10GWM
5-25-2010

2 Section

PRESHIFT - ONSHIFT
and
DAILY REPORT

9-25-09

Company Performance Coal

Mine GBB

SECTION #2

LOCATION Naoma Ral 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 9-26-09 Shift OWL Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-25-09 20___ Section or Area Examined #2

Time of Examination: from 10:15 a.m. or p.m. to 10:40 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no ___

By whom Rick Hutchens Time 11:00 A.M ___ P.M.

Report received by [signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CHY	Violation or Hazardous Condition	Action Taken
1.	0	0	none obs	none
2.	1	0	scrap cut	none
3.	2	0	none obs	none
4.	3	0	none obs	none
5.	4	0	none obs	none
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
UOB	18,100		

Remarks: CHY 20.802 .000 detected Turkey
2 Hurleys ok at time of Exam p.c.
cancel Chyme

Shelter chamber ok
Intake phone ok

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

Signed By Rick Hutchens (Preshift-Mine Examiner) 37569 (Certificate No.) [signature] (Assistant Foreman) 36020 (Certificate No.)

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

(Assistant Foreman) [signature] 32284

(Superintendent or Assistant)

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-26-09 Shift 3rd Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1	scrap	B.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.			

NO Production

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) _____

[signature] Assistant Mine — 32294 Certificate No. — [signature] Mine Foreman-Mine Manager — 3[illegible] Certificate No. — Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-26 2009 Section or Area Examined 2 Section

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

Was this report phoned to outside: Yes ✓ no

By whom Kenny Farmer Time 530 A.M. P.M.

Report received by Jay Stewart 39199 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	0	0% CH4	None observed	None
2.	#1	"	None observed	None
3.	#2	"	None observed	None
4.	#3	"	None observed	None
5.	#4	"	None observed	None
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
LOB	20,100		

Remarks: 0% CH4, 0% CO, 20.8% O2 Detected at exam
Air Chamber ok at exam

NO Intake Phone

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 32294 Certificate No. Assistant Foreman Certificate No.

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

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-26-09 Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-26-09 20___ Section or Area Examined UBB-2

Time of Examination: from 1000 a.m. or p.m. to 1100 a.m. or p.m.

Was this report phoned to outside: Yes — no ___

By whom Mike Bailey Time ___ A.M 926 P.M.

Report received by [signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	0, 1 ch4-0%	stopped, None observed	Reported
2.	2	none observed	
3.	3	need 1 Row	
4.	4	none observed	
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	20961		

Remarks: powercenter, chargers, ~~[illegible]~~, timbergeneys clear
Air chamber - OK at time of exam
CO-0%, O2-20.8%, ch4-0%

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

Signed By Mike Bailey (Preshift-Mine Examiner) 27085 (Certificate No.) [signature] (Assistant Foreman) 37223 (Certificate No.)

Countersigned [signature] 37000 (Mine Manager—Mine Foreman) [signature] 37222

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-26-09 Shift 3RD Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	0+1-	Stopping's - none observed	none
2.	2 -	none observed	none
3.	3 -	needs 1 Row Bolts	Tagged -
4.	4 -	none observed	None
5.			
6.		Section	
7.		Idle no Production	
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	0 - 4 -	1230-1250 Am	0%	11.			
2.				12.			
3.	0 - 4	225-300 Am	0%	13.			
4.				14.			
5.				15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Return -	1225 Am	0%	6.			
2.				7.			
3.				8.			
4.				9.			
5.				10.			

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over RCP - Pg 4-18-19
w/ crew start of Shift

Jack Marsa — Assistant Mine
37793 — Certificate No.
[signature] — Mine Foreman-Mine Manager
3 [illegible] — Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-27 - 2009 Section or Area Examined #2

Time of Examination: from 225 a.m. or p.m. to 300 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ____

By whom Carried out Time 3400 A.M. P.M.

Report received by Jack Martin (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#0 & 1 - 0.0% ch4	stoppings - None observed	none Rep
2.	2 -	none observed	none Rep
3.	3 -	Need 1 Row Bolts -	tagged
4.	4 -	None observed	none Rep
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB -	20,218		

Remarks: Power center - travelways - haulageways
Intake Phone > ok
Air chamber
all clear time of PXAM
20.8 OZ
0.0% ch4

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 Jack Martin (Preshift-Mine Examiner) 37793 (Certificate No.) ____ (Assistant Foreman) ____ (Certificate No.)

Countersigned [signature] (Mine Manager—Mine Foreman) [signature] ____ (Assistant Foreman) ____ [signature] (Superintendent or Assistant) 28045

Year ck 1947-A

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 9-27-09 Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-27-09 20__ Section or Area Examined 2-Section

Time of Examination: from 9.45 a.m. or p.m. to 9.40 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no____

By whom Harold Lilly Time 9:50 A.M ____ P.M.

Report received by Steve Sutton 38811 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#0 + #1 ,0% cht	Got stoppings none found	none
2.	#2	None observed	
3.	#3	NEEDS 1-Row of bolts	Hung Reflector
4.	#4	NONE 0	
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB ,0% cht	20,240		

Remarks: 0% CHy, 20.8 O2, 0% CO

Air chamber clear

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

Signed By Harold Lilly (Preshift-Mine Examiner) 28045 (Certificate No.) ____ (Assistant Foreman) ____ (Certificate No.)

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

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

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-27 09 Section or Area Examined #2

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

Was this report phoned to outside: Yes ____ no ____

By whom [illegible] Time ____ A.M. 11/10 P.M.

Report received by [illegible] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	0	No	—
2.	1	No	—
3.	2	No	—
4.	3	NOT Bolted, 1 Row	Ka Mantel
5.	4	No	—
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	18,864		

Remarks: Tusvalways & Headways clear at Turn of Ream CO 0%

Rear Center - No O2 20.8%

Air Chamber - No

Outside Phone - OK

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

Signed By Mike Bailey (Preshift-Mine Examiner) 27085 (Certificate No.) [illegible] (Assistant Foreman) 32294 (Certificate No.)

