18
GWM
5-25-2010

2 Section

PRESHIFT - ONSHIFT
and
DAILY REPORT

Started 10-28-09

Finished 11-13-09

Company Performance Coal

Mine UBB

SECTION #2 Section Hidgate 23

LOCATION Naoma Ral. W.Va.
Post Office County State

Form 6-1489
(March 1970)

Budget Bureau No. 42-R1589

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

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FORM# MS-014

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-28-09 20__ Section or Area Examined 2-Section

Time of Examination: from 1 a.m. or p.m. to 1:45 a.m. or p.m.

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.	1	N/O	
2.	2	N/O	
3.	3	Need cleaned	Reported
4.	3L	N/O	
5.	4	Need cleaned	Reported
6.	5R	N/O	
7.	6	Not bolted	Reflectors
8.	7	N/O	
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
L.O.B.	24,600		

Remarks:

0.06-Chy

20.86-O_2

Power Center-O.K. Intake Tele-O.K.

Shelter-O.K.

Travelways-O.K.

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

Signed By Troy W. Moore (Preshift-Mine Examiner) 33359 (Certificate No.) ____ Assistant Foreman ____ Certificate No.

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

____ Assistant Foreman ____

____ Superintendent or Assistant ____

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-28 2009 Section or Area Examined 2 section

Time of Examination: from 9:35 a.m. or (p.m) to 10:05 a.m. or (p.m)

Was this report phoned to outside: Yes_____ no ✓

By whom _____ Time _____A.M _____P.M.

Report received by Brought out
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1	None observed	None
2.	#2	None observed	None
3.	#3	Needs Cleaned	Reported
4.	#3 Left	None observed	None
5.	#4	Needs Cleaned	Reported
6.	#5	None observed	None
7.	#5 Right	None observed	None
8.	#6	Not Bolted	Reflectors
9.	#7	None observed	None
10.			

Air Measurements

Location	CFM	Location	CFM
LoB	18120		

Remarks: 0% CH4 20.8% O2 0PPM C.O. At Time of exam Power centers, Chargers, Intake Plane, Intake Shelter Clear At Time of exam

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

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

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

Assistant Foreman

Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-28 20__ Section or Area Examined 1 section

Time of Examination: from 1000 a.m. or p.m. to 1030 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no____

By whom Rick Time ____ A.M 1110 P.M.

Report received by Kyle Anderson (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	1	None observed	
2.	2	None observed	
3.	3L	None observed	
4.	3R	Scrap Cut	Reflectors hung
5.	4	N. Observed	
6.			
7.			
8.			
9.			
10.			

Void

Air Measurements

Location	CFM	Location	CFM
Pub	20680		

Remarks: 0 6 CH4

power center v changers hallways air base intake phone

Clear at time of exam

20.8

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

Signed By Rick Hutchins (Preshift-Mine Examiner) 37569 (Certificate No.) Kyle Anderson (Assistant Foreman) 33238 (Certificate No.)

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

Assistant Foreman

Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-29-09 20___ 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 ___ Time ___ A.M ___ P.M.

Report received by I Brought out (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Chy	Violation or Hazardous Condition	Action Taken
1.	1	06	None observed	None
2.	2		None observed	" "
3.	3L		None observed	" "
4.	3		Needs cleaned	Reported
5.	4		Needs cleaned	Reported
6.	5		None observed	None
7.	6		Not Bolted	Reflecters
8.	7		None observed	None
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
L.O.B.	17160		

Remarks:

0.06 Chy Travelways -

20.86 O_2

Power Center -

Intake Phone -

Shelter -

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

Signed By Greg Cob (Preshift-Mine Examiner) 1947-A (Certificate No.) ___ (Assistant Foreman) ___ (Certificate No.)

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

___ (Assistant Foreman) ___

___ (Superintendent or Assistant) ___

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-29-09 Shift 1st Area or Section 2-Section

Violations and other Hazardous Conditions Observed and Reported

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

Section File

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
[illegible]	33355	[illegible]	32[illegible]	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-29-09 20 Section or Area Examined 2-section

Time of Examination: from 1 a.m. or p.m. to 1:40 a.m. or p.m.

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.	1	N/O	
2.	2	N/O	
3.	3	Need clean	Reported
4.	3L	N/O	
5.	4	Need clean	Reported
6.	5R	N/O	
7.	6	Not Bolted	Reflectors
8.	7	N/O	
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
L.O.B.	26,490		

Remarks:

0.06 Chy Travelways-ok

20.86 O2

Power Center-ok

Shelter-ok

Int. Phone-ok

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

Signed By [signature] Preshift-Mine Examiner 33359 Certificate No. ___ Assistant Foreman ___ Certificate No.

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

___ Assistant Foreman ___ ___ Superintendent or Assistant ___

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-29-09 20____ Section or Area Examined 2 section

Time of Examination: from 908 a.m. or p.m. to 938 a.m. or p.m.

Was this report phoned to outside: Yes_____ no_____

By whom Cole Time _____ A.M 1100 P.M.

Report received by [signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.	1,2,3L,5R,7	none observed	none
2.	3-4	Cleaned & dusted	Reported
3.	6	not bolted	Reflected
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*
LOB	26,900		

Remarks: 0% CH4, 0% CO, 20.8% O2 Travelways OK

PC, Chargers, Shelter, Intake

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

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

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

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-30-09 Shift 3rd Area or Section F2

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action taken*
1.	3	unsafe roof	Reported
2.	4	" " "	"
3.	6	NOT Bolted	Re Reported
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
	3229			

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-30-09 20__ Section or Area Examined 2-Section

Time of Examination: from 3:00 a.m. or p.m. to 3:35 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom K Farmer Time 6:05 A.M P.M.

Report received by A. Carlson (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Chy Oz	Violation or Hazardous Condition	Action Taken
1.	1		None obs	None
2.	2		None obs	None
3.	3, 3L, 5R, 7		None obs	None
4.	3, 4		Need c&O	Rep.
5.	5		None obs	None
6.	6		Not Bolted	Rep. Tagged
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
L. O.B.	20,300		

Remarks:

0.06 - Chy
20.86 - O_2
Power Center - Clear at time of exam 20.8 O_2
Shelter - 0.06 Chy
Intake Phone -

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 3283 — Assistant Foreman — Certificate No.

