return	730 AM	0% CH4	7.			
3.				8.			
4.	Lt Return	11:00 AM	0% CH4	9.			
5.	Rt Return	11:30AM	0% CH4	10.			

Number of Bolts Tested 34
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 4 chapters 6, 7 & 8 of RCP with entire crew at end of track

[illegible]	1659-A	Rick Foster	2872	
Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-19-09 20___ Section or Area Examined Barrier Section

Time of Examination: from 210 a.m. or p.m. to 250 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no___

By whom Tim Williams Time ___ A.M 255 P.M.

Report received by Brian Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	0+1	CH4 0%	N/a	none
2.	2L	0%	SCRAP cut	Reflectors
3.	3	0%	needs Dusted	Reported
4.	4,5,6	0%	needs cleaned + Dusted	~~Reflectors~~ Reported
5.	6R	0%	Part Bolted	Reflectors
6.	7	0%	N/a	none
7.	8	0%	SCRAP cut	Reflectors
8.				
9.				
10.				

Air Measurements

Location		CFM	Location	CFM
2OB	Lt	22,920		
	Rt	21,700		

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

travelways, walkways, haulageways, pavement and entry shelter clean at time of exam

Intake Phone 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 Tim Williams (Preshift-Mine Examiner) 1654-A (Certificate No.) Brian Collins (Assistant Foreman) 1543-A (Certificate No.)

Countersigned Rick Foster (Mine Manager—Mine Foreman) 28736

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-19-09 Shift Eve Area or Section Barrier Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	0 & 1	N/a	none
2.	2L	SCRAP cut	mined out
3.	3	needs Dusted	dusted to face
4.	4, 5, 6	needs cleaned & dusted	cleaned & dusted to face
5.	GR	Part Bolted	bolted to face
6.	7	N/a	none
7.	8	SCRAP cut	mined out
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Return L	630	0%	6.			
2.	R	700	0%	7.			
3.	L	1013	0%	8.			
4.	R	1043	0%	9.			
5.				10.			

Number of Bolts Tested 28
Number of Bolts Torqued Above Range Ø Below Range Ø

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4 part 9 of RCP with crew at start of shift at end of TK

Brian Collins — Assistant Mine
1543-A — Certificate No.
Rick Bates — Mine Foreman-Mine Manager
23236 — Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-19-09 20___ Section or Area Examined #4 Section

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

Was this report phoned to outside: Yes ✓ no ___

By whom Brian Collins Time ___ A.M 10:55 P.M.

Report received by Steve Cgleh 39042 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	0	OX	None observed	None
2.	#1 Left	OX	Scrap Cut	Reflected
3.	#2	OX	None observed	None
4.	#3	OX	Needs cleaned & Dusted	Reported
5.	#4	OX	None observed	None
6.	#5	OX	Needs cleaned & Dusted	Reported
7.	#6 Right	OX	Needs cleaned & Dusted	Reported
8.	#7	OX	Needs cleaned & Dusted	Reported
9.	#7 Right	OX	Scrap Cut	Reflected
10.	#8	OX	Needs cleaned & Dusted	Reported

Air Measurements

Location	CFM	Location	CFM
Left L.O.3.	20,116		
Right L.O.3	21,830		

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

Track, Travelways, powercater, [illegible], intake phone, Intake chamber ok at time of exam

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

Signed By Brian Collins (Preshift-Mine Examiner) 1543-A (Certificate No.) ___ Assistant Foreman ___ Certificate No.

Countersigned Rick Foster (Mine Manager—Mine Foreman) 28736

___ Assistant Foreman ___ Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-20-09 Shift 3rd Area or Section UBB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	0	Scrap Cut	Ref
2.	1	None Observed	Rep.
3.	2	Not Bolted	Ref.
4.	3, 4	None Observed	Rep.
5.	5	Not Bolted	Ref.
6.	6	Needs Cleaned + Dusted	Rep.
7.	7R	None Observed	Rep.
8.	8	Needs Addl. Cleaning	Rep.

