

20 GWM  
5-25-2010

Started 1-29-10

# PRESHIFT - ONSHIFT and DAILY REPORT

## HG # 23

Finished  
3-2-10

Company Performance Coal

Mine Upper Big Branch

SECTION HG # 23

LOCATION Naoma Raleigh WV  
Post Office County State

Form 6-1489  
(March 1970)

Budget Bureau No. 42-R1589

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

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Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination: 1-29 2010 Section or Area Examined Head Gate 23  
Time of Examination: from 1000 a.m.  p.m. to 1050 a.m. or  p.m.  
Was this report phoned to outside: Yes  no   
By whom Brian Collins Time 1105 A.M. P.M.  
Report received by Jason Thomas 1477-A  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1,2,3 Faces</u> <u>044-208902</u>	<u>None observed</u>	
2. _____	_____	_____
3. <u>4 Left</u>	<u>part Bolted</u>	<u>Reported</u>
4. _____	_____	_____
5. <u>5 Right</u>	<u>Scrap cut</u>	<u>Reported</u>
6. <u>6,7 Faces</u>	<u>none observed</u>	
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<del>#1</del> <u>REPA L.O.B</u>	<u>22,030</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: P. center, chargers, travel ways, strata Air Bay,  
Intake phone - Clear at time of exam.

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.  
Signed By Brian Collins 1543-A Preshift-Mine Examiner Certificate No. \_\_\_\_\_  
Countersigned J. Thomas 1477-A Mine Manager - Mine Foreman Assistant Foreman Certificate No. \_\_\_\_\_  
Assistant Foreman  
Superintendent or Assistant

Use Indelible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 1-30-10 Shift 3rd Area or Section Head Gate 23

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	105-135AM	0%			
2.					
3. 1-7	205-235AM	0%			
4.					
5. 1-7	505-535AM	0%			
6.					
7.					
8.					
9.					
10.					

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	103AM	0%			
2.					
3. Return	503AM	0%			
4.					
5.					
6.					
7.					
8.					
9.					
10.					

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety talk page 8, Para 7,8  
of Roof control plan at 1250AM

[Signature] Assistant Mine MPA Certificate No. [Signature] Mine Foreman-Mine Manager 33359 Certificate No. [Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-30-20 Section or Area Examined H16.23
Time of Examination: from 6:00 a.m. or p.m. to 6:40 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom J. Thomas Time 5:00 A.M. P.M.
Report received by S. Harvat (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 10 rows of handwritten entries regarding CH4% and O2% observations.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten data for location LOP and CFM value 22418.

Remarks: Powercenser and roadways clear at time of exam CH4% on 20.8%

Outby shelter clear at time of exam

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1479-A
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 35359
Assistant Foreman [Signature] Superintendent or Assistant Certificate No. 39058-08

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-30

Shift DAY

Area or Section HG 23

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <i>3</i>	<i>Dangerous over 4L Pinned in 3 correct</i>	
2. <i>4L</i>	<i>PART BOLTED</i>	<i>//</i>
3.		
4.		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <i>1-7</i>	<i>7:25-8:00</i>	<i>0</i>	11.		
2.			12.		
3. <i>1-7</i>	<i>9:00-9:30</i>	<i>0</i>	13.		
4.			14.		
5. <i>1-7</i>	<i>11:00-11:30</i>	<i>0</i>	15.		
6.			16.		
7. <i>1-7</i>	<i>1:00-1:30</i>	<i>0</i>	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <i>1 Return</i>	<i>7:20</i>		6.		
2.			7.		
3. <i>ches</i>	<i>10:35</i>		8.		
4.			9.		
5.			10.		

Number of Bolts Tested *10*

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) *over over 19-4 PARA 5-7*

*[Signature]*  
Assistant Mine

*39058-0*  
Certificate No.

*[Signature]*  
Mine Foreman-Mine Manager

*33359*  
Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 1-30-10 20\_\_ Section or Area Examined HC#23  
Time of Examination: from 1 a.m. or am. to 2 a.m. or pm.  
Was this report phoned to outside: Yes  no   
By whom Steve Harrah Time 2:35 pm.  
Report received by Bruce Collins 1543-A  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	$O_2$	CH <sub>4</sub>	Violation or Hazardous Condition	Action Taken
1.	<u>1, 2, 4, 6, 7</u>	<u>20.8</u>	<u>0%</u>	<u>N/A</u>	<u>none</u>
2.	<u>3L</u>	<u>20.8</u>	<u>0%</u>	<u>SCRAP cut</u>	<u>Reflectance</u>
3.	<u>5R</u>	<u>20.8</u>	<u>0%</u>	<u>Part Bolted</u>	<u>Reflectance</u>
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>22,470</u>		

Remarks: 20.8% O<sub>2</sub> 0% CH<sub>4</sub> 0ppm CO at time of exam  
Turnways, walkways, haulageways, passageways  
and cutting shelter clear at time of exam  
Intake phone clear at time of exam

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

Signed By Steve Harrah Preshift-Mine Examiner Certificate No. 39066-08  
Bruce Collins Assistant Foreman Certificate No. 1543-A  
 Countersigned T. Moore 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 1-30-10 Shift eve Area or Section HC #23

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	<u>1, 2, 4, 6, 7</u>	<u>N/A</u>	<u>none</u>
2.	<u>3L</u>	<u>SCRAP cut</u>	<u>removed cut</u>
3.	<u>5R</u>	<u>Paint marked</u>	<u>scrubbed to pass</u>
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>1-7</u>	<u>500-530</u>	<u>0%</u>	11.			
2.				12.			
3.	<u>1-7</u>	<u>630-700</u>	<u>0%</u>	13.			
4.				14.			
5.	<u>1-7</u>	<u>830-900</u>	<u>0%</u>	15.			
6.				16.			
7.	<u>1-7</u>	<u>1000-1050</u>	<u>0%</u>	17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>Return</u>	<u>628</u>	<u>0%</u>	6.			
2.				7.			
3.	<u>Return</u>	<u>1009</u>	<u>0%</u>	8.			
4.				9.			
5.				10.			

Number of Bolts Tested 18  
Number of Bolts Torqued Above Range 0 Below Range 0

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

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

check at start of shift at end of TK

Brian Collins  
Assistant Mine

1543-A  
Certificate No.

T. J. Moore  
Mine Foreman-Mine Manager

33359  
Certificate No.

Superintendent or Assistant

Read page 4 part 3 of R.L. Smith

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 1-30-60 Section or Area Examined HG #23  
 Time of Examination: from 10:00 a.m. or p.m. to 6:00 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Brian Collins Time          A.M.          P.M.  
 Report received by May Cole 1947-A  
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1 0% ch <sub>4</sub> 20.8% O <sub>2</sub>	None Observed	Reported
2. #2 0% ch <sub>4</sub> 20.8% O <sub>2</sub>	scrap cut	Reflectors
3. #3, 4, 5 0% ch <sub>4</sub> 20.8% O <sub>2</sub>	none observed	Reported
4. #6R 0% ch <sub>4</sub> 20.8% O <sub>2</sub>	scrap cut	Reflectors
5. #7 0% ch <sub>4</sub> 20.8% O <sub>2</sub>	None Observed	Reported
6. <u>        </u>	<u>        </u>	<u>        </u>
7. <u>        </u>	<u>        </u>	<u>        </u>
8. <u>        </u>	<u>        </u>	<u>        </u>
9. <u>        </u>	<u>        </u>	<u>        </u>
10. <u>        </u>	<u>        </u>	<u>        </u>

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>22,165</u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>

Remarks: 20.8% O<sub>2</sub>, 0% ch<sub>4</sub>, 0ppm.c.o. Detected

Travelways, walkways, haulageways, Powercenter, Intake Phone and dutby shelter, clear At Time ~~of~~ OF Exam

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

Signed By Brian Collins 1543-A  
 Preshift-Mine Examiner Certificate No.  
 Countersigned T. Moore 33353  
 Mine Manager—Mine Foreman  
 Assistant Foreman Certificate No.

May Cole 1947-A

Superintendent or Assistant

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

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

	Location	Violations and other Hazardous Conditions Observed and Reported 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) \_\_\_\_\_

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 1-31 Section or Area Examined NG 23  
Time of Examination: from 1200 a.m. or 300 p.m. to 300 a.m. or 300 p.m.  
Was this report phoned to outside: Yes no  
By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
Report received by Brought outside  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. _____	<u>Section Idk - No Power</u>	<u>DANGERED OFF</u>
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 George Curre Certificate No. 27429  
Preshift-Mine Examiner Assistant Foreman Certificate No. \_\_\_\_\_  
Countersigned T. M. ... Certificate No. 33359  
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 1-31 2010 Section or Area Examined HG 23  
Time of Examination: from 10:25 a.m. or 6 p.m. to 10:52 a.m. or 6 p.m.  
Was this report phoned to outside: Yes  no   
By whom J. C. G. S. Time 11:10 A.M. P.M.  
Report received by M. J. C. H. 1947-A  
(Signed)

Violations and other Hazardous Conditions Observed and Reported			
	Location	Violation or Hazardous Condition	Action Taken
1.	<u>CH<sub>4</sub> 0%</u>	<u>None observed</u>	<u>None</u>
2.	<u>0%</u>	<u>SCRAP CUT</u>	<u>Reflectors</u>
3.	<u>345.610%</u>	<u>None observed</u>	<u>None</u>
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements			
Location	CFM	Location	CFM
<u>LOB</u>	<u>21,0325</u>		

Remarks: 0% CH<sub>4</sub>, 20.8% O<sub>2</sub>, 0.1% CO<sub>2</sub> Detected  
Travelways, walkways, Pc, Intake Phone, outBy shelter  
Clear At Time of exam

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

Signed By [Signature] 32476  
Preshift-Mine Examiner Certificate No.  
Countersigned T. Moore 33339 Assistant Foreman Certificate No. 1979-A  
Mine Manager—Mine Foreman  
Assistant Foreman  
Superintendent or Assistant

M. J. C. H. 1947-A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-2-10

Shift 3rd

Area or Section Head Gate 23

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Section Idol</u>	<u>Belt power move</u>	
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. _____	_____	_____	11. _____	_____	_____
2. _____	_____	_____	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. <u>Return</u>	<u>1253Am</u>	<u>0%</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Return</u>	<u>4534m</u>	<u>0%</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested \_\_\_\_\_

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety talk Read page

8 Para. 10, 11 to crew out 1130 PM

[Signature]  
Assistant Mine

1477-A  
Certificate No.

