1GWM
5-25-2010

Portal Section 3 sec.

PRESHIFT - ONSHIFT
and
DAILY REPORT

Started 2-6-10

Company Performance Coal UBB

Mine UBB

SECTION (#3) Portal Section

LOCATION Naoma Raleigh WV
Post Office County State

full

Form 6-1489
(March 1970)

Budget Bureau No. 42-R1589

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

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FORM# MS-014

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-6 20 10 Section or Area Examined Portal Section (3)

Time of Examination: from 5:30 a.m. or p.m. to 8:55 a.m. or p.m.

Was this report phoned to outside: Yes_____ no_____

By whom _____ Time _____A.M _____P.M.

Report received by Brady Cut
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	O2	Violation or Hazardous Condition	Action Taken
1.	1	0%	20.8%	Needs cleaned And Dusted	Reported
2.	2	0%	20.8%	Needs Add cleaning and Dusting	Reported
3.	23	0%	20.8%	Scrap cut	Reflectors Hung
4.	4	0%	20.8%	None observed	Reported
5.	5	0%	20.8%	None observed	Reported
6.	6	0%	20.8%	None observed	Reported
7.	7	0%	20.8%	Not Bolted	Reflectors Hung
8.	8R	0%	20.8%	None observed	Reported
9.					
10.					

Air Measurements

Location		CFM	Location	CFM
LoB	Lt	20,470		
	Rt	26,043		

Remarks: 0% CH4, 20.8% O2, 0 PPM C.O Detected
Track, Travelways, Chargers, Power Box, Out By Chamber, Intake Phone, OK At Time of exam

Out By Scoop Charger Need a mat

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

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

Countersigned [signature] Mine Manager—Mine Foreman — Certificate No. 2824 — 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 2-7 20 10 Section or Area Examined 3 section

Time of Examination: from 4:35 a.m. or p.m. to 5:00 a.m. or p.m.

Was this report phoned to outside: Yes_____ no ✓

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

Report received by Brought out
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	O2	Violation or Hazardous Condition	Action Taken
1.	1	0%	20.8%	Needs cleaned and Dusted	Reported
2.	2	0%	20.8%	Need All cleaning and Dusting	Reported
3.	3	0%	20.8%	Scral cut	Reflectors Hung
4.	4	0%	20.8%	None observed	Reported
5.	5	0%	20.8%	None observed	Reported
6.	6	0%	20.8%	None observed	Reported
7.	7	0%	20.8%	Not Bates	Reflectors Hung
8.	8R	0%	20.8%	None observed	Reported
9.					
10.					

Air Measurements

Location		CFM	Location	CFM
LOB	Lt	20,415		
	Rt	26,156		

Remarks: 0% CH4, 20.8% O2, 0PPM C.O. Detected
Track, Travelways, Chargers, PowerBox, outby Chamber, Intake
Phone, ok At Time of exam

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

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

Countersigned [illegible] Mine Manager—Mine Foreman — Certificate No. 28736

Assistant Foreman

Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ 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
		Robert Foster	2576	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-7 20 10 Section or Area Examined Portal 3 Section

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

Was this report phoned to outside: Yes ____ no ✓

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

Report received by Brought Out (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	*CFM*	*Location*	*CFM*
LOB R	25,420		
L	21,180		

Remarks:

0% CH_4, 0% CO, 20.8% O_2

Track, Travelway, Chargers, Powercenter, Intake Phone

Air Chamber Ok at exam

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

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

Countersigned Rick Foster 2874 Mine Manager—Mine Foreman

____ Assistant Foreman

[signature] 29611 ____ Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

_____

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

_____

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

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-7 2010 Section or Area Examined Portal #3
Time of Examination: from 8:30 a.m. or ~~p.m.~~ to 9:10 a.m. or ~~p.m.~~
Was this report phoned to outside: Yes_____ no ✓
By whom _____ Time _____ A.M _____ P.M.
Report received by Brought outside
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location			Violation or Hazardous Condition	Action Taken
1.	#1 entrys	0% CH4	20.8oz	need clean & dusted	Rep.
2.	2	0%	20.8oz	none observed	none
3.	3	0%	20.8oz	SCRAP cut	Reflector
4.	4	0%	20.8oz	none observed	none
5.	5	0%	20.8oz	none observed	none
6.	6	0%	20.8oz	none observed	none
7.	7	0%	20.8oz	not bolted	Reflector
8.	8	0%	20.8oz	need clean & dusted	Rep.
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
LT.	25,343		
RT.	26,270		

Remarks: No CH4 dect. 0% 20.8oz CO 0%
Haulage & Travelways clear at exam.
Plc Clear
Reach air Bay clear

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

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

Countersigned Rick Foster 28736
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 3rd Area or Section Portal #3

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	#1 entrys 0% CH_4 20.8 O_2	needs cleaned and dusted	reported
2.	2 0% 20.8	none observed	none
3.	3 0% 20.8	scrap cut	reflectors
4.	4 0% 20.8	none observed	none
5.	5 0% 20.8	none observed	none
6.	6 0% 20.8	none observed	none
7.	7 0% 20.8	not bolted	reflectors
8.	8 0% 20.8	needs cleaned and dusted	reported

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-8	1:00-1:30	0.0%	11.			
2.				12.			
3.	1-8	3:00-3:27	0.0%	13.			
4.				14.			
5.	1-8	5:00-5:29	0.0%	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.	L Return	1:00	0%	6.			
2.	R Return	1:30	0%	7.			
3.				8.			
4.	L Return	5:00	0%	9.			
5.	R Return	5:29	0%	10.			

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) 0% CH_4, 20.8% O_2, 0% CO

Haulage and travelways clear at exam. P/C clear, Fresh Air Bay clear.

Adam Fraley	38822-08	[signature]	2873C	
Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-8 2010 Section or Area Examined 3 Section

Time of Examination: from 500 a.m. or p.m. to 550 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Adam Fraley Time 555 A.M P.M.

