5-25-10-9
4 Section

Started 12-1-09
Finished 12-18-09

PRESHIFT - ONSHIFT
and
DAILY REPORT

Company Performance

Mine UBB

SECTION Barrier Section 4H

LOCATION NAomA Raleigh WV
Post Office County State

Form 6-1489
(March 1970)

Budget Bureau No. 42-R1589

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

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FORM# MS-014

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-1 Shift Day Area or Section Barrel

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	0	Ledge Full of Cobs	Corrected
2.	1	Wide Bolts	
3.	2L&2	weeds cleaned & dusted	
4.	3L&3R	weeds cleaned & dusted	
5.	5	Not Bolted	
6.	6	weeds cleaned & dust	
7.	7&8	weeds cleaned & dusted	
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	L Return	6:55	Ø	6.			
2.	R Return	7:35	Ø	7.			
3.				8.			
4.	L Return	10:55	Ø	9.			
5.	R Return	11:35	Ø	10.			

Number of Bolts Tested 28

Number of Bolts Torqued Above Range Ø Below Range Ø

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went Pg. 6 PARA 31632 with Crew At 6:50 Am.

[signature] 38058-08 Rick Forte 28736

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-1-09 20__ Section or Area Examined Barrier Section

Time of Examination: from 1 a.m. or p.m. to 2 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no____

By whom Steve Harrall Time ____ A.M 3 P.M.

Report received by Brian Collins (Signed) 1543-A

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	0	CH4 0%	Needs cleaned + dusted	Reported
2.	1 + 2	0%	N/o	none
3.	3R	0%	Scrap cut	Reflectors
4.	4	0%	N/o	none
5.	5R	0%	Part Bolted	Reflectors
6.	6	0%	NO	none
7.	7	0%	Scrap cut	Reflectors
8.	8	0%	N/o	none
9.				
10.				

Air Measurements

Location		CFM	Location	CFM
LOB	Lt	20,610		
	Rt	21,704		

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

travelways, walkways, haulageways, powercenter and outby shelter ok at time of exam

Intake Phone ok at Exam time

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

Signed By [signature] Preshift-Mine Examiner 38058-08 Certificate No. Brian Collins Assistant Foreman 1543-A Certificate No.

Countersigned Rick Potter Mine Manager—Mine Foreman 28736

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-1-09 Shift Eve Area or Section Bannister Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	0	Needs cleaned & Dusted	cleaned & dusted
2.	1+2	N/o	none
3.	3R	Scrap cut	mined out
4.	4	N/o	none
5.	5R	Part Bolted	bolted to face
6.	6	N/o	none
7.	7	Scrap cut	mined out
8.	8	N/o	none

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Return Lt	630	0%	6.			
2.	Rt	700	0%	7.			
3.	Lt	1010	0%	8.			
4.	Rt	1040	0%	9.			
5.				10.			

Number of Bolts Tested 42
Number of Bolts Torqued Above Range Ø Below Range Ø

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4 part 2 of RCP with crew at start of shift at end of TK

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-1-09 20__ Section or Area Examined Barrier Section

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

Was this report phoned to outside: Yes ✓ no____

By whom Brian Collins Time ____ A.M 10:58 P.M.

Report received by Steve Cyler 39042 (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
Left L.O.B.	20,720		
Right L.O.B.	21,605		

Remarks: Ox CH4, Oppm CO, 20.8% O2 detected at time of exam

Track, Travelways, powercenter, charger, intake Phone, Intake chamber ok at time of exam

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

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

Countersigned Rick Foster (Mine Manager—Mine Foreman) 28736

____ (Assistant Foreman) ____

____ (Superintendent or Assistant) ____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ 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

se Indelible
encil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

te of Examination 12-2 20 9 Section or Area Examined Barrier 4 Sec.
me of Examination: from 4:00 a.m. or p.m. to 4:40 a.m. or p.m.
as this report phoned to outside: Yes ____ no ____
whom ____ Time ____ A.M ____ P.M.
port received by Brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location			Violation or Hazardous Condition	Action Taken
#1	Hdg.	0% CH4	none observed	none
2	Hdg.	0%	none observed	none
3	Hdg.	0%	scrap cut	Reflector
3 LT.	Blk.	0%	Part Bolted	Reflector
4	Hdg.	0%	need clean (RIBS)	Rep.
5	Hdg.	0%	not bolted	Reflector
6	Hdg.	0%	need clean & dusted	Rep.
7	Hdg.	0%	none observed	none
7 RT.	Brk	0%	need clean & dusted	Rep.
8	Hdg.	0%	none observed	Rep.

Air Measurements

Location	CFM	Location	CFM
LT.	20,460		
RT.	21,670		

marks: No CH4 dect. 0% 20.8 oz CO 0%
Track & Travelways clean at exam.
Fresh air Base Clean
Power Center clean

Track need add. Rock dust

his 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 ct of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

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

ountersigned Rick Foster Mine Manager—Mine Foreman — 28736

Assistant Foreman — [signature] — 39058-08

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-2 Shift Day Area or Section #4 Barrier

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.			
2.	3	SCRAP	Correct
3.	3L	Part Bolted	
4.	4	Ribs needs Cleaned	
5.	5	NOT Bolted	
6.	6	needs cleaned & dust	
7.	7R	needs cleaned & dust	
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	L Return	6:55		6.			
2.	R Return	7:35		7.			
3.				8.			
4.	L Return	10:55		9.			
5.	R Return	11:35		10.			

Number of Bolts Tested 16

Number of Bolts Torqued Above Range Ø Below Range Ø

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over Examining Roof & Rib with crew at 6:50 AM

[signature] Assistant Mine — 39058-08 Certificate No. — Rick Foster Mine Foreman-Mine Manager — 28736 Certificate No. — Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-2-09 20__ Section or Area Examined 4 Sec Bessie's

Time of Examination: from 320 a.m. or p.m. to 520 a.m. or p.m.

Was this report phoned to outside: Yes____ no ✓

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

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	0	CH4 0%	needs cleaned & dusted	Reported
2.	1	0%	SCRAP cut	Reflectors
3.	2,3,4	0%	N/O	none
4.	5	0%	SCRAP cut	Reflectors
5.	6	0%	N/O	none
6.	7R	0%	needs cleaned & dusted	Reported
7.	8	0%	needs Add. cleaning	Reported
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
L LOB	20312		
R LOB	21860		

Remarks: power centers, chargers, travelways, haulageways chambers, intake phone OK at time of exam

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

Intake Phone clear at TOE "Soft Ribs across section"

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

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

Countersigned Rick Foster (Mine Manager—Mine Foreman) 28736 Scott [illegible] 1658-A

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-2-09 Shift Eve Area or Section Barrier Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	0	needs cleaned & dusted	cleaned & dusted
2.	1	SCRAP cut	mined cut
3.	2, 3, 4	N/o	none
4.	5	SCRAP cut	mined cut
5.	6	N/o	none
6.	7R	needs cleaned & dusted	cleaned & dusted
7.	8	needs Add cleaning	cleaned to face
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	0-8	620-700	0%	11.			
2.				12.			
3.	0-8	830-900	0%	13.			
4.				14.			
5.	0-8	1000-1050	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.	Return L	625	0%	6.			
2.	R	657	0%	7.			
3.	L	1014	0%	8.			
4.	R	1042	0%	9.			
5.				10.			

Number of Bolts Tested 22

Number of Bolts Torqued Above Range Ø Below Range Ø

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4 part 3 of RCP with crew at start of shift at end of TK

Brian Collins — Assistant Mine
1543-A — Certificate No.
Rick Foster — Mine Foreman-Mine Manager
2975 — Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-2-09 20__ Section or Area Examined #4 Section Barrier

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

Was this report phoned to outside: Yes____ no____

By whom Brian Collins Time ____ A.M 10:58 P.M.

Report received by Steve Cyleh 39042 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	#0	OX	Scrap cut	Reflected
2.	#1	OX	Part Bolted	Reflected
3.	#2	OX	BAD Rib Right SIDE outby corner	Reflected
4.	#3	OX	None observed	None
5.	#4	OX	BAD Rib Right SIDE outby corner	Reflected
6.	#5 Right	OX	Scrap cut	Reflected
7.	#6	OX	Part bolted	Reflected
8.	#7 Right	OX	Needs cleaned & Dusted	Reported
9.	#8	OX	Needs Add. Cleaning	Reported
10.				

Air Measurements

Location	CFM	Location	CFM
Left L.O.3.	20,310		
Right L.O.3	21,742		

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

Track, Travelway's, powercenter, charger's, Intake Phone, Intake Chamber ok at T.O.E.

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

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

Countersigned Rick Foster (Mine Manager—Mine Foreman) 28236

____ Assistant Foreman

____ Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

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

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Lt Return	100 Am	0%	6.			
2.	Rt Return	145 Am	0%	7.			
3.				8.			
4.	Lt Return	500 Am	0%	9.			
5.	Rt Return	545 Am	0%	10.			

