

11-6WM

5-25-2010

DM

Started
10-13-09

PRE-SHIFT - ONSHIFT and DAILY REPORT

Full

10-28-09

Company PERFORMANCE COAL

Mine U.B.B.

SECTION #2

LOCATION Moona Ra WV

Post Office

County

State

Re-order from
**BJW Printing and
 Office Supplies**
 P. O. Box 1309
 Beckley, WV 25801
 Phone (304) 253-7361

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-13-09 20 Section or Area Examined #2
 Time of Examination: from 1:00 a.m. or PM to 2:00 a.m. or PM
 Was this report phoned to outside: Yes no
 By whom J. Martin Time A.M. 3:00 P.M.
 Report received by A. Carlson (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1, 2</u>	<u>Noncabs</u>	<u>None</u>
2. <u>3</u>	<u>Part Bolted</u>	<u>Rep. Tagged</u>
3. <u>4</u>	<u>None obs</u>	<u>None</u>
4. <u>5L</u>	<u>P.B</u>	<u>Rep. Tagged</u>
5. <u>5R, 6</u>	<u>Need cleaned</u>	<u>Rep.</u>
6. <u>6R</u>	<u>Scrap out</u>	<u>Rep. Tagged</u>
7. <u>7</u>	<u>None obs</u>	<u>None</u>
8. <u> </u>	<u> </u>	<u> </u>
9. <u> </u>	<u> </u>	<u> </u>
10. <u> </u>	<u> </u>	<u> </u>

Location	Air Measurements	Location	CFM
<u>LOB</u>	<u>24, 810</u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

Remarks: PL, chargers, haulways roadways, Air chamber, Intak phone
clear at time of exam 20.82 02 0.02 ch4

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

Signed By [Signature] Certificate No. 32793
 Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 3306001
 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 DAY Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>142</u>	<u>None observed</u>	<u>None</u>
2.	<u>3</u>	<u>Part Bolted.</u>	<u>Bolted up.</u>
3.	<u>445-</u>	<u>None observed.</u>	<u>None</u>
4.	<u>5RT</u>	<u>Needs cleaned & dusted</u>	<u>Dusted</u>
5.	<u>647-</u>	<u>None observed</u>	<u>None</u>
6.			
7.			
8.			
9.			
10.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>Return</u>	<u>655A</u>	<u>0%</u>	6.			
2.				7.			
3.	<u>Return-</u>	<u>1055A</u>	<u>0%</u>	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 RCP Pg 4-3-4-5 w/crew at start of shift

Jack Mena 37793 [Signature] [Signature]
 Assistant Mine Foreman Certificate No. Mine Foreman-Mine Manager Certificate No. Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-13- 2007 Section or Area Examined #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 2:35 P.M.
 Report received by Andy Coak (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 & 2 0.0%ch ₄	none observed	none Ref
2.	3 0.0%ch ₄	Part Bolted	Tagged Reflectors
3.	4- 0.0%ch ₄	none observed	Ref
4.	5h 0.0%ch ₄	Part Bolted	Tagged. Reflectors
5.	5R + 6 0.0%ch ₄	need cleaned	Reported
6.	7- 0.0%ch ₄	none observed	Ref
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	24.810		

Remarks: Power cables - chargers - travel ways - haulage ways
20.802 - 0.0%ch₄ All clear time of exam
Intake Phone OK at time
Air Chamber OK. CF Exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 Certificate No.
 Countersigned John Cook 350600 Assistant Foreman Certificate No.
 Assistant Foreman
 Superintendent or Assistant

John B. Beckford 2/1/76

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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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 Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination: 10-13 Section or Area Examined: +2
 Time of Examination: from 9:30 a.m. or p.m. to 10:15 a.m. or p.m.
 Was this report phoned to outside? Yes
 By whom: [Signature] Time: 10:15 A.M. PM
 Report received by: [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>CHJ</u>	<u>n/a</u>	<u>---</u>
2. <u>---</u>	<u>n/a</u>	<u>---</u>
3. <u>---</u>	<u>n/a</u>	<u>Reported</u>
4. <u>---</u>	<u>n/a</u>	<u>---</u>
5. <u>SXC</u>	<u>NO 7 Bldg</u>	<u>Reported</u>
6. <u>SXC</u>	<u>WINDY CHANGING</u>	<u>Reported</u>
7. <u>GXA</u>	<u>WINDY CHANGING</u>	<u>Reported</u>
8. <u>7</u>	<u>n/a</u>	<u>---</u>
9. <u>---</u>	<u>---</u>	<u>---</u>
10. <u>---</u>	<u>---</u>	<u>---</u>

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>23,960</u>	<u>---</u>	<u>---</u>
<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>
<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>
<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>
<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>
<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>
<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>
<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>

Remarks: Three days of Hazards clear at time of
Exam
Power Supply of chiller - n/a CO 8.8
Air phospor - OK O2 20.8%
water phospor - OK

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

Signed By: [Signature] Certificate No. 26176
 Preshift-Mine Examiner
 Countersigned: [Signature] Certificate No. 3500000
 Mine Manager Mine Foreman
[Signature] Assistant Foreman Certificate No. 32284
 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 10-14-09 Shift 3rd Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>J</u>	<u>hands c/s</u>	<u>Reported</u>
2. <u>5XR</u>	<u>" c/s</u>	<u>"</u>
3. <u>6XR</u>	<u>" c/s</u>	<u>"</u>
4. <u>5XC</u>	<u>Paint Bolted</u>	<u>Reported</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. _____	_____	_____	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. _____	_____	<u>NO</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. _____	_____	_____	15. _____	_____	_____
6. _____	_____	<u>Production</u>	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

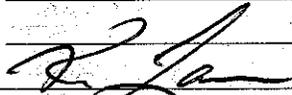
Location	Time	Methane Content	Location	Time	Methane Content
1. _____	_____	_____	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

 Assistant Mine Foreman
32294  Mine Foreman-Mine Manager
3906000 Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-14-09 Section or Area Examined 2 Section
 Time of Examination: from 330 a.m. or p.m. to 430 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Kenny Farmer Time 545 (A.M.) P.M.
 Report received by Jackman (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>142 - 0.0%ch4</u>	<u>none observed</u>	<u>Rep</u>
2.	<u>3 0.0%ch4</u>	<u>Need add cleaning</u>	<u>Rep</u>
3.	<u>4- 0.0%ch4</u>	<u>none observed</u>	<u>Rep</u>
4.	<u>5L 0.0%ch4</u>	<u>Part Bolted -</u>	<u>Tagged</u>
5.	<u>5R-6 & 6R - 0.0%ch4</u>	<u>needs add, cleaning</u>	<u>Reported</u>
6.	<u>7- 0.0%ch4</u>	<u>none observed</u>	<u>Reported</u>
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
<u>LOB-</u>	<u>24.185</u>		

Remarks: Power center - chargers - traver ways - haulage ways
20.802
0.0%ch4 all clear time
Intake phone ok of exam

Air Chamber ok at time of exam JAB

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

Signed By [Signature] Certificate No. 37294
 Countersigned [Signature] Mine Manager Mine Foreman Certificate No. 3826000
[Signature] Assistant Foreman Certificate No. 37293
[Signature] Superintendent or Assistant Certificate No. 26176

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-14-09 Shift PAY Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>142-</u>	<u>None observed-</u>	<u>None</u>
2.	<u>3-</u>	<u>need add cleaning</u>	<u>cleaned & dusted</u>
3.	<u>4-</u>	<u>None observed</u>	<u>Rep</u>
4.	<u>5h</u>	<u>fast Bolted-</u>	<u>Bolted up</u>
5.	<u>5R-6-6R-</u>	<u>need cleaned-</u>	<u>cleaned & dusted</u>
6.	<u>7-</u>	<u>None observed</u>	<u>None</u>
7.			
8.			
9.			
10.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested 18
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 6-30-31
w/crew at start of shift

Jack Martin
Assistant Mine Foreman

37793
Certificate No.

Chris Cook
Mine Foreman-Mine Manager

392000
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 10-14 20 09 Section or Area Examined #2
 Time of Examination: from 100 a.m. or 200 p.m. to 200 a.m. or 100 p.m.
 Was this report phoned to outside: Yes no
 By whom JACK MARTIN Time 245 PM
 Report received by Charles [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 0.0% ch ₄	NONE observed	
2.	2 0.0% ch ₄	SCRAP	Reflectors
3.	3 0.0% ch ₄	NONE observed	
4.	4 0.0% ch ₄	"	
5.	4LT 0.0% ch ₄	PART BULGED	Reflectors
6.	5 0.0% ch ₄	NONE observed	
7.	6 0.0% ch ₄	" "	
8.	brt 0.0% ch ₄	" "	
9.	7 0.0% ch ₄	" "	
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	25,100 CFM		