Report received by Bobby Baker (Signed)

Violations and other Hazardous Conditions Observed and Reported

	CH4 Location		O2	Violation or Hazardous Condition	Action Taken
1.	1	0%	20.8%	N C/D	Reported
2.	2	0%	20.8	N/O	Reported
3.	3	0%	20.8	Scrap	Reflectors
4.	4	0%	20.8	N/O	Reported
5.	5	0%	20.8	N/O	Reported
6.	6	0%	20.8	Gob in face	Reported
7.	7	0%	20.8	N/B	Reflectors
8.	8R	0%	20.8	N C/D	Reported
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
Lt LOB	24,570		
Rt LOB	26,320		

Remarks: PC, travelways, intake phone, chargers, outby chamber — OK at time of exam

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

Signed By Adam Fraley (Preshift Mine Examiner) 38822-08 (Certificate No.) Bobby L Baker (Assistant Foreman) 38699 (Certificate No.)

Countersigned Rick Foster (Mine Manager—Mine Foreman) 28736

(Assistant Foreman)

(Superintendent or Assistant)

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-8-10 Shift Day Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

	Location	CH_4	O_2	Violation or Hazardous Condition	Action taken
1.	1	0%	20.8%	N C/D	Corrected
2.	3	0%	20.8%	Scrap	Bolted
3.	6	0%	20.8%	Gob in face	Corrected
4.	7	0%	20.8%	N/B	Bolted
5.	8R	0%	20.8%	N C/D	Corrected
6.					
7.					
8.					

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-7	700-730	0%	11.			
2.	1-7	900-930	0%	12.			
3.	1-7	1100-1130	0%	13.			
4.	1-7	100-140	0%	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.	Lt Return	655	0%	6.			
2.	Rt Return	735	0%	7.			
3.				8.			
4.	Lt Return	1055	0%	9.			
5.	Rt Return	1135	0%	10.			

Number of Bolts Tested 13

Number of Bolts Torqued Above Range Ø Below Range Ø

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 5 of R.C.P. to entire crew at start of shift

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
[illegible]	38699	[illegible]	28736	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-8 2010 Section or Area Examined Portal Section

Time of Examination: from 1:00 a.m. or p.m. to 1:40 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Bobby Baker Time A.M. 3:00 P.M.

Report received by (Signed) 1664-A

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	O2	Violation or Hazardous Condition	Action Taken
1.	1 Entry	0%	20.8	None Observed	Reflector Hung
2.	2L Xcut	0%	20.8	Scrap cut	Reflector Hung
3.	3 Entry	0%	20.8	Ribs cleaned & dusted	Reported
4.	4 Entry	0%	20.8	Scrap cut	Reflector Hung
5.	5 Entry	0%	20.8	Ribs cleaned & dusted	Reported
6.	6 Entry	0%	20.8	None Observed	Reflector Hung
7.	7 Entry	0%	20.8	None Observed	Reflector Hung
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
L LOB	25460		
R LOB	24670.		

Remarks: Powercenter Travelways intake phone chargers & outby chamber ok at time of exam

CH4 0% O2 20.8 CO 0

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

Signed By Bobby L. Baker (Preshift-Mine Examiner) 38699 (Certificate No.) (Signed) (Assistant Foreman) 1664-A (Certificate No.)

Countersigned (Mine Manager—Mine Foreman) 2372

(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 Portal Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	2L	Scrap cut	Corrected
2.	3	Needs cleaned & dusted,	corrected
3.	4	Scrapcut	corrected
4.	5	Needs cleaned & dusted,	Corrected
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	L Ret	4:30 ~~5:00~~	0%	6.			
2.	R Ret	5:00	0%	7.			
3.				8.			
4.	L Ret	8:30	0%	9.			
5.	R Ret	9:00	0%	10.			

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 4 of Roof control Plan with entire crew at end of Truck

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
[signature]	1664-A	[signature]	2872	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-8 2010 Section or Area Examined 3 Section
Time of Examination: from 10:00 a.m. or ~~p.m.~~ to 10:58 a.m. or ~~p.m.~~
Was this report phoned to outside: Yes ____ no ____
By whom S. Perdue Time ____ A.M 10:55 ~~P.M.~~
Report received by T. Peterson 29611
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 entrys 0% CH4	none observed	none
2.	2LT. 0%	SCRAPCUT	Reflector
3.	3 0%	mud clean & dusted	Rep.
4.	4-5-6-7 0%	none observed	none
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LT.	23,710		
RT.	25,370		

Remarks: No CH4 dect. O2 20.5% CO2
Haulage & Travelways clear at exam
Power Center clear
Fresh air bay & Intake Phone clear

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 1664-A
Countersigned [signature] Mine Manager—Mine Foreman — 28731
[signature] Assistant Foreman — 29611
Assistant Foreman — Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

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

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	#1 entrys 0% CH4	none observed	none
2.	2 Lt. 0%	Scrap cut	reflectors
3.	3 0%	needs cleaned and dusted	reported
4.	4,5,6,7 0%	none observed	none
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-7	1:00-1:30	0.0%	11.			
2.				12.			
3.	1-7	3:00-3:26	0.0%	13.			
4.				14.			
5.	1-7	5:00-5:30	0.0%	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.	L Return	1:00	0%	6.			
2.	R Return	1:30	0%	7.			
3.				8.			
4.	L Return	5:00	0%	9.			
5.	R Return	5:30	0%	10.			

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) 0% CH4, 20.8 O2, 0% CO Haulage and travelways clear at exam. Powercenter clear, Fresh Air Bay and intake phone clear

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
Adam Fraley	38822-08	[illegible]	28736	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-9 20 10 Section or Area Examined 3 Section

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

Was this report phoned to outside: Yes ✓ no

By whom Adam Fraley Time 600 A.M P.M.