T. Moore  
Mine Foreman-Mine Manager

33389  
Certificate No.

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

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 7-1 20 1962 Section or Area Examined H623  
 Time of Examination: from 7:57 a.m. or p.m. to 9:15 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom J. J. Thomas Time 5:50 A.M. P.M.  
 Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>CH<sub>4</sub> 0% O<sub>2</sub> 20.8%</u>	<u>none observe</u>	
2. <u>CH<sub>4</sub> 0% O<sub>2</sub> 20.8%</u>	<u>scrub</u>	<u>Ref-1</u>
3. <u>3L, 3 CH<sub>4</sub> 0% O<sub>2</sub> 20.8%</u>	<u>none observe</u>	
4. <u>CH<sub>4</sub> 0% O<sub>2</sub> 20.8%</u>	<u>none observe</u>	
5. <u>CH<sub>4</sub> 0% O<sub>2</sub> 20.8%</u>	<u>scrub</u>	<u>Ref-1</u>
6. <u>6, 7 CH<sub>4</sub> 0% O<sub>2</sub> 20.8%</u>	<u>none observe</u>	
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

Location

CFM

Location

CFM

LORB

22371

Remarks:

Powercenter and Roadways clear at time of exam  
CH<sub>4</sub> 0% O<sub>2</sub> 20.8%

Butbyshelter clear at time of exam

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1479A  
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 33359  
[Signature] Assistant Foreman  
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-1 Shift DAY Area or Section H623

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>2</u>	<u>SCIP</u>	<u>corrected</u>
2.		
3.		
4.		
5. <u>5</u>	<u>SCIP</u>	
6.		
7.		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>7:25</u>	<u>0</u>	6.		
2.			7.		
3. <u>Return</u>	<u>11:25</u>	<u>0</u>	8.		
4.			9.		
5.			10.		

Number of Bolts Tested 14  
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over corner bolting with crew at 6:30pm

[Signature] Assistant Mine Foreman Certificate No. 39058-08  
[Signature] Mine Foreman-Mine Manager Certificate No. 35359  
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

FRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-1-10 20 Section or Area Examined HGF#23
Time of Examination: from 1 a.m. or 6 p.m. to 2 a.m. or 6 p.m.
Was this report phoned to outside: Yes [X] no
By whom Steve Hammah Time A.M. 235 P.M.
Report received by Brian Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, % CH4, Violation or Hazardous Condition, Action Taken. Contains 6 rows of handwritten entries such as '1+2 20.8 0% n/o', '3L 20.8 0% Part Bolted', '4 20.8 0% n/o', '5 20.8 0% needs cleaned & dusted', '6R 20.8 0% SCRAP cut', '7 20.8 0% N/O'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains one handwritten entry: 'LOB 21525'.

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

Travelways, walkways, haulageways, power cables,
and other shelter clear at time of exam

Intake Phase ok at exam time

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

Signed By [Signature] 39208-08 Brian Collins Assistant Foreman 1543-A Certificate No.
Countersigned [Signature] Mine Manager - Mine Foreman 33357

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 2-1-16 Shift eve Area or Section HG # 23

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains 8 rows of handwritten entries.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Contains 20 rows of handwritten entries.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Contains 10 rows of handwritten entries.

Number of Bolts Tested 14 Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4 part of R.C.P. with clip at start of shift and end of TK

Assistant Mine: Brown Collins 1543-A; Mine Foreman-Mine Manager: T. Mann 35359; Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 2-1-10 Section or Area Examined Head Gate 23  
 Time of Examination: from 1000 a.m. or p.m. to 1050 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Brian Collins Time 11:00  P.M.  
 Report received by [Signature] 1479-A  
 (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. Face o ch 4 20.8% 02	None observed	
2. Face 0% 20.8	Needs Add. Cleaning	Reported
3. Face 0% 20.8	Part Bolted	Reported
4. 3 Left - 4 Face 0% 20.8	Needs cleaned dusted	Reported
5. 5 Face 6 Face 0% 20.8	None observed	
6. 7 Face 0% 20.8	Scrap cut	Reported
7.		
8.		
9.		
10.		

#### Air Measurements

Location	CFM	Location	CFM
<u>L.O.B</u>	<u>21,130</u>		

Remarks: p-center, chargers, Travel ways, Intake Phone  
Strata Air Bay - 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 Brian Collins 1543A  
 Preshift-Mine Examiner Certificate No.  
 Countersigned T. Moore [Signature] Assistant Foreman Certificate No. 1479-A  
 Mine Manager - Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-2-10 Shift 3rd Area or Section H.G. 23

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>105-135AM</u>	<u>0%</u>	11. _____		
2. _____			12. _____		
3. <u>1-7</u>	<u>305-335AM</u>	<u>0%</u>	13. _____		
4. _____			14. _____		
5. <u>1-7</u>	<u>505-535AM</u>	<u>0%</u>	15. _____		
6. _____			16. _____		
7. _____			17. _____		
8. _____			18. _____		
9. _____			19. _____		
10. _____			20. _____		

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4 Para 1 of R.C.P. out 11:30 pm out side.

[Signature] Assistant Mine 1479-A Certificate No. T. Moore Mine Foreman-Mine Manager 33359 Certificate No. \_\_\_\_\_ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-2 20 Section or Area Examined 4623
Time of Examination: from 5:00 a.m. or p.m. to 5:45 a.m. or p.m.
Was this report phoned to outside? Yes no
By whom G. Thomas Time 5:55 A.M. P.M.
Report received by S. Hanna (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for CH4 and O2 percentages and actions like 'PART bolted', 'none observe', 'SCIP', 'need 5 clamp adjusted'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry for 'LOB' with CFM value '25380'.

Remarks: Powercenter and Roadways clear at time of exam. CH4 O2 20.8%
Outby shelter clear at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] Certificate No. 14794
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 37357
Assistant Foreman [Signature] Certificate No. 39008-08
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-2 Shift Day Area or Section HG27

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>RAFS Bolted</u>	<u>Corrected</u>
2. <u>4</u>	<u>SCAP</u>	
3.		
4. <u>7</u>	<u>neds Cleared Adjusted</u>	
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>L Retn</u>	<u>7:25</u>	<u>Ø</u>	6.		
2.			7.		
3. <u>L Retn</u>	<u>11:25</u>	<u>Ø</u>	8.		
4.			9.		
5.			10.		

Number of Bolts Tested 12 Below Range Ø

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over BS 4 PARA 708 ROOF CONT 01

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-2-10 20. Section or Area Examined HC #23
Time of Examination: from 1 a.m. or p.m. to 2 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Steve Harrah Time A.M. 240
Report received by Bruce Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations 1, 2,3, 4, 4R, 5,6,7 with corresponding CH4 percentages and descriptions of conditions like 'back up cut' and 'muck cleaned & dusted'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry for 'JOB' with a CFM value of 21,915.

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

tunnels, walkways, haulageways, powercenter and other shelters clean at time of exam

Intake Phone ok at exam time

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Steve Harrah 3905-08 Preshift-Mine Examiner Certificate No. 33357
Countersigned T. Harrah Mine Manager-Mine Foreman
Signed By Bruce Collins 1543-A Assistant Foreman Certificate No.

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-2-10 Shift lve Area or Section H6 #23

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>SCRAP cut</u>	<u>removed</u>
2. <u>2,3</u>	<u>N/A</u>	<u>none</u>
3. <u>4</u>	<u>needs cleaned &amp; dusted</u>	<u>cleaned &amp; dusted</u>
4. <u>4R</u>	<u>not Belted</u>	<u>halted to face</u>
5. <u>5,6,7</u>	<u>N/A</u>	<u>none</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>500-530</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>630-700</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-7</u>	<u>830-900</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-7</u>	<u>1000-1050</u>	<u>0%</u>	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>629</u>	<u>0%</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Return</u>	<u>1014</u>	<u>0%</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

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

William Culbert Assistant Mine Foreman  
Patrick R. Nelson Mine Foreman - Mine Manager  
Certificate No. 1543-A  
Certificate No. 2014-A  
T. Moore Superintendent or Assistant  
Certificate No. 33357

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 2-2-10 Section or Area Examined HG 23  
 Time of Examination: from 10:00 a.m. or 10:50 a.m. or 11:00 p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Patrick Hilbert Time 11:00 A.M.  P.M.  
 Report received by DWG/SL 1947-A  
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	CL4	Location	O2	Violation or Hazardous Condition	Action Taken
1.	0%		20.8%	scrap cut	Re Reflector
2.	2,3,4,5,6,7	0% ch4	20.8% O2	None observed	Reported
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>21,417</u>		

Remarks: 20.8% O2, 0% ch4, 0ppm C.O. Detected  
Travelways, Haulageways, walkways, Power center, out by shelter,  
Intake phone, clear At Time of exam

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

Signed By Patrick Hilbert Preshift-Mine Examiner  
 Certificate No. 204A  
 Countersigned T. Moore Mine Manager—Mine Foreman  
 Assistant Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-3-10 Shift 3rd

Area or Section HG 23

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>105-135Am</u>	<u>0%0</u>	11.		
2.			12.		
3. <u>1-7</u>	<u>305-335A</u>	<u>0%0</u>	13.		
4.			14.		
5. <u>1-7</u>	<u>505-535Am</u>	<u>0%0</u>	15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read Page 4 of  
Safety Topic Lock and tag.