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Track, Travelways, Out by Air Chamber + Intake Phone Clear at Time of Exam

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-3 20___ Section or Area Examined Barrier

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

Was this report phoned to outside: Yes ✓ no ___

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

Report received by C. Hallal (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	0 + 1 CH4 0% O2 20.8%	needs Cleaned + dusted	Ref
2.	2 L CH4 0% O2 20.8%	not Bolted / Rib wide	Ref.
3.	3 CH4 0% O2 20.8%	none observe	
4.	4 CH4 0% O2 20.8%	wide Bolts.	Ref
5.	5R + 6 CH4 0% O2 20.8%	none observe	
6.	7 CH4 0% O2 20.8%	not Bolted	Ref
7.	8 CH4 0% O2 20.8%	needs Add'l clean	Ref
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
L LOB	17024		
R LOB	17789		

Remarks: Power Center and Roadways clear at time of Exam
CH4 0% O2 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 Randall Lafferty (Preshift-Mine Examiner) 38424 (Certificate No.) ___ (Assistant Foreman) ___ (Certificate No.)

Countersigned Rick Forbes (Mine Manager—Mine Foreman) 28734 ___ (Assistant Foreman) C. Hallal (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 12-3 Shift DAY Area or Section Barrier

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	0-1	needs chord/ldgs	correct
2.	2L	NOT Bolted/Ribwide	
3.	4	wide Bolt	
4.	2	NOT Bolted	
5.	8	needs add'l chord	
6.			
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Chek	6:55	Ø	6.			
2.	Rhet	7:35	Ø	7.			
3.				8.			
4.	Chek	10:55	Ø	9.			
5.	Rhe	11:35	Ø	10.			

Number of Bolts Tested 30

Number of Bolts Torqued Above Range Ø Below Range Ø

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over Pg. 3 Area A-C Roof Control Plan with crew At 6:50 am

[signature] Assistant Mine | 39058-05 Certificate No. | Rick Foster Mine Foreman-Mine Manager | 28234 Certificate No. | Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

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

Time of Examination: from 1 a.m. or p.m. to 2 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no____

By whom Steve Harratt Time ____ A.M 250 P.M.

Report received by Brian Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	0	CH4 0%	stopped	Dropped
2.	1L	0%	SCRAP cut	Reflectors
3.	2	0%	N/O	none
4.	3	0%	needs cleaned & dusted	Reported
5.	4, 5, 6	0%	N/O	none
6.	6R	0%	Part Bolted	Reflectors
7.	7	0%	Scrap cut	Reflectors
8.	8	0%	N/O	none
9.				
10.				

Air Measurements

Location		CFM	Location	CFM
LOB	Lt	20,130		
	Rt	20,780		

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

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

Intake Phone ok at exam time

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

Signed By [signature] Preshift Mine Examiner 39058-08 Certificate No. Brian Collins Assistant Foreman 1543-A Certificate No.

Countersigned Rick Foster Mine Manager—Mine Foreman 28736

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-3-09 Shift Eve Area or Section Barrick Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	0	Stopped	Dropped
2.	1L	Scrap cut	mined out
3.	2	N/o	none
4.	3	needs cleaned & dusted	cleaned & dusted
5.	4, 5, 6	N/o	none
6.	6R	Part Bolted	bolted to face
7.	7	Scrap cut	mined out
8.	8	N/o	none

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Return L	630	0%	6.			
2.	R	700	0%	7.			
3.	L	1009	0%	8.			
4.	R	1040	0%	9.			
5.				10.			

Number of Bolts Tested 52
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) Read page 4 part 4 of RCP with crew at end of TK at start of shift

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-3-09 20___ Section or Area Examined Barrier Section

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

Was this report phoned to outside: Yes ✓ no ___

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

Report received by Don Wellman 1539-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	0 CH4 0% O2 20.8%	stopped	none
2.	1 CH4 0% O2 20.8%	scrap cut	Reflected
3.	2 CH4 0% O2 20.8%	Cleaned & Dusted	Reported
4.	3 CH4 0% O2 20.8%	none Observed	none
5.	4 CH4 0% O2 20.8%	Add cleaning	Reported
6.	5 CH4 0% O2 20.8%	not Bolted	Reflected
7.	5L CH4 0% O2 20.8%	Part Bolted	Reflected
8.	6 CH4 0% O2 20.8%	Cleaned & dusted	Reported
9.	7R CH4 0% O2 20.8%	Scrap cut	Reflected
10.	8 CH4 0% O2 20.8%	none observed	none

Air Measurements

Location		CFM	Location	CFM
LOB	LT	29212		
	RT	29910		

Remarks: O2 CH4 O2 CO 20.8 202

PC
Chargers
Roadways
chamber
Intake Phone

OK At time of exam

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

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

Countersigned Rick Foster (Mine Manager—Mine Foreman) 28736

___ (Assistant Foreman) ___

___ (Superintendent or Assistant)

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-4-09 Shift 3rd Area or Section UBB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	0	Gob in Face	Rep.
2.	1	Not Bolted	Ref
3.	2, 3	None Observed	Rep.
4.	4	Needs Cleaned	Rep.
5.	5	None Observed	Rep.
6.	6	Needs Cleaned	Rep.
7.	7	Not Bolted	Ref.
8.	7R	Needs Cleaned + Dusted	Rep.
9.	8	Needs Addl. Cleaning	Rep.

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Lt Return	100AM	0%	6.			
2.	Rt Return	145AM	0%	7.			
3.				8.			
4.	Lt Return	500AM	0%	9.			
5.	Rt Return	545AM	0%	10.			

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Track, Travelways, Outby Air Chamber, + Intake Phone Clear at Time of Exam

Randall Lafferty — Assistant Mine Foreman
38424 — Certificate No.
Rick Zeta — Mine Foreman-Mine Manager
28235 — Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-4 2009 Section or Area Examined #4 Barrier Section

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

Was this report phoned to outside: Yes ✓ no

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

Report received by Tim Williams (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	0	0% Ch4	Gob in face	Reported
2.	#1	0% Ch4	not Bolted	Reported, Reflectored
3.	#2 #3	0% Ch4	none observed	Reported
4.	#4	0% Ch4	needs cleaned	Reported
5.	#5	0% Ch4	none observed	Reported
6.	#6	0% Ch4	needs cleaned	Reported
7.	#7	0% Ch4	not Bolted	Reported, Reflectored
8.	#7R	0% Ch4	needs cleaned & dusted	Reported
9.	#8	0% Ch4	needs additional cleaning	Reported
10.				

Air Measurements

Location	CFM	Location	CFM
Lt Lob 17811			
Rt Lob 20,615			

Remarks: Powercenter, travelways, outby chamber, intake phone Oil at time of Exam

0% Ch4 20.8% O2 0% Co

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

Signed By Randall Lafferty (Preshift-Mine Examiner) 38424 (Certificate No.) Assistant Foreman Certificate No. 1654-A

Countersigned Rick Foster (Mine Manager—Mine Foreman) 28735

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-4-09 Shift DAY Area or Section #4 BARRIER SECTION

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	#0	Gob in face	Reported
2.	#1	Not Bolted	Corrected
3.	#2 #3	None observed	Reported
4.	#4	Needs cleaned	Corrected
5.	#5	None observed	Reported
6.	~~#6~~ #6	Needs cleaned	Corrected
7.	#7	Not Bolted	Corrected
8.	#8	Needs additional cleaning	Corrected

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested 34

Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 5 chapter 15 With crew at end of track

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

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

Time of Examination: from 150 a.m. or p.m. to 230 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no_____

By whom Steve Harrah Time _____ A.M 3 P.M.

Report received by Buren Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	1 & 2	CH4 0%	N/o	none
2.	2L	0%	Scrapcut	Reflectors
3.	3	0%	Part Bolted	Reflectors
4.	4	0%	N/o	none
5.	5R	0%	Scrapcut	Reflectors
6.	6	0%	Needs cleaned & dusted	Reported
7.	7	0%	Part Bolted	Reflectors
8.	8	0%	N/o	none
9.				
10.				

Air Measurements

Location		CFM	Location	CFM
LOB	Lt	20,125		
	Rt	20,500		

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

travelways, walkways, haulageways, pavemented and entry Shelter clear at time of exam

Intake Phone ok at exam time

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 3008-08 — Buren Collins Assistant Foreman — Certificate No. 1543-A

Countersigned Rick Foster Mine Manager—Mine Foreman — Certificate No. 28736

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-4-09 Shift eve Area or Section Bowrich Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Return L	630	0%	6.			
2.	R	700	0%	7.			
3.	L	1014	0%	8.			
4.	R	1041	0%	9.			
5.				10.			

Number of Bolts Tested 28
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) Read page 4 part 5 of RCP with crew at start of shift at end of TK

Brian Collins	1543-A	[illegible]	2973C	
Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-4 20 09 Section or Area Examined Barrier Section

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

Was this report phoned to outside: Yes ____ no ____

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

Report received by Greg Cole 1947-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	0	0%	Needs Sand Jack	~~Relofted~~ Reflectors
2.	1	0%	None observed	Reported
3.	1 L	0%	Cleaned and Dusted	Reported
4.	2	0%	Cleaned and Dusted	Reported
5.	3 R	0%	Scrap	Reflectors
6.	4	0%	None observed	Reported
7.	5	0%	None observed	Reported
8.	6R	0%	Scrap cut	Reflectors
9.	7	0%	Cleaned and Dusted	Reported
10.	8	0%	Cleaned and Dusted	Reported

Air Measurements

Location		CFM	Location	CFM
LOB	Lt	20,212		
	Rt	20,910		

Remarks: 0% CH4, 20.4% O2, 0PPM C.O.

Travelways, Haulageways, walkways, Power centers, Intalke Phone, outBy Shelter, ok At time of exam

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

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

Countersigned Rick Foster (Mine Manager—Mine Foreman) 28736

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-5-09 Shift 3rd Area or Section UBB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Lt Return	100 AM	0%	6.			
2.	RT Return	145AM	0%	7.			
3.				8.			
4.	LT Return	500 AM	0%	9.			
5.	RT Return	545AM	0%	10.			