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

Terry W. Moore 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 10-30-09 Shift 1st Area or Section 2-Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1, 2, 3L, 5R, 7	N/O	
2.	3 & 4	Need Cleaned	Cleaned
3.	5	N/O	
4.	6	Not Bolted	Bolted
5.	7	N/O	
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.				11.			
2.	1-7	8-8:45	0%	12.			
3.	1-7	10-10:40		13.			
4.	1-7	12-12:40		14.			
5.	1-7	2-2:33		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.	Ret	9:25	0%	6.			
2.	"	1:02		7.			
3.				8.			
4.				9.			
5.				10.			

Number of Bolts Tested 10

Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Fair. Gave the whole [illegible] [illegible] Control on page 5 of the RCP. 6:58 AM Buddy check S.C.S.R.

Tey Moore 55359 [illegible] 39[illegible]

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-30-09 20__ Section or Area Examined 2-Section

Time of Examination: from 1:30 a.m. or p.m. to 2 a.m. or p.m.

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	Chy Of	Violation or Hazardous Condition	Action Taken
1.	1		N/O	
2.	2		N/O	
3.	3		N/O	
4.	4R		N/O	
5.	5R		N/O	
6.	6		Need cleaned & dusted	Reported
7.	7		Not Bolted	Reflectors
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
L.O.B.	24,470		

Remarks:

O.06.-Chy

20.86-O_2

Power Center-O.K.

Shelter-O.K.

Int. Phone-O.K.

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

Signed By [signature] Preshift-Mine Examiner 33359 Certificate No. ____ Assistant Foreman ____ Certificate No.

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

____ Assistant Foreman ____

____ Superintendent or Assistant ____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-30-09 20__ Section or Area Examined 2 section

Time of Examination: from 835 a.m. or p.m. to 910 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Baily Time A.M 11:15 P.M.

Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	1	none Observed	none
2.	2	|	|
3.	3	|	|
4.	4	needs Cleaned	Reported
5.	4R	" "	"
6.	5	none observed	none
7.	5R	" "	"
8.	6R	cleaned - Dusted	Reported
9.	7	NOT Bolted	Reflected
10.			

Air Measurements

Location	CFM	Location	CFM
L.O.B	20,151		

Remarks: O2 CH4, O2 CO, 20.82 O2

PC, Chargers, Track, Travelways PC, Ratage, Intake Phone Check

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

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

Countersigned (Mine Manager—Mine Foreman) 3800

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10 31 2019 Section or Area Examined 2 Section

Time of Examination: from 7:10 a.m. or p.m. to 7:30 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.	1-2-3	None Observed	Rep
2.	4-4RT	Need Cleaned	Rep
3.	5-5RT	None Observed	Rep
4.	6RT	Need cleaned & dusted	Rep
5.	7	Not Bolted	Tagged
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*
HOB	20,395		

Remarks: 0% CH4 20.8% O2 0 CO
PC's Chargers Track Travelways OK

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

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

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

Johnny Neely 33472 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-31 2009 Section or Area Examined 2 Section

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

Was this report phoned to outside: Yes X no

By whom J Neely Time A.M 235 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.	Section Tele	No power	Danger off
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks:

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

Signed By Johnny Neely — Preshift-Mine Examiner — Certificate No. 33472 — Assistant Foreman — Certificate No.

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

Mike Bailey — Assistant Foreman — 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.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10 31 2009 Section or Area Examined 2 Section

Time of Examination: from 8:50 a.m. or p.m. to 11:50 a.m. or p.m.

Was this report phoned to outside: Yes_____ no —

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

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: _____

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

Signed By Mike Bailey (Preshift-Mine Examiner) 22085 (Certificate No.) _____ (Assistant Foreman) _____ (Certificate No.)

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

_____ (Assistant Foreman) _____ _____

John J Neely 33472 _____ (Superintendent or Assistant)

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-1 2009 Section or Area Examined 2 Section

Time of Examination: from 8 a.m. or p.m. to 6 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ✓

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

Report received by ____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM

Remarks: ____

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

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

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

Assistant Foreman

Johnny Reely — 33472 — Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-1 20 09 Section or Area Examined #2

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

Was this report phoned to outside: Yes ✓ no

By whom John Neely Time A.M 245 P.M.

Report received by Joe Murat 39199 (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks:

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

Signed By Johnny Neely (Preshift-Mine Examiner) 33472 (Certificate No.) Assistant Foreman Certificate No.

Countersigned [signature] (Mine Manager—Mine Foreman) 35[illegible]

Mike Bailey (Assistant Foreman) 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.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-1 2009 Section or Area Examined #2

Time of Examination: from 8:35 a.m. or p.m. to 9:10 a.m. or p.m.

Was this report phoned to outside: Yes ___ no ___

By whom [signature] Time ___ A.M 11:30 P.M.

Report received by [signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CHG	Violation or Hazardous Condition	Action Taken
1.	1	CC	N/O	—
2.	2		N/O	—
3.	3		N/O	—
4.	4, 4xr		Nrnds Cleared	Reportered
5.	5		N/O	—
6.	5xr		N/O	—
7.	6xr		Nrnds C/D	Reported
8.	7		NOT Bolted	Reportered
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
LOB	20,025		

Remarks: Travelways & Haulways clear at Tank of Exam

Power Center & Charger - N/O CO 0%

Air Chamber - OK O_2 20.8%

Intake Plane - OK

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

Signed By Mike Bailey (Preshift-Mine Examiner) 27085 (Certificate No.) [signature] (Assistant Foreman) 32284 (Certificate No.)

Countersigned [signature] (Mine Manager—Mine Foreman) 350000

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-2-09 Shift 3rd Area or Section #2

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	4, 4xr	nrcds closed	Reported
2.	6xr	" "	"
3.	7	NOT Bolted	Remarked
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

R. La — Assistant Mine | 32254 — Certificate No. | Mine Foreman-Mine Manager | Certificate No. | Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-2-09 20___ Section or Area Examined 2-Section

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

Was this report phoned to outside: Yes ✓ no ___

By whom Kenny Farmer Time 5:35 A.M. P.M.

Report received by T. Moore (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Chy O2	Violation or Hazardous Condition	Action Taken
1.	1		N/O	
2.	2		N/O	
3.	3		N/O	
4.	4 & 4R		Need Cleaned	Reported
5.	5 & 5R		N/O	
6.	6 R		Need Cleaned	Reported
7.	7		Not Bolted	Reflectors
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
I.O.B.	20,650		

Remarks:

0.07-chy Travelways - OK.

20.87-O2

Power Center - OK

Shelter - OK

Int. Phone - OK.

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

Signed By [signature] Preshift-Mine Examiner 32294 Certificate No. Assistant Foreman Certificate No.

