

5-25-10-5

#4 Sect

9-10

# PRESHIFT - ONSHIFT and DAILY REPORT

Finished 9/26

Company Performance

Mine 4DB

SECTION #4

LOCATION \_\_\_\_\_  
Post Office County State

Raleigh

WV

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 \_\_\_\_\_ 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

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-10-9 Section or Area Examined #4 Sect  
 Time of Examination: from 2:00 a.m. or 2:35 p.m. to 2:35 a.m. or 2:55 p.m.  
 Was this report phoned to outside: Yes no  
 By whom Jama Wood Time 2:55 A.M. 2:55 P.M.  
 Report received by Bob Foster (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location                    | Violation or Hazardous Condition | Action Taken          |
|-----------------------------|----------------------------------|-----------------------|
| 1. <u>0 - None Observed</u> | <u>None Observed</u>             | <u>None</u>           |
| 2. <u>1 - None Observed</u> | <u>None Observed</u>             | <u>None</u>           |
| 3. <u>Lt</u>                | <u>Needs bolted</u>              | <u>hung Reflector</u> |
| 4. <u>384</u>               | <u>None Observed</u>             | <u>None</u>           |
| 5. <u>5F-5R-6F-7</u>        | <u>Need cleaned &amp; dusted</u> | <u>Reported</u>       |
| 6. <u>7R</u>                | <u>not bolted</u>                | <u>hung Reflector</u> |
| 7. _____                    | _____                            | _____                 |
| 8. _____                    | _____                            | _____                 |
| 9. _____                    | _____                            | _____                 |
| 10. _____                   | _____                            | _____                 |

Air Measurements

| Location         | CFM           | Location | CFM   |
|------------------|---------------|----------|-------|
| <u>Lt Return</u> | <u>19175</u>  | _____    | _____ |
| <u>Rt Return</u> | <u>21,150</u> | _____    | _____ |
| _____            | _____         | _____    | _____ |
| _____            | _____         | _____    | _____ |
| _____            | _____         | _____    | _____ |
| _____            | _____         | _____    | _____ |
| _____            | _____         | _____    | _____ |
| _____            | _____         | _____    | _____ |
| _____            | _____         | _____    | _____ |
| _____            | _____         | _____    | _____ |

Remarks: no CH4 Found  
Ribbs are loose and falling

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 Jama Wood Certificate No. 37383  
 Preshift-Mine Examiner  
 Countersigned Bob Foster Certificate No. 1658-A  
 Mine Manager—Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-10-09 Shift Ev Area or Section Sect 4

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Entries include '2L', '5F SR 6F-7', '7R' and actions like 'Need bolted', 'Need cleaned & dusted', 'Not bolted'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Entries show '0-7' locations and '0%' methane content at various times.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Entries show 'L Return' and 'R Return' locations with '0%' methane content.

Number of Bolts Tested 17 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) Safety talk on Roof & Ribs, & bolt Spacing at Mantle at end of track

Assistant Mine, Certificate No. 1658-A, Mine Foreman-Mine Manager, Certificate No. 322000, Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-10-09 20 Section or Area Examined Sect #4
Time of Examination: from 10:30 a.m. to 11:00 a.m.
Was this report phoned to outside: Yes no
By whom Brought out Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 10 rows of observations such as 'None observed', 'Not bolted', 'Needs cleaned & dusted', 'Ref.', 'Scrap'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains two rows of air measurements for L LOB and R LOB.

Remarks: Center travel ways & outby shelter clear at time of exam
Ribs & corners flaking off
Section could use add dusting

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. 1658-A
Countersigned [Signature] Mine Manager - Mine Foreman
Assistant Foreman Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-11-09 Shift 3rd Area or Section 4 Secs

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Rows 1-8 contain handwritten entries such as 'None Observed', 'Part Bolted', 'Needs Cleaned & Dusted'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-10 contain handwritten entries for methane examinations at location '0-7' with 0% content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-5 contain handwritten entries for methane examinations in return aircourses.

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 CLEAR AT TIME OF EXAM

Signatures and titles: Assistant Mine, Certificate No. 38424, Mine Foreman-Mine Manager, Certificate No. 39000, Superintendent or Assistant.

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-11 20 14 Section or Area Examined #4  
 Time of Examination: from 0200 a.m. or p.m. to 945 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom R. Lafferty Time 5:50 A.M. P.M.  
 Report received by S. Harnal (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location                            | Violation or Hazardous Condition | Action Taken |
|-------------------------------------|----------------------------------|--------------|
| 1. <u>0d1</u> <u>CH40% Or 20.8%</u> | <u>None Observed</u>             |              |
| 2. <u>2</u>                         | <u>PART Bolted</u>               | <u>Rep</u>   |
| 3. <u>3,4,5,6</u>                   | <u>none observe</u>              |              |
| 4. <u>6R</u>                        | <u>PART Bolted</u>               | <u>Rep</u>   |
| 5. <u>7</u>                         | <u>wheels clear adjusted</u>     | <u>Rep</u>   |
| 6. <u>47R</u>                       | <u>NOT Bolted</u>                | <u>Rep</u>   |
| 7. <u>L7R</u>                       | <u>none observe</u>              |              |
| 8.                                  |                                  |              |
| 9.                                  |                                  |              |
| 10.                                 |                                  |              |

Air Measurements

| Location     | CFM          | Location | CFM |
|--------------|--------------|----------|-----|
| <u>L LOB</u> | <u>18415</u> |          |     |
| <u>R LOB</u> | <u>21280</u> |          |     |
|              |              |          |     |
|              |              |          |     |
|              |              |          |     |
|              |              |          |     |
|              |              |          |     |
|              |              |          |     |
|              |              |          |     |

Remarks: Lower center and roadways clear at time of exam  
CH40% Or 20.8%

Out by Chamber clear at time of exam  
Ribs Platany aff

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 Jeffery Preshift Mine Examiner Certificate No. 35424  
 Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 350000  
[Signature] Assistant Foreman Certificate No. 37383  
[Signature] Superintendent or Assistant Certificate No. 34098

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-11-9 Shift DAY Area or Section #4

Violations and other Hazardous Conditions Observed and Reported

|    | Location | Violation or Hazardous Condition | Action taken              |
|----|----------|----------------------------------|---------------------------|
| 1. | #2 #6    | Part bolted                      | bolted - Chan & Rowe      |
| 2. | #7       | needs clean & dusted             | Clean & dusted            |
| 3. | #7R      | not bolted                       | bolted & cleaned & dusted |
| 4. |          |                                  |                           |
| 5. |          |                                  |                           |
| 6. |          |                                  |                           |
| 7. |          |                                  |                           |
| 8. |          |                                  |                           |

Examinations for Methane in Working Places

|     | Location | Time    | Methane Content |     | Location | Time | Methane Content |
|-----|----------|---------|-----------------|-----|----------|------|-----------------|
| 1.  | O-8R     | 7-735   | 0%              | 11. |          |      |                 |
| 2.  | O-8R     | 9-935   | 0%              | 12. |          |      |                 |
| 3.  | O-8R     | 11-1135 | 0%              | 13. |          |      |                 |
| 4.  | O-8R     | 1-140   | 0%              | 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. | O-Lt Return  | 700   | 0%              | 6.  |          |      |                 |
| 2. | 8R Rt Return | 735   | 0%              | 7.  |          |      |                 |
| 3. |              |       |                 | 8.  |          |      |                 |
| 4. | O-Lt Ret     | 1100  | 0%              | 9.  |          |      |                 |
| 5. | 8R Rt Ret    | 11:35 | 0%              | 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 Pa

Remarks (Statement as to General Conditions of Mine or Area of Mine) Page 2 6:30 AM Roof control Plan

Jamie McLeod Assistant Mine 37383 Certificate No. Chris Cook Mine Foreman-Mine Manager 3500000 Certificate No. Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 9-11-9 2009 Section or Area Examined #4  
 Time of Examination: from 2:00 a.m. or 0:00 to 2:35 a.m. or 0:00  
 Was this report phoned to outside: Yes no  
 By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by \_\_\_\_\_  
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

| #   | Location                  | Violation or Hazardous Condition | Action Taken             |
|-----|---------------------------|----------------------------------|--------------------------|
| 1.  | <u>OF</u>                 | <u>Scrap cut</u>                 | <u>Reported</u>          |
| 2.  | <u>*1-2-3-4</u>           | <u>None Observed</u>             | <u>None</u>              |
| 3.  | <u>#5</u>                 | <u>Part bolted</u>               | <u>Put Reflectors up</u> |
| 4.  | <u>*6-7-8 R TP RR Low</u> | <u>None Observed</u>             | <u>None</u>              |
| 5.  |                           |                                  |                          |
| 6.  |                           |                                  |                          |
| 7.  |                           |                                  |                          |
| 8.  |                           |                                  |                          |
| 9.  |                           |                                  |                          |
| 10. |                           |                                  |                          |

Air Measurements

| Location                  | CFM           | Location | CFM |
|---------------------------|---------------|----------|-----|
| <u>LOB Lt Side Return</u> | <u>18,750</u> |          |     |
| <u>LOB Rt Side Return</u> | <u>21,100</u> |          |     |
|                           |               |          |     |
|                           |               |          |     |
|                           |               |          |     |
|                           |               |          |     |
|                           |               |          |     |
|                           |               |          |     |

Remarks: Power box & Roadways clean at time of exam no ch4  
the out by air chamber ok at time of exam 2:45 pm  
Ribbs an Rollin out

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

Signed By Jerry R. Woods 37383 Jack Bandy 1658-A  
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned [Signature] \_\_\_\_\_  
 Mine Manager—Mine Foreman Assistant Foreman  
 Superintendent or Assistant

Use Indelible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 9-11-9 Shift Even Area or Section Sec #4

Violations and other Hazardous Conditions Observed and Reported

|    | Location | Violation or Hazardous Condition      | Action taken  |
|----|----------|---------------------------------------|---------------|
| 1. | <u>0</u> | <u>Part bolted<sup>SP</sup> Scrap</u> | <u>Mined</u>  |
| 2. | <u>5</u> | <u>Part bolted</u>                    | <u>Bolted</u> |
| 3. |          |                                       |               |
| 4. |          |                                       |               |
| 5. |          |                                       |               |
| 6. |          |                                       |               |
| 7. |          |                                       |               |
| 8. |          |                                       |               |

Examinations for Methane in Working Places

|     | Location   | Time              | Methane Content |     | Location | Time | Methane Content |
|-----|------------|-------------------|-----------------|-----|----------|------|-----------------|
| 1.  | <u>0-7</u> | <u>4:30-500</u>   | <u>0%</u>       | 11. |          |      |                 |
| 2.  | <u>0-7</u> | <u>6:30-700</u>   | <u>0%</u>       | 12. |          |      |                 |
| 3.  | <u>0-7</u> | <u>8:30-900</u>   | <u>0%</u>       | 13. |          |      |                 |
| 4.  | <u>0-7</u> | <u>10:30-1100</u> | <u>0%</u>       | 14. |          |      |                 |
| 5.  |            |                   |                 | 15. |          |      |                 |
| 6.  |            |                   |                 | 16. |          |      |                 |
| 7.  |            |                   |                 | 17. |          |      |                 |
| 8.  |            |                   |                 | 18. |          |      |                 |
| 9.  |            |                   |                 | 19. |          |      |                 |
| 10. |            |                   |                 | 20. |          |      |                 |

Examinations for Methane in Return Aircourses

|    | Location        | Time        | Methane Content |     | Location | Time | Methane Content |
|----|-----------------|-------------|-----------------|-----|----------|------|-----------------|
| 1. | <u>L Return</u> | <u>4:25</u> | <u>0%</u>       | 6.  |          |      |                 |
| 2. | <u>R Return</u> | <u>5:05</u> | <u>0%</u>       | 7.  |          |      |                 |
| 3. | <u>L Return</u> | <u>8:05</u> | <u>0%</u>       | 8.  |          |      |                 |
| 4. | <u>R Return</u> | <u>9:05</u> | <u>0%</u>       | 9.  |          |      |                 |
| 5. |                 |             |                 | 10. |          |      |                 |

Number of Bolts Tested 17 0  
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Smoke Search at Man-trip

[Signature]  
Assistant Mine

1658-A  
Certificate No.

[Signature]  
Mine Foreman-Mine Manager

39000  
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-11-09 20. Section or Area Examined Sec #4  
Time of Examination: from 1030 a.m. or p.m. to 1100 a.m. or p.m.  
Was this report phoned to outside: Yes no  
By whom Brought out Time A.M. P.M.  
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows 1-10 contain handwritten entries such as '3L', 'S', '7', '0,1,2,4,6', '8' and actions like 'Scrap hem down', 'Needs cleaned & dusted', 'Not bolted', 'None observed', 'Needs cleaned & dusted'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows include 'L LOB 20,110 O2 ch4 20.802' and 'K LOB 20,980 O2 ch4 20.882'.

Remarks: P center, Out by Slector, haul ways clear at the of exan  
Ribs & corners flaking off

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. 1658-A  
Countersigned [Signature] Mine Manager - Mine Foreman  
Assistant Foreman Certificate No.  
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-12-09 Shift 3rd Area or Section 4 Sec.

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Rows 1-8 contain handwritten entries like '0, 1, 2', 'None Observed', 'Rep.', '3L', 'Not Bolted', 'Ref.', etc.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-10 contain handwritten entries like '0-8', '100-135', '0%', etc.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-5 contain handwritten entries like 'Lt Return', '100 AM', '0%', etc.

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 Clear AT Time of Exam

Signatures and Certificates: Assistant Mine, Mine Foreman-Mine Manager, Superintendent or Assistant.

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-12 Section or Area Examined #9  
 Time of Examination: from 5:00 a.m. or p.m. to 7:45 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom R. Lafferty Time AM P.M.  
 Report received by R. HANNA (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location               | Violation or Hazardous Condition     | Action Taken |
|------------------------|--------------------------------------|--------------|
| 1. <u>B, 1 &amp; 2</u> | <u>CH<sub>4</sub> % none observe</u> |              |
| 2. <u>3L</u>           | <u>not bolted</u>                    | <u>Ref.</u>  |
| 3. <u>4, 5 &amp; 6</u> | <u>none</u>                          |              |
| 4. <u>7</u>            | <u>Part bolted</u>                   | <u>Ref.</u>  |
| 5. <u>8</u>            | <u>none observe</u>                  |              |
| 6.                     |                                      |              |
| 7.                     |                                      |              |
| 8.                     |                                      |              |
| 9.                     |                                      |              |
| 10.                    |                                      |              |

Air Measurements

| Location     | CFM          | Location | CFM |
|--------------|--------------|----------|-----|
| <u>L LOP</u> | <u>18240</u> |          |     |
| <u>R LOP</u> | <u>20482</u> |          |     |
|              |              |          |     |
|              |              |          |     |
|              |              |          |     |
|              |              |          |     |
|              |              |          |     |
|              |              |          |     |
|              |              |          |     |

Remarks: Power center & roadway clear at time of exam  
CH<sub>4</sub> % 0.20-8%

Out by shelter clear at time of exam  
Ribs FIAC. & off.

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 Certificate No. 35424 Assistant Foreman  
 Countersigned John [unclear] Mine Manager - Mine Foreman Certificate No. 330602  
R. Hanna Superintendent or Assistant  
9208-08

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-12 Shift DAY Area or Section #4

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken       |
|----------|----------------------------------|--------------------|
| 1.       |                                  |                    |
| 2.       |                                  |                    |
| 3.       | <u>3L</u>                        | <u>NOT Bolted</u>  |
| 4.       |                                  |                    |
| 5.       |                                  |                    |
| 6.       | <u>7</u>                         | <u>PART Bolted</u> |
| 7.       |                                  |                    |
| 8.       |                                  |                    |

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

| Location           | Time         | Methane Content | Location | Time | Methane Content |
|--------------------|--------------|-----------------|----------|------|-----------------|
| 1. <u>C Return</u> | <u>6:55</u>  | <u>0</u>        | 6.       |      |                 |
| 2. <u>R Return</u> | <u>7:35</u>  | <u>0</u>        | 7.       |      |                 |
| 3.                 |              |                 | 8.       |      |                 |
| 4. <u>C Return</u> | <u>10:55</u> | <u>0</u>        | 9.       |      |                 |
| 5. <u>R Return</u> | <u>11:35</u> | <u>0</u>        | 10.      |      |                 |

Number of Bolts Tested 50  
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 Putting Roof d/Rs

with crew at 6:30 AM  
John J. Hamel 39058-08 Assistant Mine  
Ed. Lash Superintendent or Assistant  
Certificate No. Certificate No.