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Track, Travelways, Outby Air Chamber, + Intake Phone Clear At Time of Exam

Randall Lafferty	38424	Rick Foster	2873	
Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-5 20__ Section or Area Examined Barrier

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

Was this report phoned to outside: Yes ✓ no____

By whom R. Lafferty Time 5:55 A.M. ____ P.M.

Report received by S. Harrar (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	0, 1 CH4 0% O2 20.8%	none observe	
2.	2	Part Bolted	Ref
3.	3R	Scrap	Ref
4.	4	none observe	
5.	5L	not Bolted	Ref
6.	6, 7 & 8	none observe	
7.	6R	needs clean	Ref
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
L LOB	19304		
R LOB	17290		

Remarks: Power center And Roadways Clear At time of Exam
CH4 0% O2 20.8%

Outbys Helter 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 (Preshift Mine Examiner) 38424 (Certificate No.) ____ Assistant Foreman ____ Certificate No.

Countersigned Rick Fisher (Mine Manager—Mine Foreman) 28736

____ Assistant Foreman

S. Harrar 3-1058-08

____ Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-5 Shift DAY Area or Section #4 Barrier

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.			
2.	2	Part Bolted	Corrected
3.	3R	Scrap	
4.	5L	Not Bolted	
5.	6R	needs clean	
6.			
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	L Return	6:55	Ø	6.			
2.	R Return	7:35	Ø	7.			
3.				8.			
4.	L Return	10:55	Ø	9.			
5.	R Return	11:35	Ø	10.			

Number of Bolts Tested 26

Number of Bolts Torqued Above Range Ø Below Range Ø

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over Examining Roof & Rib

Check with Crew At 6:50 Am

[signature] Harrel 39058-08 Rick Foster 23732

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

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

Time of Examination: from 1 a.m. or ~~p.m.~~ to 155 a.m. or ~~p.m.~~

Was this report phoned to outside: Yes ✓ no

By whom Steve Harratt Time A.M 3 P.M

Report received by Brian Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	0,1	CH4 0%	Stopped	Dropped
2.	2,3	0%	N/O	none
3.	4	0%	needs cleaned & dusted	Reported
4.	5	0%	Part Bolted	Reflectors
5.	6	0%	Scrap cut	Reflectors
6.	7,8	0%	N/O	none
7.				
8.				
9.				
10.				

Air Measurements

Location		CFM	Location	CFM
LaB	Lt	20,630		
	Rt	20,235		

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

travelways, walkways, haulageways, powercenters and outby shelter ok at time of exam

Intake Phone ok at Exam time

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

Signed By [signature] Harratt (Preshift-Mine Examiner) 39058-08 (Certificate No.) Brian Collins (Assistant Foreman) 1543-A (Certificate No.)

Countersigned Rick Fisher (Mine Manager—Mine Foreman) 28736

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-5-09 Shift eve Area or Section Barrack Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	0,1	Stopped	dropped
2.	2,3	N/o	none
3.	4	needs cleaned & dusted	cleaned & dusted
4.	5	Part Bolted	bolted to face
5.	6	Scrap cut	mined cut
6.	7,8	N/o	none
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Return Lt	630	0%	6.			
2.	Rt	700	0%	7.			
3.	Lt	1014	0%	8.			
4.	Rt	1040	0%	9.			
5.				10.			

Number of Bolts Tested 26

Number of Bolts Torqued Above Range Ø Below Range Ø

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4 part 6 of RCP with crew at start of shift at end of TK

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

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

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

Was this report phoned to outside: Yes ✓ no ___

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

Report received by [signature] 1539-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	0,1 ch4-0%	Dropped / Stopped	Dropped
2.	2	Cleaned, Dusted	Reported
3.	3	Part Bolted	Reflected
4.	4,5,6,6R	NONE Observed	none
5.	7	SCRAPCUT	Reflected
6.	8	Part Bolted	Reflected
7.			
8.			
9.			
10.	#0	needs / Jack set	Reflected

Air Measurements

Location	CFM	Location	CFM
LT	20,620		
RT	21,116		

Remarks: 0% Ch4 0% CO 208202

Refuges
Travelways
PCS
Chargers
Intake Phone

None observed

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

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

Countersigned [signature] Mine Manager—Mine Foreman 28736

___ Assistant Foreman ___ Superintendent or Assistant ___

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ 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

NER'S REPORT

Report shall be signed when made

Barrier section

ction or Area Examined Barrier section

M.A. ..... me ..... A.M ..... P.M.

ons Observed and Reported rdous Condition	Action Taken

Location	CFM

Detected At Time of exam

wercenters, outBy Shelter,

(d) (b) all violations of the Federal Coal Mine Health and Safety ted in this report.

Assistant Foreman

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-6 2009 Section or Area Examined Barrier Section

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

Was this report phoned to outside: Yes_____ no_____

By whom _____ Time _____A.M _____P.M.

Report received by Brouyette [signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location		CFM	Location	CFM
LOB	LT.	19,920		
	RT.	19,760		

Remarks: 0% CH_4, 0% CO, 20.8% O_2 track, travelways, pcs, chargers intake phone OK at ear

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 George Curry 27429
Preshift-Mine Examiner Certificate No.

Assistant Foreman Certificate No.

Countersigned Rick Foster 28736
Mine Manager—Mine Foreman

Assistant Foreman 29611

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-6 20 9 Section or Area Examined Barrier Sec. 4

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

Was this report phoned to outside: Yes ____ no ____

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

Report received by brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 Hdg 0% CH4	none observed	none
2.	2 Hdg. 0%	none observed	none
3.	3 Hdg. 0%	need dusted	none
4.	4 Hdg 0%	none observed	none
5.	5 Hdg 0%	none observed	none
6.	6 Hdg 0%	none observed	none
7.	7 Hdg 0%	none observed	none
8.	8 Hdg 0%	none observed	none
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LT.	20,210		
RT.	21,090		

Remarks: No CH4 dect. 0% 20.8 oz CO 0%
Track & Travelways clear at exam.
Power Center Fresh Air St. 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 [signature] Preshift-Mine Examiner 29611 Certificate No. ____ Assistant Foreman ____ Certificate No.

Countersigned Rick Foster Mine Manager—Mine Foreman 28736

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-7-09 Shift 3rd Area or Section UBB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	0, 1	None Observed	Rep.
2.	2	Gob in Face	Rep
3.	3R	None Observed	Rep.
4.	4	Gob in Face	Rep.
5.	5.6	None Observed	Rep.
6.	7, 8	None Observed	Rep.
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	0-8	100-145 AM	0%	11.			
2.				12.			
3.	0-8	300-348 AM	0%	13.			
4.				14.			
5.	0-8	500-545 AM	0%	15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Lt Return	100 AM	0%	6.			
2.	Rt Return	145 AM	0%	7.			
3.				8.			
4.	Lt Return	500 AM	0%	9.			
5.	Rt Return	545 AM	0%	10.			

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Track, Travelways, Out by Air Chamber, Clear At Time of Exam

Randall Laffert	38424	Rick [illegible]	28736	
Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-7 20 Section or Area Examined Barrier

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

Was this report phoned to outside: Yes ✓ no

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

Report received by S. Hallal (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	0,1 CH4 0% O2 20.8%	none obsen	
2.	2 CH4 0% O2 20.8%	Gobb in FACE	Rep
3.	3R CH4 0% O2 20.8%	none obsen	
4.	4 CH4 0% O2 20.8%	Gobb in FACE	Rep
5.	5,6 CH4 0% O2 20.8%	non obsen	
6.	7 & 8 CH4 0% O2 20.8%	none obser	
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
L LOB	25992		
R LOB	23300		

Remarks: Power Center and Roadways clear at time of BM
CH4 0% O2 20.8%

Outby shelter clear at time of BM.

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

Signed By Randall Lafferty (Preshift-Mine Examiner) 38424 (Certificate No.) Assistant Foreman Certificate No.

Countersigned Rick Folla (Mine Manager—Mine Foreman) 28734

Assistant Foreman

S. J. Hallal 39058-08

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-7 Shift DAY Area or Section BARRIER

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.			
2.	2	Gobb in FACE	Rep.
3.			
4.	4	Gobb in FACE	Rep
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	L Retn	6:55	Ø	6.			
2.	R Retn	7:30	Ø	7.			
3.				8.			
4.	L Retn	10:55	Ø	9.			
5.	R Retn	11:35	Ø	10.			

Number of Bolts Tested 14
Number of Bolts Torqued Above Range Ø Below Range Ø

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over Examing work area with crew At 6:50 Am

[signature] Assistant Mine — Harrod — 39058-08 Certificate No. — [signature] Mine Foreman-Mine Manager — 28734 Certificate No. — Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

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

Time of Examination: from 2 a.m. or p.m. to 250 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no ___

By whom Steve Harrah Time ___ A.M 305 P.M.

Report received by Brian Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	1 CH4 0%	N/o	none
2.	2 0%	gob in face	Reported
3.	3 + 3R + 4 0%	N/o	none
4.	5 0%	Scoop cut	Reflectors
5.	6 0%	roads cleaned & dusted	Reported
6.	7 0%	Roof bolted	Reflectors
7.	8 0%	N/o	none
8.	0		
9.			
10.			