Remarks: 20.8 0% ch₄ 0% CO
TRAVELWAYS AND HAULWAYS 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 W. Va. Mining Laws and 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 Certificate No. 37793
 Preshift-Mine Examiner
 Countersigned Charles [Signature] Certificate No. 1543-A
 Mine Manager Mine Foreman Assistant Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-14-09 Shift FVC Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>N/O</u>	<u>none</u>
2. <u>2</u>	<u>SCRAP</u>	<u>mined out</u>
3. <u>3</u>	<u>N/O</u>	<u>none</u>
4. <u>4</u>	<u>N/O</u>	<u>none</u>
5. <u>4L</u>	<u>PART Bolted</u>	<u>Bolted to face</u>
6. <u>5</u>	<u>no</u>	<u>none</u>
7. <u>6</u>	<u>N/O</u>	<u> </u>
8. <u>6R</u>	<u>N/O</u>	<u> </u>
9. <u>7</u>	<u>N/O</u>	<u> </u>
10. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>450-515</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>630-700</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-7</u>	<u>830-900</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-7</u>	<u>1000-1045</u>	<u>0%</u>	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. <u>0</u>	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>630</u>	<u>0%</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Return</u>	<u>1019</u>	<u>0%</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 26

Number of Bolts Torqued Above Range 0 Below Range 0

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

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

Bruce Collins
Assistant Mine Foreman

1543-A
Certificate No.

Bob Cook
Mine Foreman-Mine Manager

3506000
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-14-09 2009 Section or Area Examined #2 Section
 Time of Examination: from 10:20 a.m. or 10:45 a.m. or PM
 Was this report phoned to outside: Yes no
 By whom Brian Collins Time 11:00 PM
 Report received by Steve Gell 39042
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH4	Violation or Hazardous Condition	Action Taken
<u>#1</u>	<u>OK</u>	<u>None observed</u>	<u>None</u>
<u>#2</u>	<u>OK</u>	<u>Needs cleaned; Dusted</u>	<u>Reported</u>
<u>#3</u>	<u>OK</u>	<u>Needs Add. Cleaning</u>	<u>" "</u>
<u>#4 left</u>	<u>OK</u>	<u>Needs cleaned; Dusted</u>	<u>" "</u>
<u>#5</u>	<u>OK</u>	<u>None observed</u>	<u>None</u>
<u>#6 Right</u>	<u>OK</u>	<u>Scrap cut</u>	<u>Reflected</u>
<u>#7</u>	<u>OK</u>	<u>None observed</u>	<u>None</u>
<u>8</u>			
<u>9</u>			
<u>10</u>			

Air Measurements

Location	CFM	Location	CFM
<u>L.O.3</u>	<u>24,760</u>		

Remarks: OXCH4 0 ppm CO 20.2% O2 detected at time of exam
Track, Travelways, powerlines, chngers, Intake Phase, 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 W. Va. Mining Laws and the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Brian Collins 1543-A Certificate No. 39042
 Preshift-Mine Examiner Assistant Foreman
 Countersigned Steve Gell 39042 Certificate No. 39042
 Mine Manager Mine Foreman Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-15-09 Shift 3rd Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>2</u>	<u>WANDS C/S</u>	<u>Reported</u>
2. <u>3</u>	<u>" " ADD PLANK</u>	<u>Reported</u>
3. <u>4/12</u>	<u>WANDS C/S</u>	<u>Reported</u>
4. <u>6/12</u>	<u>SCAFF</u>	<u>Reported</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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) _____

[Signature]
Assistant Mine Foreman

92221
Certificate No.

[Signature]
Mine Foreman-Mine Manager

3301111
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-15- 2009 Section or Area Examined A2
 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 Kenny Porter Time 545 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- 0.0% ch ₄	None observed	Rep
2.	2 0.0% ch ₄	need cleaned + dusted	Rep
3.	3 0.0% ch ₄	None observed	Rep
4.	4- 0.0% ch ₄	nut Bolted	Tagged
5.	5+6 0.0% ch ₄	None observed	Rep
6.	6R- 0.0% ch ₄	Needs cleaned	Reported
7.	7- 0.0% ch ₄	None observed	Rep
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>21.860</u>		

Remarks: Power center - chargers - travelways - haulage ways -
20.802
0.0% ch₄ all clear 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 W. Va. Mining Laws and 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. 37794
 Countersigned [Signature] Mine Manager Mine Foreman Assistant Foreman Certificate No. 37793
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-15-09 Shift DAY Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1-3-5-6-	None observed	None
2.	2	needs cleaned + dusted	Reported
3.	4-	not Bolted	tagged Reflectals
4.	6R-	needs cleaned	Rep.
5.			
6.			
7.		SECTION IDLE	
8.			
9.		NO PRODUCTION	
10.			

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7-	7:00-8:20A	0%	11.		
2.			12.		
3. 1-7	9:50-10:20A	0%	13.		
4.			14.		
5. 1-7-	11:50-12:20A	0%	15.		
6.			16.		
7. 1-7-	1:00-2:00pm	0%	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return-	7:45AM	0%	6.		
2.			7.		
3. Return-	11:45A	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) went over R.C.P Pg 5 #16-17-18
w/drew at start of shift

Spelman 37793 Cal Lal 3906
Assistant Mine Foreman Certificate No. Mine Foreman-Mine Manager Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination: 10-15 2009 Section or Area Examined: #2 Section
 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: 230 P.M.
 Report received by: Bruce Perry (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 Entry	None Observed	Reported
2.	#2	Needs cleaned & dusted	Reported
3.	#3 Oct 4/1	None Observed	Reported
4.	#4 20.802	Not Belted	Reflectors
5.	#5-6 OPM c/p	None Observed	Reported
6.	#6	Needs cleaned	Reported
7.	#7	None Observed	Reported
8.			
9.	Section Under Construction		
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	25,918		
Oct 4/1			
20.802			

Remarks: Four Centers
 Chargers
 Travelways
 Haulways
 Intake Phone
 Air Chamber
 All ok at time of exam.
 Oct 4/1 20.802
 OPM c/p

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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. 36826
 Countersigned: Jack Martin Mine Manager
Jack Martin Assistant Foreman
 Certificate No. 37793
Bruce Perry Assistant Foreman
 Certificate No. 1543-A
Bruce Perry Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-15-09 Shift Eve Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>N/O</u>	<u>none</u>
2. <u>2</u>	<u>needs cleaned & Dusted</u>	<u>cleaned & dusted</u>
3. <u>3</u>	<u>N/O</u>	<u>none</u>
4. <u>4</u>	<u>Not Bolted</u>	<u>Bolted to face</u>
5. <u>5,6</u>	<u>N/O</u>	<u>none</u>
6. <u>6B</u>	<u>needs cleaned</u>	<u>cleaned</u>
7. <u>7</u>	<u>N/O</u>	<u>none</u>
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>450-515</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>630-700</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-7</u>	<u>830-900</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-7</u>	<u>1000-1045</u>	<u>0%</u>	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>630</u>	<u>0%</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Return</u>	<u>1017</u>	<u>0%</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 22
 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 after 8:00pm with men and read page 4 part 4 of RCP with view at end of tk at start of shift
Brian Collins 1543-A Assistant Mine Foreman
[Signature] Mine Foreman-Mine Manager
3500000 Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination Oct 15 2009 Section or Area Examined 2-Section
 Time of Examination: from 1000 a.m. or 1045 p.m. to 1045 a.m. or PM
 Was this report phoned to outside: Yes No
 By whom Brian Collins Time 10:51 PM
 Report received by Jeremy Bushoff (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1 ch 400</u>	<u>NONE observed</u>	<u>NONE</u>
2. <u>2</u>	<u>Part Ballco</u>	<u>Reflector off</u>
3. <u>3-4-5-6</u>	<u>NONE observed</u>	<u>NONE</u>
4. <u>6R</u>	<u>Scrap cut</u>	<u>Reflector off</u>
5. <u>7</u>	<u>NONE observed</u>	<u>NONE</u>
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>25 107</u>		

Remarks: Ch⁴ 0.09% CO 0.2% O₂ 20.8% at time of exam
Powercenter, chargers, travelways clear at time of exam
Haulways clear
Outby Chamber and Intake Phone OK

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

Signed By Brian Collins Certificate No. 1543-A
 Countersigned [Signature] Mine Manager Mine Foreman Certificate No. 32294
 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 10-16-09 Shift SWS Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>2</u>	<u>Band Bolts</u>	<u>Replaced</u>
2. <u>6XR</u>	<u>Scrap</u>	<u>0</u>
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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) _____