Report received by Bobby Baker (Signed)

Violations and other Hazardous Conditions Observed and Reported

	CH4	Location	O2	Violation or Hazardous Condition	Action Taken
1.	1	0%	20.8%	N/O	Reported
2.	2L	0%	20.8	Scrap	Reflectors
3.	2	0%	20.8	N/O	Reported
4.	3L	0%	20.8	N C/D	Reported
5.	3	0%	20.8	N C/D	Reported
6.	4	0%	20.8	Needs Add. Cleaning	Reported
7.	5	0%	20.8	N C/D	Reported
8.	6	0%	20.8	N/B	Reflectors
9.	7	0%	20.8	N/O	Reported
10.					

Air Measurements

Location	CFM	Location	CFM
Lt LOB	23,760		
Rt LOB	25,480		

Remarks: PC, travelways, intake shaft, chargers, outby chamber — OK at time of exam

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

Signed By Adam Fraley Preshift-Mine Examiner 38822-08 Certificate No. Bobby L Baker Assistant Foreman 38679 Certificate No.

Countersigned Rick Fosh Mine Manager—Mine Foreman 2832

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 Day Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	O2	Violation or Hazardous Condition	Action taken
1.	2L	0%	20.8%	Scrap	Bolted
2.	3L	0%	20.8	N C/D	Corrected
3.	3	0%	20.8	N C/D	Corrected
4.	4	0%	20.8	Needs Add. Cleaning	Corrected
5.	5	0%	20.8	N C/D	Corrected
6.	6	0%	20.8	N/B	Bolted
7.					
8.					

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-7	700-730	0%	11.			
2.	1-7	900-930	0%	12.			
3.	1-7	1100-1130	0%	13.			
4.	1-7	100-140	0%	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.	Lt Return	655	0%	6.			
2.	Rt Return	735	0%	7.			
3.				8.			
4.	Lt Return	1055	0%	9.			
5.	Rt Return	1135	0%	10.			

Number of Bolts Tested 13

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 R.C.P. to entire crew at start of shift

[signature] Assistant Mine — 38699 Certificate No. — [signature] Mine Foreman-Mine Manager — [illegible] Certificate No. — Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-9 20-10 Section or Area Examined Portal Section

Time of Examination: from 1100 a.m. or (p.m.) to 1140 a.m. or (p.m.)

Was this report phoned to outside: Yes ✓ no

By whom Bobby Baker Time A.M 2150 (P.M.)

Report received by [signature] 1664-4 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	O2	Violation or Hazardous Condition	Action Taken
1.	1 Entry	0%	20.8	Scrap cut	Reflector Hung
2.	2 Entry	0%	20.8	None Observed	Reflector Hung
3.	3 Entry	0%	20.8	None Observed	Reflector Hung
4.	4 Entry	0%	20.8	None Observed,	Reflector Hung
5.	5 Entry	0%	20.8	Needs cleaned & dusted	Reported
6.	5R Xcut	0%	20.8	Needs cleaned & dusted,	Reported
7.	6 Entry	0%	20.8	Part Bolted	Reflector Hung
8.	7 Entry	0% CH4	20.8	Needs cleaned & dusted	Reported.
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
L LOB	26860		
R LOB	22200		

Remarks: Powerconter Travelways intake phone chargers & outby chamber clear at time of exam

CH4 0% O2 20.8 CO 0.

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 38699 — [signature] Assistant Foreman — Certificate No. 1664-4

Countersigned [signature] Mine Manager—Mine Foreman — 28736

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-9-10 Shift Eve Area or Section Portal section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1	Scrap cut	Corrected
2.	5	Needs cleaned & dusted	corrected
3.	5R	Needs cleaned & dusted	corrected
4.	6	Part Bolted	Corrected
5.	7	Needs cleaned & dusted.	corrected
6.			
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	L Ret	4:30	0%	6.			
2.	R Ret	5:00	0%	7.			
3.				8.			
4.	L Ret	8:30	0%	9.			
5.	R Ret	9:00	0%	10.			

Number of Bolts Tested 15
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 14 of Roof control Plan with entire crew at end of Track

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
[signature]	1664-A	[signature]	28236	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-9 20 10 Section or Area Examined Portal 3 Sec.

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

Was this report phoned to outside: Yes ✓ no

By whom S. Lordue Time A.M P.M.

Report received by T. Peterson 29611 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 entry 0% CH4 20.8 oz	need add. cleaning	Rep.
2.	2 LT. 0% 20.8 oz	not Bolted	Reflector
3.	2 0% 20.8 oz	SCRAP	Reflector
4.	3 0% 20.8 oz	need clean & dusted	Rep.
5.	4-5 0% 20.8 oz	none observed	none
6.	6 RT. 0% 20.8 oz	not Bolted	Reflector
7.	7 0% 20.8 oz	need add. cleaning	Rep.
8.	7 RT. upper 0% 20.8 oz		
9.	lower 0% 20.8 oz	need clean & dusted	Rep.
10.	8 upper line 0% 20.8 oz	not Bolted	Reflector
	lower 0% 20.8 oz	part Bolted	Reflector

Air Measurements

Location	CFM	Location	CFM
LT.	24,570		
RT.	21,800		

Remarks: No CH4 dect. 0% 20.8 oz CO 0%
Power Center clean
Haulage & Travelways clean
Fresh Air Bay Intake Phone clean

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

Signed By [signature] Preshift-Mine Examiner 1664-A Certificate No. Assistant Foreman Certificate No.

Countersigned Rick Fola Mine Manager—Mine Foreman 28736

Assistant Foreman

[signature] 29611 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

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

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #1,7 entrys 0% CH_4 20.80%	needs add. cleaning	reported
2. 2L+,8upper,LR 0% 20.80%	not bolted	reflectors
3. 2 0% 20.80%	scrap	reflectors
4. 3,7R+upper&lower 0% 20.80%	needs cleaned and dusted	reported
5. 4,5	none observed	none
6. 8 lower	part bolted	reflectors
7.		
8.		