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 9-12-09 20 Section or Area Examined H Section  
Time of Examination: from 1:00 a.m. or P.M. to 2:00 a.m. or P.M.  
Was this report phoned to outside: Yes no no.  
By whom Steve Havel Time 3:00 P.M.  
Report received by Rick Foster  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location                               | Violation or Hazardous Condition | Action Taken    |
|--|----------------------------------|-----------------|
| 1. <u>0, 2, 5, 6, 7, entrap. Dicks</u> | <u>none observed</u>             | <u>none</u>     |
| 2. <u>1 X left H 4, 1 Dick</u>         | <u>scrap out</u>                 | <u>reflecta</u> |
| 3. <u>#3, 5, 6, entrap. Dicks</u>      | <u>part halted</u>               | <u>reflecta</u> |
| 4. _____                               | _____                            | _____           |
| 5. _____                               | _____                            | _____           |
| 6. _____                               | _____                            | _____           |
| 7. _____                               | _____                            | _____           |
| 8. _____                               | _____                            | _____           |
| 9. _____                               | _____                            | _____           |
| 10. _____                              | _____                            | _____           |

Air Measurements

| Location              | CFM           | Location | CFM   |
|-----------------------|---------------|----------|-------|
| <u>left D.X. cut</u>  | <u>21,210</u> | _____    | _____ |
| <u>right D.X. cut</u> | <u>22,160</u> | _____    | _____ |
| _____                 | _____         | _____    | _____ |
| _____                 | _____         | _____    | _____ |
| _____                 | _____         | _____    | _____ |
| _____                 | _____         | _____    | _____ |
| _____                 | _____         | _____    | _____ |
| _____                 | _____         | _____    | _____ |

Remarks: 20.8% O<sub>2</sub>, 0.6% CO<sub>2</sub>, 0% CO, track, trackways, power cables,  
scrap chayer clear at time of exam.  
Rescue chamber clear at time of exam.

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

Signed By Steve Havel 39078-09 Scott Banta 1658-A  
Preshift Mine Examiner Certificate No. Assistant Foreman Certificate No.  
Countersigned Chris Lee 3506004  
Mine Manager—Mine Foreman  
Assistant Foreman Rick Foster 28734  
Superintendent or Assistant

Use Indelible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 9-12-09 Shift Ev Area or Section Sec #4

Violations and other Hazardous Conditions Observed and Reported

| Location         | Violation or Hazardous Condition  | Action taken                |
|------------------|-----------------------------------|-----------------------------|
| 1. <u>1 Left</u> | <u>Scrap</u>                      | <u>mined</u>                |
| 2. <u>4</u>      | <u>Scrap cut</u>                  | <u>mined</u>                |
| 3. <u>326</u>    | <u>Needs cleaned &amp; dusted</u> | <u>Cleaned &amp; dusted</u> |
| 4.               |                                   |                             |
| 5.               |                                   |                             |
| 6.               |                                   |                             |
| 7.               |                                   |                             |
| 8.               |                                   |                             |

Examinations for Methane in Working Places

| Location      | Time               | Methane Content | Location | Time | Methane Content |
|---------------|--------------------|-----------------|----------|------|-----------------|
| 1. <u>0-8</u> | <u>4:30-5:00</u>   | <u>0%</u>       | 11.      |      |                 |
| 2. <u>0-8</u> | <u>6:50-7:00</u>   | <u>0%</u>       | 12.      |      |                 |
| 3. <u>0-8</u> | <u>8:30-9:00</u>   | <u>0%</u>       | 13.      |      |                 |
| 4. <u>0-8</u> | <u>10:30-11:00</u> | <u>0%</u>       | 14.      |      |                 |
| 5.            |                    |                 | 15.      |      |                 |
| 6.            |                    |                 | 16.      |      |                 |
| 7.            |                    |                 | 17.      |      |                 |
| 8.            |                    |                 | 18.      |      |                 |
| 9.            |                    |                 | 19.      |      |                 |
| 10.           |                    |                 | 20.      |      |                 |

Examinations for Methane in Return Aircourses

| Location           | Time        | Methane Content | Location | Time | Methane Content |
|--------------------|-------------|-----------------|----------|------|-----------------|
| 1. <u>L Return</u> | <u>4:25</u> | <u>0%</u>       | 6.       |      |                 |
| 2. <u>R Return</u> | <u>5:05</u> | <u>0%</u>       | 7.       |      |                 |
| 3. <u>L Return</u> | <u>8:25</u> | <u>0%</u>       | 8.       |      |                 |
| 4. <u>R Return</u> | <u>9:05</u> | <u>0%</u>       | 9.       |      |                 |
| 5.                 |             |                 | 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) Safety left on roof & ribs & bolt spacing with entire crew at end of track

[Signature] Assistant Mine 1658-A Certificate No. [Signature] Mine Foreman-Mine Manager 3500000 Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-12-09 20 Section or Area Examined #45  
 Time of Examination: from 1030 a.m. or 9 p.m. to 1100 a.m. or 11 p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Brought out Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by \_\_\_\_\_ (Signed)

### Violations and other Hazardous Conditions Observed and Reported

| Location           | Violation or Hazardous Condition  | Action Taken |
|--------------------|-----------------------------------|--------------|
| 1. <u>0, 1, 22</u> | <u>None observed</u>              | <u>—</u>     |
| 2. <u>3</u>        | <u>Needs cleaned &amp; dusted</u> | <u>Ref</u>   |
| 3. <u>4</u>        | <u>Scrap</u>                      | <u>Ref</u>   |
| 4. <u>5</u>        | <u>Part bolted</u>                | <u>Ref</u>   |
| 5. <u>6</u>        | <u>Scrap</u>                      | <u>Ref</u>   |
| 6. <u>8</u>        | <u>Part bolted</u>                | <u>Ref</u>   |
| 7. _____           | _____                             | _____        |
| 8. _____           | _____                             | _____        |
| 9. _____           | _____                             | _____        |
| 10. _____          | _____                             | _____        |

### Air Measurements

| Location     | CFM           | % CH <sub>4</sub>        | Location                 | CFM   |
|--------------|---------------|--------------------------|--------------------------|-------|
| <u>L Lob</u> | <u>21,180</u> | <u>0% CH<sub>4</sub></u> | <u>20.80<sup>2</sup></u> |       |
| <u>R Lob</u> | <u>21,970</u> | <u>0% CH<sub>4</sub></u> | <u>20.80<sup>2</sup></u> |       |
| _____        | _____         | _____                    | _____                    | _____ |
| _____        | _____         | _____                    | _____                    | _____ |

Remarks: Power Cables travel ways & Outby Shelter, Clear at time of exam

Ribs & Corners flaking off  
Section could use additional dustings

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. 1658A  
 Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman Certificate No. \_\_\_\_\_  
 Assistant Foreman Superintendent or Assistant

Use Indelible  
Pencil or Ink

**DAILY AND ONSHIFT REPORT**  
**MINE FOREMAN OR ASSISTANT**

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 9-13-09 20 Section or Area Examined 4 Section  
 Time of Examination: from 1:00 a.m. or p.m. to 1:30 a.m. or p.m.  
 Was this report phoned to outside: Yes \_\_\_\_\_ no   
 By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by \_\_\_\_\_ (Signed)

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

| Location               | Violation or Hazardous Condition | Action Taken |
|------------------------|----------------------------------|--------------|
| 1. <u>Section Idle</u> |                                  |              |
| 2. <u>NO WORK</u>      |                                  |              |
| 3. _____               |                                  |              |
| 4. _____               |                                  |              |
| 5. _____               |                                  |              |
| 6. _____               |                                  |              |
| 7. _____               |                                  |              |
| 8. _____               |                                  |              |
| 9. _____               |                                  |              |
| 10. _____              |                                  |              |

#### Air Measurements

| Location | CFM   | Location | CFM   |
|----------|-------|----------|-------|
| _____    | _____ | _____    | _____ |
| _____    | _____ | _____    | _____ |
| _____    | _____ | _____    | _____ |
| _____    | _____ | _____    | _____ |
| _____    | _____ | _____    | _____ |
| _____    | _____ | _____    | _____ |
| _____    | _____ | _____    | _____ |
| _____    | _____ | _____    | _____ |
| _____    | _____ | _____    | _____ |
| _____    | _____ | _____    | _____ |

Remarks: Powercenters, chargers, track, travelways Clear at EXAM time  
0% CH<sub>4</sub>, 20.8% O<sub>2</sub>, 0ppm CO Detected at EXAM time  
Outby Chamber - Clear

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

Signed By Scott Halstead Preshift-Mine Examiner Certificate No. 37567  
 Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 35060  
 \_\_\_\_\_ 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*

| <i>Location</i> | <i>Violation or Hazardous Condition</i> | <i>Action taken</i> |
|-----------------|---|---------------------|
| 1. _____        | _____                                   | _____               |
| 2. _____        | _____                                   | _____               |
| 3. _____        | _____                                   | _____               |
| 4. _____        | _____                                   | _____               |
| 5. _____        | _____                                   | _____               |
| 6. _____        | _____                                   | _____               |
| 7. _____        | _____                                   | _____               |
| 8. _____        | _____                                   | _____               |

*Examinations for Methane in Working Places*

| <i>Location</i> | <i>Time</i> | <i>Methane Content</i> | <i>Location</i> | <i>Time</i> | <i>Methane Content</i> |
|-----------------|-------------|------------------------|-----------------|-------------|------------------------|
| 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*

| <i>Location</i> | <i>Time</i> | <i>Methane Content</i> | <i>Location</i> | <i>Time</i> | <i>Methane Content</i> |
|-----------------|-------------|------------------------|-----------------|-------------|------------------------|
| 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

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-13 2009 Section or Area Examined 4/Section  
 Time of Examination: from 8:30 a.m. or 6.m to 9:00 a.m. or 6.m  
 Was this report phoned to outside: Yes no no X  
 By whom Brought Outside Time A.M 10:30 P.M.  
 Report received by Bruce Brackett  
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location         | Violation or Hazardous Condition | Action Taken |
|------------------|----------------------------------|--------------|
| 1. Entry 0, 1, 2 | none observed                    | Reported     |
| 2. 2L            | none observed                    | Reported     |
| 3. 3             | scrap cut                        | Ref Hung     |
| 4. 4             | none observed                    | Reported     |
| 5. 5             | needs cleaned                    | Reported     |
| 6. SR            | paint bolted                     | Ref Hung     |
| 7. 6, 7, 8       | none observed                    | Reported     |
| 8.               |                                  |              |
| 9.               |                                  |              |
| 10.              |                                  |              |

Air Measurements

| Location | CFM    | Location | CFM |
|----------|--------|----------|-----|
| L Lab    | 18,670 |          |     |
| R Lab    | 20,125 |          |     |
|          |        |          |     |
|          |        |          |     |
|          |        |          |     |
|          |        |          |     |
|          |        |          |     |
|          |        |          |     |
|          |        |          |     |

Remarks: Powervent, chargers, tracks, travelways, several travel ways  
0% CH4 O<sub>2</sub> 20.5% O<sub>2</sub> ppm CO Detected 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 Bruce Brackett 37074 Assistant Foreman Certificate No.  
 Countersigned Charles [unclear] 39060 Assistant Foreman Certificate No.  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-14-09 Shift 3rd Area or Section 45cc

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains handwritten entries for violations like 'None Observed' and 'Not Bolted'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Contains handwritten entries for methane tests at 0-8 locations with 0% content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Contains handwritten entries for methane tests in return aircourses.

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 Clear At Time of Exam. Signatures: Assistant Mine, Certificate No., Mine Foreman-Mine Manager, Certificate No., Superintendent or Assistant.

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 9-14 20   Section or Area Examined #4  
 Time of Examination: from 5:00 a.m. or p.m. to 5:00 or p.m.  
 Was this report phoned to outside: Yes    no     
 By whom R. Lafferty Time 6:45 (A.M.) P.M.  
 Report received by R. Nallal  
 (Signed)

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

| Location  | Violation or Hazardous Condition | Action Taken |
|---|----------------------------------|--------------|
| 1. <u>0, 1 &amp; 2 @ 20.8% CH<sub>4</sub> %</u> | <u>none observed</u>             |              |
| 2. <u>3</u>                                     | <u>NOT BOILED</u>                | <u>REFL.</u> |
| 3. <u>4</u>                                     | <u>none observed</u>             |              |
| 4. <u>5R</u>                                    | <u>NOT BOILED</u>                | <u>REFL.</u> |
| 5. <u>6, 7 &amp; 8</u>                          | <u>none observed</u>             |              |
| 6. <u>  </u>                                    |                                  |              |
| 7. <u>  </u>                                    |                                  |              |
| 8. <u>  </u>                                    |                                  |              |
| 9. <u>  </u>                                    |                                  |              |
| 10. <u>  </u>                                   |                                  |              |

#### Air Measurements

| Location     | CFM          | Location | CFM |
|--------------|--------------|----------|-----|
| <u>L LOB</u> | <u>21822</u> |          |     |
| <u>R LOB</u> | <u>23142</u> |          |     |
|              |              |          |     |
|              |              |          |     |
|              |              |          |     |
|              |              |          |     |
|              |              |          |     |
|              |              |          |     |
|              |              |          |     |

Remarks: Power cabs and Roadways clear at time of exam  
CH<sub>4</sub> % @ 20.8%  
Outblast 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 Ramond Lafferty Preshift-Mine Examiner Certificate No. 38424  
 Countersigned Arthur Wood Mine Manager - Mine Foreman Certificate No. 37383  
James Wood Assistant Foreman Certificate No. 30088  
   Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-19 Shift Day Area or Section 4

Violations and other Hazardous Conditions Observed and Reported

| Location     | Violation or Hazardous Condition | Action taken  |
|--------------|----------------------------------|---------------|
| 1. <u>3</u>  | <u>NOT BOLTED</u>                | <u>COMING</u> |
| 2. <u>OK</u> | <u>NOT BOLTED</u>                | <u>✓</u>      |
| 3. _____     | _____                            | _____         |
| 4. _____     | _____                            | _____         |
| 5. _____     | _____                            | _____         |
| 6. _____     | _____                            | _____         |
| 7. _____     | _____                            | _____         |
| 8. _____     | _____                            | _____         |

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

| Location         | Time         | Methane Content | Location  | Time  | Methane Content |
|------------------|--------------|-----------------|-----------|-------|-----------------|
| 1. <u>Return</u> | <u>6:55</u>  | <u>0</u>        | 6. _____  | _____ | _____           |
| 2. <u>Rhes</u>   | <u>7:35</u>  | <u>0</u>        | 7. _____  | _____ | _____           |
| 3. _____         | _____        | _____           | 8. _____  | _____ | _____           |
| 4. <u>Ches</u>   | <u>10:55</u> | <u>0</u>        | 9. _____  | _____ | _____           |
| 5. <u>Rhes</u>   | <u>11:30</u> | <u>0</u>        | 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 during work

Area in the CMA  
39008  
Assistant Mine \_\_\_\_\_ Certificate No. \_\_\_\_\_ Mine Foreman-Mine Manager \_\_\_\_\_ Certificate No. \_\_\_\_\_ Superintendent or Assistant \_\_\_\_\_

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-17-09 20 Section or Area Examined 4 Section
Time of Examination: from 1:00 a.m. or (p.m) to 2:00 a.m. or (p.m)
Was this report phoned to outside: Yes no
By whom Steve Harsant Time A.M 3:05 (P.M)
Report received by (Signed) Rick Fata

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations 0, 3, 4, 6, 57, #1, #4B, #2, #5X left.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for left O.X. cut and right O.X. cut.

Remarks: 20.8% O2, 0% ch, 0% CO, track, trackways, power center, scope chayan clear at time of exam. Rescue chamber clear at time of exam.

This is to certify that: (a) This section of the mine was properly examined by me... all violations of the Federal Coal Mine Health and Safety Act of 1969... Signed By [Signature] Certificate No. 3058 Assistant Foreman [Signature] Certificate No. 1658-A Countersigned [Signature] Mine Manager - Mine Foreman 3906001 Assistant Foreman Rick Fata 28234 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-14-09 Shift En

Area or Section Sect #4

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains handwritten entries for locations #14#8 and #245L with violations 'Scrap cut' and 'Part balled'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains handwritten entries for locations O-8 at various times with 0% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains handwritten entries for L Return and R Return at various times with 0% methane content.