[Signature]  
Assistant Mine

1478-A  
Certificate No.

[Signature]  
Mine Foreman-Mine Manager

33359  
Certificate No.

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

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 7-2 20 46 Section or Area Examined HG 23  
 Time of Examination: from 5:00 a.m. or p.m. to 5:40 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom J. Thomas Time 5:15 (A.M.) P.M.  
 Report received by E. Harrel  
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>CH<sub>4</sub> 0% O<sub>2</sub> 20.8%</u>	<u>NOT PROBED</u>	<u>REF.</u>
2. <u>CH<sub>4</sub> 0% O<sub>2</sub> 20.8%</u>	<u>none observe</u>	
3. <u>CH<sub>4</sub> 0% O<sub>2</sub> 20.8%</u>	<u>none observe</u>	
4. <u>CH<sub>4</sub> 0% O<sub>2</sub> 20.8%</u>	<u>none observe</u>	
5. <u>CH<sub>4</sub> 0% O<sub>2</sub> 20.8%</u>	<u>none observe</u>	
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>25673</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Power center And Roadways clear AT time OF EX  
CH<sub>4</sub> 0% O<sub>2</sub> 20.8%

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1479-A  
 Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 33253  
[Signature] Assistant Foreman Certificate No. 39008-08  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-3 Shift DAY Area or Section H623

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>NOT Bolted</u>	<u>Bolted &amp; cleaned</u>
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Uretu</u>	<u>7:25</u>	<u>0</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Uretu</u>	<u>11:55</u>	<u>0</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 10  
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) rest over Pg. 4 PARA 11-13  
work crew AT 6:00 AM

[Signature] Assistant Mine 39058-05 Certificate No. T. Moore Mine Foreman-Mine Manager 33359 Certificate No. [Signature] Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2-3-10 20. Section or Area Examined HC #23  
 Time of Examination: from 1 a.m. or 9 p.m. to 2 a.m. or 8 p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Steve Harrah Time 2:20 P.M.  
 Report received by Devin Collins 1543-A  
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH <sub>4</sub>	Violation or Hazardous Condition	Action Taken	
1.	<u>1</u>	<u>20.8</u>	<u>0%</u>	<u>N/A</u>	<u>none</u>
2.	<u>2L</u>	<u>20.8</u>	<u>0%</u>	<u>SCRAP cut</u>	<u>Reflectors</u>
3.	<u>3,4,5,6,7</u>	<u>20.8</u>	<u>0%</u>	<u>N/A</u>	<u>none</u>
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>23,218</u>		

Remarks: 20.8% O<sub>2</sub> 0.0004 ppm CO at time of exam

timberings, walkways, haulageways, powerlines and authy shelter clear at time of exam

Intake Phum ok at time of exam

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

Signed By [Signature] Preshift Mine Examiner Certificate No. 39008-06  
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 1543-A  
[Signature] Assistant Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Use Indefilble Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-3-10 Shift EM Area or Section HG#23

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>N/A</u>	<u>none</u>
2. <u>2L</u>	<u>SCRAP cut</u>	<u>mined cut</u>
3. <u>3,4,5,6,7</u>	<u>N/A</u>	<u>none</u>
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>500-530</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>630-700</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-7</u>	<u>830-900</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-7</u>	<u>1000-1050</u>	<u>0%</u>	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>629</u>	<u>0%</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Return</u>	<u>1011</u>	<u>0%</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 16  
Number of Bolts Torqued Above Range 0 Below Range 0

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

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

Brian Collins Assistant Mine Certificate No. 1543-17  
F. Jones Mine Foreman-Mine Manager Certificate No. 33389  
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-3-10 20:10 Section or Area Examined Head Gate 23
Time of Examination: from 1000 a.m. or p.m. to 1050 a.m. or p.m.
Was this report phoned to outside: Yes [X] no
By whom Brian Collins Time A.M. 1103 P.M.
Report received by J. Thomas 1479-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for 1-4 items.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry for L.O.B with CFM 22,962.

Remarks: p.center, travel ways, Intake phone, Strata Air Day, 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 Brian Collins Preshift-Mine Examiner Certificate No. 1343-A
Countersigned T. Moore Mine Manager - Mine Foreman Certificate No. 33359
Assistant Foreman J. Thomas
Superintendent or Assistant

Use Indelible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 2-4-10 Shift 3rd

Area or Section H-B 23

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Section</u>	<u>No power on Face</u>	
2. <u>Idol</u>	<u>Equipment</u>	
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. _____	_____	_____	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. _____	_____	_____	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. <u>Return</u>	<u>4:20 AM</u>	<u>0.90</u>	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 2 of Roof control plan to crew at 11:30 PM

[Signature]  
Assistant Mine

1479A  
Certificate No.

[Signature]  
Mine Foreman-Mine Manager

33359  
Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 2-4 20 Section or Area Examined #A623  
 Time of Examination: from 4:20 a.m. or p.m. to 4:55 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom J. Thomas Time 6:50 A.M. P.M.  
 Report received by S. Hallal  
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1 CH40% Or 20.8%	needs add'l cleaning	Ref
2 CH40% Or 20.8%	none observe	
3 CH40% Or 20.8%	needs cleaned & dusted	Ref
4 CH40% Or 20.8%	not bolted	Ref.
5, 6 CH40% Or 20.8%	none observe	
7 CH40% Or 20.8%	none observe	
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>23629</u>		

Remarks: Power center and Roadway's clear at time of exam  
CH40% Or 20.8%  
Out by shelter clear at time of exam

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1479-A  
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 33359  
[Signature] Assistant Foreman Certificate No. 32058-08  
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-4 Shift DAY Area or Section H602

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>needs Add 1/2 ch</u>	<u>correct</u>
2. _____	_____	_____
3. <u>3</u>	<u>needs cleaned &amp; oiled</u>	/
4. <u>4L</u>	<u>not Bolted</u>	
5. _____	_____	
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>L. ketu</u>	<u>7:25</u>	<u>0</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>L. ketu</u>	<u>11:25</u>	<u>0</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over Pt. 4 Para 4.5, 6.7  
Roof control Plan with crew at 6:30 AM

[Signature] Assistant Mine Certificate No. 32055-08  
[Signature] Mine Foreman-Mine Manager Certificate No. 33359  
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-4-10 20. Section or Area Examined HG#23
Time of Examination: from 1 a.m. or p.m. to 2 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Steve Harnish Time A.M. 225 P.M.
Report received by Brian Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, O2, CH4, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations 1-7 with various conditions like 'N/A', 'NOT Bolted', 'needs cleaned & dusted', 'SCRAP cut'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Handwritten entry: LOB, 23,200.

Remarks: 20.8% O2 0% CH4 approx at time of exam

travelways, walkways, haulage ways, power centers and outby shelter clear at time of exam

Intake Phone ok at time of exam

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

Signed By Steve Harnish Preshift-Mine Examiner Certificate No. 73353
Countersigned Brian Collins Assistant Foreman Certificate No. 1543-A
Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-4-10 Shift eve Area or Section HC # 23

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>N/A</u>	<u>none</u>
2. <u>2</u>	<u>not Batted</u>	<u>brushed to face</u>
3. <u>3</u>	<u>needs cleaned &amp; dusted</u>	<u>cleaned &amp; dusted</u>
4. <u>4L</u>	<u>SCRAP cut</u>	<u>mined out</u>
5. <u>5, 6, 7</u>	<u>N/A</u>	<u>none</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>510-540</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>630-700</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-7</u>	<u>830-900</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-7</u>	<u>1000-1050</u>	<u>0%</u>	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>627</u>	<u>0%</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Return</u>	<u>1012</u>	<u>0%</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 18  
Number of Bolts Torqued Above Range 0 Below Range 0

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

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

curve at start of shift at end of TR  
Read page 4 part 4 of RCP with

Benn Collins  
Assistant Mine

1543-A  
Certificate No.

T. Johnson  
Mine Foreman-Mine Manager

33359  
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-4-10 2010 Section or Area Examined Head Gate 23
Time of Examination: from 10 a.m. or p.m. to 1230 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Brian Collins Time A.M. 1125 P.M.
Report received by S. Thomas 147A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 10 rows of inspection data.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains one row with data: Last open Break, 22,832.