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

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-28-09 Shift 3rd Area or Section E2

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action taken*
1.	3	NOT B/A 1 Row	Re Platted
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.			

NO

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
	32284		39[illegible]	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-28-09 20___ Section or Area Examined 2 section

Time of Examination: from 4:45 a.m. or ~~p.m.~~ to 5:30 a.m. or ~~p.m.~~

Was this report phoned to outside: Yes ✓ no ___

By whom K. Farmer Time 5:42 (A.M.) P.M.

Report received by [signature] 32261 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
#1. 0	Face	0%	None observed	None
#2. 1	"	0%	" "	"
#3. 2	Face	0%	water building up	Reported
#4. 3	"	0%	Needs 1 Row-bolts	Reflectors [illegible]
#5. 4	"	0%	2 damaged bolts	Reported & marked
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
20 B	18,100		

Remarks: 0% CH4 0% CO 20.8% O2 detected
track, travelways, changers, power hoses safe at exam
Outby chamber clear at exam
Intake phone not working

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 32284 Certificate No. Assistant Foreman Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 3906[illegible]

Assistant Foreman

Superintendent or Assistant

[illegible] Code 1947-A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-29 2009 Section or Area Examined 2 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 Greg Cole Time A.M 240 P.M.

Report received by [signature] 31292
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	# 6 1 Face	Stopings	None
2.	2 Face	water	Reported
3.	3 Face	Needs 1. Row of Bolts	Reported
4.	4 Face	None observed	None
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	21,246		

Remarks: 0% CH4 20.8% O2 0% CO

TRACK TRAVELWAYS, Power centers, Changes
Refuge Chamber OK
Section Refuge 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 Greg Cole (Preshift-Mine Examiner) 1947-A (Certificate No.) [signature] (Assistant Foreman) 32670 (Certificate No.)

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

(Assistant Foreman)

(Superintendent or Assistant)

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-28- 20 09 Section or Area Examined #2

Time of Examination: from 1000 a.m. or p.m. to 1045 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Ronnie Wickline Time ~~1105~~ A.M 1105 P.M.

Report received by Jack Marcus (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#0 + #1 0.0%chy	stoppings none obs-	Rep
2.	#2 0.0%chy	water in face	Rep
3.	#3 0.0%chy	needs 1 Row Bolts in face	Tagged
4.	#4 0.0%chy	None observed	Rep
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	19.430		

Remarks: Power Center - travelways - haulageways -
Intake Phone ok
Air Chamber ok 20.8 oz
0.0%chy

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 Ronnie Wickline 32670 Jack Marcus 37793
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.

Countersigned [signature] 3906000 John A. Bechford 26791
Mine Manager—Mine Foreman

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-29-09 Shift 3Rd Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	0&1-	Stoppings - None observed	Rep pumped water
2.	2-	Water in face - ~~cot~~	Corrected Gone
3.	3-	Needs 1 Row Bolts -	Tagged
4.	4-	None observed	None
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	0-4	1245-100A	0%	11.			
2.				12.			
3.	0-4	345A-400A	0%	13.			
4.				14.			
5.	0-4-	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.	Return	1240AM	0%	6.			
2.				7.			
3.	Return	440AM	0%	8.			
4.				9.			
5.				10.			

Number of Bolts Tested 10
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 RCP Pg 5-16-17 w/crew at start of shift

Jack Martin — Assistant Mine
37793 — 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 5-25-05 20___ Section or Area Examined #2

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 J. Martin Time 5:55 A.M _____ P.M.

Report received by A. Coalson (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	0, 1, 2 0.0% ch4	Stopping off None obs	None
2.	3 0.0% ch4	Part Bolted	Rep. Tagged
3.	4 0.0% ch4	Need spot Bolted out by Face	Rep. Tagged
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	19,615		

Remarks: PC, Haulways, Roadways, Chargers, out by chamber Intake phone clear at time of exam 20.82.02 0.0 ch4

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 Jack Martin (Preshift-Mine Examiner) Certificate No. 37793 _____ (Assistant Foreman) Certificate No. _____

Countersigned [illegible] (Mine Manager—Mine Foreman) Certificate No. 39[illegible] _____ (Assistant Foreman) _____ _____ (Superintendent or Assistant)

Mgr Cal 1947-A John A. Bickford 26176

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-29- 2009 Section or Area Examined #2

Time of Examination: from 1000 a.m. or p.m. to 1020 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ____

By whom John Bickford Time ____ A.M 1050 P.M

Report received by Jack Martin (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#0-#1-#2 0.0%ch4	Stopping off - None observed	Rep
2.	#3 0.0%ch4	Part Bolted	Tagged Reflectors
3.	#4 0.0%ch4	need Bolts Replaced	Tagged "
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	22.870		

Remarks: Power Center - travelways - haulageways -
Intake Phone - OK
20.8 oz
Air Chamber - OK
0.0% ch4
(all clear time of exam)

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

Signed By John A. Bickford (Preshift-Mine Examiner) 26176 (Certificate No.) Jack Martin (Assistant Foreman) 37793 (Certificate No.)

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

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-30-09 Shift 3rd Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	#0-1-2-	none observed - stoppings	none
2.	3-	P/Bolted	tagged Reflector
3.	4-	needs Bolts Replaced	tagged "
4.			
5.			
6.		Section Idle	
7.		no production	
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	0-4	1245-105AM	0%	11.			
2.				12.			
3.	0-4-	345-405AM	0%	13.			
4.				14.			
5.	0-4-	500-530A	0%	15.			
6.				16.			
7.				17.			
8.	20.8 O2			18.			
9.	0.0% CH4			19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Return-	1240A	0%	6.			
2.				7.			
3.	Return-	440AM	0%	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 fire drill w/crew discussed duties,

Jack Moran — Assistant Mine
3793 — Certificate No.
Mine Foreman-Mine Manager
Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-30-09 20___ Section or Area Examined VBB-2

Time of Examination: from 500 a.m. or p.m. to 530 a.m. or p.m.