Number of Bolts Tested 12 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) talked about safety in work area at end of shift

Assistant Mine Signature, Certificate No. 1658-A, Mine Foreman-Mine Manager Signature, Certificate No. 3506000, Superintendent of Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-14-09 20 Section or Area Examined #4 Sector  
 Time of Examination: from 10:30 a.m. or p.m. to 11:00 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Scott Burnett Time AM 11:12  
 Report received by Steve Gish 39542 (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location                      | Violation or Hazardous Condition | Action Taken     |
|-------------------------------|----------------------------------|------------------|
| 1. <u>0 Entry</u> <u>CH</u>   | <u>None observed</u>             | <u>None</u>      |
| 2. <u>#1 Entry</u> <u>CH</u>  | <u>" "</u>                       | <u>" "</u>       |
| 3. <u>#2 Entry</u> <u>CH</u>  | <u>" "</u>                       | <u>" "</u>       |
| 4. <u>#2 Left</u> <u>CH</u>   | <u>Scrap cut</u>                 | <u>Reflected</u> |
| 5. <u>#3 Entry</u> <u>CH</u>  | <u>None observed</u>             | <u>None</u>      |
| 6. <u>#4 Entry</u> <u>CH</u>  | <u>Part salted</u>               | <u>Reflected</u> |
| 7. <u>#5 Entry</u> <u>CH</u>  | <u>Need, cleaned, dusted</u>     | <u>Reported</u>  |
| 8. <u>#6 Entry</u> <u>CH</u>  | <u>None observed</u>             | <u>None</u>      |
| 9. <u>#7 Entry</u> <u>CH</u>  | <u>" "</u>                       | <u>" "</u>       |
| 10. <u>#7 Right</u> <u>CH</u> | <u>Scrap cut</u>                 | <u>Reflected</u> |
| <u>#8</u> <u>CH</u>           | <u>None observed</u>             | <u>None</u>      |

| Location     | CFM           | Location      | CFM |
|--------------|---------------|---------------|-----|
| <u>Left</u>  | <u>h.o.g.</u> | <u>21,940</u> |     |
| <u>Right</u> | <u>h.o.g.</u> | <u>21,235</u> |     |

Remarks: OK CH, OK CO, 20-21 OK detected at time of exam  
Track, Travelways, powerlines, D-300's, KMS, chargers ok at time of exam

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1658A  
 Countersigned [Signature] Mine Manager—Mine Foreman  
 Assistant Foreman Certificate No. \_\_\_\_\_  
 Superintendent or Assistant \_\_\_\_\_

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-15-09 Shift 3rd Area or Section 4 Sect.

Violations and other Hazardous Conditions Observed and Reported

| Location                     | Violation or Hazardous Condition | Action taken |
|------------------------------|----------------------------------|--------------|
| 1. <u>O<sub>3</sub> 1, 2</u> | <u>None Observed</u>             | <u>Rep.</u>  |
| 2. <u>2L</u>                 | <u>Needs Adsl. Cleaning</u>      | <u>Rep.</u>  |
| 3. <u>3</u>                  | <u>Not Bolted</u>                | <u>Ref.</u>  |
| 4. <u>4, 5, 6,</u>           | <u>None Observed</u>             | <u>Rep.</u>  |
| 5. <u>7</u>                  | <u>Part Bolted</u>               | <u>Ref.</u>  |
| 6. <u>8</u>                  | <u>None Observed</u>             | <u>Rep.</u>  |
| 7. _____                     | _____                            | _____        |
| 8. _____                     | _____                            | _____        |

Examinations for Methane in Working Places

| Location      | Time             | Methane Content | Location  | Time  | Methane Content |
|---------------|------------------|-----------------|-----------|-------|-----------------|
| 1. <u>0-8</u> | <u>100-140am</u> | <u>0%</u>       | 11. _____ | _____ | _____           |
| 2. _____      | _____            | <u>0%</u>       | 12. _____ | _____ | _____           |
| 3. <u>0-8</u> | <u>300-340am</u> | <u>0%</u>       | 13. _____ | _____ | _____           |
| 4. _____      | _____            | _____           | 14. _____ | _____ | _____           |
| 5. <u>0-8</u> | <u>500-540am</u> | <u>0%</u>       | 15. _____ | _____ | _____           |
| 6. _____      | _____            | _____           | 16. _____ | _____ | _____           |
| 7. _____      | _____            | _____           | 17. _____ | _____ | _____           |
| 8. _____      | _____            | _____           | 18. _____ | _____ | _____           |
| 9. _____      | _____            | _____           | 19. _____ | _____ | _____           |
| 10. _____     | _____            | _____           | 20. _____ | _____ | _____           |

Examinations for Methane in Return Aircourses

| Location            | Time         | Methane Content | Location  | Time  | Methane Content |
|---------------------|--------------|-----------------|-----------|-------|-----------------|
| 1. <u>Lt Return</u> | <u>100am</u> | <u>0%</u>       | 6. _____  | _____ | _____           |
| 2. <u>Rt Return</u> | <u>140am</u> | <u>0%</u>       | 7. _____  | _____ | _____           |
| 3. _____            | _____        | _____           | 8. _____  | _____ | _____           |
| 4. <u>Lt Return</u> | <u>500am</u> | <u>0%</u>       | 9. _____  | _____ | _____           |
| 5. <u>Rt Return</u> | <u>540am</u> | <u>0%</u>       | 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 Clear At Time of Exam

Randall Lafferty Assistant Mine Foreman  
38424 Certificate No.  
Cash Mine Foreman-Mine Manager  
39000 Certificate No.  
Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 9-15-9 20. Section or Area Examined H4  
 Time of Examination: from 6:20 a.m. or p.m. to 6:40 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom R. J. Ferry Time 5:55 P.M.  
 Report received by R. J. Ferry (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location                                   | Violation or Hazardous Condition | Action Taken |
|--|----------------------------------|--------------|
| 1. <u>B, 10204 Off Ho 20 8% name obsen</u> |                                  |              |
| 2. <u>2L</u>                               | <u>needs Add'l Cleams</u>        | <u>Rep</u>   |
| 3. <u>3</u>                                | <u>not Bolted</u>                | <u>Rep</u>   |
| 4. <u>4L</u>                               | <u>needs Add'l cleam</u>         | <u>Rep</u>   |
| 5. <u>586</u>                              | <u>none obsen</u>                |              |
| 6. <u>7R</u>                               | <u>Part Bolted</u>               | <u>Rep</u>   |
| 7. <u>8</u>                                | <u>none obsen</u>                |              |
| 8.   |                                  |              |
| 9.   |                                  |              |
| 10.  |                                  |              |

Air Measurements

| Location        | CFM          | Location | CFM |
|-----------------|--------------|----------|-----|
| <u>L Return</u> | <u>21047</u> |          |     |
| <u>R Return</u> | <u>22477</u> |          |     |
|                 |              |          |     |
|                 |              |          |     |
|                 |              |          |     |
|                 |              |          |     |
|                 |              |          |     |
|                 |              |          |     |
|                 |              |          |     |

Remarks: Power Cables and Wadways clear at time of exam  
Out by shelter clear at time of exam

CHV 0% Or 20 8%

Ros Flakmy off

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 Zeff Preshift-Mine Examiner Certificate No. 38474  
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 39000  
 Assistant Foreman [Signature] Certificate No. 39008-08  
 Superintendent or Assistant [Signature]

Use Indelible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 9-15-9 Shift DAY Area or Section #4

Violations and other Hazardous Conditions Observed and Reported

| Location        | Violation or Hazardous Condition | Action taken                             |
|-----------------|----------------------------------|--|
| 1. <u>2L</u>    | <u>Needs Add'l Cleaning</u>      | <u>Cleaned &amp; dusted</u>              |
| 2. <u>3F-4L</u> | <u>not bolted</u>                | <u>bolted &amp; cleaned &amp; dusted</u> |
| 3. <u>7R</u>    | <u>Part bolted</u>               | <u>bolted, cleaned &amp; dusted</u>      |
| 4. _____        | _____                            | _____                                    |
| 5. _____        | _____                            | _____                                    |
| 6. _____        | _____                            | _____                                    |
| 7. _____        | _____                            | _____                                    |
| 8. _____        | _____                            | _____                                    |

Examinations for Methane in Working Places

| Location      | Time           | Methane Content | Location  | Time  | Methane Content |
|---------------|----------------|-----------------|-----------|-------|-----------------|
| 1. <u>0-8</u> | <u>7-135</u>   | <u>0%</u>       | 11. _____ | _____ | _____           |
| 2. <u>0-8</u> | <u>9-930</u>   | <u>0%</u>       | 12. _____ | _____ | _____           |
| 3. <u>0-8</u> | <u>11-1135</u> | <u>0%</u>       | 13. _____ | _____ | _____           |
| 4. <u>0-8</u> | <u>1-130</u>   | <u>0%</u>       | 14. _____ | _____ | _____           |
| 5. _____      | _____          | _____           | 15. _____ | _____ | _____           |
| 6. _____      | _____          | _____           | 16. _____ | _____ | _____           |
| 7. _____      | _____          | _____           | 17. _____ | _____ | _____           |
| 8. _____      | _____          | _____           | 18. _____ | _____ | _____           |
| 9. _____      | _____          | _____           | 19. _____ | _____ | _____           |
| 10. _____     | _____          | _____           | 20. _____ | _____ | _____           |

Examinations for Methane in Return Aircourses

| Location            | Time        | Methane Content | Location  | Time  | Methane Content |
|---------------------|-------------|-----------------|-----------|-------|-----------------|
| 1. <u>L- Return</u> | <u>700</u>  | <u>0%</u>       | 6. _____  | _____ | _____           |
| 2. <u>R- Return</u> | <u>735</u>  | <u>0%</u>       | 7. _____  | _____ | _____           |
| 3. _____            | _____       | _____           | 8. _____  | _____ | _____           |
| 4. <u>L- Return</u> | <u>1100</u> | <u>0%</u>       | 9. _____  | _____ | _____           |
| 5. <u>R- Return</u> | <u>1135</u> | <u>0%</u>       | 10. _____ | _____ | _____           |

Number of Bolts Tested 25  
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) Rolling 5th - in air entry

J. Smallwood  
Assistant Mine

37383  
Certificate No.

Carl Cook  
Mine Foreman-Mine Manager

35500  
Certificate No.

\_\_\_\_\_  
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-15-09 20 Section or Area Examined 4 Section
Time of Examination: from 1:00 a.m. or p.m. to 3:00 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom James Woods Time A.M. 3:00 P.M.
Report received by S. Halstead (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4, Violation or Hazardous Condition, Action Taken. Rows include 0-2 Entries, 3 Entry, 4 Entry, 5 Right, 6 Entry, 7 Entry, 8 Entry.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows include Left LOB, Right LOB.

Remarks: Power Centers, chargers, D-Boxes, track, travelways & haulways - Clear
0% CH4, 20.8% O2, 0ppm CO Detected at EXAM time
Outby Chamber - Clear

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

Signed By James Woods Preshift-Mine Examiner Certificate No. 37383
Countersigned Scott Halstead Assistant Foreman Certificate No. 37567
Assistant Foreman Certificate No. 1658-A
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-15-09 Shift Eve Area or Section Sec #9

Violations and other Hazardous Conditions Observed and Reported

|    | Location | Violation or Hazardous Condition | Action taken |
|----|----------|----------------------------------|--------------|
| 1. | #3       | Part bolted                      | Bolted       |
| 2. | 5R       | Part bolted                      | Bolted       |
| 3. | 7        | Scrap cut                        | Mined        |
| 4. | 18       | Needs dusted                     | dusted       |
| 5. |          |                                  |              |
| 6. |          |                                  |              |
| 7. |          |                                  |              |
| 8. |          |                                  |              |

Examinations for Methane in Working Places

|     | Location | Time        | Methane Content |     | Location | Time | Methane Content |
|-----|----------|-------------|-----------------|-----|----------|------|-----------------|
| 1.  | O-8      | 4:30-5:00   | 0%              | 11. |          |      |                 |
| 2.  | O-8      | 6:30-7:00   | 0%              | 12. |          |      |                 |
| 3.  | O-8      | 8:30-9:00   | 0%              | 13. |          |      |                 |
| 4.  | O-8      | 10:30-11:00 | 0%              | 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. | L-Return | 4:25 | 0%              | 6.  |          |      |                 |
| 2. | R-Return | 5:05 | 0%              | 7.  |          |      |                 |
| 3. | L Return | 8:25 | 0%              | 8.  |          |      |                 |
| 4. | R Return | 9:05 | 0%              | 9.  |          |      |                 |
| 5. |          |      |                 | 10. |          |      |                 |

Number of Bolts Tested 19  
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) Safely talk on Roof & Ribs at End of Track with entire crew

[Signature] Assistant Mine      1658-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 9-15-09 20 Section or Area Examined #4 Section  
 Time of Examination: from 10:15 a.m. or PM to 10:45 a.m. or PM  
 Was this report phoned to outside: Yes  no   
 By whom Scott Buckner Time 11:00 PM  
 Report received by Steve Galt 34512  
 (Signed)

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

| Location            | City      | Violation or Hazardous Condition | Action Taken     |
|---------------------|-----------|----------------------------------|------------------|
| 1. <u>#0 Entry</u>  | <u>OK</u> | <u>None observed</u>             | <u>None</u>      |
| 2. <u>#1 Entry</u>  | <u>OK</u> | <u>Scrap cut</u>                 | <u>Reflected</u> |
| 3. <u>#2 Entry</u>  | <u>OK</u> | <u>Part bolted</u>               | <u>" "</u>       |
| 4. <u>#3 Entry</u>  | <u>OK</u> | <u>Needs cleaned; dusted</u>     | <u>Reported</u>  |
| 5. <u>#4 Entry</u>  | <u>OK</u> | <u>None observed</u>             | <u>None</u>      |
| 6. <u>#5 Entry</u>  | <u>OK</u> | <u>" "</u>                       | <u>" "</u>       |
| 7. <u>#5 Left</u>   | <u>OK</u> | <u>Scrap cut</u>                 | <u>Reflected</u> |
| 8. <u>#6 Entry</u>  | <u>OK</u> | <u>None observed</u>             | <u>None</u>      |
| 9. <u>#7 Entry</u>  | <u>OK</u> | <u>Needs cleaned; dusted</u>     | <u>Reported</u>  |
| 10. <u>#8 Entry</u> | <u>OK</u> | <u>None observed</u>             | <u>None</u>      |

#### Air Measurements

| Location            | CFM          | Location | CFM |
|---------------------|--------------|----------|-----|
| <u>Left L.O.S.</u>  | <u>21960</u> |          |     |
| <u>Right L.O.S.</u> | <u>21230</u> |          |     |
|                     |              |          |     |
|                     |              |          |     |
|                     |              |          |     |
|                     |              |          |     |
|                     |              |          |     |
|                     |              |          |     |

Remarks: OK CHN, OK CO, 20.8K at detected at time of exam  
Tracks, Traveling, powerlines, charges, chinders OK at time of exam  
Ribs & Corners flaking off.

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

Signed By Scott Buckner Preshift Mine Examiner Certificate No. 1658-A  
 Countersigned Steve Galt Mine Manager—Mine Foreman Certificate No. 34512  
Steve Galt Assistant Foreman  
Steve Galt Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-16-09 Shift 3rd Area or Section 4 Sect

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action taken. Rows 1-8 contain handwritten entries such as 'None Observed', 'Needs Add'l Cleaning', and 'Rep.'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 contain handwritten entries for locations like '0-8' and times like '100-140 AM' with '0%' methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-5 contain handwritten entries for 'Lt Return' and 'Rt Return' with '0%' methane content.

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, Clear at Time of Exam

Signatures and Certificate Numbers for Assistant Mine Foreman, Mine Foreman-Mine Manager, and Superintendent or Assistant.

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-16 20 19 Section or Area Examined #4  
 Time of Examination: from 5:00 a.m. or p.m. to 9:45 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom R. Lafferty Time 9:45 A.M. P.M.  
 Report received by S. Hall (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location                    | Violation or Hazardous Condition | Action Taken |
|-----------------------------|----------------------------------|--------------|
| 1. <u>0</u> <u>CHUO% O2</u> | <u>None observe</u>              |              |
| 2. <u>12R</u>               | <u>needs add'l cleans</u>        | <u>Ref</u>   |
| 3. <u>24</u>                | <u>none observe</u>              |              |
| 4. <u>5</u>                 | <u>not bolted</u>                | <u>Ref</u>   |
| 5. <u>6K</u>                | <u>Part Bolted</u>               | <u>Ref</u>   |
| 6. <u>7</u>                 | <u>needs add'l cleans</u>        | <u>Ref</u>   |
| 7. <u>8</u>                 | <u>none observe</u>              |              |
| 8.                          |                                  |              |
| 9.                          |                                  |              |
| 10.                         |                                  |              |

Air Measurements

| Location | CFM          | Location | CFM |
|----------|--------------|----------|-----|
| <u>L</u> | <u>21812</u> |          |     |
| <u>R</u> | <u>22344</u> |          |     |
|          |              |          |     |
|          |              |          |     |
|          |              |          |     |
|          |              |          |     |
|          |              |          |     |
|          |              |          |     |

Remarks: Power Cans and Roadways clear at time of exam  
CHUO% O2 20.8%

Outby shelter clear at time of exam  
Roads FRANK OFF

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 Certificate No. 38424  
 Countersigned S. Hall Mine Manager - Mine Foreman Assistant Foreman Certificate No. 3908-08  
 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

4/6

Shift

Day

Area or Section

#4

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|----------|----------------------------------|--------------|
| 1.       |                                  |              |
| 2. 142R  | needs add'l chow                 | Corrector    |
| 3. T     | NOT BOH                          |              |
| 4. 6R    | PART BOH                         |              |
| 5. 7     | needs add'l Chow                 |              |
| 6.       |                                  |              |
| 7.       |                                  |              |
| 8.       |                                  |              |

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

| Location  | Time  | Methane Content | Location | Time | Methane Content |
|-----------|-------|-----------------|----------|------|-----------------|
| 1. 4 Retn | 6:35  | 0               | 6.       |      |                 |
| 2. 4 Retn | 7:35  | 0               | 7.       |      |                 |
| 3.        |       |                 | 8.       |      |                 |
| 4. 4 Retn | 10:55 | 0               | 9.       |      |                 |
| 5. 4 Retn | 11:35 | 0               | 10.      |      |                 |

Number of Bolts Tested

32

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 Pa. V Plan 2-3 of the roof control Plan with crew 4/6/31.