Air Measurements

Location		CFM	Location	CFM
LOB	Lt	23,200		
	Rt	16,055		

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

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

Intake Stune 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 Steve Harrah (Preshift-Mine Examiner) 39058-06 (Certificate No.) Brian Collins (Assistant Foreman) 1543-A (Certificate No.)

Countersigned Rick Patton (Mine Manager—Mine Foreman) 28732

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-7-09 Shift eve Area or Section Barrier Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1	N/O	none
2.	2	gab in face	Reported
3.	3, 3R, 4	N/O	none
4.	5	scrap cut	mined out
5.	6	roads cleaned & dusted	cleaned & dusted
6.	7	Part bolted	bolted to face
7.	8	none observed	none
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Return L	630	0%	6.			
2.	R	659	0%	7.			
3.	L	1014	0%	8.			
4.	R	1039	0%	9.			
5.				10.			

Number of Bolts Tested 16
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) Read page 4 part 7 of RCP with draw at end of tk at start of shift

Brian Collins	1543-A	Rick Foster	2923c	
Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-7-09 2009 Section or Area Examined Barrier section

Time of Examination: from 10:00 a.m. or p.m. to 10:60 a.m. or p.m.

Was this report phoned to outside: Yes_____ no_____

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

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

Violations and other Hazardous Conditions Observed and Reported

	Location	Chg	Violation or Hazardous Condition	Action Taken
1.	1	0%	None observed	Reported
2.	2	0%	Gob In Face	Reported
3.	3	0%	Cleaned And Dusted	Reported
4.	3R	0%	Cleaned and Dusted	Reported
5.	4	0%	None observed	Reported
6.	5	0%	Additional cleaning	Reported
7.	6L	0%	Cleaned and Dusted	Reported
8.	6	0%	Part Bolted	Reflectors
9.	7	0%	Scrap	Reflectors
10.	7R, 8	0%	Cleaned and Dusted	Reported

Air Measurements

Location		CFM	Location	CFM
LOB	Lt	21,617		
	Rt	18,340		

Remarks: 0% CH4, 20.8% O2, 0PPM C.O. Detected At Time of exam

Travelways, walkways, Haulageways, Powercenters, Shelter, Intake Phone, clear At Time of exam

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

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

Assistant Foreman Certificate No.

Countersigned [signature] 28236
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 12-8-09 Shift 3rd Area or Section UBB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	0	None Observed	Rep.
2.	1	Bad Bolt in Entry	Ref
3.	2	Bad Bolt in Entry	Ref
4.	3	Gob in Face + Kettle Bottom in Entry	Rep.
5.	4	None Observed	Rep.
6.	5L	Not Bolted	Ref.
7.	6	3 wide Bolts	Ref.
8.	7	None Observed	Rep.
9.	8	2 Bolts Cut out in Intersection	Ref.

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	0-8	100-145AM	0%	11.			
2.				12.			
3.	0-8	300-345AM	0%	13.			
4.				14.			
5.	0-8	500-550AM	0%	15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	LT Return	100-AM	0%	6.			
2.	Rt Return	145 AM	0%	7.			
3.				8.			
4.	LT Return	500 AM	0%	9.			
5.	Rt Return	550 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, Outby Air Chamber + Intake Phone Clear At Time of Exam

Randall Lafferty — Assistant Mine
38424 — Certificate No.
Rick Foster — Mine Foreman-Mine Manager
29736 — Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-8 20____ Section or Area Examined Barrier

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

Was this report phoned to outside: Yes ✓ no____

By whom R LAFferty Time 6:00 A.M. P.M.

Report received by S. Hallal (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	0 CH4 0% O2 20.8%	None Observed	
2.	1 CH4 0% O2 20.8%	Bad Bolt	Ref.
3.	2 CH4 0% O2 20.8%	Bad Bolt & Gob ~ Face	Ref.
4.	3 CH4 0% O2 20.8%	Gob ~ Face, kettle Bottom	Ref
5.	4 CH4 0% O2 20.8%	None observe	
6.	5 CH4 0% O2 20.8%	Not Bolted	Ref.
7.	6 CH4 0% O2 20.8%	Slide Bolts ~ #6 Ribroll	Ref.
8.	7 CH4 0% O2 20.8%	None observed	
9.	8 CH4 0% O2 20.8%	Two Bolts cut out	Ref.
10.			

Air Measurements

Location	CFM	Location	CFM
L LOB	17290		
R LOB	17955		

Remarks: Power center and Roadways clear at time of exam
CH4 0% 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 Lafferty — Preshift-Mine Examiner — Certificate No. 38424

Countersigned Rick Fisher — Mine Manager—Mine Foreman — Certificate No. 28736

Assistant Foreman S. Hallal — Certificate No. 32058-08

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 12-8 Shift DAY Area or Section Barrow

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action taken*
1.			
2.	1	Bad Bolt	Put a Jack under it
3.	2	Bad Bolt	Put a Jack in it
4.			
5.	5L	Not Bolted	Correct
6.	6	2 wrd Bolts	//
7.	8	2 Bolts cut out	
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	*Time*	*Methane Content*		*Location*	*Time*	*Methane Content*
1.	L Return	7:25	Ø	6.			
2.	R Return	8:05	Ø	7.			
3.				8.			
4.	L Return	9:25	Ø	9.			
5.	R Return	10:05	Ø	10.			

Number of Bolts Tested 20
Number of Bolts Torqued Above Range Ø Below Range Ø

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over Pg. 4 Para 6-8 Roof Cons
Plow with crew at 6:30 Am

[illegible] Hassal — Assistant Mine
39098-08 — Certificate No.
[illegible] — Mine Foreman-Mine Manager
2832 — Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-8-09 20__ Section or Area Examined Barrick Section

Time of Examination: from 2 a.m. or p.m. to 250 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no____

By whom Steve Harratt Time ____ A.M 257 P.M.

Report received by Brian Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location			CH4	Violation or Hazardous Condition	Action Taken
1.	1	O2	20.8	0%	N/O	none
2.	2,3	O2	20.8	0%	gob in face	Reported
3.	4	O2	20.8	0%	~~gob in face~~ needs cleaned & dusted	Reported
4.	5	O2	20.8	0%	scrap cut	Reflectors
5.	6	O2	20.8	0%	part bolted	Reflectors
6.	7	O2	20.8	0%	needs cleaned & dusted	Reported
7.	8	O2	20.8	0%	scrap cut	Reflectors
8.						
9.						
10.						

Air Measurements

Location		CFM	Location	CFM
LOB	Lt	23,520		
	Rt	17,460		

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

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

Intake Phone ok at exam time

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

Signed By [signature] Preshift-Mine Examiner 39068-08 Certificate No. Brian Collins Assistant Foreman 1543-A Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 28736

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-8-09 Shift eve Area or Section Barrier Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1	N/O	none
2.	2,3	job in face	cleaned & loaded out
3.	4	needs cleaned & dusted	cleaned & dusted
4.	5	scrap cut	mined out
5.	6	part bolted	bolted to face
6.	7	needs cleaned & dusted	cleaned & dusted
7.	8	scrap cut	mined out
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Return Lt	630	0%	6.			
2.	Rt	700	0%	7.			
3.	Lt	1011	0%	8.			
4.	Rt	1040	0%	9.			
5.				10.			

Number of Bolts Tested 20
Number of Bolts Torqued Above Range Ø Below Range Ø

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

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

Brian Collins	1543-A	Rick Foster	28736	
Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-8 20-9 Section or Area Examined Barrier # 4 Sec.

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

Was this report phoned to outside: Yes ✓ no ____

By whom B. Collins Time ____ A.M 11:03 ~~P.M.~~

Report received by T. Pettiner
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 Hdg's O% CH4	none	Rep.
2.	2 Hdg. O%	none	Rep.
3.	3 Hdg O%	gob in face	Rep.
4.	4 Hdg O%	need clean & dusted	Rep
5.	4 RT. Brk O%	part bolted	Reflector
6.	5 Hdg. O%	none	Rep.
7.	6 RT Brk O%	SCRAP Cut	Reflector
8.	7 Hdg O%	need clean & dusted	Rep.
9.	8 Hdg. O%	none	Rep.
10.			

Air Measurements

Location	CFM	Location	CFM
LT.	22,860		
RT.	17,500		

Remarks: No CH4 dect. O% 20.5% CO O%
Track & Travelways clear
Power Center clear
Fresh Air St. & intake Phone 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 Duncan Collins — Preshift-Mine Examiner — Certificate No. 1543A — Assistant Foreman — Certificate No.

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

T. Pettiner — Assistant Foreman — 29611 — Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-9-09 Shift 3rd Area or Section UBB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	0, 1, 2, 3	None Observed	Rep.
2.	4R	Gob in Face	Rep.
3.	5	None Observed	Rep.
4.	6R	Part Bolted	Ref
5.	7	None Observed	Rep.
6.	8	Scrap Cut	Ref
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	0-8	100-147 AM	0%	11.			
2.				12.			
3.	0-8	300-345 AM	0%	13.			
4.				14.			
5.	0-8	500-550 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	147 AM	0%	7.			
3.				8.			
4.	Lt Return	500 AM	0%	9.			
5.	Rt Return	550 AM	0%	10.			