Remarks: P.Center, Traideways, walk ways, Intake phone Strata Air Bay - 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 Brian Collins Preshift-Mine Examiner Certificate No. 15431A
Countersigned T. Thomas Mine Manager-Mine Foreman Certificate No. 33359 Assistant Foreman
Assistant Foreman Superintendent or Assistant

Use Indelible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 2-5-10 Shift 3rd Area or Section H.G. 23

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. <u>Return</u>	<u>3:55 AM</u>	<u>0%</u>	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 11, 13  
of R.C.P to crew at 1130 PM

[Signature] Assistant Mine 1478A Certificate No. T. Moore Mine Foreman-Mine Manager 38359 Certificate No. [Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-6-20 Section or Area Examined H6 23  
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 J. Thomas Time 5:35 A.M. P.M.  
Report received by J. Hallal (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 2 CH <sub>4</sub> 0% O <sub>2</sub> 20.8%	none observe	
2. 3L CH <sub>4</sub> 0% O <sub>2</sub> 20.8%	NOT Bolted	Rep/
3. 4 CH <sub>4</sub> 0% O <sub>2</sub> 20.8%	None observe	
4. 5R CH <sub>4</sub> 0% O <sub>2</sub> 20.8%	needs cleaned + dusted	Rep
5. 6, 7 CH <sub>4</sub> 0% O <sub>2</sub> 20.8%	none observe	
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
LOB	23365		

Remarks: Power center and Roadways clear at time of exam  
CH<sub>4</sub> 0% O<sub>2</sub> 20.8%  
  
Out by shelter clear at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.  
Signed By [Signature] 1479-A Certificate No. 33357 Assistant Foreman [Signature] Certificate No. 39098-08  
Countersigned [Signature] Mine Manager - Mine Foreman Assistant Foreman [Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-5 Shift Day Area or Section H622

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>34</u>	<u>NOT Polled</u>	<u>corrected</u>
2. <u>OR</u>	<u>weeds cleared dusted</u>	<u>//</u>
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>L Return</u>	<u>7:25</u>	<u>Ø</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>L Return</u>	<u>11:25</u>	<u>Ø</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 20 <sup>3/4" Torq. Tension</sup> Ø  
Number of Bolts Torqued Above Range Ø Below Range Ø

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over corner Bolting with crew

AS 6:30 AM  
[Signature] Assistant Mine [Signature] Certificate No. 33359 Superintendent or Assistant  
[Signature] Mine Foreman-Mine Manager

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 2-5-10 20 Section or Area Examined H. Gate 23  
 Time of Examination: from 1:00 a.m. or p.m. to 2:00 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Steve Hannah Time A.M. 2:30 P.M.  
 Report received by Buck Fitch  
 (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. #1. entry, D. 208 <sup>10</sup> / <sub>2</sub>	none observed	none
2. #2. entry, D. 208 <sup>10</sup> / <sub>2</sub>	none observed	none
3. #3. x. left, D. 208 <sup>10</sup> / <sub>2</sub>	needs cleaned & dusted	repainted
4. #4. entry, D. 208 <sup>10</sup> / <sub>2</sub>	not bolted	reflected
5. #5. entry, D. 208 <sup>10</sup> / <sub>2</sub>	none observed	none
6. #5. x. right, D. 208 <sup>10</sup> / <sub>2</sub>	none observed	none
7. #6. entry, D. 208 <sup>10</sup> / <sub>2</sub>	scrap cut	reflected
8. #7. entry, D. 208 <sup>10</sup> / <sub>2</sub>	none observed	none
9. _____	_____	_____
10. _____	_____	_____

#### Air Measurements

Location	CFM	Location	CFM
<u>D. D. X. sect</u>	<u>22,985</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 20.820% D. 208<sup>10</sup>/<sub>2</sub> 0% CO. track, trackways, power  
center, scrap chaper clear at time of exam.

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

Signed By Steve Hannah 39508-08 Steve Hannah Assistant Foreman 39344-09  
 Countersigned Buck Fitch 28/34 Bruce Collins Certificate No. 1543-1A  
Tom Moore Assistant Foreman 33358 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-5-10 Shift Eve Area or Section Headgate 2B

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #3 X left	Needs cleaned & dusted	Cleaned & dusted
2. #4	Not bolted	bolted
3. #6	Scrap cut	Mined
4.		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. #1 Entry	5:05-5:35	0%	11.		
2. <del>#2 Entry</del> <sup>SB</sup>			12.		
3. #17 Entry	7:05-7:35	0%	13.		
4. <del>#17 Entry</del> <sup>SB</sup>			14.		
5. #15 Entry	9:05-9:35	0%	15.		
6. <del>#6 Entry</del> <sup>SB</sup>			16.		
7. #17 Entry	11:05-11:35	0%	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Left Return	5:00	0%	6. Draw Point, near 29		
2.			7. 100' - 100' W of 17		
3. Left Return	9:00	0%	8. 200' - 200' W of 17		
4.			9.		
5.			10.		

Number of Bolts Tested 18 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over new ventilation procedure with entire crew at Mantrip at end of shift

*[Signature]*  
Assistant Mine

37514-09  
Certificate No.

*[Signature]*  
Mine Foreman-Mine Manager

33557  
Certificate No.

Supervisor or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-5- 2010 Section or Area Examined H.G 23  
 Time of Examination: from 9 a.m. of 9:45 a.m. or 9:45 p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Scott Barnett Time 11:15 A.M. 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. Face ock 4 20.8% O2	Butted off	Reported
2. Face 11 11	None observed	None
3. Face 11 11	Scrap cut	Reported
4. Face 11 11	None observed	None
5. Face 11 11	None observed	None
6. Face 11 11	part Bolted	Reported
7. Face 11 11	None observed	None
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
L.O.B.	22,160		

Remarks: P. center, travel ways, charger's Intake phone  
 Strata Air Bay - clear at time of exam.  
 O2 H4 20.8% O2 0% CO

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

Signed By [Signature] 3934-09 Certificate No. 33357 Assistant Foreman  
 Countersigned [Signature] Mine Manager - Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

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

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 2-6 20   Section or Area Examined 4623  
Time of Examination: from 5:00 a.m. or p.m. to 5:30 a.m. or p.m.  
Was this report phoned to outside: Yes    no     
By whom S. Thomas Time 5:40 A.M. P.M.  
Report received by S. Thomas (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>CH4 0% O2 20.8%</u>	<u>stalled</u>	
2.	<u>213 CH4 0% O2 20.8%</u>	<u>none observe</u>	
3.	<u>4 CH4 0% O2 20.8%</u>	<u>wheels clean &amp; dusted</u>	<u>Rep</u>
4.	<u>5 CH4 0% O2 20.8%</u>	<u>SCRAP</u>	<u>Rep 1</u>
5.	<u>6 CH4 0% O2 20.8%</u>	<u>wheels clean &amp; dusted</u>	<u>Rep</u>
6.	<u>7 CH4 0% O2 20.8%</u>	<u>none observe</u>	
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>23470</u>		

Remarks: Power center and Roadways clear at time of Exam  
CH4 0% O2 20.8%  
Outby shelter clear at time of Exam

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

Signed By [Signature] Certificate No. 14794  
Preshift-Mine Examiner  
Countersigned T. Thomas Certificate No. 33359  
Mine Manager—Mine Foreman  
[Signature] Assistant Foreman  
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-6 Shift DAY Area or Section #1623

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1.		
2. <u>4</u>	<u>needs clean order</u>	<u>correct.</u>
3. <u>5</u>	<u>SCIAL</u>	<u>  </u>
4. <u>6</u>	<u>needs clean dust</u>	
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>7:25</u>	<u>0</u>	6.		
2.			7.		
3. <u>Return</u>	<u>11:25</u>	<u>0</u>	8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) to exit over lg 12 (11) roof control

[Signature] Assistant Mine  
39058-08 Certificate No.  
T. Moore Mine Foreman-Mine Manager  
33359 Certificate No.  
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-6-10 20 Section or Area Examined HG # 23
Time of Examination: from 1 a.m. or 2 a.m. or 3 a.m. or 4 a.m.
Was this report phoned to outside: Yes [checked] no
By whom Steve Hornab Time A.M. 230 P.M.
Report received by Bruce Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4, Violation or Hazardous Condition, Action Taken. Rows 1-10. Row 1: 1, 2, 3, 20.8, 0%, N/A, none. Row 2: 4, 20.8, 0%, SCRAP cut, Reflectors. Row 3: 5, 20.8, 0%, N/A, none. Row 4: GR, 20.8, 0%, Part Bolted, Reflectors. Row 5: 7, 20.8, 0%, N/A, none.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: LOB, 23, 150.

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

Trunkways, walkways, haulageways, powercentres and other shelter checked at time of exam

Intake Phone ok at time of exam

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

Signed By Steve Hornab 37078-06 Preshift-Mine Examiner Certificate No. 37357
Countersigned Bruce Collins 1543-A Assistant Foreman Certificate No. 39314-09
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 2-6-10 Shift eve Area or Section H6-#23

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1, 2, 3</u>	<u>N/A</u>	
2. <u>4</u>	<u>SCRAP out</u>	
3. <u>5</u>	<u>N/A</u>	
4. <u>6R</u>	<u>Part Bolted</u>	
5. <u>7</u>	<u>N/A</u>	
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>5:05-5:35</u>	<u>0%</u>	11.		
2.			12.		
3. <u>1-7</u>	<u>7:05-7:35</u>	<u>0%</u>	13.		
4.			14.		
5. <u>1-7</u>	<u>8:05-8:35</u>	<u>0%</u>	15.		
6.			16.		
7. <u>1-7</u>	<u>9:05-9:35</u>	<u>0%</u>	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>5:00</u>	<u>0%</u>	6.		
2.			7.		
3. <u>Return</u>	<u>9:00</u>	<u>0%</u>	8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Had safety talk on Roof & Ribs on Sec with entire crew at Mantrip

Scott J. Davis Assistant Mine Certificate No. 3934-09 T. Moore Mine Foreman-Mine Manager Certificate No. 33359 Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 2-6-10 20 Section or Area Examined Headgate 23  
Time of Examination: from 9:00 a.m. or 9:45 p.m. to 9:45 a.m. or 9:45 p.m.  
Was this report phoned to outside: Yes no no X  
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	Stopped	Refected
2. #2	None observed	—
3. #3	None observed	—
4. #4 & 4R	Scrap	Ref-lead
5. #5	None observed	—
6. #6 & 6R	None observed	—
7. #7	None observed	—
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Lob	2298		

Remarks: 20.8% O<sub>2</sub> 0% CH<sub>4</sub> 0% CO ppm at time of exam  
Power Center, travel ways out by skelter & in take 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 Certificate No. 37344-09  
Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 33389  
Assistant Foreman  
Superintendent or Assistant

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-7 2010 Section or Area Examined Head Gate 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 Brought Out (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: No Power Dangerous off at Mouth.