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

[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 11-2-09 Shift 1st Area or Section 2-Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1, 2, 3	NO	
2.	4 & 4R	Need Cleaned	Cleaned
3.	5 & 5R	NO	
4.	6R	Need Cleaned	Cleaned
5.	7	Not Bolted	Bolted
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-7	8-8:45	0	11.			
2.	1-7	10-10:40		12.			
3.	1-7	12-12:35		13.			
4.	1-7	2-2:30		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.	Ret.	9:27	0	7.			
3.	"	1:14		8.			
4.				9.			
5.				10.			

Number of Bolts Tested 8

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 None

Remarks (Statement as to General Conditions of Mine or Area of Mine) Fair. Gave the whole crew a rib control on page 5 of the R.C.P. 6:50 Am. Buddy check S.C.S. Ras.

[signature] Assistant Mine — 37387 Certificate No. — [signature] Mine Foreman-Mine Manager — 37[illegible] Certificate No. — Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-2-09 20 Section or Area Examined 2-Section

Time of Examination: from 1 a.m. or p.m. to 1:50 a.m. or p.m.

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.	1	N/O	
2.	2	NO	
3.	3	N/O	
4.	4R	Scrap	Reflectors
5.	5	Need clean	Reported
6.	6R	Need clean	Reported
7.	7	N/O	
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
L.O.B.	22,740		

Remarks:

0.0% · Chy

20.8% · O_2

Power Center - O.K

Chargers - O.K.

Shelter - O.K.

Int. Phone - O.K.

Travelways - O.K.

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

Signed By Troy W. Moore (Preshift-Mine Examiner) 53359 (Certificate No.) ____ Assistant Foreman ____ Certificate No.

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

____ Assistant Foreman

____ Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-2 2009 Section or Area Examined Hd Gate 23

Time of Examination: from 9:39 a.m. or p.m. to 10:15 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ✓

By whom Brown Pt out Time ____ A.M ____ P.M.

Report received by ____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Chg	Violation or Hazardous Condition	Action Taken
1.	1	06	N/O	—
2.	2		N/O	—
3.	3		N/O	—
4.	4		N/O	—
5.	4xr		Scrap	Reflected
6.	5		N/O	—
7.	6		nrads cleaned	Reported
8.	6xr		" "	Reported
9.	7		N/O	—
10.				

Air Measurements

Location	CFM	Location	CFM
LOB	20,373		

Remarks: Travelways & Haulways clear at time of exam

Rear Center & Chamber - N/O CO 0%

Air Chamber - OK O_2 20.8%

Return Phase - ok

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

Signed By [signature] Preshift-Mine Examiner 27065 Certificate No. ____ Assistant Foreman ____ Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 3906 ____

____ Assistant Foreman ____

____ Superintendent or Assistant ____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-3-09 20.... Section or Area Examined 2-Section

Time of Examination: from 4:00 a.m. or p.m. to 4:40 a.m. or p.m.

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

By whom [redacted] Mike Bailey Time 5 A.M. P.M.

Report received by T. Moore (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	1	Chy O2 N/O	Reported
2.	2	N/O	Reported
3.	3	N/O	Reported
4.	4R	Scrap	Reflectors
5.	5	N/O	Reported
6.	6+6R	Need Cleaned	Reported
7.	7	N/O	Reported
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
L.O.B.	20,809		

Remarks:

O.07-chy
20.87-O2
Power Center-O.K.
Shelter-O.K.
Inf. Phone-O.K.
Travelways-O.K.

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

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

Countersigned [illegible] (Mine Manager—Mine Foreman) 38[illegible]

Terry W. Moore (Assistant Foreman) 33339

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-3-09 Shift 1st Area or Section 2-Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1,2,3	N/O	
2.	4R	scrap	Bolted
3.	5	N/O	
4.	6+6R	N C D.	cleaned & dusted
5.	7	N/O	
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.				11.			
2.	1-7	8-8:48	0%	12.			
3.	1-7	10-10:40		13.			
4.	1-7	12-12:35		14.			
5.	1-7	2-2:30		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.	Ret.	9:12	0%	7.			
3.	"	1:02		8.			
4.				9.			
5.				10.			

Number of Bolts Tested 8

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 None.

Remarks (Statement as to General Conditions of Mine or Area of Mine) Fair, Gone the whole [illegible] with control on page 5 of the RCP 6:55 Am Buddy Check S.C.S.R.

Terry W. Moore — Assistant Mine
33359 — Certificate No.
[signature] — Mine Foreman-Mine Manager
[illegible] — Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-3-09 20 Section or Area Examined 2-Section

Time of Examination: from 1 a.m. or p.m. to 1:50 a.m. or p.m.

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	Chy	Violation or Hazardous Condition	Action Taken
1.	1	06	N/O	
2.	2		N/O	
3.	3		Scrap	Reflectors
4.	4		N/O	
5.	5		N/O	
6.	6R		Part Bolted	Reflectors
7.	7		N/O	
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
L.O.B.	21,790		

Remarks:

0.06 Chy — Int. Phone - O.K.

20.86 - O_2 — Travelways - O.K.

Power Center - O.K.

Shelter - O.K.

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 33359 — Assistant Foreman — Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman — 35 [illegible]

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-3 20 89 Section or Area Examined Holgate 23

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

Was this report phoned to outside: Yes ____ no ____

By whom [illegible] Time ____ A.M 11:10 (P.M.)

Report received by [illegible] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	1 CH4 OL	N/O	—
2.	2	N/O	—
3.	3	Scrap	Ra Mactoral
4.	4	N/O	—
5.	5	N/O	—
6.	6 Xr	Part Bolted	Ra Mactoral
7.	7	N/O	—
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	21,053		

Remarks: Travelways & Haulways clear at time of exam

Power Center & Charger - N/O

Air Chamber - OK CO 0%

Intake Phone - OK O_2 20.8%

Mike Bailey 27085

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

Signed By Richard Hutchens 37569 [illegible] 32294

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

Countersigned [illegible] 350[illegible]

Mine Manager—Mine Foreman

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-4-09 Shift 3rd Area or Section Hdgstn 23

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	3	Scrap	Re Mantoned
2.	CXR	Rent Bolted	"
3.			
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.				11.			
2.				12.			
3.				13.			
4.		NO		14.			
5.				15.			
6.		Produce Taken		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 | 32284 Certificate No. | [signature] Mine Foreman-Mine Manager | [signature] Certificate No. | Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

N.G 23

Date of Examination 11-4-09 20__ Section or Area Examined 2-Section

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

Was this report phoned to outside: Yes ✓ no

By whom Kenny Farmer Time 5:20 A.M. P.M.