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-8	1:00-1:30	0.0%	11.			
2.				12.			
3.	1-8	3:00-3:28	0.0%	13.			
4.				14.			
5.	1-8	5:00-5:30	0.0%	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.	L Return	1:00	0%	6.			
2.	R Return	1:30	0%	7.			
3.				8.			
4.	L Return	5:00	0%	9.			
5.	R Return	5:30	0%	10.			

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) 0% CH_4, 20.80%, 0% CO Power center clear Haulage and travelways clear, Fresh Air Bay and Intake Phone clear

Adam Frasley	38822-08	Rick Foster	28734	
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 2-10 2010 Section or Area Examined 3 Section

Time of Examination: from 500 a.m. or p.m. to 550 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Adam Farley Time 600 A.M P.M.

Report received by Bobby Baker (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	O2	Violation or Hazardous Condition	Action Taken
1.	1	0%	20.8%	N/B	Reflectors
2.	2L	0%	20.8	N C/D	Reported
3.	2	0%	20.8	N/B	Reflectors
4.	3	0%	20.8	Needs Add. Dust	Reported
5.	4	0%	20.8	N/O	Reported
6.	5	0%	20.8	N/O	Reported
7.	5R	0%	20.8	Needs Add. Cleaning	Reported
8.	6	0%	20.8	N/O	Reported
9.	6R	0%	20.8	N C/D	Reported
10.	7, 7R	0%	20.8	Needs Add. Cleaning	Reported
	8	0%	20.8	N/O	Reported

Air Measurements

Location	CFM	Location	CFM
Lt LOB	25,020		
Rt LOB	23,140		

Remarks: PC, travelways, intake phone, chargers, outby chamber — OK at time of exam

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

Signed By Adam Farley (Preshift Mine Examiner) 38922-08 (Certificate No.) Bobby L Baker (Assistant Foreman) 38699 (Certificate No.)

Countersigned Rick Foster (Mine Manager—Mine Foreman) 28736

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-10-10 Shift Day Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

	Location	CH_4	O_2	Violation or Hazardous Condition	Action taken
1.	1	0%	20.8%	N/B	Reported
2.	2L	0%	20.8	N C/D	Reported
3.	2	0%	20.8	N/B	Reported
4.	3	0%	20.8	Needs Add. Dust	Reported
5.	5R	0%	20.8	Needs Add. Cleaning	Corrected
6.	6R	0%	20.8	N C/D	Corrected
7.	7	0%	20.8	Needs Add. Cleaning	Corrected
8.	7R	0%	20.8	Needs Add. Cleaning	Corrected

Bolter Down

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-7	700-730	0%	11.			
2.	1-7	900-930	0%	12.			
3.	1-7	1100-1130	0%	13.			
4.	1-7	100-140	0%	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.	Lt Return	655	0%	6.			
2.	Rt Return	735	0%	7.			
3.				8.			
4.	Lt Return	1055	0%	9.			
5.	Rt Return	1135	0%	10.			

Number of Bolts Tested 13

Number of Bolts Torqued Above Range Ø Below Range Ø

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4 of R.C.P. to entire crew at start of shift

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
[signature]	38699	[signature]	28736	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-10 20.10 Section or Area Examined Portal Station

Time of Examination: from 1:00 a.m. or p.m. to 1:40 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Bobby Baker Time A.M 3:00 P.M.

Report received by (Signed) 1664-A

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	O2	Violation or Hazardous Condition	Action Taken
1.	1 Entry	0%	20.8	Not Belted	Reflector Hung
2.	2 Entry	0%	20.8	Not Belted	Reflector Hung
3.	3 Entry	0%	20.8	None Observed	Reflector Hung
4.	4 Entry	0%	20.8	None Observed	Reflector Hung
5.	5L X cut	0%	20.8	Scrap cut	Reflector Hung
6.	6R X cut	0%	20.8	Needs cleaned & dusted	Reported
7.	7R X cut	0%	20.8	Needs cleaned & dusted	Reported
8.	8 Entry	0%	20.8	None Observed	Reflector Hung
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
L LOB	25760		
R LOB	24580		

Remarks: Powercenter Travelways intake phone chargers & outby chamber OK at time of exam

CH4 0% O2 20.8 CO 0

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 38699 — [signature] Assistant Foreman — Certificate No. 1664-A

Countersigned [signature] Mine Manager—Mine Foreman — Certificate No. 28736

Assistant Foreman

Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 2-10-10 Shift Eve Area or Section Portal Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1	Not Bolted	Corrected
2.	9	Not Bolted,	corrected
3.	SL	Scrap out	corrected
4.	6R	Needs cleaned & dusted	Corrected
5.	7R	Needs cleaned & dusted,	Corrected
6.			
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	L Ret	4:30	0%	6.			
2.	R Ret	5:00	0%	7.			
3.				8.			
4.	L Ret	8:30	0%	9.			
5.	R Ret	9:00	0%	10.			

Number of Bolts Tested 15
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 1a of Roof control plan with entire crew at end of Track.

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
[illegible]	1464-A	[illegible]	2873C	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-10 20 10 Section or Area Examined Portal Sec.

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

Was this report phoned to outside: Yes ____ no ____

By whom S. Perdue Time ____ A.M 11:02 ~~P.M.~~

Report received by T. Peterson 29611 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 entrys O% CH4 20.8oz	not Bolted	Reflector
2.	2-3 O% 20.8oz	need clean & dusted	Rep.
3.	4 O% 20.8oz	none observed	Rep.
4.	5 O% 20.8oz	part Bolted	Reflector
5.	6 O% 20.8oz	SCRAP	Reflector
6.	7 O% 20.8oz	need clean	Rep.
7.	7 RT. X O% 20.8oz	not Bolted	Reflector
8.	8 O% 20.8oz	gob in face	Rep.
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LT.	24,260		
RT.	21,700		

Remarks: No CH4 dect. O% 20.8oz CO2%
Haulage & Tramways clean
Power Center clean
Fresh Air Bay - Intake Phone clean

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

Signed By [signature] Preshift Mine Examiner 1664-A Certificate No. Adam Fraley Assistant Foreman 38822-08 Certificate No.