Was this report phoned to outside: Yes ___ no ___

By whom Jack Martin Time 544 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.	0, 1, 2 CH4 0%	stoppinged off	Reported
2.	3	part Bolted	
3.	4	need Bolts Replaced	
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	20,058		

Remarks: Chamber OK CO-0%, O2-20.8%
powercenter, chargers, trackways, haulageways
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 Jack Martin 37793
Preshift-Mine Examiner Certificate No.

Countersigned [signature] 2506002
Mine Manager—Mine Foreman

[signature] 37227
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 9-30 20 07 Section or Area Examined 2 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 Mike Bailey Time A.M P.M.

Report received by Charles Lemon (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 & 2	Stopped	
2.	3	Needs one row of Bolts	Reflector
3.	4	1 Bolt need Replaced 50 ft out By face	Reflector
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	16,221		

Remarks: 20.8% O_2 0% Methane 0% CO

Track, chargers, Travelways & Power boxes OK at time of Exam

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

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

Countersigned [illegible] (Mine Manager—Mine Foreman) Certificate No. 390000

Assistant Foreman

Superintendent or Assistant John A. Bickford 26176

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-30- 2009 Section or Area Examined #2

Time of Examination: from 1010 a.m. or (p.m.) to 1035 a.m. or (p.m.)

Was this report phoned to outside: Yes ✓ no

By whom John Bickford Time A.M. 1050 (P.M.)

Report received by Jack Martin (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#0,1,2. 0.0%ch4	Stoppings - None observed	None
2.	#3 0.0%ch4	Part Bolted	tagged Reflectors
3.	#4 0.0%ch4	need Bolts Replaced 50' out by face	tagged - Reflectors hung
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB-	23120		

Remarks: Power center - travel ways - haulageways
Intake Phone OK All clear
Air Chamber OK time of exam

20.8 O2
0.0% CH4

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

Signed By John R. Bickford (Preshift-Mine Examiner) 2476 Certificate No. Jack Martin (Assistant Foreman) 37793 Certificate No.

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

(Assistant Foreman)

(Superintendent or Assistant)

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-1-09 Shift 3RD Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	#0-1-2-	stopping - None observed	None
2.	#3	Part Bolted	tagged
3.	#4	need Bolts Replaced 50' outby face	tagged
4.			
5.		NO production	
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	0-4	1245-105A	0%	11.			
2.				12.			
3.	0-4-	345-405A	0%	13.			
4.				14.			
5.	0-4	500-530A	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-	1240A	0%	6.			
2.				7.			
3.	Return-	440A	0%	8.			
4.				9.			
5.				10.			

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

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

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

Jack Martin — Assistant Mine
37793 — Certificate No.
[signature] — Mine Foreman-Mine Manager
[signature] — Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-1-09 20 Section or Area Examined 2 section

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 Jack Martin Time 6:00 A.M. P.M.

Report received by Rick Foster (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	0,1,2, .0%chy	Stoppings None observed	none
2.	#3 .0%chy	Part bolted	reflector
3.	#4 .0%chy	needs bolts replaced 50' outby face	reflector
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
left L.O. X cut	18,040		
right L.O. X cut	22,800		

Remarks: 20.8% O_2, .0%chy, 0% CO_2, track, tracklways, power center, scoop charger clear at time of exam.

Outby chamber clear at time of exam

Intake Phone OK

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

Signed By Jack Martin (Preshift-Mine Examiner) 37793 (Certificate No.) Assistant Foreman Certificate No.

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

Assistant Foreman

Rick Foster 28736 Superintendent or Assistant

John A. Bickford 26176

1

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 10 1 20 09 Section or Area Examined 2 Section

Time of Examination: from 12:00 a.m. or p.m. to 12:22 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Mike Bailey 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 1 2	Stopped - Non Observed	Rep
2.	3	Needs 1 Row Bolts	Tagged
3.	4	Need Bolt Replaced 50'	
4.		outlying face	Tagged
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	14,161		

Remarks: Track Travelway PC OK
Air Chamber - Intake Phone OK
20.8% O2 0 CO 0% CH4

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

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

Countersigned [signature] (Mine Manager—Mine Foreman) 3906007

____ (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 10-1-89 Section or Area Examined #2

Time of Examination: from 9:30 a.m. or p.m. to 10:05 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Mike Time A.M. 10:00 P.M.

Report received by Jack [illegible] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	0 1 2	complete	
2.	3	needs 1 Row of Bolts	Reflected
3.	4	need Bolt replaced	
4.		50' outby face	
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	21,080		

Remarks: Travelways & Haulways clean at time of exam

Power Center - N/

Air chamber - OK

Intake Phone - OK

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

Signed By John A. Bickford (Preshift-Mine Examiner) 26176 (Certificate No.) [signature] (Assistant Foreman) 32284 (Certificate No.)

Countersigned [signature] (Mine Manager—Mine Foreman) 3306[illegible]

(Assistant Foreman)

(Superintendent or Assistant)

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-2-09 Shift 3RD Area or Section F2

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	0-1-2	Completed - Stoppings -	Wand
2.	3-	need 1 Row of Bolts -	Corrected - Bolted
3.	4-	needs Bolts - Replaced 50' out by Face	Spot Bolted - Corrected
4.			
5.		SC	
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	0-4-	1245-105AM	0%	11.			
2.				12.			
3.	0-4-	345A-405A	0%	13.			
4.				14.			
5.	0-4-	500-530A	0%	15.			
6.				16.			
7.	20.8 O2			17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Return-	1240AM	0%	6.			
2.				7.			
3.	Return-	440AM	0%	8.			
4.				9.			
5.				10.			