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. 27429
Countersigned [Signature] Mine Manager-Mine Foreman Assistant Foreman Certificate No. 33257
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 8:00 AM 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 2-7-20 Section or Area Examined HG 23
Time of Examination: from 9:25 a.m. or 6 p.m. to 10:20 a.m. or 6 p.m.
Was this report phoned to outside: Yes no
By whom Bill Symbell Time A.M. 11:10 P.M.
Report received by Doug Col 1947-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, and Action Taken. Contains 7 rows of handwritten data regarding CH4 and O2 levels and actions like 'None observed' or 'Reflector's Hung'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains one row of handwritten data: LOB, 28,726.

Remarks: 0% CH4, 20.8% O2, 0 PPM CO Detected
Power center, Traridways, outby Shelter, Intake Phone, walkways, 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 W.D. Symbell Preshift-Mine Examiner Certificate No. 1354A
Countersigned T. Moore Mine Manager-Mine Foreman Certificate No. 33327
Assistant Foreman
Superintendent or Assistant
Doug Col 1947-A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-8-10 Shift 3rd Area or Section Head Gate 23

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. <u>Return</u>	<u>5:08 Am</u>	<u>0%</u>	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 9,10

[Signature] Assistant Mine Foreman  
1479-A Certificate No.  
T. Moore Mine Foreman-Mine Manager  
33357 Certificate No.  
 Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 2-9 20 1963 Section or Area Examined H623  
 Time of Examination: from 7:00 a.m. or p.m. to 3:00 a.m. or p.m.  
 Was this report phoned to outside: Yes no no  
 By whom J. J. Houns Time 9:30 A.M. P.M.  
 Report received by E. Hunsat (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>CH<sub>4</sub> % 0.20.8%</u>	<u>stopped</u>	
2. <u>2<sup>nd</sup> CH<sub>4</sub> % 0.20.8%</u>	<u>were observe</u>	
3. <u>4R CH<sub>4</sub> % 0.20.8%</u>	<u>scrap</u>	<u>Ref.</u>
4. <u>5 CH<sub>4</sub> % 0.20.8%</u>	<u>needs cleaned dust</u>	<u>Ref</u>
5. <u>6R, 7 CH<sub>4</sub> % 0.20.8%</u>	<u>were observe</u>	
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>23467</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Powercenter And Roadways clear At time of exam.  
CH<sub>4</sub> % 0.20.8%

Outby shelter clear At time of exam

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1477A  
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 33357  
[Signature] Assistant Foreman Certificate No. 34058-08  
[Signature] 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

2/8 DAY

HG250

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	UR	SCRAP	Finished bolted & clean
2.		needs cleaned down	Cleaned & dusted
3.			
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Cher	7:25	0	6.			
2.				7.			
3.	Cher	11:25	0	8.			
4.				9.			
5.				10.			

Number of Bolts Tested

14 Torq, Tor 5/16

Number of Bolts Torqued Above Range

0

Below Range

0

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

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

went over BXA my work

Area with crew 4+6:30

*[Signature]*

Assistant Mine

Certificate No.

3908-08

Mine Foreman-Mine Manager

*[Signature]*

Certificate No.

33359

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-8-10 20. Section or Area Examined HG #23  
 Time of Examination: from 1 a.m. or 6 p.m. to 2 a.m. or 6 p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Steve Harrah Time 2:35 A.M.  
 Report received by Bruce Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CO <sub>2</sub>	CH <sub>4</sub>	Violation or Hazardous Condition	Action Taken
1. <u>1, 2, 3</u>	<u>20.8</u>	<u>0%</u>	<u>N/A</u>	<u>None</u>
2. <u>4R</u>	<u>20.8</u>	<u>0%</u>	<u>Part Bolted</u>	<u>Reflectors</u>
3. <u>5, 6</u>	<u>20.8</u>	<u>0%</u>	<u>N/A</u>	<u>None</u>
4. <u>7</u>	<u>20.8</u>	<u>0%</u>	<u>SCRAP CUT</u>	<u>Reflectors</u>
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>DOB</u>	<u>23,240</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 20.8%<sup>CO2</sup> 0%CH<sub>4</sub> 0ppm<sup>CO</sup> at time of exam

Travelways, walkways, haulageways, powerenters and authy shelter done at time of exam

Intake phone ok at exam time

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

Signed By [Signature] Shift-Mine Examiner Certificate No. 39000  
[Signature] Assistant Foreman Certificate No. 1543-A  
 Countersigned [Signature] Mine Manager—Mine Foreman  
 \_\_\_\_\_ Assistant Foreman  
 \_\_\_\_\_ Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-8-10

Shift eve

Area or Section HC #23

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1, 2, 3</u>	<u>NO</u>	<u>none</u>
2. <u>4R</u>	<u>Part Bolted</u>	<u>halted to full</u>
3. <u>5, 6</u>	<u>NO</u>	<u>none</u>
4. <u>7</u>	<u>SCRAP cut</u>	<u>minicut</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>500-530</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>630-700</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-7</u>	<u>830-900</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-7</u>	<u>1000-1050</u>	<u>0%</u>	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>628</u>	<u>0%</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Return</u>	<u>1008</u>	<u>0%</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 16  
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4 part 1 of R.C. Smith  
new at start of shift at end of 12  
 Assistant Mine Bruce Collins Certificate No. 1543-17  
 Mine Foreman-Mine Manager Ray Moore Certificate No. 3387  
 Superintendent or Assistant \_\_\_\_\_

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-8 20 10 Section or Area Examined Head Goite 23  
Time of Examination: from 10 a.m. or P.M. to 10:50 a.m. or P.M.  
Was this report phoned to outside: Yes no  
By whom Brian Collins Time A.M. 11:08 P.M.  
Report received by Jason Thomas 1477A (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
Last open Break	22,843		

Remarks: p. center, travel ways, Intake phone, Charge(s), Stata Life Shelter - Clear at time of exam. OCH4, 20.8% O2 0% CO.

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

Signed By Brian Collins Preshift-Mine Examiner Certificate No. 1543-A  
Countersigned Tony Moore Mine Manager-Mine Foreman Certificate No. 33329  
Assistant Foreman Jason Assistant Foreman Certificate No. 1477A  
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. 4 Right X cut	Part Bolted	Bolted
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. Return	035 Am	0%	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 4  
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4 Para 1/2 of R.C.P

To crew at 11:30 PM  
Assistant Mine \_\_\_\_\_ Certificate No. 14792  
Mine Foreman-Mine Manager \_\_\_\_\_ Certificate No. 33389  
Superintendent or Assistant \_\_\_\_\_

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-9-80 Section or Area Examined 4623  
Time of Examination: from 3:30 a.m. or p.m. to 4:00 a.m. or p.m.  
Was this report phoned to outside: Yes no  
By whom J. Thomas Time 7:55 A.M. P.M.  
Report received by J. Hallat (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 7 rows of handwritten entries regarding CH4% measurements and cleaning actions.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains one handwritten entry: Location L010, CFM 23181.

Remarks: Power center and roadway clear at time of exam  
CH4% 0.208%

Jay Thomas - 37222 Intake  
Area At Punch threw SN side clear 6:07 AM to 6:19 AM CH4% 0.0% CO2 20.8%

Out by Helter clear at time of exam

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

Signed By [Signature] Certificate No. 1479A  
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 33359  
Assistant Foreman [Signature] Certificate No. 3208-18  
Superintendent or Assistant [Signature]

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-9 Shift Day Area or Section \_\_\_\_\_

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>2</u>	<u>needs cleaned &amp; dusted</u>	<u>corrected</u>
2. _____	_____	_____
3. _____	_____	_____
4. <u>4L</u>	<u>needs cleaned &amp; dusted</u>	/
5. <u>5</u>	<u>needs add'l cleanup</u>	
6. _____	_____	
7. _____	_____	_____
8. _____	_____	_____

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Retn</u>	<u>7:25</u>	<u>Ø</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Retn</u>	<u>11:25</u>	<u>Ø</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 12 TORQ + 15  
Number of Bolts Torqued Above Range 14 Below Range 14

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over by roof control!  
Plan para 26-28 with CM at 6:30 AM

[Signature] Assistant Mine Foreman  
[Signature] Mine Foreman-Mine Manager  
Certificate No. 390508 Certificate No. 33357  
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-9-10 Section or Area Examined HC #23
Time of Examination: from 1 a.m. or 9 a.m. to 2 a.m. or 6 a.m.
Was this report phoned to outside: Yes no
By whom Steve Harrah Time A.M. 2:35 P.M.
Report received by Brian Collins (Signed) 1543-17

Violations and other Hazardous Conditions Observed and Reported

Table with 5 columns: Location, CH4, Violation or Hazardous Condition, Action Taken. Contains 7 rows of handwritten entries such as 'no', 'muds cleaned & dusted', 'scrap cut', 'gat in face'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Handwritten entry: LAB 23480.