Countersigned Rick Foster Mine Manager—Mine Foreman 28734

[signature] Assistant Foreman 29611

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

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

Violations and other Hazardous Conditions Observed and Reported

	Location			Violation or Hazardous Condition	Action taken
1.	#1 entrys	0% CH4	20.80²	not bolted	reflectors
2.	2,3	0%	20.80²	needs cleaned and dusted	reported
3.	4	0%	20.80²	none observed	reported
4.	5	0%	20.80²	part bolted	reflectors
5.	6	0%	20.80²	scrap cut	reflectors
6.	7	0%	20.80²	needs cleaned	reported
7.	7Rt.X	0%	20.80²	not bolted	reflectors
8.	8	0%	20.80²	gobin face	reported

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-8	1:00-1:30	0.0%	11.			
2.				12.			
3.	1-8	3:00-3:28	0.0%	13.			
4.				14.			
5.	1-8	5:00-5:30	0.0%	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.	L Return	1:00	0%	6.			
2.	R Return	1:30	0%	7.			
3.				8.			
4.	L Return	5:00	0%	9.			
5.	R Return	5:30	0%	10.			

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) 0% CH4, 20.80², 0% CO Haulage and travelways clear, Power Center clear, Fresh Air Bay - Intake Phone clear

Adam Fraley — Assistant Mine | 38822-08 — Certificate No. | Rick Foster — Mine Foreman-Mine Manager | 28736 — Certificate No. | Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-11 20 10 Section or Area Examined 3 Section

Time of Examination: from 500 a.m. or p.m. to 550 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Adam Fraley Time 600 A.M P.M.

Report received by Bobby Baker (Signed)

Violations and other Hazardous Conditions Observed and Reported

	CH4 Location	O2	Violation or Hazardous Condition	Action Taken
1.	1 0%	20.8%	N/D	Reported
2.	2 0%	20.8	N C/D	Reported
3.	3 0%	20.8	N C/D	Reported
4.	4 0%	20.8	N C/D	Reported
5.	4L 0%	20.8	Scrap	Reflectors
6.	4R 0%	20.8	N C/D	Reported
7.	5 0%	20.8	N/D	Reported
8.	5R 0%	20.8	Needs Add. Cleaning	Reported
9.	6,7 0%	20.8	N/D	Reported
10.	7R 0%	20.8	Needs Add. Cleaning	Reported
	8 0%	20.8	N/B	Reflectors

Air Measurements

Location	CFM	Location	CFM
Lt 10B	24,480		
Rt 10B	22,230		

Remarks: Pkg travelways, intake shaft, chargers, outby chamber — OK at time of exam

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

Signed By Adam Fraley (Preshift-Mine Examiner) 38822-08 (Certificate No.) Bobby L Baker (Assistant Foreman) 38699 (Certificate No.)

Countersigned Rick Fork (Mine Manager—Mine Foreman) 28734

(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 Day Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

	Location	CH_4	O_2	Violation or Hazardous Condition	Action taken
1.	2	0%	20.8%	N C/D	Corrected
2.	3	0%	20.8	N C/D	Corrected
3.	4	0%	20.8	N C/D	Corrected
4.	4L	0%	20.8	Scrap	Bolted
5.	4R	0%	20.8	N C/D	Corrected
6.	5R	0%	20.8	Needs Add. Cleaning	Corrected
7.	7R	0%	20.8	Needs Add. Cleaning	Corrected
8.	8	0%	20.8	N/B	Bolted

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-8	700-735	0%	11.			
2.	1-8	900-935	0%	12.			
3.	1-8	1100-1135	0%	13.			
4.	1-8	100-135	0%	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.	Lt Return	655	0%	6.			
2.	Rt Return	740	0%	7.			
3.				8.			
4.	Lt Return	1055	0%	9.			
5.	Rt Return	1140	0%	10.			

Number of Bolts Tested 13

Number of Bolts Torqued Above Range Ø Below Range Ø

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 5 of R.C.P., to entire crew at start of shift

[signature]	38699	[signature]	28236	
Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-11 20 10 Section or Area Examined Portal Section

Time of Examination: from 1:00 a.m. or p.m. to 1:40 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Bobby Baker Time A.M 2:50 P.M.

Report received by (Signed) 1664-A

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	O2	Violation or Hazardous Condition	Action Taken
1.	1 Entry	0%	20.8	None Observed	Reflector Hung
2.	2L Xcut	0%	20.8	Wide entry 21 foot	Dangered off Setting Jacks.
3.	2 Entry	0%	20.8	None Observed	Reflector Hung.
4.	3 Entry	0%	20.8	None Observed	Reflector Hung.
5.	4L Xcut	0%	20.8	Scrap cut	Reflector Hung
6.	5 Entry	0%	20.8	Scrap cut	Reflector Hung.
7.	6 Entry	0%	20.8	Needs Cleaned & dusted	Reported
8.	7 Entry	0%	20.8	None Observed	Reflector Hung
9.	8 Entry	0%	20.8	None Observed	Reflector Hung.
10.					

Air Measurements

Location	CFM	Location	CFM
L HOB	25460		
R LOB	24370		

Remarks: Powercentr Travelways intake phone chargers & Outby chamber ok at time of exam

CH4 0% O2 20.8 CO 0

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

Signed By [signature] Preshift Mine Examiner — Certificate No. 38699 — [signature] Assistant Foreman — Certificate No. 1664-A

Countersigned [signature] Mine Manager—Mine Foreman — 28932

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 Portal section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	2L	Wide entry 21 feet	Set Jacks
2.	4L	Scrap cut	Corrected
3.	5	Scrap cut	Corrected
4.	6	Needs cleaned & dusted	Corrected
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	L Ret	4:30	0%	6.			
2.	R Ret	5:00	0%	7.			
3.				8.			
4.	L Ret	8:30	0%	9.			
5.	R Ret	9:00	0%	10.			