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	0-8	100-142 AM	0%	11.			
2.				12.			
3.	0-8	300-345 AM	0%	13.			
4.				14.			
5.	0-8	500-545 AM	0%	15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	LT Return	100 AM	0%	6.			
2.	RT Return	142 AM	0%	7.			
3.				8.			
4.	LT Return	500 AM	0%	9.			
5.	RT Return	545 AM	0%	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) Track, Travelways, Ditch, Air Chamber Intake Phone Clear At Time of Exam

Randall Laffitt — Assistant Mine Foreman
38424 — Certificate No.
[signature] — Mine Foreman-Mine Manager
[signature] — Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-20 2009 Section or Area Examined #4 Section

Time of Examination: from 500 a.m. or p.m. to 545 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Randy Lafferty Time 555 A.M P.M.

Report received by Tim Williams (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	0	0% Ch4	Scrap cut	Reported
2.	1	0% Ch4	None	Reported
3.	2	0% Ch4	Not Bolted	Reported, Reflectored
4.	3	0% Ch4	None	Reported
5.	4	0% Ch4	None	Reported
6.	5	0% Ch4	Not Bolted	Reported, Reflectored
7.	6	0% Ch4	Needs cleaned & dusted	Reported
8.	7R	0% Ch4	Ledge	Reported Dangered off
9.	8	0% Ch4	Needs added cleaning	Reported
10.				

Air Measurements

Location	CFM	Location	CFM
Section needs additional cleaning			
Outby Roadways need cleaned			
Lt Lob 19,285			
Rt Lob 18,880			

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

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 Randall Lafferty (Preshift Mine Examiner) 38424 (Certificate No.) Assistant Foreman Certificate No. 1659-A

Countersigned [signature] (Mine Manager—Mine Foreman) 390[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 11-20-09 Shift DAY Area or Section #4 Section

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action taken
1.	#0	0% CH4	Scrap cut	Corrected
2.	#1	0% CH4	None	Reported
3.	#2	0% CH4	Not Bolted	Corrected
4.	#3 #4	0% CH4	None	Reported
5.	#5	0% CH4	Not Bolted	Corrected
6.	#6	0% CH4	Needs cleaned & dusted	Corrected
7.	#7R	0% CH4	Ledge	Reported, Dangered off
8.	#8	0% CH4	Needs added cleaning	Corrected

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-7	7:00-730AM	0% CH4	11.			
2.				12.			
3.	1-7	9:00-930AM	0% CH4	13.			
4.				14.			
5.	1-7	11:00-1130AM	0% CH4	15.			
6.				16.			
7.	1-7	1:00-130AM	0% CH4	17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Lt Return	7:00 AM	0% CH4	6.			
2.	Rt Return	730 AM	0% CH4	7.			
3.				8.			
4.	Lt Return	11:00 AM	0% CH4	9.			
5.	Rt Return	11:30AM	0% CH4	10.			

Number of Bolts Tested 34
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over Page 5 chapter 14 of RCP with entire crew at end of track

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
[illegible]	1659-A	[illegible]	[illegible]	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-20-09 20__ Section or Area Examined Barrick Section

Time of Examination: from 210 a.m. or p.m. to 250 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no____

By whom Tim Williams Time ____ A.M 255 P.M.

Report received by Brian Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	0	CH4 0%	2° Ledge	Reflectors
2.	1	0%	N/o	none
3.	2	0%	SCRAP cut	Reflectors
4.	3	0%	needs cleaned & dusted	Reported
5.	3R	0%	Part Bolted	Reflectors
6.	4 & 5	0%	N/o	none
7.	6	0%	SCRAP cut	Reflectors
8.	7	0%	ledge	Reflectors
9.	8	0%	needs cleaned & dusted	Reported
10.	8R	0%	Part Bolted	Reflectors

Air Measurements

Location		CFM	Location	CFM
LOB	Lt	20,160		
	Rt	20,300		

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

trowelways, walkways, haulageways, powercenter & auxiliary shelter clear at time of exam

Intake Phone OK at time of exam

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

Signed By Tim Williams (Preshift-Mine Examiner) 1659-A (Certificate No.) Brian Collins (Assistant Foreman) 1543-A (Certificate No.)