Number of Bolts Tested 12
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went and RCP Pg 5-16-17 w/crew at start of shift

Jack Martin — Assistant Mine
37793 — Certificate No.
[signature] — Mine Foreman-Mine Manager
[signature] — Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-2-09 20____ Section or Area Examined #2

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 J martin Time 5:50 A.M ____ P.M.

Report received by A. Carlen (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.	0-4 0.0% Ch4	None obs stoppings off	Rep. None
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*
cob	23,120		

Remarks: PC, Haulways, Roadways, Air chamber, Intake phone, chargers clear at time of exam 20.8% O2 0.0% ch4

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 Jack Martin (Preshift-Mine Examiner) Certificate No. 37793 ____ Assistant Foreman ____ Certificate No. ____

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

____ Superintendent or Assistant ____ ____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-2-09 20__ Section or Area Examined 2 Section

Time of Examination: from 1:00 ~~a.m.~~ or p.m. to 3:00 ~~a.m.~~ or p.m.

Was this report phoned to outside: Yes ✓ no____

By whom Mike Bailey Time ____ A.M 3:08 P.M.

Report received by Brendan Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH_4	Violation or Hazardous Condition	Action Taken
1.	0 Face	0%	None observed	None
2.	1 "	0%	" "	"
3.	2 "	0%	" "	"
4.	3 "	0%	" "	"
5.	4 "	0%	" "	"
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
L LOB	8,874		
R LOB	20,432		

Remarks: Power Box, roadways, chargers, intake phone & AIR chamber clear at exam 0% CH_4 0% CO 20.8% O_2

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

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

Countersigned [signature] (Mine Manager—Mine Foreman) 35000

____ 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 10-2- 2009 Section or Area Examined #2

Time of Examination: from 1000 a.m. or p.m. to 1045 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Greg Cole Time A.M 1115 P.M.

Report received by Jack Mansa (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	0-4-0.0%Ch4 ~~Sto~~	None observed stopping off.	None
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	19.060		

Remarks: Power center - travelway - haulageways -
Intake Phone Ok
Air Chamber Ok - 20.8 oz
0.0% Ch4
all clear time of exam

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

Signed By Greg Cole (Preshift-Mine Examiner) 1947-4 (Certificate No.) Jack Mansa (Assistant Foreman) 37793 (Certificate No.)

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

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-3-09 Shift 3RD Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action taken*
1.			
2.	SECTION	EOLE	
3.		MOVING.	
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.	NO			15.			
6.	PRODUCTION			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) _____

Jack Martin — Assistant Mine

37793 — Certificate No.

[signature] — Mine Foreman-Mine Manager

[signature] — Certificate No.

_____ — Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-3-09 20___ Section or Area Examined #2

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 J Martin Time 5:58 A.M ___ P.M.

Report received by A. Coalson (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
LOB	22,170		

Remarks: PC, Haulways Roadways chargers clear at time of exam
20.8% O2 0.0% Ch4
Out by 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 Jack Martin (Preshift-Mine Examiner) 37795 (Certificate No.) ___ (Assistant Foreman) ___ (Certificate No.)

Countersigned [signature] (Mine Manager—Mine Foreman) 3506004

___ (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 10-3 2009 Section or Area Examined 2 Section

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

Was this report phoned to outside: Yes ✓ no

By whom Mike B Time A.M 245 (P.M.)

Report received by Joey Sherwat 39199 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#0	None observed	None
2.	#1	"	"
3.	#2	"	"
4.	#3	"	"
5.	#4	None observed	None
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB 1-2	20,563		

Remarks: 0% CH_4, 0% CO 20.8% O_2 Detected at exam

Track, Travelway clear at exam

Intake Phone OK at exam

Out-by 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 _____ Preshift-Mine Examiner _____ Certificate No. _____ Assistant Foreman _____ Certificate No.

Countersigned _____ Mine Manager—Mine Foreman _____ Certificate No. _____ Assistant Foreman _____ Certificate No.

_____ Superintendent or Assistant _____ Certificate No.

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-3 20__ Section or Area Examined 2 section

Time of Examination: from 10:06 a.m. or p.m. to 1635 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no____

By whom Greg Cole Time ____ A.M 1175 P.M.

Report received by Glen Ullman (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	0	None Observed	none
2.	1		
3.	2		
4.	3		
5.	4		
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB 1-2	20620		

Remarks: 02 Ch4 02 CO 208962

Track Travelway Clear

Intake Phone ok

Out by 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 Greg Cole (Preshift-Mine Examiner) 1947-A (Certificate No.) ____ (Assistant Foreman) ____ (Certificate No.)

Countersigned [signature] (Mine Manager—Mine Foreman) 3801 [illegible]

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

[signature] 1559A

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 10-4 20 09 Section or Area Examined 2 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 _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	0, 1, 2, 3 + 4	<4 0% None Observed, Stopping Off	None
2.	No Power on Section		
3.	Power off 78 Brk		
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	36,000		

Remarks: 0% <4 0% CO + 20.8% O_2 detected

Track + PC's clear at time of exam

Intake Phone - OK

Outby Refuge 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 John A. Bickford (Preshift-Mine Examiner) 26171 (Certificate No.) _____ (Assistant Foreman) _____ (Certificate No.)

Countersigned [signature] (Mine Manager—Mine Foreman) 3706000

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

Greg Cole 1947-A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-4-09 20___ Section or Area Examined #2

Time of Examination: from 10:50 a.m. or p.m. to 11:10 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no ___

By whom Greg Cole Time A.M. 11:15 P.M.