Report received by Terry Moore (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	1	Chy Ok N/O	Reported
2.	2	N/O	Reported
3.	3	Scrap	Reflectors
4.	4	N/O	Reported
5.	5	N/O	Reported
6.	6R	Part Bolted	Reflectors
7.	7	N/O	Reported
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
L.O.B	20,470		

Remarks:

0.06-chy Travelways-O.K.
20.87-O2
Power Center-O.K
Shelter-O.K
Int. Phone O.K

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 3723 — Assistant Foreman — Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman — 3723

Terry W. Moore 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 11-4-09 Shift 1st Area or Section H.C 23

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1, 2	N/O	
2.	3	scrap	Bolted
3.	4, 5	N/O	
4.	6R	Part Bolted	Bolted
5.	7	N/O	
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-7	8-8:50	06	11.			
2.	1-7	10-10:45	|	12.			
3.	1-7	12-12:40	|	13.			
4.	1-7	2-2:35		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.	Ret.	9:26	06	7.			
3.	Ret.	1:12	|	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 None

Remarks (Statement as to General Conditions of Mine or Area of Mine) Fair. Gone the whole Cur [illegible] in control on page 4 of the ROP. 6:55 Am Buddy Check SCSR.

[illegible] 33387 [illegible] 3[illegible]

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-4-09 20 Section or Area Examined N.C 23

Time of Examination: from 1:30 a.m. or p.m. to 2:10 a.m. or p.m.

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	Chy	Violation or Hazardous Condition	Action Taken
1.	1	06	N/O	
2.	2		N/O	
3.	3		N/O	
4.	4L		Scrap	Reflectors
5.	5		N/O	
6.	6R		N/O	
7.	7		Part Bolted	Reflectors
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
L.O.B	21,490		

Remarks:

0.06 Chy Int. Phone - O.K

20.86 O_2

Power Center - O.K

Shelter - O.K.

Chargers - O.K

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

Signed By Terry W. Moore (Preshift-Mine Examiner) 33359 (Certificate No.) ____ Assistant Foreman ____ Certificate No.

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

____ Assistant Foreman

____ Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

_____ Assistant Mine _____ Certificate No. _____ Mine Foreman-Mine Manager _____ Certificate No. _____ [illegible]

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-4 2009 Section or Area Examined H.G. 23

Time of Examination: from 9:00 a.m. or (p.m.) to 9:35 a.m. or (p.m.)

Was this report phoned to outside: Yes_____ no ✓

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

Report received by Brought Out (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Ch4	Violation or Hazardous Condition	Action Taken
1.	1	0%	None Observed	
2.	2	0%	None Observed	
3.	3	0%	None Observed	
4.	4L	0%	Part Bolted	Reflecters
5.	5	0%	Add cleaning	Reported
6.	6R	0%	None Observed	
7.	7	0%	Needs cleaned	Reported
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
LOB	21,730		

Remarks: 0% Ch4 20.8% O2 0ppm Track, Power centers, Chargers Shelter, Intake Phone, OK At Time of exam

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

Signed By [signature] Preshift-Mine Examiner 1947-A Certificate No. [signature] Assistant Foreman 32294 Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 3900 [signature]

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-5-09 Shift 3rd Area or Section Holgate 23

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	4XC	scrap	Re Mated
2.	5	[illegible]	Reported
3.	7	" "	Reported
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

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

NO Production

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

[signature] Assistant Mine | 32284 Certificate No. | [signature] Mine Foreman-Mine Manager | 3[illegible] Certificate No. | Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-5-09 20___ Section or Area Examined H.G. 23

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

Was this report phoned to outside: Yes ✓ no ___

By whom Kenny Farmer Time 4:37 A.M. ___ P.M.

Report received by Terry Moore (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Chy	Violation or Hazardous Condition	Action Taken
1.	1	0%	N/O	
2.	2		N/O	
3.	3		N/O	
4.	4L		scrap	Reflectors
5.	5		A/O Need Add. Cleaning	Reported
6.	6R		N/O	
7.	7		Need Cleaned	Reported
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
L.O.B.	20,600		

Remarks:

0.0% Chy — Chargers - O.K.

20.8% O_2 — Travelways - O.K.

Power Center - O.K.

Shelter - O.K.

Int. Phone - O.K.

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 32254 — Assistant Foreman — Certificate No.

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

Terry W. Moore 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 11-5-09 Shift 1st Area or Section H.G.23

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1, 2, 3	N/O	
2.	4L	Scrap	Bolted
3.	5	Need add. Cleaning	Cleaned
4.	6R	N/O	
5.	7	Need Cleaned	Cleaned
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.				11.			
2.	1-7	8-8:50	0%	12.			
3.	1-7	10-10:45		13.			
4.	1-7	12-12:40		14.			
5.	1-7	2-2:33		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.	Ret.	9:12	0%	7.			
3.	Ret.	1:14		8.			
4.				9.			
5.				10.			

Number of Bolts Tested 8

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 None

Remarks (Statement as to General Conditions of Mine or Area of Mine) Fair. Gave the whole crew [illegible] with control on page 4 of the RCP. 6:55 Am. Buddy Check S.C.S. Rec.

Tiny W. Moore — Assistant Mine; 33389 — Certificate No.; [signature] — Mine Foreman-Mine Manager; [illegible] — Certificate No.; Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-5-09 20___ Section or Area Examined UBB H.G. 23

Time of Examination: from 1 a.m. or p.m. to 1:45 a.m. or p.m.

Was this report phoned to outside: Yes_____ no ✓

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

Report received by Bought-out (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	1	N/O	
2.	2	N/O	
3.	3	N/O	
4.	4L	Need chemical	Reported
5.	5R	Not Bolted	Reflectors
6.	6	N/O	
7.	7	N/O	
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
L.O.B.	22,320		

Remarks:

O. Of Chy

20.86 O2

Power Center - O.K.

Shelter - O.K.

Chargers - O.K.

Int. Phone - O.K.

Travelways - O.K.

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

Signed By Troy W. Moore (Preshift-Mine Examiner) 33389 (Certificate No.) _____ (Assistant Foreman) _____ (Certificate No.)