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

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-20-09 Shift Eve Area or Section Bennett Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. 0	2' Ledge	Reflected
2. 1	N/o	none
3. 2	SCRAP cut	mined cut
4. 3	Needs cleaned & Dusted	cleaned & dusted
5. 3R	Part Bolted	bolted to face
6. 4&5	N/o	none
7. 6	SCRAP cut	mined cut
8. 7	ledge	Reflected
8	Needs cleaned & dusted	cleaned, & dusted
8R – Part Bolted		bolted to face

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 0-8	430-500	0%	11.		
2.			12.		
3. 0-8	630-700	0%	13.		
4.			14.		
5. 0-8	830-900	0%	15.		
6.			16.		
7. 0-8	1000-1050	0%	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return L	630	0%	6.		
2. R	700	0%	7.		
3. L	1013	0%	8.		
4. R	1041	0%	9.		
5.			10.		

Number of Bolts Tested 20
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) Read page 4 point 9 of RCR with crew at start of shift at end of TK

Bruce Collins — Assistant Mine
1543-A — Certificate No.
[signature] — Mine Foreman-Mine Manager
[signature] — Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-2a 2009 Section or Area Examined BaRRier

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

Was this report phoned to outside: Yes ✓ no

By whom Brian Collins Time A.M 11:00 P.M.

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

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	# 0 0% CH4	Ledge	Reported
2.	# 1 0% CH4	None observed	Reported
3.	# 2 0% CH4	None observed	Reported
4.	# 3L 0% CH4	Scrap	Reflectors
5.	# 4 0% CH4	None observed	Reported
6.	# 5 Right 0% CH4	Part Bolted	Reflectors
7.	# 6 0% CH4	Cleaned And Dusted	Reported
8.	# 7 0% CH4	None observed	Reported
9.	# 8 0% CH4	None observed	Reported
10.	# 8R 0% CH4	Not Bolted	Reflectors

Air Measurements

Location	CFM	Location	CFM
LOB Lt	20,036		
Rt	21,712		

Remarks: 0% CH4, 20.8% O2, 0ppm C.O., Detected At Tde, Power centers, Travelways, Haulageways, ~~[illegible]~~, ~~[illegible]~~, Walkways, outBy Shelter, Intake Phone, ok At Time of exam

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

Signed By Brian Collins Preshift-Mine Examiner — Certificate No. 1543-A

Countersigned [signature] Mine Manager—Mine Foreman — Certificate No. 39199

Assistant Foreman — Certificate No.

Assistant Foreman

Superintendent or Assistant

[signature] Code 1947-A [signature] 39199

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken

Examinations for Methane in Working Places

Location	Time	Methane Content		Location	Time	Methane Content
			11.			
			12.			
			13.			
			14.			
			15.			
			16.			
			17.			
			18.			
			19.			
			20.			

Examinations for Methane in Return Aircourses

Location	Time	Methane Content		Location	Time	Methane Content
			6.			
			7.			
			8.			
			9.			
			10.			

No. of Bolts Tested _____

No. of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Annual Mine

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 Barrier (4 sec)

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 Brought out (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: ____

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

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

Countersigned [illegible] Mine Manager—Mine Foreman — Certificate No. 390[illegible]

Assistant Foreman — Superintendent or Assistant

[illegible] 39199

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-21 2009 Section or Area Examined 4 Section

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

Was this report phoned to outside: Yes_____ no X

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

Report received by Brought out (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.		No Power	Dangered off
2.		No Pre Shift exam	at mouth
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: Refuge chambers 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 Leone Curry (Preshift-Mine Examiner) 27429 (Certificate No.) _____ (Assistant Foreman) _____ (Certificate No.)

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

_____ (Assistant Foreman) _____ Harley Taylor (Superintendent or Assistant) 37002

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 20 09 Section or Area Examined BaRRier (4 sec)

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 Brought out
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: _____

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

Signed By Greg Cole 1947-A
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.

Countersigned [illegible]
Mine Manager—Mine Foreman

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-22 2009 Section or Area Examined BaRRieR (4 sec)

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

Was this report phoned to outside: Yes_____ no_____

By whom _____ Time _____A.M _____P.M.

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: _____

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

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

Countersigned [signature] Mine Manager—Mine Foreman — 3200[illegible]

Assistant Foreman

Superintendent or Assistant

[signature] 39199

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-22 20 09 Section or Area Examined Barrier (4 Section)

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

Was this report phoned to outside: Yes_____ no_____

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

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.		No Power	Danger Board
2.		No Presift	at Mouth of
3.			Section Switch
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks:

Air Chamber 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 Jacy S Stewart (Preshift-Mine Examiner) 39199 (Certificate No.) _____ (Assistant Foreman) _____ (Certificate No.)