Report received by Jack Martin (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.	0-4 O.Ro.Ch4	None obs	None
2.			
3.		Section Moving	
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*
COB	36000		

Remarks: PC, Track Travelways Air chamber Intake phone clear at time of exam 20.8% O2 O.Ro.Ch4

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

Signed By Greg Cole (Preshift-Mine Examiner) Certificate No. 1947-A Jack Martin (Assistant Foreman) Certificate No. 5093

Countersigned [illegible] (Mine Manager—Mine Foreman) 390000

(Assistant Foreman) (Superintendent or Assistant)

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-8-09 Shift 3RD Area or Section 42

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action taken*
1.	0-4	N/O	
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.		NO		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. 3229 — Mine Foreman-Mine Manager — Certificate No. 3 — Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-5 20 09 Section or Area Examined #2

Time of Examination: from 4 a.m. or p.m. to 6:00 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ____

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

Report received by [signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	Face Area CH4	N/O	
2.			
3.	Section moving around on Light side		
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	19,210		

Remarks: Travelways clear at time of exam
Power Center - N/O CO - 0%
Air Chamber - N/O O2 - 20.8%
Intake Plane - N/O

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. 32294 — Assistant Foreman — Certificate No.

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

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ 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 10-5 2009 Section or Area Examined 2 sec

Time of Examination: from 145 a.m. or p.m. to 210 a.m. or p.m.

Was this report phoned to outside: Yes 6 no

By whom J Bickford Time A.M 226 P.M.

Report received by George Curry 27429 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	1-2-3-4 0% CH4	stopping off	None
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	36720		

Remarks: 0% CH4 - 0% CO - 20.8% O2 track travelways, pc's, chargers clear at time of ea

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

Signed By John A. Bickford (Preshift-Mine Examiner) 26176 (Certificate No.) [signature] (Assistant Foreman) 3/2/94 (Certificate No.)

Countersigned [signature] (Mine Manager—Mine Foreman) 39[illegible] George Curry 27429

Assistant Foreman

Superintendent or Assistant

Mag Ele 1947-A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10/5/09 20__ Section or Area Examined 2-Sec

Time of Examination: from 10:12 a.m. or p.m. to 10:30 a.m. or p.m.

Was this report phoned to outside: Yes____ no____

By whom Greg Cole Time ____ A.M 11:20 P.M

Report received by Jeremy Burchell 1789-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	0-4	CH4 0% stopped stopping off	NONE
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
COB	27,240		

Remarks: CH4 0% CO 0% O2 20.8% at time of exam.
track, travelways, Powercenter, chargers clear at time of exam

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

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

Countersigned [signature] Mine Manager—Mine Foreman — 320007

Assistant Foreman — Certificate No.

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-6- 2009 Section or Area Examined #2

Time of Examination: from 3500 a.m. or p.m. to 5500 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ____

By whom Greg Cole Time 605 A.M. P.M.

Report received by Jack Martin (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	0-4-0.0%ch4	None observed	
2.		stopping off	
3.			
4.	Section		
5.	moving		
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB-	27,610		

Remarks: Power Center - travelway - chargers - track

Intake Phone -

Air Chamber - ok 20.8 oz

all clear time of exam 0.0% ch4

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

Signed By Greg Cole (Preshift-Mine Examiner) 1947-A (Certificate No.) Jack Martin (Assistant Foreman) 37793 (Certificate No.)

Countersigned [signature] (Mine Manager—Mine Foreman) 3306000

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-6-09 Shift DAY Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.			
2.	SECTION		
3.	MOVING		
4.			
5.			
6.		NO Production	
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) _____

Jack Marcus — Assistant Mine | 37793 — Certificate No. | [signature] — Mine Foreman-Mine Manager | 350[illegible] — Certificate No. | _____ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-6-09 20__ Section or Area Examined # 2 section

Time of Examination: from 130 a.m. or p.m. to 200 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no____

By whom JACK MARTIN Time ____ A.M 230 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 Moving	
2.			
3.	20.8% O_2 0% CH_4	0 ppm CO at time of exam	
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	23,815		

Remarks: Outby Shelter clear at TOE 0.0% CH_4 20.8% O_2

* Intake Phone not working * work in progress

Powercenter, chargers & travelways clear at time of exam

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

Signed By Jack Martin (Preshift-Mine Examiner) 37293 (Certificate No.) Brian Collins (Assistant Foreman) 1543-A (Certificate No.)

Countersigned [signature] (Mine Manager—Mine Foreman) 330 [illegible]

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-6 2009 Section or Area Examined 2 Section

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

Was this report phoned to outside: Yes ✓ no

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

Report received by Jacy Stewart 39199 (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
LOB	23,844		

Remarks: PC, Chargers, Travelway, Track clear at exam

0% CH_4, 0% CO 20.8% O_2 Detected 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 Mike Bailey (Preshift-Mine Examiner) 27085 (Certificate No.) Assistant Foreman Certificate No.

Countersigned [signature] (Mine Manager—Mine Foreman) 3906000

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 10-7- 20 09 Section or Area Examined #2

Time of Examination: from 4:50 a.m. or p.m. to 4:55 a.m. or p.m.

Was this report phoned to outside: Yes ____ no —

By whom Carried out Time 550 A.M. P.M.

Report received by ____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
LOB	24,101		

Remarks: PC Charges Trank Travelway OK at time of exam 0% CH4 0 CO 20.8% O2

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

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

Countersigned [signature] Mine Manager—Mine Foreman — Certificate No. 39066

Jack Mann Assistant Foreman — Certificate No. 37293

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-7-09 Shift DAY Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1 THRU 8 ENTRIES	None observed	None
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-8-	700-740A	0%	11.			
2.				12.			
3.	1-8-	900-940A	0%	13.			
4.				14.			
5.	1-8-	1100-1140A	0%	15.			
6.				16.			
7.	1-8-	100-200PM	0%	17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Return	655A	0%	6.			
2.				7.			
3.	Return	1055A	0%	8.			
4.				9.			
5.				10.			

Number of Bolts Tested 4
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 RCP - Pg 4-1-2-3 w/ crew at start of shift

Jack Martin — Assistant Mine
77783 — Certificate No.
[signature] — Mine Foreman-Mine Manager
3[illegible] — Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-7 19 09 Section or Area Examined #2

Time of Examination: from 1:00 a.m. or p.m. to 2:00 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Jack Martin Time A.M. 2:25 P.M.