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Track, Travelways, Out by Air Chamber, + Intake Phone Clear At Time of Exam

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-9 20___ Section or Area Examined Barrier

Time of Examination: from 5:00 a.m. or p.m. to 5:50 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no ___

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

Report received by S. Hallal (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	0-3 CH4 0% O2 20.8%	none observe	
2.	4R CH4 0% O2 20.8%	Gobbin Face	Rep
3.	5 CH4 0% O2 20.8%	none observe	
4.	6R CH4 0% O2 20.8%	Part Bolted	Refl.
5.	7 CH4 0% O2 20.8%	none observe	
6.	8 CH4 0% O2 20.8%	scrap	Refl.
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
L LOB	17556		
R LOB	17423		

Remarks: Power center and Roadways clear at time of CH4 0% O2 20.8% 5 [illegible]

Out by Shelter Clear at time of [illegible]

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

Signed By Randall Lafferty (Preshift Mine Examiner) 38424 (Certificate No.) ___ (Assistant Foreman) ___ (Certificate No.)

Countersigned Rick Foster (Mine Manager—Mine Foreman) 28736

___ (Assistant Foreman) ___ S. Hallal (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 12-9 Shift PAY Area or Section BARrier

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.			
2.	4R	Gobbin Face	Corrected
3.			
4.	6R	Part Bolted	
5.			
6.	8	Scrap	
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	L Return	6:55	Ø	6.			
2.	R Return	7:35	Ø	7.			
3.				8.			
4.	L Return	10:55	Ø	9.			
5.	R Return	11:35	Ø	10.			

Number of Bolts Tested 18

Number of Bolts Torqued Above Range Ø Below Range Ø

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over Pull Roof Mtg with crew at 6:50 pm

[signature] Assistant Mine | 39058-08 Certificate No. | Rick Foster Mine Foreman-Mine Manager | 28236 Certificate No. | Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-9-09 20__ Section or Area Examined Bowrier Section

Time of Examination: from 1 a.m. or p.m. to 150 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no____

By whom Steve Harrah Time ____ A.M 256 P.M.

Report received by Brian Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	O_2	CH_4	Violation or Hazardous Condition	Action Taken
1.	0-3	20.8 %	0%	N/O	none
2.	4R	20.8 %	0%	needs cleaned & dusted	Reported
3.	5	20.8 %	0%	scrap cut	Reflectors
4.	6,7	20.8 %	0%	N/O	none
5.	6L	20.8 %	0%	needs cleaned & dusted	Reported
6.	8	20.8 %	0%	needs cleaned & dusted	Reported
7.					
8.					
9.					
10.					

Air Measurements

Location		CFM	Location	CFM
LOB	Lt	23,814		
	Rt	19,670		

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

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

Intake Phone ok at exam

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

Signed By [signature] Preshift-Mine Examiner 39058-CB Certificate No. Brian Collins Assistant Foreman 1543-A Certificate No.

Countersigned Rick Foster Mine Manager—Mine Foreman 28735

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-9-09 Shift ewc Area or Section Barrier Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	0-3	N/o	none
2.	4R	needs cleaned & dusted	cleaned & dusted
3.	5	scrap cut	mined cut
4.	6,7	N/o	none
5.	6L	needs cleaned & dusted	cleaned & dusted
6.	8	needs cleaned & dusted	cleaned & dusted
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Return L	630	0%	6.			
2.	R	659	0%	7.			
3.	L	1011	0%	8.			
4.	R	1039	0%	9.			
5.				10.			

Number of Bolts Tested 28

Number of Bolts Torqued Above Range Ø Below Range Ø

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

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

Brian Collins — Assistant Mine; 1543A — Certificate No.; Rick Foster — Mine Foreman-Mine Manager; 2373 — Certificate No.; Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-9-09 20___ Section or Area Examined Barrier Section

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

Was this report phoned to outside: Yes ✓ no ___

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

Report received by Dan Allman 15397A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	O-4	CH4 O2 O2 20.8	none observed	none
2.	SR	O2 20.8	Bart Bolted	Reflectors
3.	6	O2 20.8	scrap cut	Reflectors
4.	7	O2 20.8	part Bolted	Reflectors
5.	8	O2 20.8	none observed	none
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
LT	22,860		
RT	19,120		

Remarks: O2 CH4, O2 CO, 20.8 O2

Track, Travelways
Intake Phone
Refuge
Chargers, PC
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 Brian Collins (Preshift-Mine Examiner) 1543-A (Certificate No.) ___ Assistant Foreman ___ Certificate No.

Countersigned Rick Foster (Mine Manager—Mine Foreman) 28236

___ Assistant Foreman ___ ___ Superintendent or Assistant ___

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-10-09 Shift 3rd Area or Section UBB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	0+1.234	None Observed	Rep.
2.	5R	Not Bolted	Ref.
3.	6	Needs Addl. Cleaning	Rep.
4.	7, 8	None Observed	Rep.
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	0-8	100-145AM	0%	11.			
2.				12.			
3.	0-8	300-345AM	0%	13.			
4.				14.			
5.	0-8	500-550AM	0%	15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Lt Return	100 AM	0%	6.			
2.	Rt Return	145 AM	0%	7.			
3.				8.			
4.	Lt Return	500 AM	0%	9.			
5.	Rt Return	550 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, Outby Air Chamber + Intake Phone Clear at Time of Exam

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-10 20 Section or Area Examined Barrier

Time of Examination: from 5:00 a.m. or p.m. to 5:50 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom R Lafferty Time 5:58 (A.M.) P.M.

Report received by S Hamel (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	0-4 CH4 0% O2 20.8%	none observ	
2.	5R CH4 0% O2 20.8%	not Bolted	Ref 1
3.	6 CH4 0% O2 20.8%	needs add'l clean	Ref
4.	7,8 CH4 0% O2 20.8%	none observe	
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
L LOB	16625		
R LOB	14763		

Remarks: Power center and Roadways clear at time of exam
CH4 0% O2 20.8%
Brian Malaine Walked Wannie Buzzard out Primary escape way
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 Lafferty (Preshift-Mine Examiner) Certificate No. 38424

Countersigned Rick Miller (Mine Manager—Mine Foreman) 28736

Assistant Foreman

Assistant Foreman

S Hamel (Superintendent or Assistant) Certificate No. 39058-08

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-10 Shift Day Area or Section #4 Barrier

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.			
2.	5K	Not Bolted	correct.
3.	6	needs Add'l chg	//
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	L Return	6:55	Ø	6.			
2.	R Return	7:35	Ø	7.			
3.				8.			
4.	L Return	10:55	Ø	9.			
5.	R Return	11:35	Ø	10.			

Number of Bolts Tested 14
Number of Bolts Torqued Above Range Ø Below Range Ø

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over Bolt Spacing with Crew At 6:50 Am.

[signature] 35058-08 Rick Foster 28735

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-10-09 20.... Section or Area Examined Barrick Section

Time of Examination: from 1 a.m. or p.m. to 150 a.m. or p.m.

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

By whom Steve Harrah Time ..... A.M 255 P.M.

Report received by Brian Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	O2	CH4	Violation or Hazardous Condition	Action Taken
1.	1,2,3,4	20.8	0%	N/O	None
2.	5&5R	20.8	0%	needs cleaned & dusted	Reported
3.	6R	20.8	0%	Part bolted	Reflectors
4.	7,8	20.8	0%	N/O	none
5.					
6.					
7.					
8.					
9.					
10.					

Air Measurements

Location		CFM	Location	CFM
LOB	Lt	20,520		
	Rt	15,694		

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

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

Intake Phone ok at time of exam

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

Signed By [signature] Preshift-Mine Examiner 39068-08 Certificate No. Brian Collins Assistant Foreman 1543-A Certificate No.

Countersigned Rick Forter Mine Manager—Mine Foreman 28736

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-10-09 Shift eve Area or Section barrier Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1, 2, 3, 4	N/o	none
2.	5 + 5R	needs cleaned & dusted	cleaned & dusted
3.	6R	Part bolted	bolted to face
4.	7, 8	N/o	none
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Return L	630	0%	6.			
2.	R	658	0%	7.			
3.	L	1014	0%	8.			
4.	R	1040	0%	9.			
5.				10.			

Number of Bolts Tested 12

Number of Bolts Torqued Above Range Ø Below Range Ø

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4 part 1 of RCP of with drew at start of shift at end of tk

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-10-09 20___ Section or Area Examined Barrier Sect

Time of Examination: from 10 a.m. or p.m. to 1050 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no ___ Time ___ A.M 1055 P.M.

By whom BRIAN Collins

Report received by ___ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	O2	CH4	Violation or Hazardous Condition	Action Taken
1.	1-7	20.8	0%	NO	none
2.	7R	20.8	0%	Part Bolted	Reflectant
3.	8	20.8	0%	needs cleaned & dusted	Reported
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Air Measurements

Location		CFM	Location	CFM
LOB	L	20310		
	R	15600		

Remarks: 20.8% O2 0% CH4 0ppm CO at TOE

travelways, walkways, haulageways, powercenter outby shelter and Intake Phone ok At TOE

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

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

Countersigned Rick Foster (Mine Manager—Mine Foreman) Certificate No. 2872

Assistant Foreman ___ Certificate No. ___

Assistant Foreman ___ Certificate No. ___

Superintendent or Assistant ___

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-11-09 Shift 3rd Area or Section UBB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	LOB L	17822		11.			
2.	LOB R	15430		12.			
3.				13.			
4.				14.			
5.				15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Track, Travelways, Outby Air Chamber, + Intake Phone Clear At Time of Exam

Randall Laffoon — Assistant Mine
38424 — Certificate No.
Rick Foster — Mine Foreman-Mine Manager
2973C — Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-11 20__ Section or Area Examined BARRIER

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

Was this report phoned to outside: Yes ✓ no____

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

Report received by S. Hamal (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.			
2.	Sect. moving	work Area clear	
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LLOB	17822		
RLOB	15430		

Remarks: Power center Roadways Clear At time of Exa
CH4 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 Lafforty (Preshift-Mine Examiner) Certificate No. 38424 Assistant Foreman Certificate No.