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 14 of Roof control plan with entire crew at end of Track

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
[illegible]	1664-A	[illegible]	28 [illegible]	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-11 20 10 Section or Area Examined Portal

Time of Examination: from 10 a.m. or p.m. to 1080 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Shannon Reeder Time A.M 1110 P.M.

Report received by [signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 O2 & CH4 / 20.8 or	Scrap	Reflectors Hung
2.	#2 " "	None Observed	
3.	#3 " "	Needs Cleaned	Reportedly
4.	#4 " "	Needs Cleaned & Dusted	Being Cleaned
5.	#4L " "	" " "	" "
6.	#5 " "	Needs Cleaned	Reportedly
7.	#6 " "	Not Bolted	Reflectors Hung
8.	#7 " "	None Observed	
9.	#8 " "	Scrap	Reflectors Hung
10.			

Air Measurements

Location	CFM	Location	CFM
Lf LOB	24,300		
Rt LOB	21,700		

Remarks: Chargers & Power Centers Clean
Rescue Chamber Clean
Intake Phone OK
20.8 or / No CH4

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 1664-A — Assistant Foreman — Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman — 28736

Assistant Foreman

Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-12 2010 Section or Area Examined 3 Section

Time of Examination: from 500 a.m. or p.m. to 540 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

	CH4 Location	O2	Violation or Hazardous Condition	Action Taken
1.	1 0%	20.8%	N/B	Reflectors
2.	2 0%	20.8	N/O	Reported
3.	3 0%	20.8	Gob in face	Reported
4.	4 0%	20.8	N/O	Reported
5.	5 0%	20.8	N/O	Reported
6.	6 0%	20.8	N/C	Reported
7.	7 0%	20.8	N/O	Reported
8.	8 0%	20.8	P/B	Reflectors
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Lt LOB	25,640		
Rt LOB	24,820		

Remarks: PC, travelways, intake shore, chargers, outby chamber — OK at time of exam

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

Signed By [signature] Preshift-Mine Examiner — 29611 Certificate No. — [signature] Assistant Foreman — 38699 Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman — 2873

Assistant Foreman

Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-12-10 Shift Day Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

	CH4 Location	O2	Violation or Hazardous Condition	Action taken
1.	1 0%	20.8%	N/B	Bolted
2.	3 0%	20.8%	Gob in face	Loaded out
3.	6 0%	20.8%	N/C	Corrected
4.	8 0%	20.8%	P/B	Bolted
5.				
6.				
7.				
8.				

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-8	700-735	0%	11.			
2.	1-8	900-935	0%	12.			
3.	1-8	1100-1135	0%	13.			
4.	1-8	100-135	0%	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.	Lt Return	655	0%	6.			
2.	Rt Return	740	0%	7.			
3.				8.			
4.	Lt Return	1055	0%	9.			
5.	Rt Return	1140	0%	10.			

Number of Bolts Tested 13
Number of Bolts Torqued Above Range Ø Below Range Ø

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4 of R.C.P. to entire crew at start of shift. Set jacks in wide place in #3

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
[illegible]	38699	Rick Taylor	28734	

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2 - 12 2010 Section or Area Examined Portal Section

Time of Examination: from 1:00 a.m. or p.m. to 1:40 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Bobby Baker Time A.M 3:00 P.M.

Report received by [signature] 1664-A
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	O2	Violation or Hazardous Condition	Action Taken
1.	1 Entry	0%	20.8	Needs cleaned & dusted	Reported
2.	2 Entry	0%	20.8	Needs cleaned & dusted,	Reported
3.	3L xcut	0%	20.8	Scrap cut	Reflector Hung
4.	4 Entry	0%	20.8	None Observed	Reflector Hung
5.	5 Entry	0%	20.8	Needs cleaned & dusted,	Reported
6.	6 Entry	0%	20.8	Not Bolted	Reflector Hung
7.	7 Entry	0%	20.8	Needs cleaned & dusted,	Reported,
8.	8 Entry	0%	20.8	None Observed,	Reflector Hung,
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
L LOB	25440		
R LOB	23870.		

Remarks: Powercenter, Travelways, intake phone outby chamber and Scoop chargers ok at time of exam

CH4 0% O2 20.8 CO 0

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

Signed By [signature] Preshift-Mine Examiner 38699 Certificate No. [signature] Assistant Foreman 1664-A Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 28736

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-18-10 Shift Eve. Area or Section Portal Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1	Needs cleaned & dusted	Corrected
2.	2	Needs cleaned & dusted	Corrected
3.	3L	Scrap out	Corrected
4.	5	Needs cleaned & dusted	Corrected
5.	6	Not Bolted	Corrected
6.	7	Needs cleaned & dusted	Corrected
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	L Ret	4:30	0%	6.			
2.	R Ret	5:00	0%	7.			
3.				8.			
4.	L Ret	8:30	0%	9.			
5.	R Ret	9:00	0%	10.			

Number of Bolts Tested 15
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 13 of Roof Control plan with entire crew at end of Track.

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
[signature]	1664-A			

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-12 2010 Section or Area Examined Portal Section

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

Was this report phoned to outside: Yes ____ no ____

By whom Shannon Perdue Time ____ A.M 11:00 P.M.

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

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	O2	Violation or Hazardous Condition	Action Taken
1.	1	0%	20.8%	None observed	None
2.	2	0%	20.8%	None observed	None
3.	3	0%	20.8%	None observed	None
4.	4	0%	20.8%	needs cleaned and Dusted	Reported
5.	5	0%	20.8%	need Additional Cleaning	Reported
6.	3	0%	20.8%	scrap cut	Reflectors Hung
7.	6	0%	20.8%	Needs Cleaned and Dusted	Reported
8.	7	0%	20.8%	Not Bolted	Reflectors Hung
9.	8	0%	20.8%	scrap cut	Reflectors Hung
10.					

Air Measurements

Location		CFM	Location	CFM
LoB	Lt	22,350		
	Rt	27000		

Remarks: 0% CH4, 20.8% O2, 0ppm C.O. Detected Power center, Travelways, Intake Phone, out By Shelter, Scoop Chargers, 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 1664-A Certificate No. ____ Assistant Foreman ____ Certificate No.