[Signature]
Assistant Mine Foreman

32289
Certificate No. Mine Foreman-Mine Manager

390000
Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-16-09 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 Farmer Time 535 A.M. P.M.
 Report received by Jack Mauer (Signed)

Violations and other Hazardous Conditions Observed and Reported

#	Location	Violation or Hazardous Condition	Action Taken
1.	0.0% ch ₄	none observed	Ref
2.	0.0% ch ₄	Not Bolted	Tagged
3.	#3-4-5-6 0.0% ch ₄	none observed	Ref
4.	6R- 0.0% ch ₄	Scrap cut	Tagged
5.	7- 0.0% ch ₄	none observed	none Ref
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	23,170		

Remarks: Power Center - chargers - travelways - haulage ways - Cled
Intake Phone - OK
Air Chamber - OK
20.902
0.0% ch₄

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 Kenny Farmer Preshift Mine Examiner Certificate No. 32284
 Countersigned Jack Mauer Mine Manager Certificate No. 37795
 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 10-16-09 Shift DAY Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>1-</u>	<u>None observed</u>	<u>None</u>
2.	<u>2-</u>	<u>Not Bolted</u>	<u>Bolted - cleaned & dusted</u>
3.	<u>3, 4, 5, 6-</u>	<u>None observed</u>	<u>None</u>
4.	<u>6R-</u>	<u>Scrap cut</u>	<u>cut & Bolted</u>
5.	<u>7-</u>	<u>None observed</u>	<u>None</u>
6.			
7.			
8.			
9.			
10.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>1-7-</u>	<u>705-730A</u>	<u>0%</u>	11.			
2.				12.			
3.	<u>1-7-</u>	<u>905-930A</u>	<u>0%</u>	13.			
4.				14.			
5.	<u>1-7</u>	<u>1105-1130A</u>	<u>0%</u>	15.			
6.				16.			
7.	<u>1-7</u>	<u>100-200pm</u>	<u>0%</u>	17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>Return</u>	<u>700AM</u>	<u>0%</u>	6.			
2.				7.			
3.	<u>Return</u>	<u>1100AM</u>	<u>0%</u>	8.			
4.				9.			
5.				10.			

Number of Bolts Tested 6

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 4 - #2 & 3 w/crow
at start of shift

Jackman
Assistant Mine Foreman

37793
Certificate No.

[Signature]
Mine Foreman-Mine Manager

3901000
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 10-16 2009 Section or Area Examined 2 section
 Time of Examination: from _____ a.m. or p.m. to _____ a.m. or p.m.
 Was this report phoned to outside: Yes no _____
 By whom S. Halstead Time 2:55 P.M.
 Report received by George Curry (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u> <u>0% CH₄</u>	<u>None observed</u>	<u>None</u>
2. <u>2</u>	<u>None observed</u>	<u>"</u>
3. <u>3</u>	<u>SCRAP</u>	<u>Reported</u>
4. <u>4 R</u>	<u>None observed</u>	<u>None</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Location	Air Measurements	Location	CFM
<u>LUB</u>	<u>21710</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH₄ - 0% CO - 20.8% O₂ tracks travelways, pcs, changes
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 W. Va. Mining Laws and the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By George Curry Certificate No. 37793 Assistant Foreman _____ Certificate No. _____
 Countersigned _____ Mine Manager Mine Foreman _____
 Assistant Foreman _____
 Superintendent or Assistant _____

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

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 Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-16-09 20 #2 Section or Area Examined
 Time of Examination: from 100 a.m. or 200 p.m. to 200 a.m. or 300 p.m.
 Was this report phoned to outside: Yes no
 By whom Called out Time 300 P.M.
 Report received by Jack Mann (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1, #2, #3, #4	0.0% ch ₄ - None observed	Rep
2.	#5	0.0% ch ₄ scrap cut	Tagged
3.	6R	0.0% ch ₄ needs cleaned	Reported
4.	7	0.0% ch ₄ None observed	Rep
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	24,281		

Remarks: Power center - charges - travel ways haulage ways -

Intake Phase 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 W. Va. Mining Laws and 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 Mann 37793 Certificate No.
 Preshift-Mine Examiner Assistant Foreman Certificate No.
 Countersigned John Lee 3901000
 Mine Manager Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. _____	<i>SFC [Signature]</i> <i>no ch</i>	_____
2. _____		_____
3. _____		_____
4. _____		_____
5. _____		_____
6. _____		_____
7. _____		_____
8. _____		_____
9. _____		_____
10. _____		_____

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 Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-16 2009 Section or Area Examined # 2
 Time of Examination: from 830 a.m. or 0 p.m. to 1130 a.m. or 0 p.m.
 Was this report phoned to outside: Yes no
 By whom Mike Bailey Time 1115 P.M.
 Report received by Joey Stewart 39199
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

#	Location	Violation or Hazardous Condition	Action Taken
1.	<u>1, 2, 3, 4</u>	<u>None observed</u>	<u>None</u>
2.	<u>5</u>	<u>Scrap Cut</u>	<u>Reflected</u>
3.	<u>6 R</u>	<u>Needs cleaned</u>	<u>reported</u>
4.	<u>7</u>	<u>None observed</u>	<u>None</u>
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>21076</u>		

Remarks: Power Center, Changers, Intake Phone, Air Chamber, haulage way
clean at exam

0% CH4, 0% CO, 20.8% O2 Detected at exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 Certificate No. 27085
 Preshift-Mine Examiner Assistant Foreman Certificate No. _____
 Countersigned Joey Stewart Mine Manager Mine Foreman 39199
 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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) _____

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-17 20 09 Section or Area Examined 2 sections
 Time of Examination: from _____ a.m. or p.m. to _____ a.m. or p.m.
 Was this report phoned to outside: Yes _____ no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by _____
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CHA	Violation or Hazardous Condition	Action Taken
1.	<u>1-2-3-4</u>	<u>0%</u>	<u>None Observed</u>	<u>Reported</u>
2.	<u>5</u>		<u>Scrap cut</u>	<u>Tagged</u>
3.	<u>6 RT</u>		<u>Heads Cleaned</u>	<u>Reported</u>
4.	<u>7</u>		<u>None Observed</u>	<u>Reported</u>
5.				
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
<u>LEB</u>	<u>21,330</u>		

Remarks: Track Trunkway PC Charges Intake Phase
Rescue Chamber OK
0% CHA OCO 20.8% O2

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 W. Dale Bailey Certificate No. 27085
 Preshift-Mine Examiner Assistant Foreman Certificate No. _____
 Countersigned [Signature] Certificate No. 3306000
 Mine Manager Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Section work

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 Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-17 2009 Section or Area Examined 2 section
 Time of Examination: from 2:00 a.m. or 2:45 p.m. to 2:45 a.m. or 2:45 p.m.
 Was this report phoned to outside: Yes no
 By whom John Weedy Time 2:49 A.M. 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.	<u>0% CH₄</u>	<u>none observed</u>	<u>Reported</u>
2.			
3.			
4.			
5.		<u>scrmp</u>	<u>reflected</u>
6.	<u>left</u>	<u>needs cleaned</u>	<u>reported</u>
7.		<u>none observed</u>	<u>reported</u>
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
<u>LUB</u>	<u>21,300</u>		

Remarks: 0% CH₄ 0% CO 20.8% O₂, tracks, travelways, p.c.s
charges clear at time of exam
chamber - ok
intake a phone - ok

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 Johnny Weedy 33472 Assistant Foreman Certificate No.
 Countersigned Mike Bailey Mine Foreman
Mike Bailey 27085 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Ste [unclear] work

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 Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-17-69 20 Section or Area Examined 2 section
 Time of Examination: from 830 a.m. or 8 p.m. to 1130 a.m. or 11 p.m.
 Was this report phoned to outside: Yes no
 By whom Daily Time 1130 A.M. P.M.
 Report received by Dan Williams 15390
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>02 C44</u>	<u>none observed</u>	<u>none</u>
2.	<u>2</u>	<u> </u>	<u> </u>
3.	<u>3</u>	<u> </u>	<u> </u>
4.	<u>4</u>	<u> </u>	<u> </u>
5.	<u>5</u>	<u>SCRAP</u>	<u>Reflected</u>
6.	<u>6 R</u>	<u>needs cleaned</u>	<u>Reported</u>
7.	<u>7</u>	<u>none observed</u>	<u>None</u>
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
<u>LQR</u>	<u>21,300</u>		

Remarks: 02 C44 02 CO 2018302
Track Travelways PC; Chargers Clear
Chamber OK
Tatake Area OK