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

_____ (Assistant Foreman) _____

[signature] 29611 _____ (Superintendent or Assistant)

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ 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 20 9 Section or Area Examined Barrier #4 Sec.

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

Was this report phoned to outside: Yes____ no____

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

Report received by ____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: ____

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

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

Countersigned [signature] Mine Manager—Mine Foreman 3 30 Cadet

____ 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 9 Section or Area Examined Carrier #4 Sec.

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

Was this report phoned to outside: Yes_____ no_____

By whom _____ Time _____A.M _____P.M.

Report received by Brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: _____

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

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

Countersigned [signature] Mine Manager—Mine Foreman 3906008 _____

_____ 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 Barrier ' 4 Section '

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

Was this report phoned to outside: Yes_____ no_____

By whom _____ Time _____A.M _____P.M.

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: Air chamber OK at exa

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

Signed By George Curry 27429 _____ Assistant Foreman _____ Certificate No.

Preshift-Mine Examiner Certificate No.

Countersigned [signature] 3 [illegible] _____

Mine Manager—Mine Foreman

_____ _____

Assistant Foreman

[signature] 29611 _____

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ 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 9 Section or Area Examined Barrier #4 Sec.

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.		No Power On Sec.	
2.		Belts Idle	
3.		Posted at Mouth of Sec.	
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Good air movement			
Track	19,860		

Remarks: No CH4 dect. 0% 20.8 oz CO 0%
Track & Tramways clear at exam.

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 29611 — 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 11-24-09 20__ Section or Area Examined Barrier #4 Sec

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

Was this report phoned to outside: Yes ____ no ____ Time ____ A.M ____ P.M.

By whom Brought outside

Report received by ____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.		No Power On Sec.	
2.		Belts Idle	
3.		Posted at mouth on Section	
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
	Good air movement		
Track	19,846		

Remarks: No CH4 dect. 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 [signature] Preshift-Mine Examiner 29611 Certificate No. ____ Assistant Foreman ____ Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 3[illegible] [signature] 24735

Assistant Foreman ____ Superintendent or Assistant ____

[signature] 32261

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 11-24-09 20____ Section or Area Examined Barrier (4) Section

Time of Examination: from 12:30 a.m. or p.m. to 3:30 a.m. or p.m.

Was this report phoned to outside: Yes_____ no ✓

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

Report received by Brought Out (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	*Violation or Hazardous Condition*	*Action Taken*
1.		
2.	No power on section dangered off on track only	
3.	4 sec # 1 head (belts idle)	
4.	No preshift beyond this point	
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	*CFM*	*Location*	*CFM*
track (1 brk outby switch to section)	43,120 CFM		

Remarks: 0% CH_4 0% CO 20.8% O_2 detected
track & travelways power box at mouth safe at exam
out by chamber safe at exam 7:40 Am

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 33361

Countersigned [signature] Mine Manager—Mine Foreman — Certificate No. 570000

[signature] Assistant Foreman — Certificate No. 29611

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 11-24 20 9 Section or Area Examined Barrier # 4 sec.

Time of Examination: from 3:00 a.m. or p.m. to 11:00 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ✓

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

Report received by Brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.			
2.	No Power on Sec. Danger Board Posted		
3.	Belts Idle		
4.	No Pre-shift beyond this Point		
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Track	40,340		

Remarks: Mocky deet. 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 [signature] Preshift-Mine Examiner — Certificate No. 29611 — 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 11-25 20 9 Section or Area Examined Barrier #4 Secs

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 outside Time ____ A.M ____ P.M.

Report received by ____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.		No Power on Section Belt-idle	
2.		Danger Board Posted at mouth on Section	
3.		No - Pre-shift	
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
track	40,276		

Remarks: No CH4 dect. 0% 20.8 oz CO 0%
Track + Tranchways clear at exam.