Countersigned [signature] (Mine Manager—Mine Foreman) 390[illegible] _____ (Assistant Foreman) [signature] 24735 (Superintendent or Assistant)

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-5-09 Shift Eve Area or Section #2 Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
	24731			

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-5-09 20___ Section or Area Examined #2 Section

Time of Examination: from 830 a.m. or p.m. to ___ a.m. or p.m. 1000

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.	#1 0% CH4	None Observed	
2.	#2	" "	
3.	#3	" "	
4.	#4	" "	
5.	#4L	Needs Cleaned	Reported
6.	#5	None Observed	
7.	#5R	Not Bolted	Reflectors Hung
8.	#6	None Observed	
9.	#7	" "	
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	29,868		

0% CH4 detected

20.862

Remarks: Charger & Power Center - OK

Inflatable Shelter - OK

Intake Phone - OK

Travelway - OK

Air Movement in the Proper direction

Track Entry Mouth of 2 (78BK) to Section Clear

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

Signed By [signature] Preshift-Mine Examiner 24735 Certificate No. [signature] Assistant Foreman 38294 Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 35[illegible]

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-6-09 Shift 3rd Area or Section Holgrade 23

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	5th	not [illegible]	[illegible]
2.	4th	[illegible]	[illegible]
3.			
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

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

NO Production

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

[illegible]	32284	[illegible]	39[illegible]	
Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-6-09 20 Section or Area Examined UBB H.G 23

Time of Examination: from 4:30 a.m. or p.m. to 5:10 a.m. or p.m.

Was this report phoned to outside: Yes ___ no ___

By whom Kenny Farmer Time 5:30 A.M. 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.	1	0%	N/O	Reported
2.	2		N/O	Reported
3.	3		N/O	Reported
4.	4L		Need add. Cleaning	Reported
5.	5R		Not Bolted	Reflectors
6.	6		N/O	Reported
7.	7		N/O	Reported
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
L.O.B.	20,235		

Remarks:

0.06-Chy
20.86-O_2
Power Center-O.K
Chargers-O.K
Shelter-O.K
Int. Phone-O.K
Travelways-O.K

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

Signed By [signature] Preshift-Mine Examiner 70294 Certificate No. Assistant Foreman Certificate No.

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

[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 11-6-09 Shift 1st Area or Section HG 23

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1, 2, 3	N/O	
2.	4L	Need add. cleaning	Cleaned
3.	5R	Not Bolted	Bolted & cleaned
4.	6, 7	N/O	
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.				11.			
2.	1-7	8-8:50	0%	12.			
3.	1-7	10-10:45		13.			
4.	1-7	12-12:40		14.			
5.	1-7	2-2:35		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.	Ret.	9:06	0%	7.			
3.	"	1:04		8.			
4.				9.			
5.				10.			

Number of Bolts Tested 8

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 None

Remarks (Statement as to General Conditions of Mine or Area of Mine) Fair. Gave the whole Cor. roof & rib Cor. tied on page 4 of the RCP. 6:57A Buddy check S.C.S.R's

Fay W. Moore — Assistant Mine; 33339 — Certificate No.; [signature] — Mine Foreman-Mine Manager; [signature] — Certificate No.; Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-6-09 20 Section or Area Examined UBB HG23

Time of Examination: from 11:00 a.m. or p.m. to 1:45 a.m. or p.m.

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.	1	Chy Not Belted	Reflectors
2.	2	N/O	
3.	3	N/O	
4.	4	N/O	
5.	5R	Need Chained	Reported
6.	6	N/O	
7.	7	N/O	
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
L.O.B	22,370		

Remarks:

0.0% - Chy

20.8% - O_2

Power Center - O.K

Int. Phone - O.K.

Chargers - O.K.

Shelter - O.K

Travelways - O.K.

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

Signed By [signature] Preshift-Mine Examiner 33359 Certificate No. ____ Assistant Foreman ____ Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 39000

____ Assistant Foreman

____ Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-6 20 09 Section or Area Examined Hg Gate 23

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 Time ____ A.M 11/12 P.M.

Report received by [signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	1 CH 6	NOT Bolted	Replaced
2.	2	n/o	—
3.	3	n/o	—
4.	4	n/o	—
5.	5	n/o	—
6.	5 Xn	nails c/o	Reported
7.	6	n/o	—
8.	7	n/o	—
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	20121		

Remarks: Travelways of Headways clean at Trunk of Axiom

Power Center of Hangar - n/o CO 0%

Air Chamber - OK O_2 20.8%

Intake Plane - OK

Feeder nails cleaned

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

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

Countersigned [signature] (Mine Manager—Mine Foreman) 590 [illegible]

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-7-09 Shift 3RD Area or Section Hdgate 23

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1	not Bolted	Re Mat'ed
2.	5th	roads c/s	reported
3.			
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested

Number of Bolts Torqued Above Range Below Range

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

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

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
[signature]	32284	[signature]	390[illegible]	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-7-09 20__ Section or Area Examined UBB HG23

Time of Examination: from 4:30 a.m. or p.m. to 5:10 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no____

By whom Kenny Farmer Time 5:31 A.M. 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.	1	O.	Part Bolted	Reflectors
2.	2		N/O	
3.	3		N/O	
4.	4		N/O	
5.	5R		Need add. Cleaning	Reported
6.	6		N/O	
7.	7		N/O	
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
L.O.B.	22,260		

Remarks:

0.0% - Chy
20.8% - O_2
Power Center - O.K.
Shelter - O.K.
Chargers - O.K.
Int. Phone - O.K.
Travelways - O.K.

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

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

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

Terry W. Moore Assistant Foreman — 33389

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-7-09 Shift 1st Area or Section NG23

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1	Part Bolted	Bolted
2.	2, 3, 4	N/O	
3.	5R	Need Chemical	Chemical & dusted
4.	6, 7	N/O	
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.				11.			
2.	1-7	8-8:50	0.6	12.			
3.	1-7	10-10:45		13.			
4.	1-7	12-12:40		14.			
5.	1-7	2-2:35		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.	Ret.	9:18	0.1	7.			
3.	"	1:09		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 None

Remarks (Statement as to General Conditions of Mine or Area of Mine) Fair. Gave the whole crew [illegible] ish control on page 4 of the R.C.P. 6:57 pm Buddy Checked S.C.S. & R.S.

[signature] Assistant Mine 33357 Certificate No. [signature] Mine Foreman-Mine Manager [illegible] Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-7-09 20 Section or Area Examined H.G 23

Time of Examination: from 1 a.m. or p.m. to 1:30 a.m. or p.m.

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.			
2.	1	Scrap	Reflectors
3.	2L	N/O	
4.	3	N/O	
5.	4	N/O	
6.	5R	N/O	
7.	6	Need clean	Reported
8.	7	N/O	
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Z.O.B.	21,690		

Remarks:

O.Ob Chg — Chargers - O.K.

20.8% O_2 — Travelways - O.K.