Remarks: 20.8% O2 0% CH4 oppm CO at time of exam
Tunnels, walkways, haulageways, passageways and outby stiles clean at time of exam
Intake phone at at exam time

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] 3008-08 Brian Collins Assistant Foreman 1543-17
Countersigned [Signature] Mine Manager - Mine Foreman 33389 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 2-9-10 Shift evl Area or Section HG # 23

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>n/o</u>	<u>none</u>
2. <u>2</u>	<u>vents cleaned &amp; dusted</u>	<u>cleaned &amp; dusted</u>
3. <u>3</u>	<u>vents cleaned &amp; dusted</u>	<u>cleaned &amp; dusted</u>
4. <u>4</u>	<u>n/o</u>	<u>none</u>
5. <u>SR</u>	<u>scraper cut</u>	<u>mined cut</u>
6. <u>6</u>	<u>n/o</u>	<u>none</u>
7. <u>7</u>	<u>gab in face</u>	<u>Repaired</u>
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>500-530</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>630-700</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-7</u>	<u>830-900</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-7</u>	<u>1000-1050</u>	<u>0%</u>	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>629</u>	<u>0%</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Return</u>	<u>7011</u>	<u>0%</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 14  
Number of Bolts Torqued Above Range 0 Below Range 0

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

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

Bruce Collins Assistant Mine  
1543A Certificate No.  
T. [Signature] Mine Foreman-Mine Manager  
33357 Certificate No.  
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-9-10 2010 Section or Area Examined H-G 23  
 Time of Examination: from 10 a.m. or 10:50 a.m. or 11:15 p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Brian Collins Time 11:15 A.M. P.M.  
 Report received by J. Thomas 1479-A  
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1, 2, 3 Faces</u>	<u>None observed</u>	
2.		
3. <u>4 Left X cut</u>	<u>Part Bolted</u>	<u>Reported</u>
4.		
5. <u>5 Right X cut</u>	<u>Needs cleaned Dusted</u>	<u>Reported</u>
6.		
7. <u>6 Face</u>	<u>Scrap cut</u>	<u>Reported</u>
8. <u>7 Face</u>	<u>Gob in face</u>	<u>Reported</u>
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Last open Break</u>	<u>22960</u>		

Remarks: P. center, chargers, travel ways } Intake phone, Strata life Shelter } Clear at time of exam! OCH4, 20.8% O2 0% CO

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

Signed By Brian Collins Certificate No. 1543-A  
 Preshift-Mine Examiner  
 Countersigned J. Thomas Certificate No. 53357 Assistant Foreman  
 Mine Manager—Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-10-10 Shift 3rd

Area or Section Head Gate 23

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. H Left cross cut	part Bolted	Bolted - cleaned - dusted
5. _____	_____	_____
6. 5 Right X cut	needs cleaned - dusted	cleaned dusted
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	103-130Am	0%	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. 1-7	303-330Am	0%	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. 1-7	503-530Am	0%	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	1:00Am	0%	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. Return	5:00Am	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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4 Para 3, 4 to crew at 12:45 end of track on Head Gate 23

Assistant Mine 1479-A Mine Foreman-Mine Manager 33259 Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2-10 Section or Area Examined H623  
 Time of Examination: from 5:00 a.m. or p.m. to 5:25 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom J. Thomas Time 5:15 A.M. P.M.  
 Report received by J. Hall (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1, 2 CH <sub>4</sub> 0.000.8%	none observ	
3, 4 CH <sub>4</sub> 0.000.8%	none observ	
5 CH <sub>4</sub> 0.000.8%	none observ	
6 CH <sub>4</sub> 0.000.8%	SCIP	Res.
7 CH <sub>4</sub> 0.000.8%	Gobb	Ref
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>2333</u>		

Remarks: Powercenter and Roadways clear At time of exam  
CH<sub>4</sub> 0.000.8%

Outby Shelter clear At time of exam

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

Signed By J. Thomas Preshift-Mine Examiner Certificate No. 1779A  
 Countersigned J. Moore Mine Manager—Mine Foreman Certificate No. 33257  
J. Hall Assistant Foreman Certificate No. 39058-08  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-10 Shift PM Area or Section H623

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1.		
2.		
3.	<u>SC 1A6</u>	<u>Correct</u>
4.	<u>Bolts</u>	<u>11</u>
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>7:25</u>	<u>Ø</u>	6.		
2.			7.		
3. <u>Return</u>	<u>11:25</u>	<u>Ø</u>	8.		
4.			9.		
5.			10.		

Number of Bolts Tested 20 Below Range Ø

Number of Bolts Torqued Above Range Ø Below Range Ø

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

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

went over Pg. 14 Para 1-3

Boor Co. 1901  
[Signature]  
Assistant Mine

39008-08  
Certificate No.

T. Mans  
Mine Foreman-Mine Manager

33359  
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-10-10 Section or Area Examined HG # 23
Time of Examination: from 1 a.m. or p.m. to 2 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Steve Harrah Time A.M. 225 P.M.
Report received by Blum Collins 1543-B (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, and Action Taken. Entries include '1, 2, 3 STOPPED', '4 Not Bolted', '5 N/A', '6 SCRAP cut', '7 N/A'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Entry: LOB 23,565.

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

Travelways, walkways, haulageways, open center and outby shelter clear at time of exam

Intake Phone ok at exam time

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 33259
Countersigned [Signature] Mine Manager-Mine Foreman
Assistant Foreman [Signature] Assistant Foreman Certificate No. 1543-B
Superintendent or Assistant

Use Indelible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 2-10-10 Shift eve Area or Section HG #23

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1, 2, 3</u>	<u>Stopped</u>	<u>Reported</u>
2. <u>4</u>	<u>NOT Bolted</u>	<u>Bolted to face</u>
3. <u>5</u>	<u>N/A</u>	<u>none</u>
4. <u>GR</u>	<u>SCRAP cut</u>	<u>mined out</u>
5. <u>7</u>	<u>N/A</u>	<u>none</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>500-530</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>030-700</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-7</u>	<u>830-900</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-7</u>	<u>1000-1050</u>	<u>0%</u>	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>628</u>	<u>0%</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Return</u>	<u>1011</u>	<u>0%</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 14  
Number of Bolts Torqued Above Range 0 Below Range 0

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

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

Check at start of shift ahead of TR  
Read page 4 part 3 of RCI with

Bruce Collins  
Assistant Mine

1543.17  
Certificate No.

T. Moore  
Mine Foreman-Mine Manager

33359  
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-10 2010 Section or Area Examined Head Gate 23  
Time of Examination: from 10 a.m. or p.m. to 1:00 a.m. or p.m.  
Was this report phoned to outside: Yes  no   
By whom Brian Collins Time 11:14 A.M. P.M.  
Report received by Jason Thomas 1477A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 1,2,3, Faces	STOP	
2.		
3. 4 Face	part bolted	Reported
4.		
5. 5 Face	Needs cleaned dusted	Reported
6.		
7. 6 Right X cut	Needs cleaned dusted	Reported
8.		
9. 7 Face	Scrap cut	Reported
10.		

Air Measurements

Location	CFM	Location	CFM
Last open Break	22,610		

Remarks: p. center, chargers, travelways, Intake phone, Strata Life Shelter, ~~#2 Belt #3 Belt on Head Gate~~ Clear at time of exam! #2 Belt #3 Belt on Head Gate 23 Needs spot cleaning dusting 2 tail peice Needs Add. cleaning. OCh4, 20.8% O2 0% C.O

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

Signed By Brian Collins Preshift-Mine Examiner Certificate No. 13413-D  
Countersigned T. Thomas Mine Manager-Mine Foreman Certificate No. 33759  
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 2-11-10 Shift 3rd

Area or Section Head Gate 23

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. <u>5 Face</u>	<u>needs, cleaned, dusted</u>	<u>Cleaned dusted</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>1Am 130Am</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>3Am 330Am</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-7</u>	<u>5Am 530Am</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>1245Am</u>	<u>0%</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Return</u>	<u>445Am</u>	<u>0%</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4 para 7,8, TO crew AT START OF Shift 11.30 pm

[Signature] Assistant Mine Certificate No. 1479-A  
[Signature] Mine Foreman-Mine Manager Certificate No. 33359  
Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-11 20. Section or Area Examined H623  
 Time of Examination: from 4:40 a.m. or p.m. to 5:11 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom D. Thomas Time 2:45 P.M.  
 Report received by R. H. Hall (Signed)

## Violations and other Hazardous Conditions Observed and Reported.

Location	Violation or Hazardous Condition	Action Taken
1. <u>1, 2, 3</u>	<u>CH<sub>4</sub> 0% O<sub>2</sub> 20.8% none observe</u>	
2. <u>4R</u>	<u>CH<sub>4</sub> 0% O<sub>2</sub> 20.8% NOT Bolted</u>	<u>Ref.</u>
3. <u>5</u>	<u>CH<sub>4</sub> 0% O<sub>2</sub> 20.8% none observe</u>	
4. <u>6R</u>	<u>CH<sub>4</sub> 0% O<sub>2</sub> 20.8% needs cleaned &amp; dusted</u>	<u>Ref</u>
5. <u>7</u>	<u>CH<sub>4</sub> 0% O<sub>2</sub> 20.8% none observe</u>	
6.		
7.		
8.		
9.		
10.		

## Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>22473</u>		

Remarks: Power center and Roadways clear at time of exam  
CH<sub>4</sub> 0% O<sub>2</sub> 20.8%

Outby's Heltter clear at time of exam

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

Signed By [Signature] Preshift-Mine Examiner  
 Certificate No. 1479-A  
 Assistant Foreman  
 Countersigned [Signature] Mine Manager - Mine Foreman  
 Certificate No. 33357  
 Assistant Foreman  
[Signature] Superintendent or Assistant  
 Certificate No. 32078-09

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-11 Shift Day Area or Section HG22

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>RR</u>	<u>not Bolted</u>	<u>correct</u>
2. <u>RR</u>		
3. _____		
4. _____		
5. _____		
6. <u>GR</u>	<u>needs cleaned/dredged for</u>	
7. _____		
8. _____		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Cher</u>	<u>7:25</u>	<u>0</u>	6. _____		
2. _____			7. _____		
3. <u>Cher</u>	<u>11:25</u>	<u>0</u>	8. _____		
4. _____			9. _____		
5. _____			10. _____		

Number of Bolts Tested 18 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over the Red zone

Assistant Mine Certificate No. 32058-08 Mine Foreman-Mine Manager Certificate No. 33359 Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-11-10 Section or Area Examined HG #23
Time of Examination: from 1 a.m. or 9 a.m. to 2 a.m. or 6 p.m.
Was this report phoned to outside: Yes [X] no
By whom Steve Harrah Time A.M. 220 P.M.
Report received by Brian Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, and Action Taken. Contains handwritten entries for locations 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 with descriptions like 'stopped', 'bump cut', 'N/A', and 'bump cut'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry: LOB, 22,418.