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-16 2022 Section or Area Examined 119  
 Time of Examination: from 1:00 a.m. or 2:00 p.m. to 2:00 a.m. or 3:00 p.m.  
 Was this report phoned to outside: Yes no  
 By whom Brought on Time --- A.M. --- P.M.  
 Report received by --- (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition                      | Action Taken |
|----------|---|--------------|
| 0        | CH <sub>4</sub> 0% O <sub>2</sub> 20.8% none observed |              |
| 1        | none observed   |              |
| 2L       | SCAL  | REF!         |
| 3R       | Part to Ref   | REF!         |
| 4        | none observed   |              |
| 5        |   |              |
| 6        | needs cleaned dustpan                                 | Ref          |
| 7        | None observed   |              |
| 8        | needs cleaned dustpan                                 | Ref          |
| 9        | SCAL  | REF!         |
| 10       |   |              |

Air Measurements

| Location | CFM   | Location | CFM |
|----------|-------|----------|-----|
| L COB    | 21450 |          |     |
| R COB    | 23275 |          |     |

Remarks: Fanway corner & Roadway = clear at time of exam  
CH<sub>4</sub> 0% O<sub>2</sub> 20.8%  
Duff's Hetter clear at time of exam  
Rips FAKING OFF

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] 39058 of [Signature] Assistant Foreman Certificate No. 1658-A  
 Countersigned [Signature] Mine Manager—Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-16 Shift Even Area or Section #14

Violations and other Hazardous Conditions Observed and Reported

| Location     | Violation or Hazardous Condition | Action taken                |
|--------------|----------------------------------|-----------------------------|
| 1. <u>22</u> | <u>SOIAP</u>                     | <u>Mined</u>                |
| 2. <u>3R</u> | <u>PART BOARD</u>                | <u>Bolted</u>               |
| 3. <u>5</u>  | <u>needs cleaned</u>             | <u>Cleaned &amp; dusted</u> |
| 4. <u>7K</u> | <u>needs clean</u>               | <u>Cleaned</u>              |
| 5.           |                                  |                             |
| 6.           |                                  |                             |
| 7.           |                                  |                             |
| 8.           |                                  |                             |

Examinations for Methane in Working Places

| Location      | Time              | Methane Content | Location        | Time | Methane Content |
|---------------|-------------------|-----------------|-----------------|------|-----------------|
| 1. <u>0-8</u> | <u>4:30-500</u>   | <u>0%</u>       | 11.             |      |                 |
| 2. <u>0-8</u> | <u>6:30-700</u>   | <u>0%</u>       | 12.             |      |                 |
| 3. <u>0-8</u> | <u>8:30-900</u>   | <u>0%</u>       | 13.             |      |                 |
| 4. <u>0-8</u> | <u>10:30-1100</u> | <u>0%</u>       | 14.             |      |                 |
| 5.            |                   |                 | 15. <u>8/16</u> |      |                 |
| 6.            |                   |                 | 16.             |      |                 |
| 7.            |                   |                 | 17. <u>0.02</u> |      |                 |
| 8.            |                   |                 | 18.             |      |                 |
| 9.            |                   |                 | 19.             |      |                 |
| 10.           |                   |                 | 20.             |      |                 |

Examinations for Methane in Return Aircourses

| Location           | Time        | Methane Content | Location | Time | Methane Content |
|--------------------|-------------|-----------------|----------|------|-----------------|
| 1. <u>L Return</u> | <u>4:25</u> | <u>0%</u>       | 6.       |      |                 |
| 2. <u>R Return</u> | <u>5:05</u> | <u>0%</u>       | 7.       |      |                 |
| 3. <u>L Return</u> | <u>8:25</u> | <u>0%</u>       | 8.       |      |                 |
| 4. <u>R Return</u> | <u>9:05</u> | <u>0%</u>       | 9.       |      |                 |
| 5.                 |             |                 | 10.      |      |                 |

Number of Bolts Tested 21  
 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  
Read Page 2 paragraph #1 in Roof Control plan  
to entire crew at end of track

Remarks (Statement as to General Conditions of Mine or Area of Mine)  
1658-A  
 Assistant Mine Foreman-Mine Manager  
350000  
 Certificate No. Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 9-16-09 Section or Area Examined 44 Section  
 Time of Examination: from 10:5 a.m. or 10:5 p.m. to 10:45 a.m. or 10:45 p.m.  
 Was this report phoned to outside: Yes no  
 By whom Scott Burnett Time 11:00 A.M. PM  
 Report received by Steve Gish (Signed)

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

| Location           | CH <sub>4</sub> | Violation or Hazardous Condition   | Action Taken     |
|--------------------|-----------------|------------------------------------|------------------|
| 1. <u>0 Entry</u>  | <u>OK</u>       | <u>Scrap Cut</u>                   | <u>Reflected</u> |
| 2. <u>#1 Entry</u> | <u>OK</u>       | <u>Part Bolted</u>                 | <u>" "</u>       |
| 3. <u>#2 Entry</u> | <u>OK</u>       | <u>Needs cleaned: dust</u>         | <u>Reported</u>  |
| 4. <u>#3 Entry</u> | <u>OK</u>       | <u>" "</u>                         | <u>" "</u>       |
| 5. <u>#4 Entry</u> | <u>OK</u>       | <u>" "</u>                         | <u>" "</u>       |
| 6. <u>#5 Entry</u> | <u>OK</u>       | <u>None observed</u>               | <u>None</u>      |
| 7. <u>#6 Entry</u> | <u>OK</u>       | <u>" "</u>                         | <u>" "</u>       |
| 8. <u>#7 Entry</u> | <u>OK</u>       | <u>Part Bolted</u>                 | <u>Reflected</u> |
| 9. <u>#8 Entry</u> | <u>OK</u>       | <u>None observed (removed off)</u> | <u>None</u>      |
| 10. _____          | _____           | _____                              | _____            |

#### Air Measurements

| Location        | CFM           | Location | CFM   |
|-----------------|---------------|----------|-------|
| <u>L L.O.J.</u> | <u>21,800</u> | _____    | _____ |
| <u>R L.O.J.</u> | <u>20,640</u> | _____    | _____ |
| _____           | _____         | _____    | _____ |
| _____           | _____         | _____    | _____ |
| _____           | _____         | _____    | _____ |
| _____           | _____         | _____    | _____ |
| _____           | _____         | _____    | _____ |
| _____           | _____         | _____    | _____ |

Remarks: OK CH<sub>4</sub>, OK CO<sub>2</sub>, 20.8% O<sub>2</sub> detected at time of exam  
Track, Travelways, power centers, B-boxes, chargers 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 Scott Burnett Preshift-Mine Examiner Certificate No. 1658-A  
 Countersigned Steve Gish Mine Manager—Mine Foreman Assistant Foreman Certificate No. 37042  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-17-09 Shift 3rd Area or Section 4 Sect

Violations and other Hazardous Conditions Observed and Reported

|    | Location | Violation or Hazardous Condition | Action taken |
|----|----------|----------------------------------|--------------|
| 1. | 0        | None Observed                    | Rep.         |
| 2. | 1        | Not Bolted                       | Ref          |
| 3. | 2, 3, 4  | None Observed                    | Rep.         |
| 4. | 5L       | Not Bolted                       | Ref          |
| 5. | 6R       | Needs Add'l Cleaning             | Rep.         |
| 6. | 7        | Not Bolted                       | Ref          |
| 7. | 8        | None Observed                    | Rep.         |
| 8. |          |                                  |              |

Examinations for Methane in Working Places

|     | Location | Time       | Methane Content |     | Location | Time | Methane Content |
|-----|----------|------------|-----------------|-----|----------|------|-----------------|
| 1.  | 0-8      | 100-140 AM | 0%              | 11. |          |      |                 |
| 2.  |          |            |                 | 12. |          |      |                 |
| 3.  | 0-8      | 300-340 AM | 0%              | 13. |          |      |                 |
| 4.  |          |            |                 | 14. |          |      |                 |
| 5.  | 0-8      | 600-540 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 | 140 AM | 0%              | 7.  |          |      |                 |
| 3. |           |        |                 | 8.  |          |      |                 |
| 4. | Lt Return | 500 AM | 0%              | 9.  |          |      |                 |
| 5. | Rt Return | 540 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 Clear

Randall J. Jeffery  
Assistant Mine

38424  
Certificate No.

[Signature]  
Mine Foreman-Mine Manager

[Signature]  
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-17 20\_\_ Section or Area Examined #4  
 Time of Examination: from 5:00 a.m. or p.m. to 6:40 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom R. Lafferty Time 6:53 A.M. P.M.  
 Report received by E. Haver (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition                     | Action Taken |
|----------|--|--------------|
| 0        | CH <sub>4</sub> 0% O <sub>2</sub> 20.8% none observe |              |
| 1        | not bolted   | REF!         |
| 2, 304   | none observe   |              |
| 5L       | not bolted   | REF!         |
| 6R       | needs add'l cleane                                   |              |
| 7        | not bolted   | REF!         |
| 8        | none observe   |              |
| 9        | none observe   |              |
| 10       |  |              |

Air Measurements

| Location | CFM   | Location | CFM |
|----------|-------|----------|-----|
| LLOB     | 15428 |          |     |
| RLOB     | 22748 |          |     |
|          |       |          |     |
|          |       |          |     |
|          |       |          |     |
|          |       |          |     |
|          |       |          |     |
|          |       |          |     |

Remarks: Power center and Road ways clear at time of exam  
 CH<sub>4</sub> 0% O<sub>2</sub> 20.8%  
 Outby Shelter clear at time of exam  
 Ribs FLAKING OFF

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. 38924  
 Countersigned Carl [unclear] Mine Manager—Mine Foreman Certificate No. 35000  
E. J. Haver Assistant Foreman Certificate No. 390580  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-17 Shift PM Area or Section H-2

Violations and other Hazardous Conditions Observed and Reported

| Location      | Violation or Hazardous Condition | Action taken     |
|---------------|----------------------------------|------------------|
| 1.            |                                  |                  |
| 2. <u>1</u>   | <u>NOT Bolted</u>                | <u>corrected</u> |
| 3.            |                                  |                  |
| 4.            |                                  |                  |
| 5. <u>H</u>   | <u>NOT Bolted</u>                | <u>  </u>        |
| 6. <u>6th</u> | <u>needs add'l chains</u>        |                  |
| 7. <u>7</u>   | <u>NOT Bolted</u>                |                  |
| 8.            |                                  |                  |

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

| Location         | Time         | Methane Content | Location | Time | Methane Content |
|------------------|--------------|-----------------|----------|------|-----------------|
| 1. <u>Cher</u>   | <u>6:55</u>  | <u>0</u>        | 6.       |      |                 |
| 2. <u>Rher</u>   | <u>7:35</u>  | <u>0</u>        | 7.       |      |                 |
| 3.               |              |                 | 8.       |      |                 |
| 4. <u>L Retn</u> | <u>10:55</u> | <u>0</u>        | 9.       |      |                 |
| 5. <u>R Retn</u> | <u>11:35</u> | <u>0</u>        | 10.      |      |                 |

Number of Bolts Tested 20 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 Pg. 4 PART 405 of

[Signature] Assistant Mine  
[Signature] Mine Foreman-Mine Manager  
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-17 Section or Area Examined #4  
 Time of Examination: from 1:00 a.m. or p.m. to 2:00 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom Brought out Time --- A.M. --- P.M.  
 Report received by --- (Signed)

Violations and other Hazardous Conditions Observed and Reported

|     | Location              | Violation or Hazardous Condition | Action Taken |
|-----|-----------------------|----------------------------------|--------------|
| 1.  | <u>CH40% Or 20.8%</u> | <u>none observed</u>             |              |
| 2.  |                       | <u>SCMP</u>                      | <u>Ref 1</u> |
| 3.  |                       | <u>needs cleaned</u>             | <u>Ref</u>   |
| 4.  |                       | <u>needs cleaned</u>             | <u>Ref</u>   |
| 5.  | <u>45, 67</u>         | <u>none observed</u>             |              |
| 6.  | <u>8</u>              | <u>none observed</u>             |              |
| 7.  |                       |                                  |              |
| 8.  |                       |                                  |              |
| 9.  |                       |                                  |              |
| 10. |                       |                                  |              |

Air Measurements

| Location    | CFM          | Location | CFM |
|-------------|--------------|----------|-----|
| <u>LLOB</u> | <u>20640</u> |          |     |
| <u>RLOB</u> | <u>13180</u> |          |     |
|             |              |          |     |
|             |              |          |     |
|             |              |          |     |
|             |              |          |     |
|             |              |          |     |
|             |              |          |     |

Remarks: Power cables and Road wires clear at time of exam  
CH40% Or 20.8%

Ribs Flaking  
Outby Shelter clear at EXAM time (Scott Halstead 37567) (0-20.8-0)

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

Signed By: [Signature] Preshift-Mine Examiner Certificate No. 39058-05  
 Assistant Foreman Certificate No. 1658-A

Countersigned: [Signature] Mine Manager—Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-17-09 Shift Ev Area or Section Sect # 4

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains handwritten entries for locations 1, 2, and 3.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Contains handwritten entries for locations 1-4 with 0% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Contains handwritten entries for L and R Return aircourses with 0% methane content.

Number of Bolts Tested 2 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 Bolted off section

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 2 paragraph 2 of Roof control plan to entire crew. Includes signatures and certificate numbers for Assistant Mine Foreman and Superintendent or Assistant.

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination Sep 17 20 09 Section or Area Examined 4-Section  
Time of Examination: from 9:30 a.m. or p.m. to 10:00 a.m. or p.m.  
Was this report phoned to outside: Yes  no   
By whom Scott Barnett Time A.M. 11:17 P.M.  
Report received by Jeremy Burchard 1759-A

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|----------|----------------------------------|--------------|
| 1.       |                                  |              |
| 2.       |                                  |              |
| 3.       |                                  |              |
| 4.       |                                  |              |
| 5.       | Section Idle                     |              |
| 6.       | Ch <sup>4</sup> 0.0%             |              |
| 7.       |                                  |              |
| 8.       | Section Under Construction       |              |
| 9.       | Moving Section                   |              |
| 10.      |                                  |              |

Air Measurements

| Location          | CFM    | Location | CFM |
|-------------------|--------|----------|-----|
| Good Air Movement |        |          |     |
| Truck             | 24,025 |          |     |
|                   |        |          |     |
|                   |        |          |     |
|                   |        |          |     |
|                   |        |          |     |
|                   |        |          |     |
|                   |        |          |     |
|                   |        |          |     |
|                   |        |          |     |

Remarks: Powercenter, chargers, travelways clear of line of exam

Ch<sup>4</sup> 0.0% CO 0% O<sup>2</sup> 20.9% at line of exam

culby Chamber 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 Scott Barnett Preshift-Mine Examiner Certificate No. 1658-A  
Countersigned John Cook Mine Manager—Mine Foreman Certificate No. 330001  
Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-18-09 Shift 3rd Area or Section 4 Sect

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|----------|----------------------------------|--------------|
| 1.       |                                  |              |
| 2.       | <u>Section Idle</u>              |              |
| 3.       | <u>Moving</u>                    |              |
| 4.       |                                  |              |
| 5.       |                                  |              |
| 6.       |                                  |              |
| 7.       |                                  |              |
| 8.       |                                  |              |

Examinations for Methane in Working Places

| Location | Time | Methane Content                              | Location | Time | Methane Content |
|----------|------|--|----------|------|-----------------|
| 1.       |      | <u>Good Air Movement</u>                     | 11.      |      |                 |
| 2.       |      | <u>CH<sub>4</sub> 0% O<sub>2</sub> 20.8%</u> | 12.      |      |                 |
| 3.       |      | <u>CO 0%</u>                                 | 13.      |      |                 |
| 4.       |      |  | 14.      |      |                 |
| 5.       |      |  | 15.      |      |                 |
| 6.       |      |  | 16.      |      |                 |
| 7.       |      |  | 17.      |      |                 |
| 8.       |      |  | 18.      |      |                 |
| 9.       |      |  | 19.      |      |                 |
| 10.      |      |  | 20.      |      |                 |

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) TRACK, + TRAVELWAYS CLEAR AT

Time of Exam \_\_\_\_\_

Randall Lafferty  
Assistant Min.