Countersigned Rick [signature] Mine Manager—Mine Foreman 28736

____ Assistant Foreman ____ ____ Superintendent or Assistant ____

[signature] 1947-A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ 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 2-13 20 10 Section or Area Examined Portal Section

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

Was this report phoned to outside: Yes_____ no_____

By whom _____ Time _____A.M _____P.M.

Report received by Brought Out
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location CH4	Location O2	Violation or Hazardous Condition	Action Taken
1.	0%	20.8%	None observed	None
2.	0%	20.8%	None observed	None
3.	0%	20.8%	Water In Face	Reported
4.	0%	20.8%	Scrap cut	Reflectors Hung
5.	0%	20.8%	Needs Cleaned and Dusted	Reported
6.	0%	20.8%	Needs Cleaned and Dusted	Reported
7.	0%	20.8%	None observed	None
8.	0%	20.8%	Needs Cleaned	Reported
9.	0%	20.8%	Needs Cleaned	Reported
10.				

Air Measurements

Location		CFM	Location	CFM
LOB	Lt	21,920		
	Rt	25,430		

Remarks: 0% CH4, 20.8% O2, 0 PPM C.O. Detected
Powercenter, Travelways, Intake Phone, out By Shelter, Scoop Chargers
Clear At Time of Exam

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

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

Countersigned [illegible] Mine Manager—Mine Foreman — Certificate No. 28736

Assistant Foreman

Superintendent or Assistant George Curry 27429

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 2-13 2010 Section or Area Examined Portal Section

Time of Examination: from 1200 a.m. or p.m. to 400 a.m. or p.m.

Was this report phoned to outside: Yes_____ no X

By whom _____ Time _____A.M _____P.M.

Report received by Brought out (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.		Section Idle - No Work	
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	Left 21420		
	Right 23210		

Remarks: 0% CH_4, 0% CO, 20.8% O_2, track, travelways, pc's, oboes, 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.

George Curry — Preshift-Mine Examiner — Certificate No. 27429

Assistant Foreman — Certificate No.

Rick Fern — Mine Manager—Mine Foreman — 28736

Assistant Foreman

Superintendent or Assistant

Count

Greg Cole 1947-A

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-13 20 10 Section or Area Examined Portal section

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

Was this report phoned to outside: Yes_____ no_____

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

Report received by Brought out
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.		Section Idle, No work	
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location		*CFM*	*Location*	*CFM*
LoB	Lt	21,560		
	Rt	23,300		

Remarks: 0% CH4, 20.9% O2, 0 PPM C.O. Detected, Track, Travelways P.C.'s, D-Boxes, Chargers, Clear At Time of exam

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

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

Countersigned [signature] Mine Manager—Mine Foreman — Certificate No. 2573

Assistant Foreman — Certificate No.

Assistant Foreman — Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-13-24 2010 Section or Area Examined Portal Section

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

Was this report phoned to outside: Yes_____ no X

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

Report received by Brought out (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.		Section Idle-No Work	
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location		*CFM*	*Location*	*CFM*
LOB	Lt	21,610		
	Rt	22,910		

Remarks: 0% CH4, 20.8% O2, 0PPM C.O. Detected
PC's, D-Boxes, 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 [signature] Preshift Mine Examiner — Certificate No. 1947A — Assistant Foreman — Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman — Certificate No. 28736

Assistant Foreman

Superintendent or Assistant

Joey Stewart 39199

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-14 2010 Section or Area Examined Portal Section

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

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

By whom ____

Report received by Brought Out (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	*CFM*	*Location*	*CFM*
LOB Lt	19,460		
Rt	21,640		

Remarks:

0% CH4, 0% CO, 20.8% O2

PC, D-Boxes, Chargers, Air Chamber, 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 George Curry Preshift-Mine Examiner Certificate No. 27429

Countersigned Rick Foster Mine Manager—Mine Foreman Certificate No. 29794

Assistant Foreman Jacy Stewart Certificate No. 39199

Assistant Foreman Certificate No. 29611

Superintendent or Assistant

Mine 66 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 2-14 20 10 Section or Area Examined Portal Sec.

Time of Examination: from 8:30 a.m. or ~~p.m.~~ to 8:45 a.m. or ~~p.m.~~

Was this report phoned to outside: Yes ____ no ✓

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

Report received by Brought outside
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	*CFM*	*Location*	*CFM*
LOB LT.	19,452		
RT.	21,653		

Remarks: No CH4 dect O2 20.8 or CO O%
P/C's charger clear
Fresh air Bay clear

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

Signed By [signature] 29611
Preshift-Mine Examiner — Certificate No.

Countersigned [signature] 2573
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 _____ 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 2-15 20 10 Section or Area Examined Portal Sec.

Time of Examination: from 3:00 a.m. or p.m. to 6:00 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 side
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.		Section Idle	
2.		No work	
3.		No CH4 dect 0% 20.8 or CO 0%	
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*
LOB LT.	19,461		
RT.	21,650		

Remarks: No CH4 dect 0% 20.8 or CO 0%
Track & Tramways clear at exam
P/C Charger - Fresh Air Bay clear

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

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

Countersigned Rick Foster Mine Manager—Mine Foreman — 28736

Assistant Foreman

Superintendent or Assistant George Curry 27429

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 2-15 2010 Section or Area Examined Portal Section

Time of Examination: from 1200 a.m. or (p.m.) to 400 a.m. or (p.m.)