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 27085
 Preshift-Mine Examiner Certificate No.
 Countersigned [Signature] 330600
 Mine Manager Mine 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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 Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-18-09 20 Section or Area Examined 2Sec
 Time of Examination: from 7:00 a.m. or p.m. to 4:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>02 C64</u>	<u>none observed</u>	<u>none</u>
2.	<u>2</u>		
3.	<u>3</u>		
4.	<u>4</u>		
5.	<u>5</u>	<u>SCRAP</u>	<u>Reflected</u>
6.	<u>6R</u>	<u>needs cleaned</u>	<u>Reported</u>
7.	<u>7</u>	<u>none observed</u>	<u>none</u>
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>21,533</u>		

Remarks:

02 C64, 02 CO, 2018202
Track, Travelways, PC's, Chargers Clear
Chamber, Intake Phone OK

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 White Bailey 27085 Certificate No. _____ Assistant Foreman _____ Certificate No. _____
 Countersigned [Signature] 390000 _____
 _____ Mine Manager Mine Foreman _____
 _____ Assistant Foreman _____
 _____ Superintendent or Assistant _____
Johnny Neely 33472
D. Martin 31688

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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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 Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-18 2008 Section or Area Examined 2 section
 Time of Examination: from 1:40 a.m. or p.m. to 2:10 a.m. or p.m.
 Was this report phoned to outside: Yes to no
 By whom J. Neeles Time 2:45 A.M. 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. <u>1</u>	<u>NONE observed</u>	<u>NONE</u>
2. <u>2</u>	<u> </u>	<u> </u>
3. <u>3</u>	<u> </u>	<u> </u>
4. <u>4</u>	<u> </u>	<u> </u>
5. <u>5</u>	<u>SCRAP</u>	<u>Reflected</u>
6. <u>ball</u>	<u>needs cleaned</u>	<u>Reported</u>
7. <u>7</u>	<u>NONE observed</u>	<u>NONE</u>
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LGB</u>	<u>21,240</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH₄, 0% CO 20.8% O₂, tracks, travelways, pcs
chargers clear at time of exam
chamber - ok
intake prep - ok

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

Signed By George Curry 33472
 Preshift-Mine Examiner Certificate No. 27429
 Countersigned John Cook 3701000
 Mine Manager Mine Foreman
 Assistant Foreman _____
 Superintendent or Assistant _____

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

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 Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-18 20 09 Section or Area Examined # 2
 Time of Examination: from 830 a.m. or 1130 a.m. or 1100 P.M.
 Was this report phoned to outside: Yes no
 By whom Terry P Time 1100 P.M.
 Report received by Yag Idmet 39199 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	Hdg's 0% CH4	N/O	NONE
2.		N/O	NONE
3.		Scrap	Reflected
4.	4R	N/O	NONE
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	23,760		

Remarks: 0% CH4, 0% CO, 20.8% O2 Detected at etam

Intake Draw out
Chamber OK
Track, Trachogy clear at etam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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] 29611 Certificate No.
 Countersigned [Signature] 350000 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 10-19-09 Shift 3rd Area or Section R2

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>J</u>	<u>SCRAP</u>	<u>R. Hunter</u>
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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
Produce from

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 Foreman

3284

Certificate No.

Mine Foreman-Mine Manager

3506

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-19-09 Section or Area Examined #2
 Time of Examination: from 345 a.m. or p.m. to 500 a.m. or p.m.
 Was this report phoned to outside: Yes No
 By whom Kenny Faymar 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.	#1-2-3-4 0.0%ch ₄	None observed	Reported
2.	#5 0.0%ch ₄	Scrap cut	Tagged Reflectors
3.	6- 0.0%ch ₄	None observed	Rep
4.	6R- 0.0%ch ₄	n/add, cleaning	Reported
5.	7- 0.0%ch ₄	None observed	observed
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>13,640</u>		

Remarks: Power center, chargers, travelways-haulage ways

Intake Phone - not working - working on
Air chamber - clear

20.802
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 W. Va. Mining Laws and 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
 Countersigned [Signature]
 Mine Manager Mine Foreman
 Assistant Foreman

3084
 Certificate No.
380000

Jack Martin
 Assistant Foreman
37793
 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 10-19-09 Shift DAY Area or Section #2

Violations and other Hazardous Conditions Observed and Reported:

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>1-2-3-4-</u>	<u>None observed</u>	<u>REP</u>
2.	<u>5-</u>	<u>scrap cut</u>	<u>cut + Bolted</u>
3.	<u>6-</u>	<u>None observed</u>	<u>REP</u>
4.	<u>6R</u>	<u>need add cleaned</u>	<u>Cleaned + PUSTED</u>
5.	<u>7-</u>	<u>None</u>	<u>REP</u>
6.			
7.			
8.			
9.			
10.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>1-7-</u>	<u>700-735A</u>	<u>0%</u>	11.			
2.				12.			
3.	<u>1-7-</u>	<u>900-935A</u>	<u>0%</u>	13.			
4.				14.			
5.	<u>1-7-</u>	<u>11-1135A</u>	<u>0%</u>	15.			
6.				16.			
7.	<u>1-7-</u>	<u>1-200pm</u>	<u>0%</u>	17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>Ret-</u>	<u>655 Am</u>		6.			
2.				7.			
3.	<u>Ret-12W</u>	<u>1055 Am</u>		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 RCP - Pg 4-8-9-10
w/crew at start of shift

Jack Moran Assistant Mine Foreman 37793 Certificate No. [Signature] Mine Foreman-Mine Manager 37793 Certificate No. [Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-19 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. 2:40 P.M.
 Report received by Rick Hutchins (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
<u>1, 2</u> <u>0% Ch4</u>	<u>n/o</u>	<u>Reported</u>
<u>3L</u>	<u>part Bolt</u>	<u>Taged + Reported</u>
<u>4, 5, 6, 6R</u>	<u>n/o</u>	<u>Reported</u>
<u>7</u>	<u>Scrap Cut</u>	<u>Taged + Reported</u>

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>23,981</u>		
<u>0% Ch4</u>			
<u>20.802</u>			
<u>0% CO</u>			

Remarks: power centers, R-ways, Chargers, HAULAGE Clear at Time of Exam
Intake phone not working
Air Chamber Clear

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 Certificate No. Assistant Foreman Certificate No.
 Countersigned John Lab 3900000 Mine Manager Mine Foreman
Rick Hutchins 37569 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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 Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-19-68 20 09 Section or Area Examined #2
 Time of Examination: from 10:10 a.m. or p.m. to 11:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom M. Bailey Time 11:15 A.M. P.M.
 Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>#2</u>	<u>OK</u>	<u>—</u>
2. <u>3</u>	<u>not reported</u>	<u>Reported</u>
3. <u>3XC</u>	<u>—</u>	<u>—</u>
4. <u>4</u>	<u>—</u>	<u>—</u>
5. <u>5</u>	<u>—</u>	<u>—</u>
6. <u>6</u>	<u>—</u>	<u>—</u>
7. <u>6XC</u>	<u>not reported</u>	<u>Reported</u>
8. <u>7</u>	<u>—</u>	<u>—</u>
9. <u>—</u>	<u>—</u>	<u>—</u>
10. <u>—</u>	<u>—</u>	<u>—</u>

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>22,361</u>	<u>—</u>	<u>—</u>
<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>

Remarks: Travelsways of haulways clean at time
OK exam
Ben Corp of ethanum - n/s CO 0.2
Ben ethanum - OK O₂ 20.8%
airline phone - OK

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 M. Bailey 27085 Certificate No. [Signature] Assistant Foreman 32284 Certificate No.
 Countersigned [Signature] 3500000 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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 Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-20- 09 Section or Area Examined A2
 Time of Examination: from 425 a.m. or p.m. to 455 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Carried out Time 545 A.M. P.M.
 Report received by Mike Bailey
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. # 1, 2, 3 0.0% ch ₄	None observed	Rep
2. 3ht 0.0% ch ₄	Not Bolted - Rock in face	Tagged
3. 4, 5, 6, 6ht 0.0% ch ₄	None observed	Rep
4. 7 0.0% ch ₄	n/cleaned & dusted	Reported
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>21,881</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Power center - Chargers - travel ways - haulage ways - clear
Intake phone ok
Air chamber ok
20.802
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 W. Va. Mining Laws and 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 27085 Jack Martin 37793
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned _____ 370200
 Mine Manager Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-20-09 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-	None observed	None
2.	3h	Not Bolted - Rock Down	Cleaned up Rock - Bolted up
3.	4-5, 6, 6RT	None observed	None
4.	7	A/Cleaned & Dusted	Bleached & Dusted
5.			
6.			
7.			
8.			
9.			
10.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested 18
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 4 - #10-11
w/clean at start of shift

Jack Mason 37793 Calvin 39000
Assistant Mine Foreman Certificate No. Mine Foreman-Mine Manager Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-20 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 2:40 A.M. P.M.
 Report received by Rick Hutchens (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>20,168</u>		
<u>20.80%</u>			
<u>0% CH₄</u>			
<u>0% CO</u>			