35424  
Certificate No.

[Signature]  
Mine Foreman-Mine Manager

3901000  
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-18 20\_\_\_ Section or Area Examined #4  
 Time of Examination: from 4:00 a.m. or p.m. to 4:30 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom R. Lafferty Time \_\_\_ A.M. \_\_\_ P.M.  
 Report received by S. Walker (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location

Violation or Hazardous Condition

Action Taken

1. \_\_\_\_\_
2. sect. Table road
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Air Measurements

Location

CFM

Location

CFM

| Location                                     | CFM           | Location | CFM |
|--|---------------|----------|-----|
| <u>Good A.R. movement</u>                    |               |          |     |
| <u>CH<sub>4</sub> 0% O<sub>2</sub> 20.8%</u> |               |          |     |
| <u>track</u>                                 | <u>22,560</u> |          |     |
|  |               |          |     |
|  |               |          |     |
|  |               |          |     |
|  |               |          |     |
|  |               |          |     |
|  |               |          |     |

Remarks: Power Center and roadways clear at time of BXA  
CH<sub>4</sub> 0% O<sub>2</sub> 20.8%

Outby Shelter clear at time of BXA

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 38424 Certificate No.  
 Countersigned Charles Cook 59000 Assistant Foreman  
[Signature] 7105808 Superintendent or Assistant

Use Indelible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 9/18 Shift Early Area or Section #10

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|----------|----------------------------------|--------------|
| 1.       |                                  |              |
| 2.       | sect. idle moving                |              |
| 3.       |                                  |              |
| 4.       |                                  |              |
| 5.       |                                  |              |
| 6.       |                                  |              |
| 7.       |                                  |              |
| 8.       |                                  |              |

Examinations for Methane in Working Places

| Location | Time              | Methane Content | Location | Time | Methane Content |
|----------|-------------------|-----------------|----------|------|-----------------|
| 1.       | Good all movement |                 | 11.      |      |                 |
| 2.       | C/H 4.0%          | 02.208%         | 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) Hod safety work above

Moving equipment at 6:30

[Signature] Assistant Mine Foreman Certificate No. 3908-05 [Signature] Mine Foreman Certificate No. 322100 Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-18-70 Section or Area Examined #4  
Time of Examination: from 1:00 a.m. or p.m. to 2:00 a.m. or p.m.  
Was this report phoned to outside Yes No  
By whom Freight Dept Time A.M. P.M.  
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1 contains handwritten entry: '1. Sect. Idle room'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Handwritten entry: 'Good AIR MOUNT 17,240'.

Remarks: Power center & roadways OK at time of exam  
O<sub>2</sub> 20.8%  
O<sub>2</sub> 20.8%  
O<sub>2</sub> 20.8%

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.  
Signed By: [Signature] Certificate No. 390808 Assistant Foreman [Signature] Certificate No. 1658-A  
Countersigned: [Signature] Mine Manager - Mine Foreman [Signature] Assistant Foreman [Signature] Superintendent or Assistant

Use Indelible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 9-18-09 Shift Even Area or Section #4

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|----------|----------------------------------|--------------|
| 1.       |                                  |              |
| 2.       | <u>Section Idle Moving</u>       |              |
| 3.       |                                  |              |
| 4.       |                                  |              |
| 5.       |                                  |              |
| 6.       |                                  |              |
| 7.       |                                  |              |
| 8.       |                                  |              |

Examinations for Methane in Working Places

| Location | Time   | Methane Content | Location | Time | Methane Content |
|----------|--|-----------------|----------|------|-----------------|
| 1.       |  |                 | 11.      |      |                 |
| 2.       | <u>Good Air Movement</u>                     |                 | 12.      |      |                 |
|          | <u>0.2 CH<sub>4</sub> 20.820<sup>2</sup></u> |                 | 13.      |      |                 |
| 3.       |  |                 | 14.      |      |                 |
| 4.       |  |                 | 15.      |      |                 |
| 5.       |  |                 | 16.      |      |                 |
| 6.       |  |                 | 17.      |      |                 |
| 7.       |  |                 | 18.      |      |                 |
| 8.       |  |                 | 19.      |      |                 |
| 9.       |  |                 | 20.      |      |                 |
| 10.      |  |                 |          |      |                 |

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) Read Page 2 Paragraph 3 of Roof Control Plan to entire crew at end of track

[Signature]  
Assistant Mine

Certificate No.

[Signature]  
Mine Foreman-Mine Manager

350000  
Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 9-18-09 Section or Area Examined 4 Section  
Time of Examination: from 9:30 a.m. or PM to 1:00 a.m. or PM  
Was this report phoned to outside: Yes no  
By whom Scott Time A.M. 11:20  
Report received by J.A. Beckford  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location       | Violation or Hazardous Condition | Action Taken |
|----------------|----------------------------------|--------------|
| <u>Section</u> | <u>Idle Moving</u>               |              |
|                |                                  |              |
|                |                                  |              |
|                |                                  |              |
|                |                                  |              |
|                |                                  |              |
|                |                                  |              |
|                |                                  |              |
|                |                                  |              |
|                |                                  |              |
|                |                                  |              |

Air Measurements

| Location                 | CFM          | Location | CFM |
|--------------------------|--------------|----------|-----|
| <u>Good Air Movement</u> | <u>16250</u> |          |     |
|                          |              |          |     |
|                          |              |          |     |
|                          |              |          |     |
|                          |              |          |     |
|                          |              |          |     |
|                          |              |          |     |
|                          |              |          |     |
|                          |              |          |     |
|                          |              |          |     |

Remarks: 07.0 by 07.008 20.8% O<sub>2</sub> detected at time of span  
PK's + chrys  
Traveling, clear at time of span  
Chargers & kva 0% CH<sub>4</sub>  
shelter 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 Scott Preshift-Mine Examiner Certificate No. 1658-A  
Countersigned John A. Beckford Mine Manager—Mine Foreman Certificate No. 2517A  
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 \_\_\_\_\_

|    | Location | Violations and other Hazardous Conditions Observed and Reported | Action taken |
|----|----------|---|--------------|
| 1. | -----    | -----   | -----        |
| 2. | -----    | -----   | -----        |
| 3. | -----    | -----   | -----        |
| 4. | -----    | -----   | -----        |
| 5. | -----    | -----   | -----        |
| 6. | -----    | -----   | -----        |
| 7. | -----    | -----   | -----        |
| 8. | -----    | -----   | -----        |

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 9-19 09 Section or Area Examined 45 Section  
 Time of Examination: from 3:00 or p.m. to 6:00 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 |
|-------------------|----------------------------------|--------------|
| <u>45 Section</u> | <u>Fall Moving</u>               |              |
|                   |                                  |              |
|                   |                                  |              |
|                   |                                  |              |
|                   |                                  |              |
|                   |                                  |              |
|                   |                                  |              |
|                   |                                  |              |
|                   |                                  |              |
|                   |                                  |              |
|                   |                                  |              |

Air Measurements

| Location                 | CFM | Location | CFM |
|--------------------------|-----|----------|-----|
| <u>Good Air Movement</u> |     |          |     |
| <u>h</u>                 |     |          |     |
|                          |     |          |     |
|                          |     |          |     |
|                          |     |          |     |
|                          |     |          |     |
|                          |     |          |     |
|                          |     |          |     |
|                          |     |          |     |
|                          |     |          |     |

Remarks: 07.44 07.00 + 20.8% O<sub>2</sub> detected at time of exam

Tracks, walkways & Travehays, Power Center & Chargers clean at time of exam

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

Signed By John B. Ballou 26176 Assistant Foreman Certificate No.  
 Countersigned John B. Ballou Mine Manager—Mine Foreman  
 \_\_\_\_\_ Assistant Foreman  
 \_\_\_\_\_ Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10/27/14 Shift 1st Area or Section 911-A

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) \_\_\_\_\_

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-19 2009 Section or Area Examined 4 Section  
 Time of Examination: from 1:00 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. <u>4 SECTION</u>     | <u>CH4 Idle (moving section)</u> |              |
| 2. _____                | _____                            | _____        |
| 3. <u>POWER CENTERS</u> | <u>0% NONE OBSERVED</u>          | <u>NONE</u>  |
| 4. <u>CHARGERS</u>      | <u>0% "</u>                      | <u>"</u>     |
| 5. <u>TRACK</u>         | <u>0% "</u>                      | <u>"</u>     |
| 6. _____                | _____                            | _____        |
| 7. _____                | _____                            | _____        |
| 8. _____                | _____                            | _____        |
| 9. _____                | _____                            | _____        |
| 10. _____               | _____                            | _____        |

Air Measurements

| Location     | CFM          | Location | CFM   |
|--------------|--------------|----------|-------|
| <u>Track</u> | <u>17760</u> |          |       |
| _____        | _____        | _____    | _____ |
| _____        | _____        | _____    | _____ |
| _____        | _____        | _____    | _____ |
| _____        | _____        | _____    | _____ |
| _____        | _____        | _____    | _____ |

Remarks: 0% CH4 0% CO 20.8% O2  
shelter - OK

Dby Altman 15397A

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 37002 Assistant Foreman Certificate No. \_\_\_\_\_  
 Countersigned [Signature] 3900000 Mine Manager—Mine Foreman  
 \_\_\_\_\_ Assistant Foreman  
 \_\_\_\_\_ Superintendent or Assistant

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-19-09 20. Section or Area Examined 4 section  
 Time of Examination: from 8:30 a.m. or 6:00 to 11:30 a.m. or 6:00 p.m.  
 Was this report phoned to outside: Yes no no Brought out 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 |
|----------------------|----------------------------------|--------------|
| <u>4 section</u>     | <u>ch4 Idle (moving section)</u> | <u>none</u>  |
| <u>power centers</u> | <u>0% none observed</u>          |              |
| <u>Charged</u>       | <u>0% none observed</u>          |              |
| <u>Track</u>         | <u>0% none observed</u>          |              |
|                      |                                  |              |
|                      |                                  |              |
|                      |                                  |              |
|                      |                                  |              |
|                      |                                  |              |
|                      |                                  |              |
|                      |                                  |              |
|                      |                                  |              |
|                      |                                  |              |

## Air Measurements

| Location     | CFM           | Location | CFM |
|--------------|---------------|----------|-----|
| <u>Track</u> | <u>22,120</u> |          |     |
|              |               |          |     |
|              |               |          |     |
|              |               |          |     |
|              |               |          |     |
|              |               |          |     |
|              |               |          |     |
|              |               |          |     |
|              |               |          |     |
|              |               |          |     |

Remarks: 0% ch4 0% CO 20.8% O2  
out by shelter - 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 D. L. Williams 15397 Assistant Foreman Certificate No. 3500422  
 Countersigned          Mine Manager—Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible  
Pencil or Ink

**DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT**

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

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

Use Indelible  
Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 9.20 09 20 09 Section or Area Examined 4 Section  
 Time of Examination: from 4:00 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 \_\_\_\_\_ (Signed)

## Violations and other Hazardous Conditions Observed and Reported

| Location         | Violation or Hazardous Condition | Action Taken |
|------------------|----------------------------------|--------------|
| <u>4 Section</u> | <u>Falls</u>                     |              |
|                  |                                  |              |
|                  |                                  |              |
|                  |                                  |              |
|                  |                                  |              |
|                  |                                  |              |
|                  |                                  |              |
|                  |                                  |              |
|                  |                                  |              |
|                  |                                  |              |
|                  |                                  |              |
|                  |                                  |              |

## Air Measurements

| Location | CFM      | Location | CFM      |
|----------|----------|----------|----------|
| <u> </u> | <u> </u> | <u> </u> | <u> </u> |
|          |          |          |          |
|          |          |          |          |
|          |          |          |          |
|          |          |          |          |
|          |          |          |          |
|          |          |          |          |
|          |          |          |          |
|          |          |          |          |
|          |          |          |          |

Remarks: 07.0 ch4 0% CO + 20.8% O2 detected  
Truck, Trunkways, Power Center & chagen clean at time  
of exam

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

Signed By John H. Buhler Preshift Mine Examiner Certificate No. 2517  
 Countersigned Arthur [unclear] Mine Manager—Mine Foreman Certificate No. 3506000  
 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

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-20-09 Section or Area Examined 4 Section  
 Time of Examination: from 1:00 or (p.m.) to 1:30 or (p.m.)  
 Was this report phoned to outside: Yes \_\_\_\_\_ no ✓ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 By whom \_\_\_\_\_  
 Report received by \_\_\_\_\_ (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location                 | Violation or Hazardous Condition | Action Taken |
|--------------------------|----------------------------------|--------------|
| 1. <u>IDLE</u>           |                                  |              |
| 2. <u>Moving Section</u> |                                  |              |
| 3. _____                 |                                  |              |
| 4. _____                 | <u>CH4</u>                       |              |
| 5. <u>POWER CENTERS</u>  | <u>0%</u> <u>NONE OBSERVED</u>   | <u>NONE</u>  |
| 6. <u>D-BOXES</u>        | <u>0%</u> "                      | "            |
| 7. <u>CHARGERS</u>       | <u>0%</u> "                      | "            |
| 8. <u>TRACK</u>          | <u>0%</u> "                      | "            |
| 9. _____                 |                                  |              |
| 10. _____                |                                  |              |

Air Measurements

| Location     | CFM           | Location | CFM |
|--------------|---------------|----------|-----|
| <u>Track</u> | <u>19,990</u> |          |     |
| _____        |               |          |     |
| _____        |               |          |     |
| _____        |               |          |     |
| _____        |               |          |     |

Remarks: 0% CH4, 20.8% O2, 0ppm CO Detected at EXAM times

Outby Shelter-Clear 0% CH4, 20.8% O2

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

Signed By Scott Habstead Certificate No. 37567  
 Assistant Foreman \_\_\_\_\_ Certificate No. \_\_\_\_\_  
 Countersigned Andy Cook Mine Manager—Mine Foreman  
Andy Peterson Assistant Foreman Certificate No. 2960  
 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 \_\_\_\_\_

|    | Location | Violations and other Hazardous Conditions Observed and Reported<br>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

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-20 209 Section or Area Examined 4 Sec.  
 Time of Examination: from 11:00 a.m. or 11:30 p.m. to 11:30 a.m. or 11:30 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. Idle         | <u>020214 n/o</u>                | <u>Rep.</u>     |
| 2. Moving Sec.  |                                  |                 |
| 3.              |                                  |                 |
| 4.              |                                  |                 |
| 5. power center | <u>n/o</u>                       | <u>reported</u> |
| 6. D. Box       |                                  |                 |
| 7. Charger      |                                  |                 |
| 8. Track        |                                  |                 |
| 9.              |                                  |                 |
| 10.             |                                  |                 |

Air Measurements

Location

CFM

Location

CFM

Good air movement  
TRACK entry 15,000 CFM

Remarks:

Rocky det. 0% 20.8oz CO<sub>2</sub> at time of exam  
tranchways & track clear at time of exam.  
Life shelter clear TP.

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

24611  
 Certificate No.  
3306000

Assistant Foreman

Certificate No.