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

Handwritten notes: tunnels, walkways, haulageways, powercentric and authy shelter clean at time of exam

Intake Phone ok at exam time

This is to certify that: (a) This section of the mine was properly examined by me, (b) All violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Steve Harrah Preshift Mine Examiner Certificate No. 3905-05
Countersigned Brian Collins Assistant Foreman Certificate No. 1543-A
Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-11-10 Shift eve Area or Section HC #23

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1, 2, 3</u>	<u>stopped</u>	<u>Reported</u>
2. <u>4R</u>	<u>slump cut</u>	<u>mined out</u>
3. <u>5, 6</u>	<u>N/A</u>	<u>none</u>
4. <u>7</u>	<u>slump cut</u>	<u>mined out</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>500-530</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>630-700</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-7</u>	<u>830-900</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-7</u>	<u>1000-1050</u>	<u>0%</u>	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>626</u>	<u>0%</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Return</u>	<u>1009</u>	<u>0%</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 16  
Number of Bolts Torqued Above Range 0 Below Range 0

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

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

B. Quinn Collins Assistant Mine 1543-A Certificate No. T. Moore Mine Foreman-Mine Manager 33359 Certificate No. \_\_\_\_\_ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-11-10 Section or Area Examined Head Gate 23
Time of Examination: from 10 a.m. or p.m. to 1050 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Brian Collins Time A.M. 1105 P.M.
Report received by Jason Thomas (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations 1-10 and their corresponding violations and actions.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry for 'Last open Break' with a CFM reading of 22,361.

Remarks: 1. Center, Chargels, Travel ways, Intake phone, Ochu 20.81002
Strata Life Shelter, # 1, 2, 3 conveyor Belts
Clear at time of exam.
# 1, 2, 3, conveyor Belts - needs spot cleaning, dusting

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

Signed By [Signature] Preshift-Mine Examiner
Countersigned [Signature] Mine Manager - Mine Foreman
Assistant Foreman [Signature]
Certificate No. 1543-A
Certificate No. 33509
Assistant Foreman [Signature]
Certificate No. 2014-A
Certificate No. 1477A
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-12-10 Shift 3rd

Area or Section Head Gate 23

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1.			11.		
2.			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. <u>Return</u>	<u>3:38 AM</u>	<u>0%</u>	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)

7.8 to crew at start of shift 11:30 AM

Read page 4 para.

[Signature]  
Assistant Mine

1479-A  
Certificate No.

T. Moore  
Mine Foreman-Mine Manager

33359  
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-12 20. Section or Area Examined HG23  
 Time of Examination: from 3:00 a.m. or p.m. to 4:00 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom J. Thomas Time 5:00 A.M. P.M.  
 Report received by S. Hallal (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1, 2 &amp; 3 CH40% O220.8%</u>	<u>BWT OFF</u>	
2. <u>4 CH40% O220.8%</u>	<u>none observ</u>	
3. <u>5R CH40% O220.8%</u>	<u>SCRAP</u>	<u>REF1</u>
4. <u>6 CH40% O220.8%</u>	<u>PAST bolted</u>	<u>REF1</u>
5. <u>7 CH40% O220.8%</u>	<u>none observ</u>	
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. <u>Punch through</u>	<u>is clear</u>	

### Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>22576</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Power center And Roadways clear At time of exam  
CH40% O220.8%

Out by Helder clear At time of Exam

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1479A  
 Countersigned J. Thomas Mine Manager - Mine Foreman Certificate No. 33357  
[Signature] Assistant Foreman  
[Signature] Superintendent or Assistant  
[Signature] Assistant Foreman Certificate No. 300808

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-12 Shift Day Area or Section H622

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. <u>OR</u>	<u>scrat</u>	<u>Corrected</u>
6. <u>G</u>	<u>Part Bolted</u>	<u>11</u>
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>L Return</u>	<u>7:25</u>	<u>0</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>L Return</u>	<u>11:25</u>	<u>0</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 14 Top Tension  
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over Pg 4 PARA 2-4 with

[Signature] Assistant Mine 39008-08 Certificate No. [Signature] Mine Foreman-Mine Manager 35359 Certificate No. [Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-12-18 Section or Area Examined HG # 23  
 Time of Examination: from 11:5 a.m. or 0 p.m. to 2:30 a.m. or PM  
 Was this report phoned to outside: Yes 2 no no Time 2:45 PM  
 By whom Steve Macrae  
 Report received by Bruce Collins 1543-A  
 (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>4, 2, 3</u>	<u>N/O</u>	<u>none</u>
2. <u>4L</u>	<u>NOT Bolted</u>	<u>Reflectors</u>
3. <u>SR</u>	<u>SCRAP cut</u>	<u>Reflectors</u>
4. <u>G, 7,</u>	<u>N/O</u>	<u>none</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>23,513</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 20.8% O<sub>2</sub> 0% CH<sub>4</sub> 0ppm CO at time of exam

Travelways, walkways, haulageways, pavement etc and other better checked at time of exam

Intake Phone ok at exam time

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

Signed By \_\_\_\_\_  
 Countersigned T. Macrae  
 Mine Manager—Mine Foreman

Certificate No. 33359

Bruce Collins  
 Assistant Foreman

1543-A  
 Certificate No.

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 7-12-10 Shift eve Area or Section HC# 23

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>42, 3</u>	<u>N/A</u>	<u>none</u>
2. <u>4L</u>	<u>NOT belted</u>	<u>talked to foreman</u>
3. <u>5R</u>	<u>SCRAP cut</u>	<u>removed cut</u>
4. <u>G, 7</u>	<u>N/A</u>	<u>none</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>500-536</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>630-700</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-7</u>	<u>830-900</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-7</u>	<u>1000-1050</u>	<u>0%</u>	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>627</u>	<u>0%</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Return</u>	<u>1008</u>	<u>0%</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 10 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) check at start of shift at end of TR

Brian Collins  
Assistant Mine

1543-A  
Certificate No.

T. Moore  
Mine Foreman-Mine Manager

33389  
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2-12 20. Section or Area Examined H628  
 Time of Examination: from 10:00 a.m. or pm. to 10:50 a.m. or pm.  
 Was this report phoned to outside: Yes no  
 By whom Brian Collins Time 11:00 A.M. (B)  
 Report received by Mary at 1947A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	CH <sub>4</sub> Location	O <sub>2</sub>	Violation or Hazardous Condition	Action Taken
1.	0%	20.8%	None observed	None
2.	0%	20.8%	None observed	None
3.	0%	20.8%	None observed	None
4.	0%	20.8%	None observed	None
5.	0%	20.8%	None observed	None
6.	0%	20.8%	None observed	None
7.	0%	20.8%	None observed	None
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
LOB	22,920		

Remarks: 20.8% O<sub>2</sub>, 0% CH<sub>4</sub>, 0 ppm C.O. Detected  
Travelways, Haulageways, walkways, Power Center, and Outby  
Shelter, clear At time of exam  
Intake Phone OK At time of exam

Section needs Additional Dusting

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

Signed By Brian Collins Preshift-Mine Examiner Certificate No. 1573-A  
 Assistant Foreman Certificate No. \_\_\_\_\_  
 Countersigned T. Moore Mine Manager - Mine Foreman Certificate No. 35359  
 Assistant Foreman Certificate No. \_\_\_\_\_  
 Superintendent or Assistant \_\_\_\_\_

Mary at 1947-A

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-16, 20   Section or Area Examined H623  
 Time of Examination: from 9:00 a.m. or p.m. to 4:00 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom S. Haral J. Thomas Time 5:05 P.M.  
 Report received by S. Haral (Signed)

### Violations and other Hazardous Conditions Observed and Reported

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

### Air Measurements

Location	CFM	Location	CFM
<u>LOP</u>	<u>23760</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Outlet 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] Certificate No. 1479A  
 Assistant Foreman  
 Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 35327  
[Signature] Assistant Foreman  
[Signature] Superintendent or Assistant  
 Certificate No. 39058-08

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-16 Shift Day Area or Section HG 23

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>sect. Idle man</u>		
2. _____		
3. _____		
4. <u>CH<sub>4</sub> 0% Over 8%</u>		
5. <u>Good Air man</u>		
6. _____		
7. _____		
8. _____		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) HAD SAFETY TALK ABOUT MOUNT  
section with crew At 6:30 PM

[Signature]  
Assistant Mine

38058-08  
Certificate No.

[Signature]  
Mine Foreman-Mine Manager

38359  
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-16-10 Section or Area Examined HC #23  
 Time of Examination: from 1 a.m. or pm to 2 a.m. or pm  
 Was this report phoned to outside: Yes no  
 By whom Steve Harsch Time 2:30 PM  
 Report received by Bruce Collins 1543-A  
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Section Idle</u>	<u>Moving Section</u>	
2.		
3. <u>Roadways &amp; travelways clear at</u>		
4. <u>time of exam</u>		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>A3 Entry</u>	<u>17286</u>		

Remarks: 20.8% O<sub>2</sub> 0% CH<sub>4</sub> 0 ppm CO at time of exam  
approximately roadways, travelways and  
chargers clear at time of exam  
cutby shelter ok at time of exam

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

Signed By [Signature] 39058-08 Bruce Collins 1543-A  
 Freshift Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned T. Moore 33359  
 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 2-16-10 Shift evl Area or Section AG #23

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Sect. Idle</u>	<u>Moving Sect.</u>	
2.		
3. <u>20.8%<sup>o2</sup></u>	<u>0.9% CH<sub>4</sub></u>	<u>0 ppm</u>
4.		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Had safety meeting about staying clear of pinch points while moving sect.