Report received by Rick Hutchens (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	1,2,3,4,5,6 0% CH4	N/O	Reported
2.	7 0.0% CH4	Scrap Cut	Taged + Reported
3.	8 0.0% CH4	N/O	Reported
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
FOB	27,851		
0% CH4			
20.8 O2			

Remarks: Powercenter, Haulage, R-ways, Chargers Clear
Intake phone NOT Working AT Time of Exam
Air 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 Jack Martin (Preshift-Mine Examiner) 37793 (Certificate No.) Assistant Foreman Certificate No.

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

Assistant Foreman

Rick Hutchens 37569 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 10-7 20 09 Section or Area Examined #2

Time of Examination: from 8:40 a.m. or p.m. to 8:55 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ____

By whom [illegible] Time ____ A.M. 11:15 P.M.

Report received by [illegible] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	1 Thru 6 CH	N/O	—
2.	7	NOT Bolted	Rebolted
3.	8	N/O	—
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	26,696		

Remarks: Travelways & Headways clear at time of Exam CO 0%

Rear Center - N/O O_2 20.8%

Air Chamber - OK

Intake Plane -

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 27085 Certificate No. [illegible] Assistant Foreman 32284 Certificate No.

Countersigned [illegible] Mine Manager—Mine Foreman 3306002

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-8-09 Shift 3rd Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	7	NOT	
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.			

NO

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
	32254		39[illegible]	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-8- 20 09 Section or Area Examined #2

Time of Examination: from 430 a.m. or p.m. to 530 (a.m.) or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Kenny Farmer Time 550 (A.M.) P.M.

Report received by Jack Martin (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	1 thru #6 - 0.0%ch4	none observed	none-Ref
2.	#7- 0.0%ch4	not Bolted-	tagged
3.	8- 0.0%ch4	none observed	Ref
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	26,960		

Remarks: Pound Center - track - travelways haulageways - Intake Phone - ok Air Chamber - ok 20.8 O2 all clear time of exam - 0.0%ch4

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. 32294 — Jack Martin Assistant Foreman — Certificate No. 37793

Countersigned [signature] Mine Manager—Mine Foreman — Certificate No. 350[illegible]

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-8-09 Shift DAY Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	#1 TIV-6	None observed	Rep
2.	7-	Not Bolted	Bolted up
3.	8-	None observed	Rep
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-8-	705-735A	0%	11.			
2.				12.			
3.	1-8-	905-935A	0%	13.			
4.				14.			
5.	1-8-	1105-1135A	0%	15.			
6.				16.			
7.	1-8-	100-200PM	0%	17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Return-	700AM	0%	6.			
2.				7.			
3.	Return-	1100A	0%	8.			
4.				9.			
5.				10.			

Number of Bolts Tested 10
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 RCP pg-4
#7 & 8- w/crew at start of shift

Jack Martin — Assistant Mine
32793 — Certificate No.
[signature] — Mine Foreman-Mine Manager
[illegible] — Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-8 2009 Section or Area Examined #2

Time of Examination: from 1:00 a.m. or p.m. to 2:00 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Jack Martin Time A.M 2:30 P.M.

Report received by Rick Hutchens (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	1-4	0% CH4	N/O	Reported
2.	5	0.0% CH4	Scrap Cart	Traged + Reported
3.	6, 7	0.0% CH4	N/Clean	Reported
4.	8	0.0% CH4	N/O	Reported
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
LOB	32,820		
0% CH4			
20.8 O2			
0% CO			

Remarks: Powercenter, R-ways, Chargers, Travelways, Track Clear at Time of Exam
Intake phone OK
Air 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 Jack Martin (Preshift-Mine Examiner) 37793 (Certificate No.) Assistant Foreman Certificate No.

Countersigned [illegible] (Mine Manager—Mine Foreman) 330000

Rick Hutchens (Assistant Foreman) 37569 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 10-8 09 Section or Area Examined #2

Time of Examination: from 8:00 a.m. or p.m. to 9:00 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ____

By whom [illegible] Time ____ A.M. 11:00 P.M.

Report received by [illegible] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	1 Tea 4 CH4	No	
2.	5	scrap	Reflectors
3.	6	roads cleaned	Reported
4.	7	" "	"
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	26,141		

Remarks: Travelways & Haulways clean at Time of Exam

Rear Cooling & Charger - No

AM Chamber - OK

Whisker Phone - OK

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

Signed By [illegible] Preshift-Mine Examiner — Certificate No. 27085 — [illegible] Assistant Foreman — Certificate No. 32284

Countersigned [illegible] Mine Manager—Mine Foreman — 390 [illegible]

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-9-09 Shift 3rd Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	#5	Scrap	RRR/[illegible]
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.		NO		14.			
5.				15.			
6.				16.			
7.		Production		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)

[signature]	32294	[signature]	3200[illegible]	
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 10-9- 2009 Section or Area Examined #2

Time of Examination: from 345 a.m. or p.m. to 445 a.m. or p.m.

Was this report phoned to outside: Yes ___ no ___

By whom Kenny Lerner Time 540 A.M. P.M.

Report received by Jack Martin (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 thru 4 0.0%ch4	None observed	None
2.	5- 0.0%ch4	Scrap cut	Tagged (Reflectors none)
3.	6+7- 0.0%ch4	Need cleaned	Rep
4.	8- 0.0%ch4	None observed	Rep.
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB.	21,160		

Remarks: Power Center - Chargers - travelways - haulage ways - clear
Intake Phone - OK
Air Chamber - OK
all clear time of exam
20.8 O2
0.0%ch4

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. 7254

Countersigned [signature] Mine Manager—Mine Foreman — Certificate No. 330[illegible]

Jack Martin Assistant Foreman — Certificate No. 37793

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-9-09 Shift DAY Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1 THRU 4	None observed	None
2.	5-	Scrap cut	Cut + Bolted
3.	6+7-	need Cleaned-	Cleaned + Dusted
4.	8-	None observed	Rep None
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-8	705-735A	0%	11.			
2.				12.			
3.	1-8-	905-935A	0%	13.			
4.				14.			
5.	1-8-	1105-1135A	0%	15.			
6.				16.			
7.	1-8	100-200Pm	0%	17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Return-	700Am	0%	6.			
2.				7.			
3.	Return-	1100A	0%	8.			
4.				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) went over RCPS- #15-16 w/crew at start of Shift

Jack Martin — Assistant Mine
37793 — Certificate No.
[signature] — Mine Foreman-Mine Manager
[signature] — Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-8 20-09 Section or Area Examined #2

Time of Examination: from 1:00 a.m. or p.m. to 2:00 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Jack Martin Time A.M 2:30 P.M.