Countersigned

[Signature]  
 Mine Manager—Mine Foreman

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

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

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-21-01 20. Section or Area Examined #4 Section  
 Time of Examination: from 3:00 AM or p.m. to 6:00 AM or p.m.  
 Was this report phoned to outside: Yes no /  
 By whom Bryant OK Time 5:00 AM P.M.  
 Report received by \_\_\_\_\_ (Signed)

### Violations and other Hazardous Conditions Observed and Reported

| Location                                | Violation or Hazardous Condition | Action Taken |
|---|----------------------------------|--------------|
| 1. <u>IDLE moving Section</u> <u>OK</u> | <u>None observed</u>             | <u>None</u>  |
| 2. _____                                | _____                            | _____        |
| 3. <u>Power center</u> <u>OK</u>        | <u>None observed</u>             | <u>None</u>  |
| 4. <u>O-20X</u> <u>OK</u>               | <u>u u</u>                       | <u>u u</u>   |
| 5. <u>Chargers</u> <u>OK</u>            | <u>u u</u>                       | <u>u u</u>   |
| 6. <u>Track</u> <u>OK</u>               | <u>u u</u>                       | <u>u u</u>   |
| 7. _____                                | _____                            | _____        |
| 8. _____                                | _____                            | _____        |
| 9. _____                                | _____                            | _____        |
| 10. _____                               | _____                            | _____        |

### Air Measurements

| Location                                 | CFM           | Location | CFM   |
|--|---------------|----------|-------|
| <u>Good Air movement</u><br><u>Track</u> | <u>18,940</u> | _____    | _____ |
| _____                                    | _____         | _____    | _____ |
| _____                                    | _____         | _____    | _____ |
| _____                                    | _____         | _____    | _____ |
| _____                                    | _____         | _____    | _____ |
| _____                                    | _____         | _____    | _____ |
| _____                                    | _____         | _____    | _____ |
| _____                                    | _____         | _____    | _____ |

Remarks: OK CH4, OK CO, 20.8% O2 detected at time of exam  
Track: Traveling ok at time of exam  
\* Dangerous Breakthrough off at 125ft on Plumbly Track Towards old #1 North Belt  
HAD 4-5 Exposed Bolts Hanging needs Spot Bolts or Timbered Safe work!  
shelter-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] 39044 Assistant Foreman Certificate No.  
 Countersigned [Signature] 350600 Mine Manager—Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-21-09 Shift 3rd Area or Section 4 Sect

Violations and other Hazardous Conditions Observed and Reported

| Location               | Violation or Hazardous Condition | Action taken |
|------------------------|----------------------------------|--------------|
| 1. <u>Section Idle</u> |                                  |              |
| 2. <u>Moving</u>       |                                  |              |
| 3.                     |                                  |              |
| 4. <u>0% CH4</u>       |                                  |              |
| 5. <u>0% CO</u>        |                                  |              |
| 6. <u>20.8% O2</u>     |                                  |              |
| 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) TRACK, Travelways, & Air Chamber

Clear At Time of Exam

Randall Jefferys 38424 \_\_\_\_\_  
Assistant Mine Foreman-Mine Manager Certificate No. Superintendent or Assistant

Use Indelible  
Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 9-21 20\_\_\_ Section or Area Examined #4  
 Time of Examination: from 5:00 a.m. or p.m. to 6:10 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 L. Wauwal (Signed)

## Violations and other Hazardous Conditions Observed and Reported

| Location                    | Violation or Hazardous Condition | Action Taken |
|-----------------------------|----------------------------------|--------------|
| 1. <u>Sect. ID1B moving</u> |                                  |              |
| 2. _____                    |                                  |              |
| 3. _____                    |                                  |              |
| 4. _____                    |                                  |              |
| 5. _____                    |                                  |              |
| 6. _____                    |                                  |              |
| 7. _____                    |                                  |              |
| 8. _____                    |                                  |              |
| 9. _____                    |                                  |              |
| 10. _____                   |                                  |              |

| Location                 | Air Measurements<br>CFM | Location | CFM |
|--------------------------|-------------------------|----------|-----|
| <u>Good Air movement</u> |                         |          |     |
| <u>CHV29 O2 20.8%</u>    |                         |          |     |
| <u>TRACK</u>             | <u>23,480</u>           |          |     |
| _____                    |                         |          |     |
| _____                    |                         |          |     |
| _____                    |                         |          |     |
| _____                    |                         |          |     |
| _____                    |                         |          |     |
| _____                    |                         |          |     |

Remarks: Power center and Roadway clear at time of exam  
CHV29 O2 20.8%  
out by shaft 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 Lafferty 38424 Certificate No. \_\_\_\_\_ Assistant Foreman \_\_\_\_\_ Certificate No. \_\_\_\_\_  
 Countersigned Carl L. Foster Mine Manager - Mine Foreman \_\_\_\_\_  
Carl L. Foster Assistant Foreman \_\_\_\_\_  
Carl L. Foster 28734 Superintendent or Assistant \_\_\_\_\_

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9/21 Shift DAY Area or Section AJ

Violations and other Hazardous Conditions Observed and Reported

| Location                             | Violation or Hazardous Condition | Action taken |
|--------------------------------------|----------------------------------|--------------|
| 1. <u>Section under construction</u> |                                  |              |
| 2. _____                             |                                  |              |
| 3. _____                             |                                  |              |
| 4. _____                             |                                  |              |
| 5. _____                             |                                  |              |
| 6. _____                             |                                  |              |
| 7. _____                             |                                  |              |
| 8. _____                             |                                  |              |

Examinations for Methane in Working Places

| Location                      | Time | Methane Content | Location  | Time | Methane Content |
|-------------------------------|------|-----------------|-----------|------|-----------------|
| 1. <u>CH<sub>4</sub> 0%</u>   |      |                 | 11. _____ |      |                 |
| 2. <u>O<sub>2</sub> 20.8%</u> |      |                 | 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) had safety talk about many equipment and working roof for air with crew at 6:00pm

[Signature] Assistant Mine Certificate No. 390805 [Signature] Mine Foreman-Mine Manager Certificate No. 390805 [Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-21-69 20 Section or Area Examined 4 section  
 Time of Examination: from 1:00 a.m. or 0:00 p.m. to 2:00 a.m. or 0:00 p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Steve Harsch Time A.M. 2:35 P.M.  
 Report received by Paul Foster (Signed)

Violations and other Hazardous Conditions Observed and Reported  
 Violation or Hazardous Condition

Action Taken

| Location  | Violation or Hazardous Condition | Action Taken |
|---|----------------------------------|--------------|
| 1. <u>Construction area clear at time of exam</u> |                                  |              |
| 2. _____  |                                  |              |
| 3. _____  |                                  |              |
| 4. _____  |                                  |              |
| 5. _____  |                                  |              |
| 6. _____  |                                  |              |
| 7. _____  |                                  |              |
| 8. _____  |                                  |              |
| 9. _____  |                                  |              |
| 10. _____   |                                  |              |

Air Measurements

| Location           | CFM           | Location | CFM |
|--------------------|---------------|----------|-----|
| <u>Truck entry</u> | <u>51,870</u> |          |     |
| _____              |               |          |     |
| _____              |               |          |     |
| _____              |               |          |     |
| _____              |               |          |     |
| _____              |               |          |     |
| _____              |               |          |     |
| _____              |               |          |     |
| _____              |               |          |     |
| _____              |               |          |     |

Remarks: 20.8% O<sub>2</sub>, 0% ch<sub>4</sub>, 0% CO. Truck, trackways, power center, scoop chayer clear at time of exam.  
Outlet chamber clear at time of exam.

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

Signed By [Signature] Certificate No. 30588  
 Preshift-Mine Examiner Assistant Foreman  
 Countersigned [Signature] Certificate No. 1658-A  
 Mine Manager—Mine Foreman  
Paul Foster 2873  
 Assistant Foreman Superintendent or Assistant

Use Indelible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 9-21-09 Shift Ev Area or Section Sec # 4

Violations and other Hazardous Conditions Observed and Reported

| Location                             | Violation or Hazardous Condition | Action taken |
|--------------------------------------|----------------------------------|--------------|
| 1. <u>Section under construction</u> |                                  |              |
| 2. _____                             | _____                            | _____        |
| 3. _____                             | _____                            | _____        |
| 4. _____                             | _____                            | _____        |
| 5. _____                             | _____                            | _____        |
| 6. _____                             | _____                            | _____        |
| 7. _____                             | _____                            | _____        |
| 8. _____                             | _____                            | _____        |

Examinations for Methane in Working Places

| Location                           | Time  | Methane Content | Location  | Time  | Methane Content |
|------------------------------------|-------|-----------------|-----------|-------|-----------------|
| 1. _____                           | _____ | _____           | 11. _____ | _____ | _____           |
| 2. <u>SB</u><br><del>Tramway</del> | _____ | _____           | 12. _____ | _____ | _____           |
| 3. _____                           | _____ | _____           | 13. _____ | _____ | _____           |
| 4. <u>CH4 0%</u>                   | _____ | _____           | 14. _____ | _____ | _____           |
| 5. <u>O2 20.8</u>                  | _____ | _____           | 15. _____ | _____ | _____           |
| 6. <u>CO 0%</u>                    | _____ | _____           | 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) Read Page 2 Paragraph # 9 of Roof Control plan to entire crew at end of shift

[Signature]  
Assistant Mine

1658-A  
Certificate No.

[Signature]  
Mine Foreman-Mine Manager

38000  
Certificate No.

Superintendent or Assistant

Rick Foster 25782

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination Sept. 21 Section or Area Examined 4-Section  
 Time of Examination: from 10:00 a.m. or pm to 11:00 a.m. or pm  
 Was this report phoned to outside: Yes Y no N Time          A.M.          P.M.  
 By whom Scott Bennett  
 Report received by Jeremy Bugheuff 1759A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Action Taken

| Location  | Violation or Hazardous Condition  | Action Taken |
|-----------|-----------------------------------|--------------|
| 1. _____  | <u>Section Idle</u>               | _____        |
| 2. _____  | _____                             | _____        |
| 3. _____  | _____                             | _____        |
| 4. _____  | <u>Section under construction</u> | _____        |
| 5. _____  | <u>Moving Section</u>             | _____        |
| 6. _____  | _____                             | _____        |
| 7. _____  | _____                             | _____        |
| 8. _____  | _____                             | _____        |
| 9. _____  | _____                             | _____        |
| 10. _____ | _____                             | _____        |

Air Measurements

CFM

Location

CFM

| Location           | CFM           | Location | CFM   |
|--------------------|---------------|----------|-------|
| <u>Track Entry</u> | <u>51,960</u> | _____    | _____ |
| _____              | _____         | _____    | _____ |
| _____              | _____         | _____    | _____ |
| _____              | _____         | _____    | _____ |
| _____              | _____         | _____    | _____ |
| _____              | _____         | _____    | _____ |
| _____              | _____         | _____    | _____ |
| _____              | _____         | _____    | _____ |
| _____              | _____         | _____    | _____ |
| _____              | _____         | _____    | _____ |

Remarks: CH<sub>4</sub> 0.0% CO 0% O<sub>2</sub> 20.8% at time of exam  
Powercenter, chargers, travelways, track clear at time of exam  
Outby Chamber 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] Freshift-Mine Examiner Certificate No. 1658-A  
 Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman  
[Signature] Assistant Foreman  
[Signature] Superintendent or Assistant  
[Signature] Assistant Foreman Certificate No. 2872

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-22-03 Shift 3rd Area or Section 4 Sect.

Violations and other Hazardous Conditions Observed and Reported

| Location               | Violation or Hazardous Condition | Action taken |
|------------------------|----------------------------------|--------------|
| 1. <u>Section Idle</u> |                                  |              |
| 2. <u>Moving</u>       |                                  |              |
| 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. <u>CH4 0%</u>   |      |                 | 13.      |      |                 |
| 4. <u>CO 0%</u>    |      |                 | 14.      |      |                 |
| 5. <u>O2 20.8%</u> |      |                 | 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, Power Center, Outby Airchamber Clear at Time of Exam

Randall Jeffers Assistant Mine 38424 Certificate No. Carl [Signature] Mine Foreman-Mine Manager 330000 Certificate No. Superintendent or Assistant

Use Indelible  
Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 9-22 20. Section or Area Examined #4  
 Time of Examination: from 7:00 a.m. or p.m. to 5:00 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom R. Coffey Time 5:32 (A.M.) P.M.  
 Report received by S. Hannal (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action Taken |
|----------|----------------------------------|--------------|
|----------|----------------------------------|--------------|

- | Location              | Violation or Hazardous Condition | Action Taken |
|-----------------------|----------------------------------|--------------|
| 1. <u>sect. 10118</u> | <u>none</u>                      |              |
| 2.                    |                                  |              |
| 3.                    |                                  |              |
| 4.                    |                                  |              |
| 5.                    |                                  |              |
| 6.                    |                                  |              |
| 7.                    |                                  |              |
| 8.                    |                                  |              |
| 9.                    |                                  |              |
| 10.                   |                                  |              |

### Air Measurements

| Location           | CFM          | Location | CFM |
|--------------------|--------------|----------|-----|
| <u>TRACK entry</u> | <u>31920</u> |          |     |
|                    |              |          |     |
|                    |              |          |     |
|                    |              |          |     |
|                    |              |          |     |
|                    |              |          |     |
|                    |              |          |     |
|                    |              |          |     |
|                    |              |          |     |
|                    |              |          |     |

Remarks: Power cables and Roadways clear at time of exam  
CH<sub>4</sub> 0% Or 20.8%

Outby shelter 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 J. Laffey Preshift-Mine Examiner Certificate No. 38424  
 Countersigned John J. [Signature] Mine Manager - Mine Foreman Certificate No. 3906000  
[Signature] Assistant Foreman  
[Signature] Superintendent or Assistant

39058-08

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-22 Shift Day Area or Section 774

Violations and other Hazardous Conditions Observed and Reported

| Location              | Violation or Hazardous Condition | Action taken |
|-----------------------|----------------------------------|--------------|
| 1. <u>sect moving</u> |                                  |              |
| 2. _____              |                                  |              |
| 3. _____              |                                  |              |
| 4. _____              |                                  |              |
| 5. _____              |                                  |              |
| 6. _____              |                                  |              |
| 7. _____              |                                  |              |
| 8. _____              |                                  |              |

Examinations for Methane in Working Places

| Location                    | Time | Methane Content | Location  | Time | Methane Content |
|-----------------------------|------|-----------------|-----------|------|-----------------|
| 1. <u>Good Air movement</u> |      |                 | 11. _____ |      |                 |
| 2. <u>CH4 0% 0.20%</u>      |      |                 | 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) Had safety talk about work in construction area to examine work area. 6:50 PM

[Signature] Assistant Mine 3908-01 Certificate No. [Signature] Mine Foreman-Mine Manager 330000 Certificate No. [Signature] Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-22-09 20. Section or Area Examined 4 Section  
 Time of Examination: from 1:00 a.m. or 3:00 p.m. to 1:40 a.m. or 3:10 p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Steve Harsch Time 3:10 A.M.  P.M.  
 Report received by Rick Feltz (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition               | Action Taken |
|----------|--|--------------|
| 1.       | Construction area clear at time of exam        |              |
| 2.       | Boom hole needs spot latched on seams reflects |              |
| 3.       | Power center OK                                |              |
| 4.       | scoop charger OK                               |              |
| 5.       | Truck OK                                       |              |
| 6.       | Trundleways OK                                 |              |
| 7.       |  |              |
| 8.       |  |              |
| 9.       |  |              |
| 10.      |  |              |

Air Measurements

| Location    | CFM    | Location | CFM |
|-------------|--------|----------|-----|
| Truck entry | 36,686 |          |     |
|             |        |          |     |
|             |        |          |     |
|             |        |          |     |
|             |        |          |     |
|             |        |          |     |
|             |        |          |     |
|             |        |          |     |
|             |        |          |     |

Remarks: 20.8% O<sub>2</sub>, 0% ch<sub>4</sub>, 0% CO<sub>2</sub>, truck, trundleways, power center, scoop charger clear at time of exam.  
Dutty rescue chamber clear at time of exam.

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

Signed By [Signature] Certificate No. 3058-08 Assistant Foreman [Signature] Certificate No. 1658-A  
 Countersigned [Signature] Mine Manager - Mine Foreman [Signature] Assistant Foreman [Signature] Certificate No. 2874  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-22-09 Shift Eve Area or Section Sec # 4

Violations and other Hazardous Conditions Observed and Reported

| Location   | Violation or Hazardous Condition | Action taken |
|--|----------------------------------|--------------|
| 1. <u>0</u>  |                                  |              |
| 2. <u>Finished Bolting &amp; clearing on Boon hole</u> |                                  |              |
| 3. <u>Moving Section</u>                               |                                  |              |
| 4. _____   |                                  |              |
| 5. _____   |                                  |              |
| 6. _____   |                                  |              |
| 7. _____   |                                  |              |
| 8. _____   |                                  |              |

Examinations for Methane in Working Places

| Location              | Time                   | Methane Content            | Location  | Time | Methane Content |
|-----------------------|------------------------|----------------------------|-----------|------|-----------------|
| 1. <u>Work area</u>   | <u>0<sup>h</sup> 4</u> | <u>20.8% O<sub>2</sub></u> | 11. _____ |      |                 |
| 2. <u>Co</u>          | <u>0%</u>              |                            | 12. _____ |      |                 |
| 3. <u>Track entry</u> | <u>30,800 cfm</u>      |                            | 13. _____ |      |                 |
| 4. _____              |                        |                            | 14. _____ |      |                 |
| 5. _____              |                        |                            | 15. _____ |      |                 |
| 6. _____              |                        |                            | 16. _____ |      |                 |
| 7. _____              |                        |                            | 17. _____ |      |                 |
| 8. _____              |                        |                            | 18. _____ |      |                 |
| 9. _____              |                        |                            | 19. _____ |      |                 |
| 10. _____             |                        |                            | 20. _____ |      |                 |

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read last paragraph on page # 2  
Of Roof Control Plan to entire crew at end of track

[Signature] Assistant Mine  
1658-A Certificate No.  
[Signature] Mine Foreman-Mine Manager  
[Signature] Certificate No.  
 Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-22-69 20. Section or Area Examined Section  
 Time of Examination: from 1000 a.m. or 1030 p.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Scott Barnett Time 1123 A.M. P.M.  
 Report received by Carl Williams  
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location                    | Violation or Hazardous Condition | Action Taken |
|-----------------------------|----------------------------------|--------------|
| 1. <u>Construction Area</u> | <u>clear</u>                     | <u>none</u>  |
| 2. <u>PC</u>                | <u>clear</u>                     |              |
| 3. <u>scoop Chargers</u>    | <u>clear</u>                     |              |
| 4. <u>Track</u>             |                                  |              |
| 5. <u>Travelways</u>        | <u>clear</u>                     |              |
| 6.                          |                                  |              |
| 7.                          |                                  |              |
| 8.                          |                                  |              |
| 9.                          |                                  |              |
| 10.                         |                                  |              |

Air Measurements

| Location           | CFM           | Location | CFM |
|--------------------|---------------|----------|-----|
| <u>Track entry</u> | <u>30,800</u> |          |     |
|                    |               |          |     |
|                    |               |          |     |
|                    |               |          |     |
|                    |               |          |     |
|                    |               |          |     |
|                    |               |          |     |
|                    |               |          |     |
|                    |               |          |     |

Remarks: 02064 0200 20.8202  
Track, Travelways clear & Power Center Clear  
outby rescue chamber clear

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

Signed By Scott Barnett 1658-A Preshift-Mine Examiner Certificate No.  
 Countersigned Carl Williams 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 9-23-09 Shift 3rd Area or Section 4 sect.