Remarks: powercenter, R-ways, Haulage Chargers Clear at Time of Exam
Intake phone OK
Air Chambers OK

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 Certificate No. _____ Assistant Foreman _____ Certificate No. _____
 Countersigned Rick Hutchens 37569 Mine Manager Mine Foreman _____
Rick Hutchens 37569 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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 Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-20 2008 Section or Area Examined #2
 Time of Examination: from 10:00 a.m. or p.m. to 10:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Mike Kirby Time 11:15 P.M.
 Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
<u>#2</u>	<u>Point of Hand</u>	<u>Retracted</u>
<u>3</u>	<u>[Signature]</u>	<u>[Signature]</u>
<u>4</u>	<u>[Signature]</u>	<u>[Signature]</u>
<u>6</u>	<u>[Signature]</u>	<u>[Signature]</u>
<u>6</u>	<u>strip</u>	<u>Retracted</u>
<u>7</u>		

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>20,076</u>		

Remarks: Travelways & haulways clean at time of exam
Point of Hand of chryse - OK
Bar of hand - OK
outside of hand - OK
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 W. Va. Mining Laws and 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 Kirby Certificate No. 27085
 Preshift-Mine Examiner
 Countersigned [Signature] Certificate No. 32284
 Mine Manager Mine Foreman Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-21-09 Shift 3rd Area or Section 12

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>3</u>	<u>Part A/B/D</u>	<u>Re-Measure</u>
2. <u>7</u>	<u>scrap</u>	<u>"</u>
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

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) _____

[Signature] Assistant Mine Foreman
32284 Certificate No. [Signature] Mine Foreman-Mine Manager
3900000 Certificate No. _____ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-21- 2009 Section or Area Examined #2
 Time of Examination: from 400 a.m. or p.m. to 445 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Kenay Farmer Time 540 A.M. P.M.
 Report received by Jack Marva (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1 & 2 0.0% ch ₄	None observed	Rep
2. #3h 0.0% ch ₄	Need add cleaning	Rep
3. #3 0.0% ch ₄	Polt Bolted	Tagged Reflectors
4. #4-5, 6, 6R, 0.0% ch ₄	None observed	Rep
5. #7 0.0% ch ₄	scrap cut	Tagged Reflectors
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
LOB	18,480		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Power center - chrg 45 - travelways - haulage ways - clear

INTAKE Phone - OK
Air Chamber - OK

all clear time of exam

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 W. Va. Mining Laws and 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
 Countersigned [Signature]
 Mine Manager Mine Foreman
 Assistant Foreman

37294
 Certificate No.
3500000

Jack Marva
 Assistant Foreman

37793
 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 10-21-09 Shift DAY Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#142	None observed	None
2.	3h	Needs add cleaning	Cleaned & dusted
3.	3	Part Bolted	Bolted up
4.	9-5-6-6R-	None observed	None
5.	7-	Scrap cut	cut & Bolted
6.			
7.			
8.			
9.			
10.			

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-	655A	0%	6.		
2.			7.		
3. Return	1055Am	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 RCP Pg 5 #15-16
W/rew at start of shift

Jack Martin 37793 Chris Cook 390600
Assistant Mine Foreman Certificate No. Mine Foreman-Mine Manager Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-21-09 20 Section or Area Examined #2
 Time of Examination: from 1 a.m. or p.m. to 2 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom JACK Martin Time 3:00 A.M.
 Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1 & 2</u>	<u>CH₄ 0%</u>	<u>N/A</u>
2. <u>3L</u>	<u>N/A</u>	<u>Tagged</u>
3. <u>4</u>	<u>SCRAP cut</u>	<u>Tagged Reflectors</u>
4. <u>5</u>	<u>N/A</u>	<u> </u>
5. <u>6</u>	<u>N/A</u>	<u> </u>
6. <u>7</u>	<u>N/A</u>	<u> </u>
7. <u> </u>	<u> </u>	<u> </u>
8. <u> </u>	<u> </u>	<u> </u>
9. <u> </u>	<u> </u>	<u> </u>
10. <u> </u>	<u> </u>	<u> </u>

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>16,421</u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

Remarks: 20.8%⁰² O₂ CH₄ 0ppm⁰⁰ at TOE
Trampways, walkways, haulageways, powerintels
and cutting shelter OK at TOE
Intake Phone OK AT TOE

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 Certificate No. 37793
 Preshift-Mine Examiner
 Countersigned Certificate No.
 Mine Manager Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

W. Va. Coal 1664-A

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
----------	------	-----------------	----------	------	-----------------

			11. _____		
			12. _____		
			13. _____		
			14. _____		
			15. _____		
			16. _____		
			17. _____		
			18. _____		
			19. _____		
			20. _____		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
----------	------	-----------------	----------	------	-----------------

			6. _____		
			7. _____		
			8. _____		
			9. _____		
			10. _____		

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) _____

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-21 2010 Section or Area Examined 6-2
 Time of Examination: from 10:20 a.m. or p.m. to 10:55 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Gary L Time 11:05 A.M. P.M.
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>CH4</u>	<u>None</u>	<u>None</u>
2. <u>2xc</u>	<u>not tested</u>	<u>La Hunter</u>
3. <u>4</u>	<u>scrap</u>	<u>La Hunter</u>
4. <u>5</u>	<u>None</u>	<u>None</u>
5. <u>6</u>	<u>None</u>	<u>None</u>
6. <u>7</u>	<u>None</u>	<u>None</u>
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>12,960</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Passways & haulways clear at bank
get exam
Perm Entry of changes - OK CO 0.2
Perf. of haulage - OK O2 20.8%
antenna phone - OK

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 Gary L Certificate No. 1967-A
 Preshift Mine Examiner
 Countersigned Gary L Certificate No. 330000
 Mine Manager - Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-22-09 Shift 3as Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>3XL</u>	<u>NOT R/A/D</u>	<u>Rechecked</u>
2. <u>4</u>	<u>scrap</u>	<u>"</u>
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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) _____

[Signature] Assistant Mine Foreman 38834 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 10-22 2088 Section or Area Examined 3ND
 Time of Examination: from 3:00 a.m. or p.m. to 3:45 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Brought out Time _____ A.M. _____ P.M.
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>2XL</u>	<u>Part spotted</u>	<u>Reflected</u>
2. <u>2</u>	<u>n/a</u>	<u>—</u>
3. <u>3</u>	<u>n/a</u>	<u>—</u>
4. <u>4</u>	<u>NOT spotted</u>	<u>Reflected</u>
5. <u>5</u>	<u>n/a</u>	<u>—</u>
6. <u>6</u>	<u>n/a</u>	<u>—</u>
7. <u>7</u>	<u>n/a</u>	<u>—</u>
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LOD</u>	<u>15,600</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Travellways & haulways clean at time of
Exam
Power Equip. & charges - n/a CO 0.9%
Air samples - OK O₂ 20.8%
outside plant - OK

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

Signed By [Signature] Certificate No. 32254 Assistant Foreman _____ Certificate No. _____
 Countersigned [Signature] Mine Manager Mine Foreman _____ Assistant Foreman _____
 Superintendent or Assistant _____

[Signature] 1947-A

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-22-09 Shift Day Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>2L</u>	<u>0.02 chg</u>	<u>Ref. Tagged</u>
2.	<u>2j3</u>	<u>none obs</u>	<u>none</u>
3.	<u>4</u>	<u>not Bolted</u>	<u>Bolted c&D</u>
4.	<u>5j6j7</u>	<u>none</u>	<u>none</u>
5.			
6.			
7.	<u>5 Intersection</u>	<u>set 3 sand jacks wide area</u>	
8.			
9.			
10.			

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>2:00-2:25</u>	<u>0.02</u>	11.		
2.			12.		
3. <u>1-7</u>	<u>9:00-9:25</u>	<u>0.02</u>	13.		
4.			14.		
5. <u>1-7</u>	<u>11:00-11:25</u>	<u>0.02</u>	15.		
6.			16.		
7. <u>1-7</u>	<u>1:00-1:25</u>	<u>0.02</u>	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Ret</u>	<u>6:58</u>	<u>0.02</u>	6.		
2.			7.		
3. <u>Ret</u>	<u>10:59</u>	<u>0.02</u>	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 page 2 part 3 of roof control
Plan with crew

Assistant Mine Foreman

Certificate No.

Carl Coal
Mine Foreman-Mine Manager

Certificate No.