Countersigned Rick Foster (Mine Manager—Mine Foreman) 28236 S. Hamal 39058-08

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 12-4 Shift Day Area or Section Barrie

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.			
2.			
3.	Sect. Idle moving		
4.			
5.	CH4 0% O2 20.8%		
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 Safty Talk About moving Equiptment with Crew at 6:50 Am

[signature] Assistant Mine | 39058-08 Certificate No. | Rick Foster Mine Foreman-Mine Manager | 28736 Certificate No. | Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-11-09 20____ Section or Area Examined Bunnies Section

Time of Examination: from 1 a.m. or ~~p.m.~~ to 150 a.m. or ~~p.m.~~

Was this report phoned to outside: Yes ✓ no____

By whom Steve Harrah Time ____ A.M 250 ~~P.M.~~

Report received by Brian Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	Section Idle	Moving Section	
2.			
3.	Work Area's	clean at time of exam	
4.			
5.			
6.			
7.			
8.	New Power Entry	Needs spot Bolting	Reflectors
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Intake	51680		

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

travelways, walkways and work areas & authy shelter & intake plume ok at time of exam

* Ribs Flakeing in Roadways

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 39058-06 Certificate No. Brian Collins Assistant Foreman 1543-A Certificate No.

Countersigned Rick Foster Mine Manager—Mine Foreman 28736

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-11-09 Shift Eve Area or Section Barrier Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Section Idle	Moving Section	
2.			
3.	20.8% O_2	0% CH_4 0ppm CO	
4.	new Power Entry	Needs spot Bolted	Spot Bolted Entry
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 meeting with crew at end of TK about staying clear of pinch points while moving

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-11-09 2009 Section or Area Examined Barrier section

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

Was this report phoned to outside: Yes ✓ no

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

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

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	*CFM*	*Location*	*CFM*
Intake	51,560		

Remarks: 20.8% O^2, 0% CH_4, 0PPM C.O., At Time of exam

Travelways, walkways, work Area, outby shelter, Intake Phone ok At Time of exam

Ribs flaking out In Roadways

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

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

Countersigned [signature] 28236
Mine Manager—Mine Foreman

Assistant 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 12-12-09 Shift 3rd Area or Section UBB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Section Idle	Moving Section	
2.			
3.	CO 0%		
4.	CH4 0%		
5.	O2 20.8%		
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Intake	46417		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) Travelways, Walkways, Outby Air Chamber, & Intake Phone Clear at Time of Exam

Randall Lafferty — Assistant Mine Foreman — Certificate No. 38424

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

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-12 20___ Section or Area Examined Barrier

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

Was this report phoned to outside: Yes ✓ no ___

By whom R. Lafferty Time 5:55 A.M. ___ P.M.

Report received by S. Hamal (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	work Area clear	At time of Exam	
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Intake	46417		

Remarks:

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

Signed By Randall Lafferty (Preshift Mine Examiner) 38424 Certificate No. ___ Assistant Foreman ___ Certificate No.

Countersigned Rick Foster (Mine Manager—Mine Foreman) 28736 ___ S. J. Hamal 39058-08

___ 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 12-12 Shift Day Area or Section Barrier

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action taken*
1.			
2.			
3.	Sect. Idle		
4.	Sect. mowry		
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 sect. mowry at 6:50 pm

[illegible]	39058-08	Rick Foster	28736	
Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

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

Time of Examination: from 1 a.m. or p.m. to 2 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no ___

By whom Steve Harriott Time ___ A.M 3 P.M.

Report received by Brian Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	Section Idle	Moving Section	
2.			
3.	Work Area's clear at time of Exam		
4.	20.8% O_2 0% CH_4 0ppm CO at time of exam		
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Intake	50,360		

Remarks:

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

Signed By [signature] Preshift Mine Examiner 39058-08 Certificate No. Brian Collins Assistant Foreman 1543-A Certificate No.

Countersigned Rick Foster Mine Manager—Mine Foreman 2873C

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-12-89 Shift eve Area or Section Bauwick Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Section Idle	Moving Section	
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) had safety talk about where bonded sled was at for new section

Brian Collins — Assistant Mine

1543-A — Certificate No.

Rick Foster — Mine Foreman-Mine Manager

28736 — Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

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

Time of Examination: from 100 a.m. or ~~p.m.~~ to 3 a.m. or ~~p.m.~~

Was this report phoned to outside: Yes ✓ no ___ Time ___ A.M 1040 P.M.

By whom Collins

Report received by Dan Ullman 1539 (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
Intake	53,260		

Remarks: 02 CH4, 0 CO, 20 18 & 02

Travelways
PC's
Chargers
Intake Phone
Refuges

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 Duane Collins (Preshift Mine Examiner) 1543-A (Certificate No.) ___ Assistant Foreman ___ Certificate No.

Countersigned Rick Baker (Mine Manager—Mine Foreman) 28236

___ Assistant Foreman ___ Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-13-09 20 09 Section or Area Examined Barrier section

Time of Examination: from 4:00 a.m. or p.m. to 4:15 a.m. or p.m.

Was this report phoned to outside: Yes_____ no_____

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

Report received by Brought out (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	*CFM*	*Location*	*CFM*
Intake	52,780		

Remarks: 0% CH4, 20.8% O2, 0PPM C.O., Detected At Time of exam

Travelways
Power centers
Chargers
Intake Phone
Refuge

ok At Time of exam

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

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

Assistant Foreman — Certificate No.

Countersigned Rick Foster Mine Manager—Mine Foreman — Certificate No. 28736

Assistant Foreman

Superintendent or Assistant

Tony Stewart 39199

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-13 20 09 Section or Area Examined Barrier

Time of Examination: from 1 a.m. or p.m. to 4 a.m. or p.m.

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

By whom ____

Report received by ____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
Intake	54,620		

Remarks:

0% CH_4, 0% CO, 20.8% O_2

Travelways, Powercenters, D-Boxes, Chargers, Fresh Air Chamber

OK at exam

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

Signed By George Curry 27429
Preshift-Mine Examiner Certificate No.

Countersigned Rick Foster 28736
Mine Manager—Mine Foreman

[signature] 29611
Assistant 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 _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-13 20-9 Section or Area Examined Barrier #4 Sec.

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

Was this report phoned to outside: Yes ____ no ✓

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

Report received by Brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	*Violation or Hazardous Condition*	*Action Taken*
1.		
2.	New Section Set-up no Production	
3.	face line clear - No CH4 dect. 0%	
4.	20.8 or CO 0%	
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	*CFM*	*Location*	*CFM*
Intake	49,876		

Remarks: No CH4 dect. 0% 20.8 or CO 0%
Track & Trailways clear at exam.
Fresh Air Base & Phone Intake 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 [signature] Preshift-Mine Examiner — Certificate No. 29611 — Assistant Foreman — Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman — Certificate No. 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 12-14-09 Shift 3rd Area or Section UBB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1-7	None Observed	Rep.
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-7	100-135AM	0%	11.			
2.				12.			
3.	1-7	300-335AM	0%	13.			
4.				14.			
5.	1-7	500-530AM	0%	15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	LT Return	100AM	0%	6.			
2.	RT Return	135AM	0%	7.			
3.				8.			
4.	~~3rd~~ Return	500AM	0%	9.			
5.	RT Return	530AM	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) Travelways, Walkways, Out by Air Chamber & Intake Phone Clear At Time of Exam

Randall Lafferty — Assistant Mine
38474 — Certificate No.
Rick Foster — Mine Foreman-Mine Manager
23736 — Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-14 20___ Section or Area Examined Barrier

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

Was this report phoned to outside: Yes ✓ no ___

By whom ~~S Hallar~~ SM R. LAFFERY Time 5:55 A.M. P.M.

Report received by S Hallar (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	1-7 CH4 0% O2 20.8%	none observe	
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
L LOB	20300		
R LOB	25120		

Remarks: Power center And Roadways Clear At time of Exam.
CH4 0% O2 20.8%

Outby S Helter 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 (Preshift-Mine Examiner) 38424 (Certificate No.) ___ Assistant Foreman ___ Certificate No.

Countersigned Rick Foster (Mine Manager—Mine Foreman) 28236 ___ S Hallar 39058-08

___ 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 12.14 Shift Day Area or Section Barrier

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.	1-7	7:00-7:30	Ø	11.			
2.				12.			
3.	1-7	9:00-9:30	Ø	13.			
4.				14.			
5.	1-7	11:00-11:30	Ø	15.			
6.				16.			
7.	1-7	1:00-1:30	Ø	17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	L Ret	6:55		6.			
2.	R Ret	7:35		7.			
3.				8.			
4.	L Ret	10:55		9.			
5.	R Return	11:35		10.			

Number of Bolts Tested 34

Number of Bolts Torqued Above Range Ø Below Range Ø

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over Pg. 4 Para 10 & 11 was Cr[illegible] At 6:50 A

[signature] Assistant Mine — 39058-08 Certificate No. — [signature] Mine Foreman-Mine Manager — 28736 Certificate No. — Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-14-09 20___ Section or Area Examined 4 Section

Time of Examination: from 1:00 a.m. or p.m. to 1:55 a.m. or p.m.