Violations and other Hazardous Conditions Observed and Reported

| Location               | Violation or Hazardous Condition | Action taken |
|------------------------|----------------------------------|--------------|
| 1. <u>Section Idle</u> |                                  |              |
| 2. <u>Moving</u>       |                                  |              |
| 3. _____               |                                  |              |
| 4. _____               |                                  |              |
| 5. _____               |                                  |              |
| 6. _____               |                                  |              |
| 7. _____               |                                  |              |
| 8. _____               |                                  |              |

Examinations for Methane in Working Places

| Location                      | Time | Methane Content | Location  | Time | Methane Content |
|-------------------------------|------|-----------------|-----------|------|-----------------|
| 1. _____                      |      |                 | 11. _____ |      |                 |
| 2. <u>CH<sub>4</sub> 0%</u>   |      |                 | 12. _____ |      |                 |
| 3. <u>CO 0%</u>               |      |                 | 13. _____ |      |                 |
| 4. <u>O<sub>2</sub> 20.8%</u> |      |                 | 14. _____ |      |                 |
| 5. _____                      |      |                 | 15. _____ |      |                 |
| 6. _____                      |      |                 | 16. _____ |      |                 |
| 7. _____                      |      |                 | 17. _____ |      |                 |
| 8. _____                      |      |                 | 18. _____ |      |                 |
| 9. _____                      |      |                 | 19. _____ |      |                 |
| 10. _____                     |      |                 | 20. _____ |      |                 |

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Track, Travel ways, Power Center, & Out by Air Chamber Clear at Time of Exam

Randall Jafferty Assistant Mine 38424 Certificate No. [Signature] Mine Foreman-Mine Manager 3900000 Certificate No. [Signature] Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-22-09 20 Section or Area Examined #4 Sect.  
 Time of Examination: from 4:30 a.m. or p.m. to 5:00 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom R. Lafferty Time 5:49 A.M. P.M.  
 Report received by S. Hama (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location                  | Violation or Hazardous Condition | Action Taken |
|---------------------------|----------------------------------|--------------|
| 1. <u>Sect. Id16 main</u> |                                  |              |
| 2.                        |                                  |              |
| 3.                        |                                  |              |
| 4.                        |                                  |              |
| 5.                        |                                  |              |
| 6.                        |                                  |              |
| 7.                        |                                  |              |
| 8.                        |                                  |              |
| 9.                        |                                  |              |
| 10.                       |                                  |              |

Air Measurements

| Location     | CFM         | Location | CFM |
|--------------|-------------|----------|-----|
| <u>Trace</u> | <u>5412</u> |          |     |
|              |             |          |     |
|              |             |          |     |
|              |             |          |     |
|              |             |          |     |
|              |             |          |     |
|              |             |          |     |
|              |             |          |     |
|              |             |          |     |
|              |             |          |     |

Remarks: Power center and Roadways clear at time of exam  
CH<sub>4</sub> 0% Or 20-8%

Outby S. Helder 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 Lafferty Certificate No. 38424  
 Countersigned Carl Hama Mine Manager—Mine Foreman Assistant Foreman Certificate No. 300808  
 Assistant Foreman Superintendent or Assistant

Use Indefilible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date

9-23

Shift

Day

Area or Section

#4

Violations and other Hazardous Conditions Observed and Reported

Location

30.5

Violation or Hazardous Condition

Action taken

- 1. Sect. ID 1/8 movement
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Examinations for Methane in Working Places

| Location    | Time | Methane Content | Location | Time | Methane Content |
|-------------|------|-----------------|----------|------|-----------------|
| 1. CH4 0%   |      |                 | 11.      |      |                 |
| 2. O2 20.8% |      |                 | 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)

went over Oxid Roof / Rocks and some loose Rock up crew at 6:55 AM

Assistant Mine Foreman

32058 08 Certificate No.

Mine Foreman-Mine Manager

3906000 Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-23-09 20. Section or Area Examined 4 Section  
 Time of Examination: from 1:00 a.m. or (p.m.) to 1:40 a.m. or (p.m.)  
 Was this report phoned to outside: Yes  no   
 By whom Steve Hareah Time 3:05 P.M.  
 Report received by Scott Halstead (Signed)

## Violations and other Hazardous Conditions Observed and Reported

| Location   | Violation or Hazardous Condition | Action Taken      |
|--|----------------------------------|-------------------|
| 1. <u>Section Idle</u>                               |                                  |                   |
| 2. <u>Moving Section</u>                             |                                  |                   |
| 3.   |                                  |                   |
| 4. <u>overcast in track Entry</u><br><u>0-20.8-0</u> | <u>Not Bolted</u>                | <u>Reflectors</u> |
| 5.   |                                  |                   |
| 6.   |                                  |                   |
| 7.   |                                  |                   |
| 8.   |                                  |                   |
| 9.   |                                  |                   |
| 10.  |                                  |                   |

## Air Measurements

| Location     | CFM           | Location | CFM |
|--------------|---------------|----------|-----|
| <u>TRACK</u> | <u>59,360</u> |          |     |
|              |               |          |     |
|              |               |          |     |
|              |               |          |     |
|              |               |          |     |
|              |               |          |     |
|              |               |          |     |
|              |               |          |     |
|              |               |          |     |

Remarks: Power Centers, chargers, Roadways Clear at EXAM time  
0% CH<sub>4</sub>, 20.8% O<sub>2</sub>, 0 ppm CO Detected at EXAM time  
outby Shelter clear at EXAM time  
0-20.8-0

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 30056-08  
 Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman [Signature] Assistant Foreman  
 Superintendent or Assistant [Signature] Superintendent or Assistant

37517  
 Certificate No. 1658-A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-23-09 Shift Even Area or Section Sec #4

Violations and other Hazardous Conditions Observed and Reported

| Location                           | Violation or Hazardous Condition | Action taken  |
|------------------------------------|----------------------------------|---------------|
| 1. <u>Sec Idle Moving Section</u>  |                                  |               |
| 2. _____                           |                                  |               |
| 3. _____                           |                                  |               |
| 4. _____                           |                                  |               |
| 5. <u>Over Cast in track entry</u> | <u>Not Bolted</u>                | <u>Bolted</u> |
| 6. _____                           |                                  |               |
| 7. _____                           |                                  |               |
| 8. _____                           |                                  |               |

Examinations for Methane in Working Places

| Location  | Time | Methane Content | Location  | Time | Methane Content |
|---|------|-----------------|-----------|------|-----------------|
| 1. _____  |      |                 | 11. _____ |      |                 |
| 2. <u>Track Entry 53720</u>                                     |      |                 | 12. _____ |      |                 |
| 3. <u>CH<sub>4</sub> 20.8% O<sub>2</sub> 02 CO<sub>2</sub>%</u> |      |                 | 13. _____ |      |                 |
| 4. _____  |      |                 | 14. _____ |      |                 |
| 5. _____  |      |                 | 15. _____ |      |                 |
| 6. _____  |      |                 | 16. _____ |      |                 |
| 7. _____  |      |                 | 17. _____ |      |                 |
| 8. _____  |      |                 | 18. _____ |      |                 |
| 9. _____  |      |                 | 19. _____ |      |                 |
| 10. _____   |      |                 | 20. _____ |      |                 |

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_  
Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_  
If majority of bolts tested in any working place falls outside approved torque range, state what action was taken \_\_\_\_\_

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read all of page One of Roof Control plan to entire crew at end of track

[Signature] Assistant Mine Certificate No. 1658-A [Signature] Mine Foreman-Mine Manager Certificate No. 280000 Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-23-09 20 Section or Area Examined Sec #4  
 Time of Examination: from 9:30 a.m. or p.m. to 10:00 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Brought Out Time A.M./055 P.M.  
 Report received by \_\_\_\_\_ (Signed)

## Violations and other Hazardous Conditions Observed and Reported

| Location                        | Violation or Hazardous Condition | Action Taken |
|---------------------------------|----------------------------------|--------------|
| <u>Sec Idle Mousing section</u> |                                  |              |
|                                 |                                  |              |
|                                 |                                  |              |
|                                 |                                  |              |
|                                 |                                  |              |
|                                 |                                  |              |
|                                 |                                  |              |
|                                 |                                  |              |
|                                 |                                  |              |
|                                 |                                  |              |
|                                 |                                  |              |

## Air Measurements

| Location           | CFM           | Location | CFM |
|--------------------|---------------|----------|-----|
| <u>Track Entry</u> | <u>53,720</u> |          |     |
|                    |               |          |     |
|                    |               |          |     |
|                    |               |          |     |
|                    |               |          |     |
|                    |               |          |     |
|                    |               |          |     |
|                    |               |          |     |
|                    |               |          |     |
|                    |               |          |     |

Remarks: Power Center, travel ways, Chargers & out by Steeler  
Clear at time of exam  
0% CH<sub>4</sub> 20.8% O<sub>2</sub> 0% CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the 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. 1658-A  
 Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman Certificate No. \_\_\_\_\_  
 Assistant Foreman Superintendent or Assistant \_\_\_\_\_

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 4-24-09

Shift 3rd

Area or Section 4 Sect.

Violations and other Hazardous Conditions Observed and Reported

| Location        | Violation or Hazardous Condition | Action taken |
|-----------------|----------------------------------|--------------|
| 1. section Idle |                                  |              |
| 2. Moving       |                                  |              |
| 3.              |                                  |              |
| 4.              |                                  |              |
| 5.              |                                  |              |
| 6.              |                                  |              |
| 7.              |                                  |              |
| 8.              |                                  |              |

Examinations for Methane in Working Places

| Location                 | Time | Methane Content | Location | Time | Methane Content |
|--------------------------|------|-----------------|----------|------|-----------------|
| 1. CH <sub>4</sub> 0%    |      |                 | 11.      |      |                 |
| 2. CO 0%                 |      |                 | 12.      |      |                 |
| 3. O <sub>2</sub> 20.8%  |      |                 | 13.      |      |                 |
| 4.                       |      |                 | 14.      |      |                 |
| 5. Track Entry 53352 CFM |      |                 | 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, Power Center, T. Out by Air Chamber Clear at Time of Exam

Randall Lafferty  
Assistant Mine

38424  
Certificate No.

Mike Cal  
Mine Foreman-Mine Manager

J. [Signature]  
Certificate No.

[Signature]  
Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 9-24 20. Section or Area Examined #4 Sect.  
 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 R. J. Jaffers Time 5:50 A.M. P.M.  
 Report received by R. J. Jaffers (Signed)

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

| Location                    | Violation or Hazardous Condition | Action Taken |
|-----------------------------|----------------------------------|--------------|
| 1. <u>Sect. Idle moving</u> |                                  |              |
| 2. _____                    |                                  |              |
| 3. _____                    | <u>CH40% O2 20.8%</u>            |              |
| 4. _____                    |                                  |              |
| 5. _____                    |                                  |              |
| 6. _____                    |                                  |              |
| 7. _____                    |                                  |              |
| 8. _____                    |                                  |              |
| 9. _____                    |                                  |              |
| 10. _____                   |                                  |              |

#### Air Measurements

| Location     | CFM          | Location | CFM   |
|--------------|--------------|----------|-------|
| <u>TRACK</u> | <u>53352</u> |          |       |
| _____        | _____        | _____    | _____ |
| _____        | _____        | _____    | _____ |
| _____        | _____        | _____    | _____ |
| _____        | _____        | _____    | _____ |
| _____        | _____        | _____    | _____ |
| _____        | _____        | _____    | _____ |
| _____        | _____        | _____    | _____ |
| _____        | _____        | _____    | _____ |

Remarks: Power center & Roadways clear At time of exam  
CH40% O2 20.8%  
Outby shelter 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 Jaffers Certificate No. 38424  
 Preshift Mine Examiner  
 Countersigned [Signature] Mine Manager—Mine Foreman  
[Signature] Assistant Foreman  
[Signature] Superintendent or Assistant  
 Assistant Foreman Certificate No. 32058108

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 6/24 Shift Day Area or Section #1

Violations and other Hazardous Conditions Observed and Reported

| Location                         | Violation or Hazardous Condition | Action taken |
|----------------------------------|----------------------------------|--------------|
| 1. _____                         | _____                            | _____        |
| 2. <u>Sec. 701E</u>              | _____                            | _____        |
| 3. <u>CH<sub>4</sub> 0.2208%</u> | _____                            | _____        |
| 4. <u>Good Air</u>               | _____                            | _____        |
| 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) Had safety talk about setting Head and offsetting work over - at 6:30

[Signature] Assistant Mine Certificate No. 57008 [Signature] Mine Foreman-Mine Manager Certificate No. 35000 Superintendent or Assistant

Use Indelible  
Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 9-24 Section or Area Examined #4  
 Time of Examination: from 7:00 a.m. or 1:00 p.m. to 1:00 a.m. or 7:00 p.m.  
 Was this report phoned to outside: Yes no  
 By whom Brought Out Time          A.M.          P.M.  
 Report received by          (Signed)

## Violations and other Hazardous Conditions Observed and Reported

| Location             | Violation or Hazardous Condition | Action Taken    |
|----------------------|----------------------------------|-----------------|
| 1. <u>Sect. moun</u> | <u>idle</u>                      |                 |
| 2. <u>        </u>   | <u>        </u>                  | <u>        </u> |
| 3. <u>        </u>   | <u>        </u>                  | <u>        </u> |
| 4. <u>        </u>   | <u>        </u>                  | <u>        </u> |
| 5. <u>        </u>   | <u>        </u>                  | <u>        </u> |
| 6. <u>        </u>   | <u>        </u>                  | <u>        </u> |
| 7. <u>        </u>   | <u>        </u>                  | <u>        </u> |
| 8. <u>        </u>   | <u>        </u>                  | <u>        </u> |
| 9. <u>        </u>   | <u>        </u>                  | <u>        </u> |
| 10. <u>        </u>  | <u>        </u>                  | <u>        </u> |

## Air Measurements

| Location     | CFM          | Location | CFM |
|--------------|--------------|----------|-----|
| <u>Track</u> | <u>52240</u> |          |     |
|              |              |          |     |
|              |              |          |     |
|              |              |          |     |
|              |              |          |     |
|              |              |          |     |
|              |              |          |     |
|              |              |          |     |
|              |              |          |     |
|              |              |          |     |

CH4 0% Or 20.8%

Remarks: Power center and roadway clear at time of exam

CH4 0% Or 20.8%

Outby Heltor 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] Certificate No. 3058-08 Carl S Assistant Foreman  
 Countersigned [Signature] Mine Manager - Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

1544-A  
Certificate No.