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 29611 — 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 11-25 2009 Section or Area Examined Barrier Section

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

Was this report phoned to outside: Yes_____ no ✓

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

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.			
2.		No Power on Section (Belt Idle)	
3.			
4.		Danger Board Posted At mouth of Section	
5.			
6.			
7.		No Preshift	
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM

Remarks: 0% CH4 0% CO 20.8% O2

Track & Travelway & Power Center At mouth of Section

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 Harley Taylor (Preshift-Mine Examiner) 37002 (Certificate No.) _____ Assistant Foreman _____ Certificate No.

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

_____ Assistant Foreman _____

[signature] 29[illegible] _____ 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 20 9 Section or Area Examined Barrier #4 Sec.

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.		No Power on Sec.	
2.		Danger board posted mouth	
3.		of sec.	
4.		No Pre-shift	
5.		Section & Belts idle	
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Track	19,050		

Remarks: No CH4 dect. 0% 20.8 oz CO 0%
Track & Tranelways clean at exam.

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 2961 — Assistant Foreman — Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman — 35060-08

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 11-26 20 9 Section or Area Examined Barries #4 Sec.

Time of Examination: from 3:00 a.m. or p.m. to 4:30 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ____

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

Report received by brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.			
2.		No Power on Sec.	
3.		Danger board posted	
4.		No Pre-shift	
5.		Sec. & Better Idle	
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
track	19,175	[illegible]	

Remarks: No CH4 dect. 0% 20.8 oz CO0%
Tranelways & Track clear at exam.

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

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

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

Assistant Foreman

Superintendent or Assistant

George Curry 27429

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 Barrier - 4 sec

Time of Examination: from 1200 a.m. or (p.m.) to 300 a.m. or (p.m.)

Was this report phoned to outside: Yes ____ no 6

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.		No power on section	
2.		Danger board posted	
3.		no pre-shift	
4.		section; belts idle	
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
track	19210		

Remarks: 0% CH_4 - 0% CO - 20.8 O_2 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 George Curry (Preshift-Mine Examiner) 27429 Certificate No.

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

[signature] (Assistant Foreman) 29611

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 11-26 20 9 Section or Area Examined Barrier - 4 sec.

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 ____ Time ____ A.M ____ P.M.

By whom ____

Report received by Brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.		No Corner on section	
2.		No Pre-shift	
3.		Belts Idle	
4.		Danger Board Posted	
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Track	20,010		

Remarks: No CH4 dect. 0% 20.8 O2 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 [signature] Preshift-Mine Examiner — Certificate No. 29611 — Assistant Foreman — Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman — 39060508

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 20 9 Section or Area Examined Barrier # 4 Sec.

Time of Examination: from 3:00 a.m. or p.m. to 4:30 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ✓

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

Report received by Brought outside
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.		No Power on section	
2.		No Pre-shift	
3.		Danger Board Posted	
4.		Belts idle	
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*
Track	21,131		

Remarks: No CH4 det. O2 20.8% CO2 Track & Tramways clear at exam.

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

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

Countersigned [signature] Mine Manager—Mine Foreman — Certificate No. 53060-08

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 11-27 2009 Section or Area Examined BARRIER section (H)

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 ____ Time ____ A.M ____ P.M.

By whom ____

Report received by ____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.		NO Power on Section	
2.		Belts Idle	
3.			
4.		NO Pre-shift	
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: 0% CH4, 20.8% O2, 0ppm CO Detected at Time of exam
Track 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) 1536-A (Certificate No.) ____ (Assistant Foreman) ____ (Certificate No.)

Countersigned [illegible] (Mine Manager—Mine Foreman) 3706 [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 11-27 2009 Section or Area Examined Barrier Section

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

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

By whom _____

Report received by Brought out (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.		No Power on	
2.		section Belts	
3.		IDle	
4.			
5.		No preshift	
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: 0% CH_4, 20.8% O^2, 0PPm C.O. Detected At Time of exam
Track clear At time of exam

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 1947-A — 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 _____ 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_____ Time _____A.M _____P.M.

By whom _____

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.		No Power	
2.		on section	
3.			
4.		No Preshift	
5.		Dangered OFF At	
6.		mouth of section	
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: 0% Ch4, 20.8% O^2, 0PPm C.O. Detected At Toe 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 — 1947-A Certificate No. — Assistant Foreman — Certificate No.