Power Center - O.K

Shelter - O.K.

Int. Phone - O.K.

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

Signed By Terry W. Moore (Preshift-Mine Examiner) 33359 (Certificate No.) ____ (Assistant Foreman) ____ (Certificate No.)

Countersigned [signature] (Mine Manager—Mine Foreman) 350000

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

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-7 20 09 Section or Area Examined Hyde 23

Time of Examination: from 8:00 a.m. or p.m. to 11:30 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ____

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

Report received by ____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.	NO	Roof	Dangered at mouth
2.	NO	Pre-Shift	
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: ____

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

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

Countersigned ____ (Mine Manager—Mine Foreman) Certificate No. 35000

____ (Assistant Foreman) Certificate No. ____

____ (Assistant Foreman) Certificate No. ____

____ (Superintendent or Assistant)

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11 8 2009 Section or Area Examined H6 23

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

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

By whom ____

Report received by ____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM

Remarks: ____

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

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

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

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

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-8 20___ Section or Area Examined HG 23

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

Was this report phoned to outside: Yes_____ no ✓

By whom _____ Time _____A.M _____P.M.

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	*CFM*	*Location*	*CFM*

Remarks: _____

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

Signed By Johnny Neely (Preshift-Mine Examiner) 33472 (Certificate No.) _____ Assistant Foreman _____ Certificate No.

Countersigned [signature] (Mine Manager—Mine Foreman) 3506[illegible] _____

_____ Assistant Foreman _____ _____

_____ _____ Superintendent or Assistant _____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-8 20 9 Section or Area Examined 2 Sectio

Time of Examination: from 945 a.m. or p.m. to 1017 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Mike Bailey Time A.M 1118 P.M.

Report received by Kyle Anderson (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	1	Scrap Cut	Reflectors hung
2.	2, 3, 4, 5, 5R	None observed	
3.	6	needs cleaned	Reported
4.	7	none observed	
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
	21606		

Remarks: 6 cH 4
power center & chargers hallways air base intake phone
clear at time of exam
20.8

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

Signed By Mike Bailey (Preshift-Mine Examiner) 20085 (Certificate No.) Kyle Anderson (Assistant Foreman) 33238 (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.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-9-09 20__ Section or Area Examined H.G 23

Time of Examination: from 4:00 a.m. or p.m. to 4:37 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no ___

By whom Mike Bailey Time 5:37 (A.M.) P.M.

Report received by Terry Moore (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	1	Chy 06 Scrap Cut	Tagged
2.	2 - 2L	None Observed	Reported
3.	3	None Observed	Reported
4.	4	None Observed	Reported
5.	5 - 5R	None Observed	Reported
6.	6	Need Add'l Cleaning	Reported
7.	7	None Observed	Reported
8.			
9.			
10.			

20.8% O2

Air Measurements

Location	CFM	Location	CFM
L.O.B.	21,411		

Remarks:

0.06 - Chy

20.86 - O2

Power Center - O.K.

Shelter - O.K.

Int. Phone - O.K.

Chargers - O.K.

Travelways - O.K.

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

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

Countersigned [signature] (Mine Manager—Mine Foreman) 2506[illegible]

Terry W. Moore (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 11-9-09 Shift 1st Area or Section HC23

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1	scrap	Bolted
2.	2, 3, 4, 5	N/O	
3.	6	Need add. Cleaning	Cleaned
4.	7	N/O	
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.				11.			
2.	1-7	8-8:50	06	12.			
3.	1-7	10-10:45		13.			
4.	1-7	12-12:40		14.			
5.	1-7	2-2:40		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.	Ret.	9:21	0d	7.			
3.	"	1:05		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 None

Remarks (Statement as to General Conditions of Mine or Area of Mine) Fair. Gave the whole crew [illegible] + [illegible] Carbon page 4 of the R.O.P. 6.57A Buddy Check S.C.S.R.

Terry W. Moore — Assistant Mine; 33359 — Certificate No.; [signature] — Mine Foreman-Mine Manager; 3506[illegible] — Certificate No.; Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-9-09 20___ Section or Area Examined HG 23

Time of Examination: from 1 a.m. or p.m. to 1:45 a.m. or p.m.

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	Chy	Violation or Hazardous Condition		Action Taken
1.	1	0%	Need Chmd	20.86-O_2	Reported
2.	2L		Need Chmd	20.86-O_2	Reported
3.	3L		N/O	20.86-O_2	
4.	4		Need Chmd	20.86-O_2	Reported
5.	5		N/O	20.86-O_2	
6.	6		Not Belted	20.86-O_2	Reflectors
7.	7		Not Belted	20.86-O_2	Reflectors
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
L.O.B	22,612		

Remarks:

0.06-Chy Chargers-O.K.

20.86-O_2

Power Center O.K.

Shelter-O.K.

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

Signed By Troy W. Moore 33359 Certificate No. Assistant Foreman Certificate No. 1477A

Preshift-Mine Examiner

Countersigned [signature] 7306[illegible] [signature]

Mine Manager—Mine Foreman

Assistant 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.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-9 20 9 Section or Area Examined 2 section

Time of Examination: from 1000 a.m. or p.m. to 1030 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Mike Bailey Time A.M 1107 P.M.

Report received by Kyle Anderson (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	1	reds cleaned	Reported
2.	2	none observed	
3.	2L	reds cleaned & dusted	Reported
4.	3-3L	none observed	
5.	4	reds cleaned & dusted	Reported
6.	5	none observed	
7.	6 and 7	Not bolted	Reflectors hung
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	21912		

Remarks: No CH4

power center & chargers hallways air base intake phone

Clear at time of exam

208% O2 0 CO

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

Signed By Mike Bailey (Preshift-Mine Examiner) 27085 (Certificate No.) Kyle Anderson (Assistant Foreman) 33238 (Certificate No.)

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

[signature] (Assistant Foreman) 1479-A

[signature] (Superintendent or Assistant)

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-10-09 Shift 3rd OWL Area or Section #2 Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.			
2.	Och4		
3.	Section "		
4.	IdoL "		
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	#1 Return	3[illegible]Am	0.0%	6.			
2.				7.			
3.				8.			
4.				9.			
5.				10.			

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4 para 7 to Clew at Start of Shift 11:25PM

[signature] Assistant Mine — 1479-A Certificate No. — [signature] Mine Foreman-Mine Manager — 3[illegible] Certificate No. — Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-10-09 20____ Section or Area Examined UBB HC-23

Time of Examination: from 3 a.m. or p.m. to 3:35 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no____

By whom ~~Jack~~ Jason Thomas Time 3:42 A.M. P.M.