Report received by Rick Hutchens (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	1,-5	0%CH4 N/O	Reported
2.	6	0.0%CH4 NOT Bolt	Tagged + Reported
3.	7	0.0%CH4 N/Add CLEAN	Reported
4.	8	0.0%CH4 N/O	Reported
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	27,481		
0% CH4			
20.8 O2			
0% CO			

Remarks: powercenter, R-ways, Chargers, Haulage Clear at Time of Exam

Intake phone OK

Air 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 Jack Martin (Preshift-Mine Examiner) 37793 (Certificate No.) Assistant Foreman Certificate No.

Countersigned [illegible] (Mine Manager—Mine Foreman) 330[illegible]

Rick Hutchens (Assistant Foreman) 37569 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 10-9-09 20___ Section or Area Examined 2Sec

Time of Examination: from 950 a.m. or p.m. to 1020 a.m. or p.m.

Was this report phoned to outside: Yes ___ no ___

By whom Bailey Time ___ A.M 1115 P.M.

Report received by [signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	1-4	none Observed	
2.	5	None Observed	
3.	6	Part Bolted	
4.	7	scrape it	
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
COB	26,541		

Remarks:

OB Ch4 OBCO 20-8202

Track Travelways Refuge Clear

PC Chargers 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 27085 Certificate No. ___ Assistant Foreman ___ Certificate No. ___

Countersigned [signature] Mine Manager—Mine Foreman 33[illegible] ___

___ Assistant Foreman ___ ___ Superintendent or Assistant ___

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-10-09 Shift 3rd Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	6	Paint Bolt	R Hacker
2.	7	Scrap	R Hacker
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
[signature]	32284	[signature]	[signature]	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-10- 2009 Section or Area Examined #2

Time of Examination: from 345 a.m. or p.m. to 430 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ____ Time 540 A.M. P.M.

By whom Kenny Farmer

Report received by Jack Martin (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	1-5	0.0%ch4 none observed	Rep
2.	6-	0.0%ch4 Part Bolted	TAGged
3.	7-	0.0%ch4 scrap cut	TAGged
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	20,600		

Remarks: Power Center - chargers - travelways - Haulageways - Clear
Intake Phone - ok
Air chamber ok - all clear time of exam -
20.802
0.0%ch4

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. 32284 — Jack Martin Assistant Foreman — Certificate No. 37793

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

Assistant Foreman — Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-10-09 Shift DAY Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	#1-#5	None observed	None
2.	6-	Part Bolted	Bolted up
3.	7-	Scrap cut	cut & Bolted
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-7-	700-730A	0%	11.			
2.				12.			
3.	1-7-	900-930A	0%	13.			
4.				14.			
5.	1-7-	1100-1130A	0%	15.			
6.				16.			
7.	1-7-	100-200Pm	0%	17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Return-	655Am	0%	6.			
2.				7.			
3.	Return	1055Am	0%	8.			
4.				9.			
5.				10.			

Number of Bolts Tested 14

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 RCP Pg 4 #2 & 3 w/crew at start of Shift

Jack Martin — Assistant Mine | 37793 — Certificate No. | [signature] — Mine Foreman-Mine Manager | 330[illegible] — Certificate No. | Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-10-09 20__ Section or Area Examined UBB-2

Time of Examination: from 100 a.m. or p.m. to 200 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ____

By whom Jack Martin Time ____ A.M 220 P.M.

Report received by [signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	ch 40%		
2.	1, 2, 3, 4, 5	None observed	Reported
3.	5R	Scrap	
4.	6, 7	None observed	
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	26,410		

Remarks: air chamber, intake phone clear
Chargers, track tramways clear
CO-0%
O2-20.8%

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

Signed By Jack Martin (Preshift-Mine Examiner) 37793 (Certificate No.) [signature] (Assistant Foreman) 37222 (Certificate No.)

Countersigned [signature] (Mine Manager—Mine Foreman) 3202[illegible]

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-10 20 09 Section or Area Examined #1

Time of Examination: from 800 a.m. or p.m. to 900 a.m. or p.m.

Was this report phoned to outside: Yes_____ no_____

By whom _____ Time _____A.M _____P.M.

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	chy	Violation or Hazardous Condition	Action Taken
1.	1, 2, 3, 4, 5	0%	None Observed	None
2.	5 Rt	0%	Scrap Cut	Reflectors
3.	6 & 7	0%	None Observed	None
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
LOB	22,160		

Remarks: Travelways of Haulways clean

Power Center & Chargers - OK

0% chy 0% CO & 20.8% O_2 detected at time of exam.

Fontake Phone & 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 John A. Bickford (Preshift-Mine Examiner) 26176 (Certificate No.) [signature] (Assistant Foreman) 30294 (Certificate No.)

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

_____ (Assistant Foreman)

_____ (Superintendent or Assistant)

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ 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 10/11 20 09 Section or Area Examined 2 Section

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

Was this report phoned to outside: Yes_____ no_____

By whom _____ Time _____A.M _____P.M.

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	1, 2, 3, 4, 5	CH4 0% None Observed	None
2.	5 Right	0% Scrap Cut	Reflection Hung
3.	6 & 7	0% None Observed	None
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	22,426		

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

Air chamber OK

Track & travelways, Power Center & Charger 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 John B. Bedford (Preshift-Mine Examiner) 26176 (Certificate No.) _____ (Assistant Foreman) _____ (Certificate No.)