Bruce Collier Assistant Mine 1543-A Certificate No. T. J. Mease Mine Foreman-Mine Manager 33359 Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

HG 23

Date of Examination 2-16 2010 Section or Area Examined \_\_\_\_\_  
 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 Bligh Collins Time 10:55 A.M.  
 Report received by Greg C. [Signature] (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Section Idle	Moving Section	
2. _____	_____	_____
3. _____	Roadways, Travelways Clear At time	_____
4. _____	OF exam	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### Air Measurements

Location	CFM	Location	CFM
#3 Entry	17.46	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 20.8% O<sub>2</sub>, 0% CH<sub>4</sub>, 0ppm CO Detected  
Powercenter, Travelways, chargers, clear At exam

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

Signed By Bligh Collins Preshift-Mine Examiner Certificate No. 1543-A  
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 33352  
 Assistant Foreman [Signature] Certificate No. 1477A  
 Superintendent or Assistant \_\_\_\_\_

M. C. P. 1947-A

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

Number of Bolts Tested \_\_\_\_\_

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-20 2010 Section or Area Examined HG 23  
 Time of Examination: from 10:00 a.m. or 10:50 p.m. to 10:50 a.m. or 6 p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Brian Collins Time          A.M.          P.M.  
 Report received by [Signature] (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Section <del>Construction Area</del></u>	<u>None observed</u>	<u>None</u>
2. <u>Construction Area</u>	<u>None observed</u>	<u>None</u>
3. <u><del>Roadways</del>, Powercenter</u>	<u>None observed</u>	<u>None</u>
4. <u>Chargers</u>	<u>None observed</u>	<u>None</u>
5. <u>        </u>	<u>        </u>	<u>        </u>
6. <u>        </u>	<u>        </u>	<u>        </u>
7. <u>        </u>	<u>        </u>	<u>        </u>
8. <u>        </u>	<u>        </u>	<u>        </u>
9. <u>        </u>	<u>        </u>	<u>        </u>
10. <u>        </u>	<u>        </u>	<u>        </u>

### Air Measurements

Location	CFM	Location	CFM

Remarks: 26.8% O<sub>2</sub>, 0ppm C.O., 0% CH<sub>4</sub> Detected  
Travelways, walkways, l.c's, chargers clear At exam

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

Signed By Brian Collins Preshift-Mine Examiner Certificate No. 1543-A  
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 33357  
[Signature] Assistant Foreman  
[Signature] Superintendent or Assistant

M. [Signature] 1947-A

Use Indelible  
Pencil or Ink

### DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

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

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

#### Examinations for Methane in Working Places

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

#### Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 3-1 20 Section or Area Examined HG 23  
 Time of Examination: from 5:00 a.m. or p.m. to 5:30 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom S. Thomas Time 5:50 A.M. P.M.  
 Report received by L. Haral (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1, 2 CH<sub>4</sub>% Or 2.8%</u>	<u>none observ</u>	
2. <u>3 CH<sub>4</sub>% Or 2.8%</u>	<u>none observ</u>	
3.		
4. <u>Head hole</u>	<u>SCRAP</u>	<u>Repl.</u>
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>41,800</u>		

Remarks: Powercenter and Roadways Clear At time of Exam.  
CH<sub>4</sub>% Or 2.8%  
Outby Helter Clear At time of Exam.

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 32176  
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 33757  
[Signature] Assistant Foreman Certificate No. 39008-08  
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-1 Shift Day Area or Section H623

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. <u>Herd 40/6</u>	<u>SCAP</u>	<u>worked on it.</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-3</u>	<u>7:45-8:10</u>	<u>Ø</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-3</u>	<u>9:30-10:00</u>	<u>Ø</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-3</u>	<u>11:30-12:00</u>	<u>Ø</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-3</u>	<u>1:30-2:00</u>	<u>Ø</u>	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>7:40</u>	<u>Ø</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Return</u>	<u>11:25</u>	<u>Ø</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 4  
Number of Bolts Torqued Above Range Ø Below Range Ø

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over pg. 6 para 26-27

[Signature] Assistant Mine Foreman  
[Signature] Mine Foreman-Mine Manager  
Certificate No. 39055-08  
Superintendent or Assistant \_\_\_\_\_

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 3-1-10 20. Section or Area Examined HC #23  
 Time of Examination: from 1 a.m. or PM to 2 a.m. or PM.  
 Was this report phoned to outside: Yes  no   
 By whom Steve Hannah Time 2:38 PM  
 Report received by Bruce Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH <sub>4</sub>	Violation or Hazardous Condition	Action Taken
1.	<u>02</u>	<u>20.8%</u>	<u>none observed</u>	<u>none</u>
2.		<u>0%</u>	<u>none observed</u>	<u>none</u>
3.		<u>0%</u>	<u>mud cleaned</u>	<u>Reported</u>
4.				
5.	<u>Head Hole</u>	<u>20.8%</u>	<u>scrap cut</u>	<u>Reflectors</u>
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>35,000</u>		

Remarks: 20.8% O<sub>2</sub> 0% CH<sub>4</sub> 0 ppm CO at time of exam

travelways, walkways, haulways, powercables, chutes and outby shelter clear at time of exam

Intake Phone ok at exam time

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

Signed By Steve Hannah Preshift-Mine Examiner Certificate No. 39058-06  
 Countersigned Bruce Collins Assistant Foreman Certificate No. 1543-A  
[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 3-1-10 Shift eve Area or Section HG #23

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>N/A</u>	
2. <u>2</u>	<u>N/A</u>	
3. <u>3</u>	<u>Needs cleaned</u>	
4. _____		
5. <u>Head Hole</u>	<u>SCRAP cut</u>	
6. _____		
7. _____		
8. _____		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-3</u>	<u>500-530</u>	<u>0%</u>	11. _____		
2. _____			12. _____		
3. <u>1-3</u>	<u>630-700</u>	<u>0.05% to 0.25%</u>	13. _____		
4. _____			14. _____		
5. <u>1-3</u>	<u>830-900</u>	<u>0.05% to 0.25%</u>	15. _____		
6. _____			16. _____		
7. <u>1-3</u>	<u>1000-1040</u>	<u>0.05 to 0.25%</u>	17. _____		
8. _____			18. _____		
9. _____			19. _____		
10. _____			20. _____		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>6:47</u>	<u>0.05</u>	6. _____		
2. _____			7. _____		
3. <u>Return</u>	<u>1038</u>	<u>0.05</u>	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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Head page 4 part 1 of RCP with over a stat of shift at Lawrenceville "discussed new location of Shelter. Also"

Bruce Collins Assistant Mine 1543-A Certificate No. T. Moore Mine Foreman-Mine Manager 33357 Certificate No. Superintendent of Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3-1-10 Section or Area Examined Head Gate 20  
 Time of Examination: from 10 a.m. or 10:10 a.m. or 10:10 p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Brian Collins Time 11:10 A.M. P.M.  
 Report received by Jason Thomas 1477-A  
 (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
<del>#1 Face 0.05% ch4</del>		
#1 Right X cut 0.05% ch4	Needs cleaned Dusted	Reported
#2 Face 0.05% ch4	None observed	
#3 Face 0.25% ch4	Scrap cut	Reported

#### Air Measurements

Location	CFM	Location	CFM
L.O.B	33,317		

Remarks: p. Center, Roadways, Chargers, Intake phone  
Strata Air Bay 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 Brian Collins Certificate No. 1477-A  
 Preshift-Mine Examiner  
 Assistant Foreman  
 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 2-2-10 Shift 3<sup>rd</sup> Area or Section H, F, 23

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over new  
escape way with crew at 1250 PM on Section

[Signature] Assistant Mine 1479-A 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 3-2-10 20 Section or Area Examined HG 23  
 Time of Examination: from 5:00 a.m. or 5:30 p.m. to 5:30 a.m. or 5:30 p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Jason Thomas Time 5:37 A.M. P.M.  
 Report received by Tom Sawyer 32261 (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
#1 Right <u>CH4</u> 0.05%	<u>None observed</u>	<u>None</u>
#2 Face 0.05%	<u>None observed</u>	<u>None</u>
#3 Face 0.10%	<u>Not tested</u>	<u>Reflection hung</u>
4. <u>Beam Hole</u> 0.0%	<u>Check 1 Hour shells</u>	<u>Reflection hung</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### Air Measurements

Location	CFM	Location	CFM
<u>208</u>	<u>56,000</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Lower box, Roadways, chaises, Intake of phone,  
State Air Bay clear at exam  
0% CO, 20.8% O2 detected

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. 1477-A  
 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 9-2 Shift Day Area or Section H628

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Row 3 contains handwritten entry: Location '3', Violation 'NOT Bolted needs 1 Row', Action 'Corrected'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content (left), Location, Time, Methane Content (right). Rows 1-7 contain handwritten entries with '1-3' in location and '0' in methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content (left), Location, Time, Methane Content (right). Rows 1-3 contain handwritten entries with 'Return' in location and '0' in methane content.

Number of Bolts Tested 6 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over EXAMINE work area with crew at 6:30 AM

Signature of Assistant Mine Foreman and Superintendent or Assistant. Certificate No. 39008-01

Use Indelible  
Pencil or Ink

39/

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination \_\_\_\_\_ 20 \_\_\_\_\_ Section or Area Examined \_\_\_\_\_  
 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*  
*Violation or Hazardous Condition*

*Action Taken*

*Location*

1. \_\_\_\_\_
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 \_\_\_\_\_ Preshift-Mine Examiner Certificate No. \_\_\_\_\_ Assistant Foreman Certificate No. \_\_\_\_\_  
 Countersigned \_\_\_\_\_ Mine Manager—Mine Foreman \_\_\_\_\_  
 \_\_\_\_\_ Assistant Foreman \_\_\_\_\_  
 \_\_\_\_\_ Superintendent or Assistant \_\_\_\_\_