Report received by Terry Moore (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	1, 2	Chy 0% Need Clean & dust 20.8% O_2	Reported
2.	2L	N/O	
3.	3L	N/O	
4.	4	Need Clean & dust	Reported
5.	5	N/O	
6.	6	Not Bolted	Reflectors
7.	7	Not Bolted	Reflectors
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
L.O.B.	21,780		

Remarks:

0.0% Chy
20.8% O_2
Power Center - O.K.
Chargers - O.K.
Shelter - O.K.
Int. Phone - O.K.
Travelways - O.K.

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 147-A — Assistant Foreman — Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman — 38[illegible]

Terry W. Moore 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 11-10-07 Shift 1st Area or Section HB 23

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action taken*
1.	12	Need Clean	Clean & dust
2.	2L, 3L	N/O	
3.	4	Need Clean	Clean & dust
4.	5	N/O	
5.	6 & 7	Not Bolted	Bolted
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	*Time*	*Methane Content*		*Location*	*Time*	*Methane Content*
1.				11.			
2.	1-7	8-8:55	0%	12.			
3.	1-7	10-10:50	|	13.			
4.	1-7	12-12:45	|	14.			
5.	1-7	2-2:40	|	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.	Ret.	9:21	0%	7.			
3.	Ret.	1:12	|	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 None

Remarks (Statement as to General Conditions of Mine or Area of Mine) Fair. Have the outside company fan contractor page 4 of the RCP 6:57 Buddy Check S. Cook

Taylor Moore	33389	[illegible]	[illegible]	
Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-10-09 20____ Section or Area Examined NG23

Time of Examination: from 1 a.m. or p.m. to 1:45 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.	1	Chy Ob N/O 20.8% O_2	Reported
2.	2	N/O	
3.	3	N/O	
4.	4	N/O	
5.	5	N/O	
6.	6	N/O	
7.	7	N/O	
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
L.O.B.	22,690		

Remarks:

Shelter-OK
Int. Phone-OK
Chargers-OK

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 33389

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

Assistant Foreman — Certificate No.

Assistant Foreman

Superintendent or Assistant

Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

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

Time of Examination: from 935 a.m. or p.m. to 1015 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Mike Bailey Time A.M 1110 P.M.

Report received by Jason Thomas 1479-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	1 Och4 20.8802	None observed	Reported
2.	2 " "	None observed	Reported
3.	3 " "	none observed	Reported
4.	3L " "	none observed	Reported
5.	4 " "	Scrap cut	Reported
6.	5 " "	None observed	Reported
7.	6 " "	none observed	Reported
8.	7 " "	None observed	Reported
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Last open Break	20,703		

Remarks: travelways, power center, charger's phones, Life Shelter. Clear at time of exam.

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

Signed By Mike Bailey (Preshift-Mine Examiner) 27085 (Certificate No.) Assistant Foreman Certificate No. 1479-A

Countersigned [signature] (Mine Manager—Mine Foreman) 3500 [signature]

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-11-09 Shift 3rd Area or Section #2 Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	*Time*	*Methane Content*		*Location*	*Time*	*Methane Content*
1.	#1 Return	12:20AM	0.0%	6.			
2.	#1 Return	4:20AM	0.0%	7.			
3.				8.			
4.				9.			
5.				10.			

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read Page 8 Para 16,17 Of Roof control plan to crew @ 1130AM

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
	14AA		32	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-11-09 20___ Section or Area Examined UBB-HG23

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 ___

By whom JASAW Thomas Time 5:40 (M) P.M.

Report received by Terry Moore (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Chy 0%	Violation or Hazardous Condition	O_2 20.8%	Action Taken
1.	1		N/O		Reported
2.	2		N/O		Reported
3.	3 & 3L		N/O		Reported
4.	4		Scrap		Reflectors
5.	5		N/O		Reported
6.	6		N/O		Reported
7.	7		N/O		Reported
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
L.O.B.	21,750		

Remarks:

Shelter - O.K.

Int. Phone - O.K.

Chargers - O.K.

Travel ways - O.K.

Power Center - O.K.

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 1479-A — Assistant Foreman — Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman — 35040-08

Terry W. Moore Assistant Foreman — 33389

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-11-09 Shift 1st Area or Section HQ23

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1, 2, 3	N/O	
2.	4	scrap	Bolted
3.	5, 6, 7	N/O	
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.				11.			
2.	1-7	8-8:50	0%	12.			
3.	1-7	10-10:45		13.			
4.	1-7	12-12:40		14.			
5.	1-7	2-2:35		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.	Ret	9:12	0%	7.			
3.	"	1:03		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 None

Remarks (Statement as to General Conditions of Mine or Area of Mine) Fair. Gone the whole Crew roof & rib control on page 4 of the RCP 6:57 Am Buddy Check S.C.S.R's

Troy Moore — Assistant Mine | 33389 — Certificate No. | [signature] — Mine Foreman-Mine Manager | 33060-08 — Certificate No. | Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-11-09 20____ Section or Area Examined HG23

Time of Examination: from 1:05 a.m. or (p.m.) to 1:45 a.m. or (p.m.)

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*
		CH4 O2	
1.	1	0% 20.8% N/O	
2.	2	Need Check	Reported
3.	3L	Scrap	Reflectors
4.	4	Need Check	Reported
5.	5	N/O	
6.	6	N/O	
7.	7	N/O	
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*
L.O.B.	22,690		

Remarks:

O.0% CH4
Int. Phone-O.K.
Shelter-O.K.
Charger-OK
Power Center-O.K.

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

Signed By Terry W. Moore (Preshift-Mine Examiner) 33359 (Certificate No.) ____ (Assistant Foreman) ____ (Certificate No.)

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

____ (Assistant Foreman)

____ (Superintendent or Assistant)

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-11-09 20___ Section or Area Examined #2 Section

Time of Examination: from 9:20 a.m. or p.m. to 9:30 a.m. or p.m.

Was this report phoned to outside: Yes_____ no ✓

By whom Brought out Time _____ A.M 11:10 P.M.

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
L.O.3.	20,242		

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

Track, Travelways, powercenters, chargers, Refuge chamber, ok at time of exam

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

Signed By [signature] Preshift-Mine Examiner 39042 Certificate No. _____ Assistant Foreman _____ Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 3306027

_____ Assistant Foreman _____ _____ Superintendent or Assistant _____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-12-09 20___ Section or Area Examined HG 23

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 ___ Time ___ A.M ___ P.M.