Use Indefinible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date

9/24

Shift

Even

Area or Section

#4

Violations and other Hazardous Conditions Observed and Reported

| Location | Violation or Hazardous Condition | Action taken |
|----------|----------------------------------|--------------|
| 1.       |                                  |              |
| 2.       | Sec. IDIE                        |              |
| 3.       | CH <sub>4</sub> 0%, 20,802, 0-CO |              |
| 4.       |                                  |              |
| 5.       |                                  |              |
| 6.       |                                  |              |
| 7.       |                                  |              |
| 8.       |                                  |              |

Examinations for Methane in Working Places

| Location | Time | Methane Content    | Location | Time | Methane Content |
|----------|------|--------------------|----------|------|-----------------|
| 1.       |      |                    | 11.      |      |                 |
| 2.       |      | Track Entry 24,500 | 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, P.C. & Outby Air Chamber Clear at Time of Exam

Assistant Mine

Certificate No. 159477

Mine Foreman-Mine Manager

Certificate No. 320600

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-24-09 20 Section or Area Examined 4 section  
Time of Examination: from 8:30 a.m. or (p.m.) to 9:30 a.m. or (p.m.)  
Was this report phoned to outside: Yes, no  
By whom Gen. Ulmer  
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

| Location | CFM   | Location | CFM |
|----------|-------|----------|-----|
| Track    | 24500 |          |     |
|          |       |          |     |
|          |       |          |     |
|          |       |          |     |
|          |       |          |     |
|          |       |          |     |
|          |       |          |     |
|          |       |          |     |
|          |       |          |     |
|          |       |          |     |

Remarks: AC, Charyers Roadways clear  
Outby shelter 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] Pre-shift-Mine Examiner Certificate No. 154425  
Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 3916001  
Assistant Foreman  
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-25-09 Shift 3rd Area or Section 4 Section

Violations and other Hazardous Conditions Observed and Reported

| Location               | Violation or Hazardous Condition | Action taken |
|------------------------|----------------------------------|--------------|
| 1. <u>Section Idle</u> |                                  |              |
| 2. <u>Moving</u>       |                                  |              |
| 3. _____               |                                  |              |
| 4. _____               |                                  |              |
| 5. _____               |                                  |              |
| 6. _____               |                                  |              |
| 7. _____               |                                  |              |
| 8. _____               |                                  |              |

Examinations for Methane in Working Places

| Location                        | Time | Methane Content | Location  | Time | Methane Content |
|---------------------------------|------|-----------------|-----------|------|-----------------|
| 1. <u>CH4 0%</u>                |      |                 | 11. _____ |      |                 |
| 2. <u>CO 0%</u>                 |      |                 | 12. _____ |      |                 |
| 3. <u>O2 20.8%</u>              |      |                 | 13. _____ |      |                 |
| 4. _____                        |      |                 | 14. _____ |      |                 |
| 5. <u>Track Entry 52288 CFM</u> |      |                 | 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, Power Center, & Out by Air Chamber Clear at Time of Exam

Randall Tappet Assistant Mgr. Certificate No. 38424  
\_\_\_\_\_ Mine Foreman-Mine Manager Certificate No. 3800000  
Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-25 20 Section or Area Examined #4  
Time of Examination: from 4:30 a.m. or p.m. to 5:00 a.m. or p.m.  
Was this report phoned to outside: Yes no  
By whom R. L. Barrett Time 5:00 A.M. P.M.  
Report received by S. H. Hama (Signed)

Violations and other Hazardous Conditions Observed and Reported  
Violation or Hazardous Condition

Action Taken

| Location                     | Violation or Hazardous Condition | Action Taken |
|------------------------------|----------------------------------|--------------|
| 1. Sect. Idle rooms          |                                  |              |
| 2. CH <sub>4</sub> % 0.2208% |                                  |              |
| 3.                           |                                  |              |
| 4.                           |                                  |              |
| 5.                           |                                  |              |
| 6.                           |                                  |              |
| 7.                           |                                  |              |
| 8.                           |                                  |              |
| 9.                           |                                  |              |
| 10.                          |                                  |              |

| Location | Air Measurements<br>CFM | Location | CFM |
|----------|-------------------------|----------|-----|
| TRACK    | 52288                   |          |     |
|          |                         |          |     |
|          |                         |          |     |
|          |                         |          |     |
|          |                         |          |     |
|          |                         |          |     |
|          |                         |          |     |
|          |                         |          |     |
|          |                         |          |     |

Remarks: Power center and roadways clear At time of Exam.  
Outby shelter 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 J. Barrett Preshift Mine Examiner Certificate No. 38424  
Countersigned S. H. Hama Mine Foreman Certificate No. 3405808  
Assistant Foreman  
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-26 Shift DAY Area or Section JAY

Violations and other Hazardous Conditions Observed and Reported

|    | Location  | Violation or Hazardous Condition | Action taken |
|----|-----------|----------------------------------|--------------|
| 1. | sect. JAY | mov.                             |              |
| 2. |           |                                  |              |
| 3. |           |                                  |              |
| 4. |           |                                  |              |
| 5. |           |                                  |              |
| 6. |           |                                  |              |
| 7. |           |                                  |              |
| 8. |           |                                  |              |

Examinations for Methane in Working Places

|     | Location                                | Time | Methane Content |     | Location | Time | Methane Content |
|-----|---|------|-----------------|-----|----------|------|-----------------|
| 1.  | Coal Room                               |      |                 | 11. |          |      |                 |
| 2.  | CH <sub>4</sub> 0% O <sub>2</sub> 20.8% |      |                 | 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) have over Pg 4 PANA 8-10

At 6:20 am was over check back doors

[Signature]  
Assistant Mine

360808  
Certificate No.

[Signature]  
Mine Foreman-Mine Manager

[Signature]  
Certificate No.

[Signature]  
Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-25-09 20. Section or Area Examined 4 Section  
 Time of Examination: from 1:00 a.m. or (P.M.) to 2:00 a.m. or (P.M.)  
 Was this report phoned to outside: Yes (P) no \_\_\_\_\_  
 By whom Steve Harsch Time 3:00 P.M.  
 Report received by Resk Foster (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

CFM

Location

CFM

Location

Track entry

39924

Remarks: 20.8% O<sub>2</sub>, 0% ch<sub>4</sub>, 0% CO, track, trackways, power  
SB carts, scoop charger clear at time of exam.  
SA Rescue chamber clear at time of exam.

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

Signed By [Signature] Certificate No. 32261 Assistant Foreman  
 Countersigned [Signature] Mine Manager - Mine Foreman  
[Signature] Assistant Foreman Certificate No. 1544A  
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9/25 Shift Even Area or Section #4

Violations and other Hazardous Conditions Observed and Reported

| Location                   | Violation or Hazardous Condition | Action taken |
|----------------------------|----------------------------------|--------------|
| 1. <u>Sec. IDLE Moving</u> |                                  |              |
| 2. _____                   |                                  |              |
| 3. _____                   |                                  |              |
| 4. _____                   |                                  |              |
| 5. _____                   |                                  |              |
| 6. _____                   |                                  |              |
| 7. _____                   |                                  |              |
| 8. _____                   |                                  |              |

Examinations for Methane in Working Places

| Location              | Time          | Methane Content | Location  | Time | Methane Content |
|-----------------------|---------------|-----------------|-----------|------|-----------------|
| 1. <u>Track Entry</u> | <u>35,000</u> |                 | 11. _____ |      |                 |
| 2. <u>C#4 0%</u>      | <u>20.802</u> | <u>0-CC</u>     | 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, Power Center, Air Chamber clear at Time of Exam

Carl Jr  
Assistant Mine

1524A  
Certificate No.

Carl Jr  
Mine Foreman-Mine Manager

310000  
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-25 2009 Section or Area Examined 4 Section  
 Time of Examination: from 900 a.m. or (p.m.) to 945 a.m. or (p.m.)  
 Was this report phoned to outside: Yes  no  Time 1100 A.M.  P.M.  
 By whom Carl Ormanet  
 Report received by Jay Skurat (Signed) 39199

## Violations and other Hazardous Conditions Observed and Reported

| Location                             | Violation or Hazardous Condition | Action Taken |
|--------------------------------------|----------------------------------|--------------|
| 1. <u>Section Under Construction</u> |                                  |              |
| 2.                                   |                                  |              |
| 3.                                   |                                  |              |
| 4.                                   |                                  |              |
| 5.                                   |                                  |              |
| 6.                                   |                                  |              |
| 7.                                   |                                  |              |
| 8.                                   |                                  |              |
| 9.                                   |                                  |              |
| 10.                                  |                                  |              |

## Air Measurements

| Location           | CFM           | Location | CFM |
|--------------------|---------------|----------|-----|
| <u>Track Entry</u> | <u>35,000</u> |          |     |
|                    |               |          |     |
|                    |               |          |     |
|                    |               |          |     |
|                    |               |          |     |
|                    |               |          |     |
|                    |               |          |     |
|                    |               |          |     |
|                    |               |          |     |
|                    |               |          |     |

Remarks: 20.8% O2, 0% CH4, 0% CO  
Track, Tracelway, PC Changers clear at exam  
Rescue chamber clear at exam

Jay Skurat 39199

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 Carl Ormanet Preshift-Mine Examiner Certificate No. 15447  
 Countersigned Jay Skurat Mine Manager—Mine Foreman Certificate No. 2906208  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-26-09 Shift 3rd

Area or Section 4508

Violations and other Hazardous Conditions Observed and Reported

| Location               | Violation or Hazardous Condition | Action taken |
|------------------------|----------------------------------|--------------|
| 1. <u>Section Idle</u> |                                  |              |
| 2. <u>Moving</u>       |                                  |              |
| 3. _____               |                                  |              |
| 4. _____               |                                  |              |
| 5. _____               |                                  |              |
| 6. _____               |                                  |              |
| 7. _____               |                                  |              |
| 8. _____               |                                  |              |

Examinations for Methane in Working Places

| Location                      | Time | Methane Content | Location  | Time | Methane Content |
|-------------------------------|------|-----------------|-----------|------|-----------------|
| 1. <u>CH<sub>4</sub> 0%</u>   |      |                 | 11. _____ |      |                 |
| 2. <u>CO 0%</u>               |      |                 | 12. _____ |      |                 |
| 3. <u>O<sub>2</sub> 20.5%</u> |      |                 | 13. _____ |      |                 |
| 4. _____                      |      |                 | 14. _____ |      |                 |
| 5. <u>TRACK 54416 CFM</u>     |      |                 | 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, Power Center + Outby Air Chamber Clear at Time of Exam

Randall Luff  
Assistant Mine

38424  
Certificate No.

[Signature]  
Mine Foreman-Mine Manager

[Signature]  
Certificate No.

[Signature]  
Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-26 20\_\_ Section or Area Examined #4  
 Time of Examination: from 7:00 a.m. or p.m. to 5:00 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom R. L. Lafferty Time 9:50 (A.M.) P.M.  
 Report received by [Signature] (Signed)

## Violations and other Hazardous Conditions Observed and Reported

| Location  | Violation or Hazardous Condition | Action Taken |
|---|----------------------------------|--------------|
| 1. <u>Sect. ID/B men's</u>                      |                                  |              |
| 2. _____  |                                  |              |
| 3. _____  |                                  |              |
| 4. <u>CH<sub>4</sub> 0% O<sub>2</sub> 20.8%</u> |                                  |              |
| 5. _____  |                                  |              |
| 6. _____  |                                  |              |
| 7. _____  |                                  |              |
| 8. _____  |                                  |              |
| 9. _____  |                                  |              |
| 10. _____                                       |                                  |              |

## Air Measurements

| Location     | CFM          | Location | CFM |
|--------------|--------------|----------|-----|
| <u>TRACK</u> | <u>54416</u> |          |     |
| _____        |              |          |     |
| _____        |              |          |     |
| _____        |              |          |     |
| _____        |              |          |     |
| _____        |              |          |     |
| _____        |              |          |     |
| _____        |              |          |     |
| _____        |              |          |     |

Remarks: Power center and TRACK clear at time of exam.

CH<sub>4</sub> 0% O<sub>2</sub> 20.8%

Out by shelter 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 Kandall J. Suffer Preshift-Mine Examiner Certificate No. 32424  
 Countersigned [Signature] Mine Manager / Mine Foreman Assistant Foreman Certificate No. 390602  
[Signature] Superintendent or Assistant Certificate No. 3905808

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-26 Shift Day Area or Section #4

Violations and other Hazardous Conditions Observed and Reported

| Location            | Violation or Hazardous Condition | Action taken |
|---------------------|----------------------------------|--------------|
| 1. <u>Sect Dols</u> | <u>under contract</u>            |              |
| 2. _____            | _____                            | _____        |
| 3. _____            | _____                            | _____        |
| 4. _____            | _____                            | _____        |
| 5. _____            | _____                            | _____        |
| 6. _____            | _____                            | _____        |
| 7. _____            | _____                            | _____        |
| 8. _____            | _____                            | _____        |

Examinations for Methane in Working Places

| Location                             | Time | Methane Content | Location  | Time | Methane Content |
|--------------------------------------|------|-----------------|-----------|------|-----------------|
| 1. <u>Good Air movement</u>          |      |                 | 11. _____ |      |                 |
| 2. _____                             |      |                 | 12. _____ |      |                 |
| 3. <u>CH<sub>4</sub> 0% or 20.8%</u> |      |                 | 13. _____ |      |                 |
| 4. _____                             |      |                 | 14. _____ |      |                 |
| 5. _____                             |      |                 | 15. _____ |      |                 |
| 6. _____                             |      |                 | 16. _____ |      |                 |
| 7. _____                             |      |                 | 17. _____ |      |                 |
| 8. _____                             |      |                 | 18. _____ |      |                 |
| 9. _____                             |      |                 | 19. _____ |      |                 |
| 10. _____                            |      |                 | 20. _____ |      |                 |

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over O'Hecker Roof d'Row  
with crew At 6:30 AM

[Signature] Assistant Mine 39058-08 Certificate No. [Signature] Mine Foreman-Mine Manager 39058-08 Certificate No. [Signature] Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 9-26-09 20 Section or Area Examined 4 Section  
Time of Examination: from 1:00 a.m. or P.M. to 1:45 a.m. or P.M.  
Was this report phoned to outside: Yes  no   
By whom Steve Harrah Time 3:00 A.M.   
Report received by Rick Foster  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location                          | Violation or Hazardous Condition | Action Taken |
|-----------------------------------|----------------------------------|--------------|
| <u>Section under construction</u> |                                  |              |
|                                   |                                  |              |
|                                   |                                  |              |
|                                   |                                  |              |
|                                   |                                  |              |
|                                   |                                  |              |
|                                   |                                  |              |
|                                   |                                  |              |
|                                   |                                  |              |
|                                   |                                  |              |
|                                   |                                  |              |

Air Measurements

| Location     | CFM           | Location | CFM |
|--------------|---------------|----------|-----|
| <u>Truck</u> | <u>54,492</u> |          |     |
|              |               |          |     |
|              |               |          |     |
|              |               |          |     |
|              |               |          |     |
|              |               |          |     |
|              |               |          |     |
|              |               |          |     |
|              |               |          |     |
|              |               |          |     |

Remarks: 20.8% O<sub>2</sub>, 0% CO, 0% CH<sub>4</sub> Truck, Trunkways,  
SB power centers, scoop chagers clear at time of exam.  
Outlety shelter 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 Steve Harrah 3905-08 Jim Boyer 32261  
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
Countersigned Carl G. 15441-08  
Mine Manager—Mine Foreman Assistant Foreman  
Superintendent or Assistant

Rick Foster 28736

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9/26/09 Shift Even Area or Section 4 Section

Violations and other Hazardous Conditions Observed and Reported

| Location                      | Violation or Hazardous Condition | Action taken |
|-------------------------------|----------------------------------|--------------|
| 1. <u>Section under const</u> |                                  |              |
| 2. _____                      |                                  |              |
| 3. _____                      |                                  |              |
| 4. _____                      |                                  |              |
| 5. _____                      |                                  |              |
| 6. _____                      |                                  |              |
| 7. _____                      |                                  |              |
| 8. _____                      |                                  |              |

Examinations for Methane in Working Places

| Location   | Time | Methane Content | Location  | Time | Methane Content |
|--|------|-----------------|-----------|------|-----------------|
| 1. _____   |      |                 | 11. _____ |      |                 |
| 2. <u>Track 23,100</u>                                 |      |                 | 12. _____ |      |                 |
| 3. <u>CH<sub>4</sub> 0%, 20.8% O<sub>2</sub>, 0-CO</u> |      |                 | 13. _____ |      |                 |
| 4. _____   |      |                 | 14. _____ |      |                 |
| 5. _____   |      |                 | 15. _____ |      |                 |
| 6. _____   |      |                 | 16. _____ |      |                 |
| 7. _____   |      |                 | 17. _____ |      |                 |
| 8. _____   |      |                 | 18. _____ |      |                 |
| 9. _____   |      |                 | 19. _____ |      |                 |
| 10. _____  |      |                 | 20. _____ |      |                 |

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) we're over pg 4 part 5 shot

BCP Start of Shift End of Track  
Carl G. ... Assistant Mine  
187417 Certificate No.  
... Mine Foreman-Mine Manager  
3306001 Certificate No.  
Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-26- 09 Section or Area Examined #4  
 Time of Examination: from 1000 a.m. or (P.M.) to 1040 a.m. or (P.M.)  
 Was this report phoned to outside: Yes no Time 1115 (P.M.)  
 By whom Carl Ginnett  
 Report received by Jack Martin (Signed)

Violations and other Hazardous Conditions Observed and Reported

| Location                             | Violation or Hazardous Condition | Action Taken |
|--------------------------------------|----------------------------------|--------------|
| 1. <u>Section under construction</u> |                                  |              |
| 2. <u>0.0% ch4</u>                   |                                  |              |
| 3.                                   |                                  |              |
| 4.                                   |                                  |              |
| 5.                                   |                                  |              |
| 6.                                   |                                  |              |
| 7.                                   |                                  |              |
| 8.                                   |                                  |              |
| 9.                                   |                                  |              |
| 10.                                  |                                  |              |

Air Measurements

| Location     | CFM           | Location | CFM |
|--------------|---------------|----------|-----|
| <u>Track</u> | <u>23,100</u> |          |     |
|              |               |          |     |
|              |               |          |     |
|              |               |          |     |
|              |               |          |     |

Remarks: Travel ways - track, pound cart - chargers - 15

A.V Chamber - OK all clear time of exam  
20.802  
0.0% ch4 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 Carl Ginnett Preshift-Mine Examiner Certificate No. 15447A  
 Countersigned Jack Martin Mine Manager - Mine Foreman Assistant Foreman Certificate No. 310600  
Jack Martin Assistant Foreman Superintendent or Assistant

29/11/11 Log Book 39199