380600

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-22 20 09 Section or Area Examined #2
 Time of Examination: from 1:00 a.m. or p.m. to 1:40 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Andy Conlson Time 2:35 A.M. P.M.
 Report received by Rick Hutchens (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1, 2, 3, 5, 6 <u>0% CH₄</u>	<u>N/O</u>	<u>Reported</u>
2 <u>26</u>	<u>N/C/D</u>	<u>Reported</u>
3 <u>4</u>	<u>N/C/D</u>	<u>Reported</u>
4 <u>4R</u>	<u>not Bolted</u>	<u>Taged & Reported</u>
5 <u>7</u>	<u>need Add Cleaning</u>	<u>Reported</u>
6		
7		
8		
9		
10		

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>19,780</u>		
<u>20.8°</u>			
<u>0% CH₄</u>			
<u>0% C°</u>			

Remarks: Powercenter, Chargers, R-ways, 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 W. Va. Mining Laws and the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By [Signature] Certificate No. 3906000 Assistant Foreman _____ Certificate No. _____
 Countersigned [Signature] Mine Manager / Mine Foreman Certificate No. 3906000
[Signature] Assistant Foreman Certificate No. 375169 Superintendent or Assistant _____

May 21 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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) _____

Report shall be signed when made

PRESHIFT-MINE EXAMINER'S REPORT

Use Indelible Pencil or Ink

Date of Examination 10-22 Section or Area Examined A2
 Time of Examination: from 10:05 a.m. or 10:30 a.m. or 10:30 p.m.
 Was this report phoned to outside: Yes no Time 11:15 P.M.
 By whom [Signature]
 Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1,2,3,5,6</u>	<u>no</u>	<u>Reported</u>
2. <u>2,4,6</u>	<u>no</u>	<u>Reported</u>
3. <u>4</u>	<u>no</u>	<u>Reported</u>
4. <u>4,6</u>	<u>no</u>	<u>Reported</u>
5. <u>7</u>	<u>no</u>	<u>Reported</u>
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	GFM	Location	CFM
<u>LAB</u>	<u>16,820</u>		

Remarks: Track of trawetways clean at time of
Exam
Power supply of charger - no
Acc. chamber - ok
water pump - ok
CO - 0.2
O₂ - 20.8%

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

Signed By [Signature] Certificate No. 1947-A
 Preshift Mine Examiner
 Countersigned [Signature] Assistant Foreman
 Mine Manager Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-23-09 Shift 3rd Area or Section *2

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>2XC</u>	<u>nailed c/s</u>	<u>Reported</u>
2. <u>4</u>	<u>"</u>	<u>"</u>
3. <u>7/A</u>	<u>not B.I.A.D</u>	<u>Reported</u>
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. _____	_____	_____	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. _____	_____	_____	13. _____	_____	_____
4. _____	<u>no</u>	_____	14. _____	_____	_____
5. _____	_____	_____	15. _____	_____	_____
6. _____	<u>Reported</u>	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

[Signature]
Assistant Mine Foreman

02284
Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 10-23 2009 Section or Area Examined H2
 Time of Examination: from 4:00 a.m. or p.m. to 4:45 a.m. or p.m.
 Was this report phoned to outside? Yes no
 By whom James Carlson Time 5:40 P.M.
 Report received by Bobey Carlson (Signed)

Violations and other Hazardous Conditions Observed and Reported

T.	Location	Violation or Hazardous Condition	Action Taken
1.	<u>2XL</u>	<u>needs cp</u>	<u>Reported</u>
2.	<u>3</u>	<u>n/a</u>	<u>Reported</u>
3.	<u>4</u>	<u>needs add clean</u>	<u>Reported</u>
4.	<u>4W</u>	<u>NOT Rptd</u>	<u>Reported</u>
5.	<u>5</u>	<u>n/a</u>	<u>---</u>
6.	<u>6</u>	<u>needs add clean</u>	<u>Reported</u>
7.	<u>7</u>		
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>20,500</u>		

Remarks: Haulways of travelways clean at time
Power Cords of charger - n/a
dry charger - ok
entire place - ok

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 W. Va. Mining Laws and 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 _____ Certificate No. _____
 Preshift-Mine Examiner
 Countersigned John Carl Certificate No. 32294
 Mine Manager Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-23-09 Shift Day Area or Section # 2

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>2L</u>	<u>need c&d</u>	<u>c&d</u>
2.	<u>3</u>	<u>none</u>	<u>none</u>
3.	<u>4</u>	<u>need add. cleaning</u>	<u>c&d</u>
4.	<u>4R</u>	<u>Not Belted</u>	<u>Bolted c&d</u>
5.	<u>5/B</u>	<u>none</u>	<u>none</u>
6.	<u>?</u>	<u>need add. cleaning</u>	<u>Reported</u>
7.			
8.			
9.			
10.			

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>7:05-7:30</u>	<u>0.02</u>	11.		
2.			12.		
3. <u>1-7</u>	<u>9:00-9:25</u>	<u>0.02</u>	13.		
4.			14.		
5. <u>1-7</u>	<u>11:00-11:25</u>	<u>0.02</u>	15.		
6.			16.		
7. <u>1-7</u>	<u>1:00-1:25</u>	<u>0.02</u>	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Ret</u>	<u>7:04</u>	<u>0.02</u>	6.		
2.			7.		
3. <u>Ret.</u>	<u>10:59</u>	<u>0.02</u>	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 page 5 part of roof control
Plan with crew

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-23 2009 Section or Area Examined #2 section
 Time of Examination: from 100 a.m. or p.m. to 130 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Andy Coalson Time 228 P.M.
 Report received by Brenda Bowry (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1 Entry	Needs Cleaned	Reported
2. #2	None Observed	Reported
3. #3-4-4RCC	None Observed	Reported
4. #5	Scrap Cut	Reflectors
5. #6 OCH ₄ !	None Observed	Reported
6. #7 20.802 OPPM c/o	Needs Add. Cleaning	Reported
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
N.B.	21,102		
OCH ₄ !			
20.802			
OPPM c/o			

Remarks: Power Center
Travelways
Chargers
Intake Phone - Outby Chamber
OCH₄! 20.802 OPPM c/o
 All 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 W. Va. Mining Laws and 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 Andy Coalson 3306000 Assistant Foreman Certificate No.
 Countersigned Andy Coalson 3306000 Mine Manager Mine Foreman Certificate No.
Mike Barry 27085 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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 Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-23 2009 Section or Area Examined #2
 Time of Examination: from 10:00 a.m. or p.m. to 10:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Mikes Time 11:20 P.M.
 Report received by Ray (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>CH 1</u>	<u>walls cleaned</u>	<u>Reported</u>
2. <u>CH 2</u>	<u>no</u>	<u>—</u>
3. <u>CH 3</u>	<u>no</u>	<u>—</u>
4. <u>CH 4</u>	<u>no</u>	<u>—</u>
5. <u>CH 5</u>	<u>scrub</u>	<u>Reported</u>
6. <u>CH 6</u>	<u>no</u>	<u>—</u>
7. <u>CH 7</u>	<u>walls cleaned</u>	<u>Reported</u>
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>21,716</u>		

Remarks: travellways & haulways clean at time of exam
Power Cuts & abaya - no
rustake p/plan - OK
Air clean - OK

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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
 Countersigned Endu Cook
 Mine Manager Mine Foreman
 Assistant Foreman

27085
 Certificate No.
380000

Ray
 Assistant Foreman
Chager
 Superintendent or Assistant

38084
 Certificate No.
26001

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-24-09 Shift 3:10 Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>6</u>	<u>panels closed</u>	<u>Reported</u>
2. <u>5</u>	<u>"scrap"</u>	<u>Reported</u>
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. _____	_____	_____	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. _____	_____	<u>NO</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. _____	_____	_____	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

[Signature]
Assistant Mine Foreman

70284
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 10-24 2009 Section or Area Examined 2 Section
 Time of Examination: from 8:00 a.m. or p.m. to 4:25 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Kevin Farmer Time 5:35 A.M. P.M.
 Report received by White Bailey (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>Aid Cleaned</u>	<u>Reported</u>
2. <u>2</u>	<u>None Observed</u>	<u>Reported</u>
3. <u>3</u>	<u>None Observed</u>	<u>Reported</u>
4. <u>4-4RT</u>	<u>None Observed</u>	<u>Reported</u>
5. <u>5</u>	<u>Scrap</u>	<u>Tagged</u>
6. <u>6</u>	<u>None Observed</u>	<u>Reported</u>
7. <u>7</u>	<u>Aid Adol Cleaning</u>	<u>Reported</u>
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>20,901</u>		

Remarks: Tranchnays Highway Refuse Inside Show OK
0% CO₂ 2.0% O₂ 0 CO
Roman Casing / chagan - n/s
Asp chagan - OK
outside Show - OK