Report received by Terry Moore (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Chy	Violation or Hazardous Condition	O_2	Action Taken
1.	1	0%	none observed	20.8%	none
2.	2	0%	needs Cleaned	20.8%	Reported
3.	3L	0%	scrapout	20.8%	Reflected
4.	3-4	0%	needs Cleaned	20.8%	Reported
5.	5	0%	needs Cleaned	20.8%	Reported
6.	6	0%	none Observed	20.8%	none
7.	7	0%	none Observed	20.8%	none
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
L.O.B.	20,451		

Remarks: 0% Chy 0% CO 20.8% O2

Shelter - OK

Int. Phone - OK

Power Center - OK

Chargers - OK

Travelways - OK

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

Signed By [signature] Preshift-Mine Examiner 15397 Certificate No. ___ Assistant Foreman ___ Certificate No. ___

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

Terry W. Moore Assistant Foreman 33389

___ Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-12-09 Shift 1st Area or Section HG 23

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1	N/O	
2.	2	Need Cleaned	Cleaned
3.	3 & 4	Scrap	Bolted
4.	3 & 4	Need Cleaned	Cleaned
5.	5	Need Cleaned	Cleaned
6.	6 & 7	N/O	
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.				11.			
2.	1-7	8-8:45	0%	12.			
3.	1-7	10-10:45		13.			
4.	1-7	12-12:40		14.			
5.	1-7	2-2:30		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.	Ret.	9:03	0%	7.			
3.	Ret.	1:07	0%	8.			
4.				9.			
5.				10.			

Number of Bolts Tested 8
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 None

Remarks (Statement as to General Conditions of Mine or Area of Mine) Fair. Have the whole cur [illegible] & rib control on page 4 of the RCP 6:57 Am Buddy Checked S.C.S. Rs

Terry Moore — Assistant Mine
33359 — Certificate No.
[signature] — Mine Foreman-Mine Manager
390[illegible] — Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-12-09 20___ Section or Area Examined HG23

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 Bought-out Time ___A.M ___P.M.

Report received by ___ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	Violation or Hazardous Condition	O2	Action Taken
1.	1	0%	N/O	20.8%	Reported
2.	2	0%	N/O	20.8%	Reported
3.	3	0%	Part Bolted	20.8%	Reflectors
4.	3L	0%	Needs removed & dusted	20.8%	Reported
5.	4R	0%	Part Bolted	20.8%	Reflectors
6.	5	0%	N/O	20.8%	Reported
7.	6	0%	N/O	20.8%	Reported
8.	7	0%	N/O	20.8%	Reported
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
L.O.B.	22,640		

Remarks:

Shelter - O.K.
Int. Phone - O.K.
Chargers - O.K.
Power Center - O.K.

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

Signed By Troy W. Moore (Preshift-Mine Examiner) Certificate No. 33359 Assistant Foreman Certificate No.

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

Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-12-09 20.... Section or Area Examined 2 Section

Time of Examination: from 900 a.m. or (p.m.) to 935 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.	1	OZ Chy	none Observed	none
2.	2	OZ Chy	scrap	Reflected
3.	3L	OZ Chy	cleaned & dusted	Reported
4.	3	OZ Chy	Part Bolted	Reflected
5.	4	OZ Chy	none	none
6.	4R	OZ Chy	Part Bolted	Reflected
7.	5	OZ Chy	none Observed	none
8.	6	OZ Chy	none Observed	none
9.	7	OZ Chy	none observed	none
10.				

Air Measurements

Location	CFM	Location	CFM
LOB	20,150		

Remarks: OZ Chy OZ CO 20.82 OZ

Int. Phone OK

Chargers OK

Power center OK

Travelways OK

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

Signed By [signature] Preshift-Mine Examiner 15399 Certificate No. [signature] Assistant Foreman Certificate No. 1477A

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

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-13-09 Shift 3rd Area or Section #2 Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

[signature]	1478-A	[signature]	39[illegible]	
Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-13-09 20__ Section or Area Examined HG 23

Time of Examination: from 4:05 a.m. or p.m. to 5:37 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no____

By whom Jason Thomas Time 5:35 A.M. P.M.

Report received by Terry Moore (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Chy	Violation or Hazardous Condition	O_2	Action Taken
1.	1	0%	N/O	20.8%	Reported
2.	2	0%	N/O	20.8%	Reported
3.	3	0%	Not Bolted	20.8%	Reflectors
4.	4R	0%	N/O Part Bolted	20.8%	Reflectors
5.	5	0%	N/O	20.8%	Reported
6.	6	0%	N/O	20.8%	Reported
7.	7	0%	N/O	20.8%	Reported
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
L.O.B.	22,560		

Remarks:

Int. Phone – Clear

Shelter – "

Power Center – "

Chargers – "

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 1479-A — Assistant Foreman — Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman — 3906002

[signature] Assistant Foreman — 33369

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-13-09 Shift 1st Area or Section HG23

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1, 2	N/O	
2.	3	Not Bolted	Bolted
3.	4R	Part Bolted	Bolted
4.	5, 6, 7	N/O	
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.				11.			
2.	1-7	8-8:50	0%	12.			
3.	1-7	10-10:45		13.			
4.	1-7	12-12:40		14.			
5.	1-7	2-2:35		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.	Ret.	9:11	0%	7.			
3.	Ret.	1:06		8.			
4.				9.			
5.				10.			

Number of Bolts Tested 8

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 None

Remarks (Statement as to General Conditions of Mine or Area of Mine) Fair. Gave the whole crew my & ill control on page 4 of the RCP. 6:53A. Buddy check S.C.S.R.s.

Terry W. Moore — Assistant Mine
33359 — Certificate No.
[signature] — Mine Foreman-Mine Manager
39066 — Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink 50/

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-13-09 20____ Section or Area Examined HG23

Time of Examination: from 1 a.m. or p.m. to 840 a.m. or p.m.

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.	1	N/O	
2.	2L	Scrap	Reflectors
3.	3	N/O	
4.	4	N/O	
5.	5	Need Clean & dusted	Report
6.	6R	Not Bolted	Reflectors
7.	7	N/O	
8.			
9.			
10.			

Ch4 0% 20.8%

Air Measurements

Location	*CFM*	*Location*	*CFM*
2, O.B.	22,640		

Remarks:

Int. Phone - O.K.
Shelter - O.K.
Power Center - O.K.
Chargers - O.K.

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 33269

Countersigned [signature] Mine Manager—Mine Foreman — Certificate No. 330000

Assistant Foreman — Certificate No.

Assistant Foreman

Superintendent or Assistant