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

Assistant Foreman — Superintendent or Assistant

[illegible] 29199

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-28 20 09 Section or Area Examined Bannion '4 Section'

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

Was this report phoned to outside: Yes ____ no ✓ Time ____ A.M ____ P.M.

By whom ____

Report received by ____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks:

0% CH^4, 0% CO, 20.8% O^2 Detected at etam

Track, Travelway, Clear at etam

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 Lacy Stewart — Preshift-Mine Examiner — Certificate No. 39199

Countersigned [signature] — Mine Manager—Mine Foreman — 39060-01

Assistant Foreman — Certificate No.

Assistant Foreman — Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-26 2009 Section or Area Examined BaRRier

Time of Examination: from 8:30 a.m. or p.m. to 11:34 a.m. or p.m.

Was this report phoned to outside: Yes_____ no_____

By whom _____ Time _____A.M _____P.M.

Report received by Brought out
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.		No Power on section	
2.		No Power on Belts	
3.		No Preshift	
4.		Danger Board At	
5.		Mout of Section	
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: 0% CH_4, 20.8% O_2, 0PPm C.O.

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 [signature] 1947-A
Preshift Mine Examiner — Certificate No.

Countersigned [signature] 370000-08
Mine Manager—Mine Foreman

_____ 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 11-29 20 09 Section or Area Examined Barrier

Time of Examination: from 3:00 a.m. or p.m. to 6:09 a.m. or p.m.

Was this report phoned to outside: Yes_____ no_____ Time _____A.M _____P.M.

By whom _____

Report received by Brought out (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: 0% CH4, 20.6% CH4, 0 PPM C.O. 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 [signature] Preshift-Mine Examiner — Certificate No. 1947-A

Countersigned [signature] Mine Manager—Mine Foreman — Certificate No. 38060-00

Assistant Foreman — Certificate No.

Assistant Foreman

Superintendent or Assistant

[signature] 39199

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-29 20 09 Section or Area Examined Barrier '4 Section'

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

Was this report phoned to outside: Yes ____ no ___/___

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

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks:

0% CH_4, 0% C^0, 20.8% O_2 Detected at exam

Track, Travelway clear at exam

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 39199 — Assistant Foreman — Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman — 28736

Assistant Foreman

[signature] — 29611 — Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-29 20-9 Section or Area Examined Barrier - 4 sec.

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

Was this report phoned to outside: Yes ____ no ✓

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

Report received by brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	#1 Hdg.	O2 CH4	Ribs need clean	Rep.
2.	2	O2	none observed	none
3.	3	O2	need clean	none
4.	4	O2	none observed	none
5.	5	O2	curtain down	Rep.
6.	6	O2	need rock dusted	Rep.
7.	7	O2	none observed	none
8.	8	O2	none observed	none
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
LT.	22,860		
RT.	23,010		

Remarks: No CH4 det. O2 20.8 or CO2
Track & Trameways clear at exam
Fresh air base clear

Track needs rock dusted

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

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

Countersigned [signature] Mine Manager—Mine Foreman — Certificate No. 28234

Assistant Foreman — Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-30-09 Shift 3rd Area or Section UBB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	0	Ledge	Dangered OFF
2.	1	None Observed	Rep.
3.	2L	6 wide Bolts	Dangered OFF
4.	2	Needs Addl Cleaning	Rep.
5.	3+ 3L	Needs Addl Cleaning	Rep.
6.	4	None Observed	Rep.
7.	4L	Needs 3 Jack set on Corner	Dangered OFF
8.	5	Needs Addl Cleaning	Rep.
9.	6, 7, + 8	None Observed	Rep.
10.	Power Center	Need Jacks At Corner.	Rep.

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	0-8	100-145 AM	0%	11.			
2.				12.			
3.	0-8	300-345AM	0%	13.			
4.				14.			
5.	0-8	500-545AM	0%	15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Lt Return	100Am	0%	6.			
2.	RT Return	145AM	0%	7.			
3.				8.			
4.	LT Return	500AM	0%	9.			
5.	RT Return	545AM	0%	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) Track, Travelways, Outby Air Chambers + Intake phone Clear At Time of Exam

Randall Lafferty	38424	Rick Zeta	2875C	
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 11-30-09 20 Section or Area Examined Barrier

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

Was this report phoned to outside: Yes ✓ no

By whom Randy Lafferty Time 6:03 A.M. P.M.