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

Signed By [Signature] Certificate No. 32294 Assistant Foreman _____ Certificate No. _____
 Countersigned [Signature] Mine Manager Mine Foreman 32000000
 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 10-24-09 Shift Day Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>Need cleaned</u>	<u>Cleaned</u>
2. <u>2, 3, 4, 4R</u>	<u>None obs</u>	<u>None</u>
3. <u>5</u>	<u>Scrap out</u>	<u>Rep Tagged</u>
4. <u>6</u>	<u>None obs</u>	<u>None</u>
5. <u>7</u>	<u>Need hold & leading</u>	<u>Rep</u>
6.		
7.		
8.		
9.		
10.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>7:00-7:30</u>	<u>0.0%</u>	11.		
2.			12.		
3. <u>1-7</u>	<u>9:00-9:30</u>	<u>0.0%</u>	13.		
4. <u>1</u>			14.		
5. <u>1-7</u>	<u>11:00-11:30</u>	<u>0.0%</u>	15.		
6.			16.		
7. <u>1-7</u>	<u>1:00-1:30</u>	<u>0.0%</u>	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Ret</u>	<u>7:00</u>	<u>0.0%</u>	6.		
2.			7.		
3. <u>Ret</u>	<u>10:59</u>	<u>0.0%</u>	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 roof control Plan with crew at 7:00 AM page 5 part 10

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-24 2009 Section or Area Examined #2 section
 Time of Examination: from 100 a.m. or 135 p.m. or 0 a.m. or 0 p.m.
 Was this report phoned to outside: Yes no
 By whom Andy Carlson Time 230 P.M.
 Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. # 1-2-3-4 Entries	None Observed	Reported
2. # 4 LCC	Not Bolted	Reflectors
3. # 5	Needs Acid Cleaning	Reported
4. # 6	None Observed	Reported
5. # 7 OCH 4 / 20.802	Needs Acid Cleaning	Reported
6. OPPM C/O		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
LOB	20,750		
OCH 4 / 20.802			
OPPM C/O			

Remarks: Power Centers
 Chargers
 Travel ways
 outby shelter
 Intake Phone
 OCH 4 / 20.802 OPPM C/O
 All 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 W. Va. Mining Laws and 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. 3906007
 Countersigned [Signature] Mine Manager Mine Foreman Certificate No. 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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 Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-24 20 09 Section or Area Examined # 2
 Time of Examination: from 830 a.m. or PM to 855 a.m. or PM
 Was this report phoned to outside: Yes no
 By whom Mike Bailey Time 1100
 Report received by Jay Stewart (Signed) 39199

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>N/O</u>	<u>NONE</u>
2. <u>2</u>	<u>N/O</u>	<u>NONE</u>
3. <u>3</u>	<u>N/O</u>	<u>NONE</u>
4. <u>4L</u>	<u>Not Bolted</u>	<u>Reflected</u>
5. <u>4</u>	<u>N/O</u>	<u>NONE</u>
6. <u>5</u>	<u>Needs Clean and Dusted</u>	<u>Reported</u>
7. <u>6</u>	<u>N/O</u>	<u>NONE</u>
8. <u>7</u>	<u>Needs add cleaning</u>	<u>Reported</u>
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>19,616</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 09 CH4, 09 CO, 20.820² Deteted at exam Chamber, Intake Phase, Track, PC, Chargers OK at exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 27085 Assistant Foreman Certificate No. _____
 Countersigned [Signature] 3906000 Mine Manager Mine 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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 Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Report shall be signed when made

PRESHIFT-MINE EXAMINER'S REPORT

Use Indelible Pencil or Ink

Date of Examination 10-25 2007 Section or Area Examined 2 Section
 Time of Examination: from 3 a.m. or p.m. to 6 a.m. or p.m.
 Was this report phoned to outside: Yes no Time A.M. P.M.
 By whom
 Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	No Power		Danger Rd Mouth of Section
2.	No Preshift		
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM

Remarks: _____

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 27085 Certificate No. _____ Assistant Foreman _____ Certificate No. _____
 Countersigned 370000 _____ Assistant Foreman _____ Superintendent or Assistant _____
 _____ Mine Manager Mine Foreman _____

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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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 Foreman

Certificate No. _____

Mine Foreman-Mine Manager

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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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 Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-25-20 Section or Area Examined 2 Section
 Time of Examination: from 9:30 a.m. or p.m. to 10:35 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Mike Moore Time 11:10 P.M.
 Report received by Rife Anderson (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1st</u>	<u>none observed</u>	
2. <u>2nd</u>	<u>" "</u>	
3. <u>3rd</u>	<u>" "</u>	
4. <u>4th</u>	<u>Not bolted</u>	<u>Reflectors hanging</u>
5. <u>5th</u>	<u>needs cleaned & dusted</u>	<u>Reported</u>
6. <u>5</u>	<u>none observed</u>	
7. <u>6</u>	<u>needs add cleaning</u>	<u>Reported</u>
8. <u>7</u>		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
	<u>20833</u>		

Remarks: electrical power center & charges hallways air base intake phone clear at time of exam 208

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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.

Rife Anderson
 Assistant Foreman

33238
 Certificate No.

Countersigned [Signature]
 Mine Manager Mine Foreman

Assistant Foreman

Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

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 Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-26-01 20 Section or Area Examined F#2
 Time of Examination: from 4:20 a.m. or p.m. to 5:05 a.m. or p.m.
 Was this report phoned to outside: yes no carried out
 By whom Mike Bailey Time 5:35 A.M. P.M.
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1, 2, 3, 4</u>	<u>None obs</u>	<u>None</u>
2. <u>4L</u>	<u>not Ratted</u>	<u>Rep Tagged</u>
3. <u>5</u>	<u>Need ex D</u>	<u>Rep.</u>
4. <u>6</u>	<u>None obs</u>	<u>None</u>
5. <u>7</u>	<u>Need add. clearing</u>	<u>Rep.</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>19,561</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: PC, Haulways, Roadways, Changers, Air chamber, Intakephone
Clear at time of exam 20.00 02 0.00 chg

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 27085 _____
 Preshift Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned [Signature] 310000 _____
 Mine Manager Mine Foreman
Terry W. Moore 33307 _____
 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 10-26-09 Shift Day Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>1, 2, 3, 4</u>	<u>none</u>	<u>None</u>
2.	<u>4C</u>	<u>Not Bolted</u>	<u>Bolted w/D</u>
3.	<u>5</u>	<u>Need w/D</u>	<u>w/D</u>
4.	<u>6</u>	<u>None abs</u>	<u>None</u>
5.	<u>7</u>	<u>Need add cleaning</u>	<u>Rep.</u>
6.			
7.			
8.			
9.			
10.			

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>7:00-7:30</u>	<u>0.0%</u>	11.		
2.			12.		
3. <u>1-7</u>	<u>9:00-9:30</u>	<u>0.0%</u>	13.		
4.			14. <u>11:05</u>	<u>9:00</u>	
5. <u>1-7</u>	<u>11:00-11:30</u>	<u>0.0%</u>	15.		
6.			16.		
7. <u>1-7</u>	<u>1:00-1:30</u>	<u>0.0%</u>	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Ret</u>	<u>6:59</u>	<u>0.0%</u>	6.		
2.			7.		
3. <u>Ret.</u>	<u>10:59</u>	<u>0.0%</u>	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 roof control Plan with crew at 7:00AM page 4 part 6

Tony W. Moore Assistant Mine Foreman 33357 Certificate No. Carl Coal Mine Foreman-Mine Manager 3300001 Certificate No. _____ Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 10-26 2009 Section or Area Examined # 2
 Time of Examination: from 1:00 a.m. or p.m. to 1:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Andy Carlson Time A.M. 2:35 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	N/O	Reported
2. 3h	need Clean + Dust	Reported
3. 4	NOT Bolt	Taged + Reported
4. 5	N/O	Reported
5. 5R	need Clean + Dust	Reported
6. 6	N/O	Reported
7. 7	need Add Cleaning	Reported
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
LOB	23,490		

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 W. Va. Mining Laws and 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 Andy Carlson 3900000 Certificate No. _____ Assistant Foreman _____ Certificate No. _____
 Countersigned Andy Carlson 3500000 _____
 _____ 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. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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 Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-26 2009 Section or Area Examined #2
 Time of Examination: from 9:45 a.m. or p.m. to 10:20 a.m. or p.m.
 Was this report phoned to outside: no Time 11:20 P.M.
 By whom [Signature]
 Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1, 2, 3</u>	<u>hands w/o gloves</u>	<u>Reported</u>
2. <u>3XC</u>	<u>NOT belted</u>	<u>Reported</u>
3. <u>4</u>	<u>hands w/o gloves</u>	<u>Reported</u>
4. <u>5</u>	<u>hands w/o gloves</u>	<u>Reported</u>
5. <u>5XN</u>	<u>hands w/o gloves</u>	<u>Reported</u>
6. <u>6</u>	<u>hands w/o gloves</u>	<u>Reported</u>
7. <u>7</u>	<u>hands, all clean</u>	<u>Reported</u>
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>20,966</u>		

Remarks: haulways of haulways clean at time
of exam
Rocky Road / charger - w/o
Exhaust, Phosk - OK
per chamber - OK
CO - 0.0
O2 - 20.8%

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 27085 Certificate No. [Signature] Assistant Foreman 72294 Certificate No.