Was this report phoned to outside: Yes ___ no ___

By whom Steve Harsch Time ___ A.M 2:50 P.M.

Report received by Rick Foster (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 entry 20.8% O_2 - 0% CH_4	none observed	none
2.	#2 entry 20.8% O_2 - 0% CH_4	part bolted	reflector
3.	#3 entry 20.8% O_2 - 0% CH_4	scrap cut	reflector
4.	#4 entry 20.8% O_2 - 0% CH_4	none observed	none
5.	#5X right 20.8% O_2 - 0% CH_4	part bolted	reflector
6.	#6 entry 20.8% O_2 - 0% CH_4	scrap cut	reflector
7.	#7 entry 20.8% O_2 - 0% CH_4	none observed	none
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
left h.O. X-cut	19,855		
right h.O. X-cut	23,730		

Remarks: 20.8% O_2, 0% CH_4, 0% CO, track, travelways, power center, scoop charger clear at time.

Rescue chamber clear at time of exam.
Intake phone O.K. 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. 32058-08 — Brian Collins Assistant Foreman — Certificate No. 1543-A

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

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-14-09 Shift eve Area or Section Barnish Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1	N/o	none
2.	2	Part Bolted	bolted to face
3.	3	SCRAP cut	mined cut
4.	4	N/o	none
5.	5R	Part Bolted	bolted to face
6.	6	SCRAP cut	mined cut
7.	7	N/o	none
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location		Time	Methane Content		Location	Time	Methane Content
1.	Return	L	630	0%	6.			
2.		R	659	0%	7.			
3.		L	1011	0%	8.			
4.		R	1039	0%	9.			
5.					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) Read page 4 part 1 of RCP with crew at end of TK at start of shift

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-14 20 9 Section or Area Examined Barrier #4

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

Was this report phoned to outside: Yes ✓ no

By whom B. Collins Time A.M P.M.

Report received by T. Peterson 29611 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	1 Hdg.	0% CH4	SCRAP cut	Reflector
2.	2 Hdg.	0%	none observed	
3.	3 Hdg	0%	none observed	
4.	4 Hdg.	0%	part bolted	Reflector
5.	5 & 5 RT. Brk.	0%	need clean & dusted	Rep.
6.	6 Hdg.	0%	none observed	
7.	7 Hdg.	0%	not bolted	Reflector
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
LT.	19,412		
RT.	22,100		

Remarks: No CH4 dect. 0% 20.8oz CO 0%
Track & Travelways clean at exam
Power Center - Fresh air Base - Phone intake clean

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 Benson Collins 1543-A
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.

Countersigned [signature] 28736
Mine Manager—Mine Foreman

[signature] 29611
Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-15-09 Shift 3rd Area or Section UBB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-7	100-135AM	0%	11.			
2.				12.			
3.	1-7	300-335AM	0%	13.			
4.				14.			
5.	1-7	500-540AM	0%	15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Lt Return	100 AM	0%	6.			
2.	Rt Return	135AM	0%	7.			
3.				8.			
4.	Lt Return	500 AM	0%	9.			
5.	Rt Return	540AM	0%	10.			

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Travelways, Walkways, Outby Air Chamber, + Intake Phone Clear At Time of Exam

Randall Lafferty — Assistant Mine
38424 — Certificate No.
Rick Porter — Mine Foreman-Mine Manager
25236 — Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-15 20____ Section or Area Examined BARRIER

Time of Examination: from 5:00 a.m. or p.m. to 5:40 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. Hawal (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 1,2 CH4 0% O2 20.8%	none observ	
2. 3 & 4 CH4 0% O2 20.8%	none observe	
3. 5L CH4 0% O2 20.8%	SCRAP CUT	Ref.
4. 6 CH4 0% O2 20.8%	needs Add'l clean & dust	Ref
5. 7 CH4 0% O2 20.8%	PART Bolted	Ref.
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
L LOB	20580		
R LOB	25600		

Remarks: Power center And Roadways Clear at time of Exam CH4 0% 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 Lafferty (Preshift-Mine Examiner) Certificate No. 38424

Countersigned [illegible] (Mine Manager—Mine Foreman) Certificate No. 23236

Assistant Foreman

Assistant Foreman S. Hawal Certificate No. 39058-08

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-15 Shift DAY Area or Section Barrier

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.			
2.			
3.	5L	scrap	correct
4.	6	weeds add 1 chatdus	//
5.	7	Part bolted	
6.			
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	L Retn	6:55	Ø	6.			
2.	R Retn	7:35	Ø	7.			
3.				8.			
4.	L Retn	10:55	Ø	9.			
5.	R Retn	11:35	Ø	10.			

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) [illegible] Ara, 23 24 25
Roof control P/P with crew At 6:50 am

[signature] 39058-08 Rick Foster 23736
Assistant Mine Certificate No. Mine Foreman-Mine Manager Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-15-09 20___ Section or Area Examined Barrick Section

Time of Examination: from 1 a.m. or p.m. to 155 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no ___

By whom Steve Harrott Time ___ A.M 255 P.M.

Report received by Brian Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	O_2	CH_4	Violation or Hazardous Condition	Action Taken
1.	1	20.8	0%	N/o	None
2.	2L	20.8	0%	needs cleaned + dusted	Reported
3.	3	20.8	0%	Not bolted	Reflectors
4.	4	20.8	0%	N/o	none
5.	5	20.8	0%	Scrap cut	Reflectors
6.	6R	20.8	0%	Part bolted	Reflectors
7.	7	20.8	0%	N/o	none
8.	8	20.8	0%	N/o	none
9.					
10.					

Air Measurements

Location		CFM	Location	CFM
LOB	Lt	19,820		
	Rt	25,560		

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

trawlways, walkways, haulageways & pavements and airthy shelter clear at time of exam

Intake Phone ok at exam time

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

Signed By [signature] Preshift-Mine Examiner 8908-06 Certificate No. Brian Collins Assistant Foreman 1543-A Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 28736

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-15-09 Shift eve Area or Section Barrier Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1	N/o	none
2.	2L	needs cleaned + dusted	cleaned + dusted
3.	3	Not Bolted	bolted to face
4.	4	N/o	none
5.	5	Scrap cut	mined cut
6.	6R	Part Bolted	bolted to face
7.	7	N/o	none
8.	8	N/o	none

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Return L	630	0%	6.			
2.	R	700	0%	7.			
3.	L	1014	0%	8.			
4.	R	1040	0%	9.			
5.				10.			

Number of Bolts Tested 38

Number of Bolts Torqued Above Range Ø Below Range Ø

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4 part 3 of RCP with draw at start of shift at end of TK

Brian Collins — Assistant Mine

1543-A — Certificate No.

Rick Foster — Mine Foreman-Mine Manager

28736 — Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-15 20 9 Section or Area Examined Barrier 4 Ess

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

Was this report phoned to outside: Yes ✓ no

By whom B. Collins Time A.M P.M.

Report received by T. Peterson 29611 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location			Violation or Hazardous Condition	Action Taken
1.	#1-2	Hgs	0% CH4 20.8 O2	none observed	
2.	3RT.	Brk	0% 20.8	not Bolted	Reflector
3.	4	Hdg.	0% 20.8	none observed	
4.	5-6	Hdg.	0% 20.8	need clean & dusted	Rep.
5.	7RT.	Brk	0% 20.8	SCRAP cut	Reflector
6.	8	Hdg.	0% 20.8	none observed	
7.					
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
LT.	19,615		
RT.	24,170		

Remarks: No CH4 deck. 0% 20.8 O2 CO 0%
Transways & Haulage ways clear
Power Center fresh Air Stat. Intake Phone 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 Brian Collins 1543-A
Preshift-Mine Examiner Certificate No.

Countersigned Rick Foster 28736
Mine Manager—Mine Foreman

Assistant Foreman

Assistant Foreman Certificate No.

T. Peterson 29611

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-16-09 Shift 3rd Area or Section UBB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1	None Observed	Rep.
2.	2	Not Bolted	Ref.
3.	3, 4	None Observed	Rep.
4.	3L	2 Bad Bolts	Ref.
5.	5R	Not Bolted	Ref.
6.	6	Need Cleaned	Rep.
7.	7R	None Observed	Rep.
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-7	100-135AM	0%	11.			
2.				12.			
3.	1-7	300-337AM	0%	13.			
4.				14.			
5.	1-7	500-540AM	0%	15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Lt Return	100AM	0%	6.			
2.	Rt Return	135AM	0%	7.			
3.				8.			
4.	Lt Return	500 AM	0%	9.			
5.	Rt Return	540AM	0%	10.			

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Travelways, Walkways, Outby Air Chamber, & Intake Phone Clear At Time of Exam

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-16 20___ Section or Area Examined Barrier

Time of Examination: from 5:00 a.m. or p.m. to 5:40 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no_____

By whom R. LAFFERTY Time 5:55 A.M _____ P.M.

Report received by [signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	1 CH4 0% O2 20.8%	none observ	
2.	2 CH4 0% O2 20.8%	not Bolted	Ref.
3.	3, 4 CH4 0% O2 20.8%	none observ	
4.	3L CH4 0% O2 20.8%	Bad Bolts	Ref!
5.	5R CH4 0% O2 20.8%	not Bolted	Ref
6.	6 CH4 0% O2 20.8%	weeds cleane	Ref
7.	7R CH4 0% O2 20.8%	none observ	
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
L	20064		
R	20615		

Remarks: Power center and Roadways clear at time of exam
CH4 0% 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 Lafferty 38424
Preshift-Mine Examiner Certificate No.