Report received by Rick Foster (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	0 entry .0% ch4	ledge	dangered off
2.	1 entry .0% ch4	none observed	none
3.	2X left outlay .0% ch4	6 wide bolts	dangered off
4.	#2 entry .0% ch4	needs additional cleaning	reported
5.	#3 entry .0% ch4	needs additional cleaning	reported
6.	#3X left .0% ch4	needs additional cleaning	reported
7.	#4 entry .0% ch4	none observed	none
8.	#4X left .0% ch4	corner needs 3 jacks	~~report~~ dangered off
9.	#5 entry .0% ch4	needs additional cleaning	reported
10.	#6 #7, #8 entries .0% ch4	none observed	none
11	power center	needs jacks beside p. center	reported

Air Measurements

Location	CFM	Location	CFM
left LOX cut	16,226		
right LOX cut	13,300		

Remarks: 20.8% O_2, .0% ch4, 0% CO, track, travelways, scoop charges, clear at time of exam. Need jacks set beside section power center

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 Randall Lafferty (Preshift Mine Examiner) Certificate No. 38424

Countersigned Rick Foster (Mine Manager—Mine Foreman) 2823

Rick Foster (Assistant Foreman) 28736

Assistant Foreman Certificate No.

[signature] 1659-A

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-30-09 Shift DAY Area or Section #4 BARRIER SECTION

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action taken
1.	#0	0% Chy	Ledge	dangered off
2.	#1 #4	0% Chy	none observed	Reported
3.	#2L	0% Chy	wide bolts	spot bolted 10 bolts
4.	#2, #3, #3L	0% Chy	needs added cleaning	corrected
5.	#5	0% Chy	need added cleaning	corrected
6.	#6 #7	0% Chy	none	Reported
7.	Powercenter	0% Chy	wide area	set 2 jacks
8.	Feeder intersection	0% Chy	Ribs rolling	set 5 jacks

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	0-8	700-730AM	0% Chy	11.			
2.				12.			
3.	0-8	930-932AM	0% Chy	13.			
4.				14.			
5.	0-8	1100-1130AM	0% Chy	15.			
6.				16.			
7.	0-8	1100-130PM	0% Chy	17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Lt Return	700AM	0% Chy	6.			
2.	Rt Return	730AM	0% Chy	7.			
3.				8.			
4.	Lt Return	1100AM	0% Chy	9.			
5.	Rt Return	1130AM	0% Chy	10.			

Number of Bolts Tested 30
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 5 chapters 16217 of RCP with entire crew at end of track

[signature] Assistant Mine — 1659-A Certificate No. — [signature] Mine Foreman-Mine Manager — 2823 Certificate No. — Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-30-09 20___ Section or Area Examined Barrier Section

Time of Examination: from 210 a.m. or p.m. to 255 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no ___

By whom Tim Williams Time ___ A.M 3 P.M.

Report received by Brian Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	0	CH^4 0%	Ledge	Reflectors
2.	1	0%	N/O	none
3.	2	0%	weeds cleaned & dusted	Reported
4.	2L	0%	Scrap cut	Reflectors
5.	3 & 4	0%	N/O	none
6.	4R	0%	Part bolted	Reflectors
7.	5	0%	weeds cleaned & dusted	Reported
8.	6 & 6R	0%	N/O	none
9.	7	0%	Part bolted	Reflectors
10.	8	0%	Scrap cut	Reflectors

Air Measurements

Location		CFM	Location	CFM
LOB	L	21280		
	R	22960		

Remarks: 20.8% O_2 0% CH^4 0ppm CO at time of exam

travelways, walkways, haulageways, powder center and outby shelter clear at time of exam

Intake Phone 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 Tim Williams (Preshift-Mine Examiner) 1659-A (Certificate No.) Brian Collins (Assistant Foreman) 1543-A (Certificate No.)