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

_____ (Assistant Foreman) _____

[signature] 29611 _____ (Superintendent or Assistant)

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-11 20 9 Section or Area Examined #2 Sec.

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

Was this report phoned to outside: Yes_____ no_____

By whom _____ Time _____A.M _____P.M.

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.			
2.		Sec. idle - No Power on Sec.	
3.		Spliter Knock at 78 Brk.	
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: _____

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

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

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

_____ Assistant Foreman _____ _____ Superintendent or Assistant _____

John A. Bickford 26176

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-11 2009 Section or Area Examined #2 section

Time of Examination: from 9:20 a.m. or (p.m.) to 10:15 a.m. or (p.m.).

Was this report phoned to outside: Yes ____ no ____

By whom John Bickford Time ____ A.M 11:15 P.M.

Report received by Greg Cole 1947-K (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1,2,3,4,5,	None observed	Reported
2.	5R	Scrap cut	Reported
3.	6	None observed	Reported
4.	7	None observed	Reported
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LoB	20,160		

Remarks: 0% CH4 20.8% O2 0 PPM CO Track and Travel ways clear at time of exam air chamber Intake plane clear at time of exam

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

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

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

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-12 20 09 Section or Area Examined 2 Section

Time of Examination: from 350 a.m. or p.m. to 420 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ✓

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

Report received by ____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	ch4	Violation or Hazardous Condition	Action Taken
1.	1, 2, 3, 4 + 5	0%	None Observed	None
2.	5 Rt.	0%	Scrap Cut	Reflectors Hung
3.	6	0%	None Observed	None
4.	7	0%	None Observed	None
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
LOB	20,360		

Remarks: 0% ch4 0% CO + 20.8% O2 detected at time of exam

Track, Travelways, Power Centers, Chargers + D'Btr Clear at time of exam

Intake Phone + Air Chamber clear at time of exam

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

Signed By John A. Bickford (Preshift-Mine Examiner) 26176 (Certificate No.) Jack Mann (Assistant Foreman) 37793 (Certificate No.)

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

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-12-09 Shift DAY Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	#1, 2, 3, 4, & 5-	none observed	None
2.	5R-	scrap cut	cut + Bolted
3.	6 & 7-	none observed	None
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-7-	700-930A	0%	11.			
2.				12.			
3.	1-7-	900-930A	0%	13.			
4.				14.			
5.	1-7-	1100-1130A	0%	15.			
6.				16.			
7.	1-7-	100-145PM	0%	17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Return	655A	0%	6.			
2.				7.			
3.	Return	1055AM	0%	8.			
4.				9.			
5.				10.			

Number of Bolts Tested 12
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over RCP Pg 5-21 & 22 w/crew at start of shift

Jack Martin — Assistant Mine
37793 — Certificate No.
[signature] — Mine Foreman-Mine Manager
3506[illegible] — Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-12 2009 Section or Area Examined #2

Time of Examination: from 1:15 a.m. or p.m. to 2:00 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Jack Martin Time A.M. 2:40 P.M.

Report received by Rick Hutchens (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	1, 2	0% CH4	N/O	Reported
2.	3		Scrap Cut	Tagged & Reported
3.	4, 5		N/O	Reported
4.	5R		P/B	Tagged & Reported
5.	6, 7		N/O	Reported
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
LOB	26,282		
0% CH4			
20.8 O2			
0% CO			

Remarks: Powercenter, R-ways, Chargers, Haulage Clear at Time of Exam

Intake phone OK

Air 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 Jack Martin (Preshift-Mine Examiner) 3793 (Certificate No.) Assistant Foreman Certificate No.

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

Rick Hutchens 37569 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 10-12 20 89 Section or Area Examined #2

Time of Examination: from 9:40 a.m. or p.m. to 10:30 a.m. or p.m.

Was this report phoned to outside: Yes_____ no_____

By whom Sohn Time _____ A.M. 11:05 P.M.

Report received by Kay (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	Action Taken
1.	1	0%	N/O	—
2.	2		N/O	—
3.	3		Part Bolted	Reflected
4.	4		N/O	—
5.	5XR		nails C/D	Reported
6.	6		N/O	—
7.	7		N/O	—
8.	5		N/O	—
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
LOB	20,240		

Remarks: Travelways & Haulways clean at time of exam

CO 0%

Pow Center & charger - N/O

O_2 20.8%

Air chamber - OK

intake Phone - OK

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

Signed By John A. Bickford (Preshift-Mine Examiner) 26176 (Certificate No.) Kay (Assistant Foreman) 32284 (Certificate No.)

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

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-13-09 Shift 3rd Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	3	Roof Bolted	Reflected
2.	5th	needs c/p	reported
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.		NO		14.			
5.				15.			
6.				16.			
7.		Production		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) _____

[signature]	32284	[signature]	[signature]	
Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant

Use Indelible Pencil or Ink 50

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10.13 20 09 Section or Area Examined 2 Section

Time of Examination: from 3300 a.m. or p.m. to 4300 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Kenny Farmer Time 535 A.M. P.M.

Report received by Jack Martin (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1+2 - 0.0%ch4	None observed	Rep
2.	#3- 0.0%ch4	Part Bolted	Tagged
3.	4+5 0.0%ch4	None observed	Rep.
4.	5R+ 0.0%ch4	need cleaned & Dusted	Rep
5.	6+7- 0.0%ch4	None observed	Rep-
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LoB-	24.960		

Remarks: Power Center - Chargers - travelways - haulage ways -
20.8 oz all clear
0.0% ch4 time of exam.

Intake Phone ok

Air Chamber ok at time of exam JAB 26171

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. [signature] Jack Martin Assistant Foreman 37793 Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman [signature] John A. Bulford 26176

Assistant Foreman

Superintendent or Assistant