Countersigned [signature] 28236
Mine Manager—Mine Foreman

Assistant Foreman

[signature] 39068-08
Superintendent or Assistant

Assistant Foreman Certificate No.

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12/16 Shift DAY Area or Section BANNER

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.			
2.	2	NOT Bolted	correct
3.	3L	Bad Bolts.	
4.	5R	NOT Bolted	
5.	6R	Needs Cleaned	
6.			
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over corner bolting and Test holes with crew at 6:50 Am.

[signature] Assistant Mine | 39058-08 Certificate No. | Rick Foster Mine Foreman-Mine Manager | 28736 Certificate No. | Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-16-09 20__ Section or Area Examined Barrier Section

Time of Examination: from 145 a.m. or p.m. to 230 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no____

By whom Steve Harratt Time ____ A.M 255 P.M.

Report received by Brian Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	O2	CH4	Violation or Hazardous Condition	Action Taken
1.	1&2	20.8	0%	N/o	none
2.	3L	20.8	0%	NOT Bolted	Reflectors
3.	3	20.8	0%	SCRAP cut	Reflectors
4.	4&5	20.8	0%	N/o	none
5.	5R	20.8	0%	Part Bolted	Reflectors
6.	6	20.8	0%	N/o	none
7.	7R	20.8	0%	SCRAP cut	Reflectors
8.					
9.					
10.					

Air Measurements

Location		CFM	Location	CFM
LOB	Lt	21,250		
	Rt	19,460		

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

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

Intake Phone ok at Exam time

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

Signed By [signature] 39058-08 Brian Collins 1543-A

Preshift-Mine Examiner — Certificate No. — Assistant Foreman — Certificate No.

Countersigned Rick Foster 2823C

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 12-16-09 Shift eve Area or Section Barnwick Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	122	N/o	none
2.	3L	NOT Bolted	bolted to face
3.	3	SCRAP cut	mined cut
4.	425	N/o	none
5.	5R	Part Bolted	bolted to face
6.	C	N/o	none
7.	7R	SCRAP cut	mined cut
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Return L	630	0%	6.			
2.	R	700	0%	7.			
3.	L	1015	0%	8.			
4.	R	1042	0%	9.			
5.				10.			

Number of Bolts Tested 28
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) Read page 4 part 4 of RCP with Crew at start of shift at end of TK

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-16 20 9 Section or Area Examined Barrier Sec.

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

Was this report phoned to outside: Yes ✓ no

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

Report received by T. Peterson (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 Hdg. 20.8 0% CH4	need clean + dusted	Rep.
2.	2 LT Brk 20.8 0%	part Bolted	Reflector
3.	2 Hdg 20.8 0%	SCRAP	Reflector
4.	3 Hdg 20.8 0%	need clean + dusted	Rep.
5.	4 Hdg 20.8 0%	none observed	
6.	5 Hdg 20.8 0%	SCRAP	Reflector
7.	6 Hdg 20.8 0%	none observed	
8.	7 RT. Brk 20.8 0%	need clean + dusted	Rep.
9.	7 RT. Cut Back 20.8 0%	not Bolted	Reflector
10.			

Air Measurements

Location	CFM	Location	CFM
L.T	20,950		
RT.	19,240		

Remarks: No CH4 dect. 0% 20.8 oz CO 0%
Transfer Haulage ways clear
Power Center Clear
Fresh air Bay + Intake Phone 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 Burson Collins (Preshift-Mine Examiner) 1543-A (Certificate No.) Assistant Foreman Certificate No.

Countersigned Rick Foster (Mine Manager—Mine Foreman) 28236

Assistant Foreman

T. Peterson 29611 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-17-09 Shift 3rd Area or Section UBB Barrier Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1, 2	None Observed	Rep.
2.	3	Needs Cleaned	Rep.
3.	4	Part Bolted	Ref.
4.	5	Not Bolted	Ref.
5.	6, 7	None Observed	Rep.
6.	8	Scrap Cut	Ref.
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-8	100-141AM	0%	11.			
2.				12.			
3.	1-8	300-340AM	0%	13.			
4.				14.			
5.	1-8	500-545AM	0%	15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Lt Return	100 AM	0%	6.			
2.	Rt Return	141 AM	0%	7.			
3.				8.			
4.	Lt Return	500 AM	0%	9.			
5.	Rt Return	545AM	0%	10.			

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Travelways, walkways, Outby Air Chamber + Intake Phone Clear at Time of Exam

Randall Laffoty — Assistant Mine Foreman
38424 — Certificate No.
Rick Foster — Mine Foreman-Mine Manager
23736 — Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-17 20___ Section or Area Examined Barrier

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

Was this report phoned to outside: Yes ✓ no _____

By whom R. Lafferal Time 5:56 A.M. P.M.

Report received by S. Hallal (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	1,2 CH4 0% O2 20.8%	none observe	
2.	3 CH4 0% O2 20.8%	weeds cleaned	Rep
3.	4 CH4 0% O2 20.8%	NOT Bolted	Refl.
4.	5 CH4 0% O2 20.8%	PART Bolted	Refl
5.	6,7 CH4 0% O2 20.8%	none observ	
6.	8 CH4 0% O2 20.8%	SCRAP	Refl
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
L LOB	19684		
R LOB	18620		

Remarks: Pomercenter and Roadways clear at time of Exam
CH4 0% O2 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 Randall Lafferty (Preshift-Mine Examiner) 38424 (Certificate No.) _____ (Assistant Foreman) _____ (Certificate No.)

Countersigned Rick Foster (Mine Manager—Mine Foreman) 28736 S. J. Hallal 39058-08

_____ (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 12-17 Shift Day Area or Section Barrier

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.			
2.	3	weed scleme	Corrected
3.	4	NOT Bolted	
4.	5	PART Bolted	
5.	8	SCRAP	
6.			
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	L Return	7:05		6.			
2.	R Ret	7:35		7.			
3.				8.			
4.	L Return	10:55		9.			
5.	R Return	11:35		10.			

Number of Bolts Tested 22

Number of Bolts Torqued Above Range Ø Below Range Ø

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over of Amy work Area with crew at 6:30 Am.

[signature] 39058-08 Rick Foster 28736

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-17-09 20___ Section or Area Examined Barrier Section

Time of Examination: from 1 a.m. or p.m. to 2 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no ___

By whom Steve Harratt Time ___ A.M 3 P.M.

Report received by Brian Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	O2	CH4	Violation or Hazardous Condition	Action Taken
1.	1&2	20.8%	0%	N/O	none
2.	3R	20.8%	0%	scrap cut	Reflectors
3.	4	20.8%	0%	Part bolted	Reflectors
4.	5&6	20.8%	0%	N/O	none
5.	7	20.8%	0%	Part bolted	Reflectors
6.	8	20.8%	0%	needs add clean & dust	Reported
7.					
8.					
9.					
10.					

Air Measurements

Location		CFM	Location	CFM
LOB	Lt	19,500		
	Rt	19,880		

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

trawelways, walkways, haulageways, powercenter and outby shelter clear at time of exam

Intake Phone clear 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 [signature] Preshift-Mine Examiner 39058-08 Certificate No. Brian Collins Assistant Foreman 1543-A Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 28736 [signature] 1658-A

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-17-09 Shift Eve Area or Section Beaver Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1 & 2	N/o	None
2.	3R	SCRAP cut	mined cut
3.	4	Part bolted	bolted to face
4.	5 & 6	N/o	none
5.	7	Part bolted	bolted to face
6.	8	needs add clean & dust	cleaned & dusted
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Return L	630	0%	6.			
2.	R	700	0%	7.			
3.	L	1016	0%	8.			
4.	R	1040	0%	9.			
5.				10.			

Number of Bolts Tested 20
Number of Bolts Torqued Above Range Ø Below Range Ø

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4 part 5 of RCP with crew at end of TK at start of shift

Brian Collins	2543-A	Rick Foster	2873L	
Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-17 20 9 Section or Area Examined Barrier Sec.

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

Was this report phoned to outside: Yes ✓ no ____

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

Report received by T. Peterson 29611 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	#1	20.8 0% CH4	SCRAP	Reflector
2.	2	20.8 0% CH4	need clean & dusted	Rep
3.	3 & 3 RT.	20.8 0% CH4	need add. cleaning	Rep.
4.	4	20.8 0% CH4	part Bolted	Reflector
5.	5	20.8 0% CH4	part Bolted	Reflector
6.	6 RT.	20.8 0% CH4	SRAP	Reflector
7.	7	20.8 0% CH4	need clean & dusted	Rep.
8.	8	20.8 0% CH4	need clean & dusted	Rep.
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
LT.	19,312		
RT.	19,486		

Remarks: No CH4 dect 0% 20.8 or 00% Haulage & Tranelway clear
Power Center Clear
Fresh Air Bay - Intake Phone 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 Brian Collins (Preshift-Mine Examiner) 1543-A (Certificate No.) ____ Assistant Foreman ____ Certificate No.

Countersigned Rick Foster (Mine Manager—Mine Foreman) 28736

____ Assistant Foreman

Ray Peterson 29611 ____ Superintendent or Assistant