Countersigned Rick Foster (Mine Manager—Mine Foreman) 28736

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-30-09 Shift eve Area or Section Bannock Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	0	Ledge	Replacement
2.	1, 3, 4, 6 & 6R	N/O	mine
3.	2	meets cleaned & dusted	cleaned & dusted
4.	2L	Scrap cut	mined out
5.	4R	Part bolted	bolted to face
6.	5	meets cleaned & dusted	Cleaned & dusted
7.	7	Part bolted	bolted to face
8.	8	Scrap cut	mined out

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	0-8	430-500	0%	11.			
2.				12.			
3.	0-8	630-700	0%	13.			
4.				14.			
5.	0-8	830-900	0%	15.			
6.				16.			
7.	0-8	100-1050	0%	17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Return L	630	0%	6.			
2.	R	700	0%	7.			
3.	L	1009	0%	8.			
4.	R	1038	0%	9.			
5.				10.			

Number of Bolts Tested 40 & 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) Read page 4 point 1 of RCR with crew at end of TK at start of shift

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
Brian Collins	1543-17	Rick Foster	28734	

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 #4 Section

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

Was this report phoned to outside: Yes ✓ no ___

By whom Brian Collins Time ___ A.M 11:00 P.M.

Report received by [signature] 39042 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	0	ox	Ledge	Reported
2.	#1	ox	None observed	None
3.	#2	ox	None observed	None
4.	#3	ox	Scrap cut	Reflected
5.	#4	ox	None observed	None
6.	#5	ox	None observed	None
7.	#6	ox	Scrap cut	Reflected
8.	#7	ox	Needs cleaned & Dusted	Reported
9.	#7 Right	ox	Needs cleaned & Dusted	Reported
10.	#8	ox	Needs cleaned & Dusted	Reported

Air Measurements

Location	CFM	Location	CFM
Left L.O.B.	20,216		
Right L.O.B.	21,472		

Remarks: ox CH4, 0ppm CO, 20.8x O2 detected at time of exam
Track, Travelway's, power centers, Chargers, Intake Phone, Intake chamber ok at time of exam

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

Signed By [signature] Preshift-Mine Examiner 1543-A Certificate No. ___ Assistant Foreman ___ Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 28736

___ Assistant Foreman

___ Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-1-09 Shift 3rd Area or Section UBB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	0	Ledge + Full of Gob	Dangered OFF
2.	1	3 wide Bolts	Ref.
3.	2+2L	Needs Cleaned + Dusted	Rep.
4.	3+3R	Needs Cleaned + Dusted	Rep.
5.	4	None Observed	Rep.
6.	5	Not Bolted	Ref.
7.	6	Needs Cleaned + Dusted	Rep.
8.	7+8	None Observed	Rep.

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	0-8	100-145AM	0%	11.			
2.				12.			
3.	0-8	300-347AM	0%	13.			
4.				14.			
5.	0-8	500-545AM	0%	15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Lt Return	100 AM	0%	6.			
2.	Rt Return	145 AM	0%	7.			
3.				8.			
4.	Lt Return	500 AM	0%	9.			
5.	Rt Return	545 AM	0%	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) Track, Travelways, Out by Air Chamber, + Intake phone Clear At Time of Exam

Randall Lafferty	38424	Rick Foster	28236	
Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-1 20__ Section or Area Examined Barrier

Time of Examination: from 5:00 a.m. or p.m. to 5:45 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no____

By whom R. Laffrety Time 5:55 A.M. P.M.

Report received by S. Hallal (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	0 CH4 0% O2 20.8%	Ledge Full of Gobb	Ref
2.	1 CH4 0% O2 20.8%	Wide Bolts	Ref
3.	2L & 2 CH4 0% O2 20.8%	weeds cleaned & dusted	Ref
4.	3 & 3R CH4 0% O2 20.8%	weeds cleaned & dusted	Ref
5.	4 CH4 0% O2 20.8%	none observe	
6.	5 CH4 0% O2 20.8%	NOT Bolted	Ref
7.	6 CH4 0% O2 20.8%	weeds cleaned & dusted	Ref
8.	7 & 8 CH4 0% O2 20.8%	weeds cleaned & dusted	Ref
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
L LOB	17024		
R LOB	18240		

Remarks: Power center and roadway clear at time of exam
CH4 0% O2 20.8%

Out by S Helper 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 Randall Laffrety (Preshift Mine Examiner) 38424 (Certificate No.)

Countersigned Rick Foster (Mine Manager—Mine Foreman) 28736

Assistant Foreman

Assistant Foreman

[signature] Hallal (Superintendent or Assistant) 38058-08 (Certificate No.)