Countersigned [Signature] 330622X Mine Manager / Mine Foreman

[Signature] Assistant Foreman 33359 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-27-09 Shift 3rd Area or Section # 2

Violations and other Hazardous Conditions Observed and Reported

Location	Violation of Hazardous Condition	Action Taken
1. <u>324</u>	<u>noise cps</u>	<u>Dust, noise</u>
2. <u>4</u>	<u>noise cps</u>	<u>Reported</u>
3. <u>5</u>	<u>noise cps</u>	<u>"</u>
4. <u>522</u>	<u>noise cps</u>	<u>"</u>
5. <u>7</u>	<u>noise cps</u>	<u>"</u>
6.		
7.		
8.		
9.		
10.		

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
Pro Joe Snow

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 Foreman

30284 *[Signature]*
Certificate No. Mine Foreman-Mine Manager

390607
Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-27-09 20 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 Farmor Time 5:40 A.M. P.M.
 Report received by Tony W. Moore (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Chy	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>Ole</u>	<u>N/O</u>	
2. <u>2</u>		<u>N/O</u>	
3. <u>3L</u>		<u>Need Clean & dusted</u>	<u>Reported</u>
4. <u>4</u>		<u>Not Bolted</u>	<u>Reflectors</u>
5. <u>5</u>		<u>Need add. cleaning</u>	<u>Reported</u>
6. <u>5R</u>		<u>Need Clean & dusted</u>	<u>Reported</u>
7. <u>6</u>		<u>N/O</u>	
8. <u>7</u>		<u>N/O</u>	
9. <u>4R</u>		<u>Need add. cleaning</u>	<u>Reported</u>
10. <u>7</u>		<u>need add. cleaning</u>	<u>Reported</u>

Air Measurements

Location	CFM	Location	CFM
<u>L.O.B.</u>	<u>20280</u>		

Remarks: Power Center -
Intake Phone -
Emergency Chamber -
Travelways
O. O. Chy
20.86 - O₂

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 Tony W. Moore Certificate No. 32294 Assistant Foreman Certificate No. _____
 Countersigned Tony W. Moore Mine Foreman Certificate No. 3300000 Superintendent or Assistant Certificate No. _____
Tony W. Moore Assistant Foreman Certificate No. 33389

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

Date 10-27-09 Shift 1st Area or Section 2-section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1, 2</u>	<u>M/O</u>	<u>Clear & dusted</u>
2. <u>3L</u>	<u>Need Chem adjusted</u>	<u>Bolted</u>
3. <u>4</u>	<u>Not Bolted</u>	<u>Chem & dusted</u>
4. <u>5 SR</u>	<u>Need Chem adjusted</u>	
5. <u>6, 7</u>	<u>M/O</u>	
6. <u>4R</u>	<u>Need addy change</u>	<u>Change</u>
7. <u>4</u>	<u>Need add change</u>	<u>Change</u>
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. _____	_____	_____	11. _____	_____	_____
2. <u>1-7</u>	<u>8-8:45</u>	<u>0</u>	12. _____	_____	_____
3. <u>1-7</u>	<u>10-10:40</u>	<u>1</u>	13. _____	_____	_____
4. <u>1-7</u>	<u>12-12:35</u>	<u>1</u>	14. _____	_____	_____
5. <u>1-7</u>	<u>2-2:30</u>	<u>1</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. _____	_____	_____	6. _____	_____	_____
2. <u>Ret.</u>	<u>9:33</u>	<u>0</u>	7. _____	_____	_____
3. <u>11</u>	<u>1:02</u>	<u>1</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 10

Number of Bolts Torqued Above Range None Below Range None

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken None

Remarks (Statement as to General Conditions of Mine or Area of Mine) Fair. None the whole can say with
Control on page 5 by the R.C.P. 6:50 AM Buddy Check S.C.S.R.

Tony W. Moore 33389 Assistant Mine Foreman
_____ 3306000 Mine Foreman-Mine Manager
_____ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-27-09 20 Section or Area Examined D-section
 Time of Examination: from 1:10 a.m. or PM to 1:50 a.m. or PM
 Was this report phoned to outside: Yes no
 By whom Bought-out Time _____ A.M. _____ P.M.
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>Chy 0.07</u>	
2. <u>2</u>	<u>N/O</u>	
3. <u>3L</u>	<u>N/O</u>	<u>Reported</u>
4. <u>3H</u>	<u>Need Clean</u>	<u>Reported</u>
5. <u>4</u>	<u>Need Clean</u>	<u>Reported</u>
6. <u>5L</u>	<u>N/O</u>	
7. <u>6</u>	<u>Not Bolted</u>	<u>Reflectors</u>
8. <u>7</u>	<u>N/O</u>	
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>L.O.B.</u>	<u>22,670</u>		

Remarks:
0.07 - Chy
20.86 - Oz
Power Center - o.k.
Shel for - o.k.
In take phone - o.k.
Travel ways - o.k.

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 Troy W. Moore 33387 Certificate No.
 Preshift-Mine Examiner
 Countersigned Mark L. ... 39000 Certificate No. 32284
 Mine Manager Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

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 Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-27 2009 Section or Area Examined 2 section
 Time of Examination: from 10:40 a.m. or 11:20 to 11:20 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Mike Bailey Time 11:25 P.M.
 Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1, 2, 3, 3 Left</u>	<u>None Observed</u>	<u>Reported</u>
2. <u>4</u>	<u>Cleaned And Dusted</u>	<u>Reported</u>
3. <u>5</u>	<u>None observed</u>	<u>Reported</u>
4. <u>5 Right</u>	<u>Needs Dusted</u>	<u>Reported</u>
5. <u>6</u>	<u>Not Bolted</u>	<u>Reflectors are Reported</u>
6. <u>7</u>	<u>Add cleaning</u>	<u>Reported</u>
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>21,321</u>		

Remarks: Track, travel ways, power centers, Intake phone, out by shelter OK AT TIME OF EXAM

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the W. Va. Mining Laws and 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 27685 Assistant Foreman Certificate No.
 Countersigned [Signature] 350600 Mine Manager Mine Foreman
Tony W. Moore 33359 Assistant Foreman Superintendent or Assistant

Myer Co. 1947-A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-28-09 Shift 3rd Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>4</u>	<u>unsafe</u>	<u>Reported</u>
2. <u>5th 3rd</u>	<u>unsafe</u>	<u>Reported</u>
3. <u>6</u>	<u>unsafe</u>	<u>Reported</u>
4.		
5.		
6.		
7.		
8.		
9.		
10.		

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) _____

[Signature] Assistant Mine Foreman
3284 Certificate No. [Signature] Mine Foreman-Mine Manager
[Signature] Certificate No. [Signature] Superintendent or Assistant

Report shall be signed when made

PRESHIFT-MINE EXAMINER'S REPORT

Use Indelible Pencil or Ink

Date of Examination 10-28-09 20 Section or Area Examined 2-Section
 Time of Examination: from 4 a.m. or p.m. to 5 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Kenny Time 5:42 P.M.
 Report received by T. Moore (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Chy	Violation or Hazardous Condition	Action Taken
1. <u>1</u>	<u>07c</u>	<u>N/A</u>	
2. <u>2</u>		<u>N/A</u>	<u>Reported</u>
3. <u>3</u>		<u>Need add. Cleaning</u>	<u>Reported</u>
4. <u>3L</u>		<u>Need add. Cleaning</u>	<u>Reported</u>
5. <u>4</u>		<u>Need add. Cleaning</u>	<u>Reflectors</u>
6. <u>5</u>		<u>Not Bolted</u>	
7. <u>5R</u>		<u>Need add. Cleaning</u>	<u>Reported</u>
8. <u>6</u>			
9. <u>7</u>			
10.			

Air Measurements

Location	CFM	Location	CFM
<u>L.O.B.</u>	<u>19,600</u>		

Remarks:

Power Center - O.K.
Shelter - O.K.
Intake Phase - O.K.
TRAVEL ways - O.K.

CO 0.7
O₂ 20.8%

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

Signed By [Signature] Certificate No. 32294 Assistant Foreman Certificate No. _____
 Countersigned [Signature] Mine Manager Mine Foreman Certificate No. 33000
[Signature] Assistant Foreman Certificate No. 33359 Superintendent or Assistant _____

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