Was this report phoned to outside: Yes ____ no

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

Report received by Brought outside
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.		Section Idle - No work	
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location		*CFM*	*Location*	*CFM*
LOB	Right	~~19540~~ 20,382		
	Left	19540		

Remarks: 0% CH_4, 0% CO, 20.8% O_2, tracks, travelway, pc's, chargers clear & clean

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

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

Countersigned Rick [illegible] — Mine Manager—Mine Foreman — 28732

[illegible] — Assistant Foreman — 29641 — 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 2-15 20 10 Section or Area Examined 3sec. Portal

Time of Examination: from 8:30 a.m. or ~~p.m.~~ to 8:50 a.m. or ~~p.m.~~

Was this report phoned to outside: Yes ____ no ✓

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

Report received by Brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location			Violation or Hazardous Condition	Action Taken
1.	#1 entrys	0% CH4	20.8 O2	need ribs clean	Rep.
2.	2	0%	20.8 O2	water	Rep.
3.	3	0%	20.8 O2	water	Rep.
4.	3LT. X	0%	20.8 O2	need clean & dusted	Rep.
5.	4	0%	20.8 O2	none observed	Rep.
6.	4RT. X	0%	20.8 O2	need clean & dusted	Rep.
7.	5	0%	20.8 O2	SCRAP CUT	Reflector
8.	5RT. X	0%	20.8 O2	need clean & dusted	Rep.
9.	6	0%	20.8 O2	none observed	Rep.
10.	7	0%	20.8 O2	need clean	Rep.
	8	0%	20.8 O2	need clean	Rep

Air Measurements

Location	CFM	Location	CFM
LT	20,363		
RT.	21,100		

Remarks: No CH4 dect. 0% 20.8 O2 CO 0%
Haulage & Travelways need add. cleaning
P/C clear
Fresh air Bay clear

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 29611 — Adam Frasley Assistant Foreman — Certificate No. 38822-08

Countersigned Rick Foster Mine Manager—Mine Foreman — 28736

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-16-10 Shift 3rd Area or Section Portal #3

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	#1 entrys 0.7% CH_4 20.80% O_2	need ribs cleaned	reported
2.	2,3 0.7% 20.80% O_2	water	reported
3.	3L+, 4R+, 5R+ 0.7% 20.80% O_2	need cleaned & dusted	reported
4.	4 0.7% 20.80% O_2	none observed	reported
5.	5 0.7% 20.80% O_2	scrap cut	reflectors
6.	6 0.7% 20.80% O_2	none observed	reported
7.	7,8 0.7% 20.80% O_2	needs cleaned	reported
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-8	1:00-1:30	0.07%	11.			
2.				12.			
3.	1-8	3:00-3:26	0.07%	13.			
4.				14.			
5.	1-8	5:00-5:30	0.07%	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.	L Return	1:00	0.7%	6.			
2.	R Return	1:30	0.7%	7.			
3.				8.			
4.	L Return	5:00	0.7%	9.			
5.	R Return	5:30	0.7%	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) 0.7% CH_4, 20.80% O_2, 0.7% CO Haulage & travelways need add. cleaning. P/C clear, Fresh Air Bay clear. Set jacks in wide place in 4L.

Adam Fraley — Assistant Mine
38822:08 — Certificate No.
Rick Foster — Mine Foreman-Mine Manager
28736 — Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-16 2010 Section or Area Examined 3 Section

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

Was this report phoned to outside: Yes ✓ no

By whom Adam Fraley Time 600 A.M P.M.

Report received by Bobby Baker (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	O2	Violation or Hazardous Condition	Action Taken
1.	1	0%	20.8%	N/D	Reported
2.	2	0%	20.8	Water	Reported
3.	3	0%	20.8	Water	Reported
4.	3L	0%	20.8	N C/D	Reported
5.	4L	0%	20.8	Wide	Dangered off
6.	4	0%	20.8	N C/D	Reported
7.	4R	0%	20.8	Needs Add. Cleaning	Reported
8.	5	0%	20.8	Scrap	Reflectors
9.	5R	0%	20.8	Needs Add. Cleaning	Reported
10.	6	0%	20.8	N/D	Reported
	7,8	0%	20.8	Needs Add. Cleaning	Reported

Air Measurements

Location	CFM	Location	CFM
Lt LOB	21,060		
Rt LOB	22,260		

Remarks: PC, travelways, intake place, chargers, outby chamber — OK at time of exam

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

Signed By Adam Fraley — Preshift Mine Examiner — Certificate No. 38922-03

Billy L Baker — Assistant Foreman — Certificate No. 38199

Countersigned Rick Foster — Mine Manager—Mine Foreman — 28734

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 Day Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

	CH4 Location		O2	Violation or Hazardous Condition	Action taken
1.	2	0%	20.8%	Water	Loaded out
2.	3	0%	20.8	Water	Loaded out
3.	3L	0%	20.8	N C/D	Corrected
4.	4L	0%	20.8	Wide	Set Jacks
5.	4	0%	20.8	N C/D	Corrected
6.	4R	0%	20.8	Needs Add. Cleaning	Corrected
7.	5	0%	20.8	Scrap	Bolted
8.	5R	0%	20.8	Needs Add. Cleaning	Corrected
	7	0%	20.8	Needs Add. Cleaning	Corrected
	8	0%	20.8	Needs Add. Cleaning	Corrected

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-8	700-735	0%	11.			
2.	1-8	900-935	0%	12.			
3.	1-8	1100-1135	0%	13.			
4.	1-8	100-135	0%	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.	Lt Return	655	0%	6.			
2.	Rt Return	740	0%	7.			
3.				8.			
4.	Lt Return	1055	0%	9.			
5.	Rt Return	1140	0%	10.			

Number of Bolts Tested 13

Number of Bolts Torqued Above Range Ø Below Range Ø

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4 of RCP to entire crew at start of shift

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
[illegible]	38659	Rick Foster	28221	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-16 20.10 Section or Area Examined Portal Section

Time of Examination: from 1:00 a.m. or (p.m.) to 1:40 a.m. or (p.m.)

Was this report phoned to outside: Yes ✓ no

By whom Bobby Baker Time A.M 3:00 (P.M.)

Report received by [signature] 1664-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	O2	Violation or Hazardous Condition	Action Taken
1.	1 Entry	0%	20.8	None Observed	Reflector Hung
2.	2 Entry	0%	20.8	Not Bolted	Reflector Hung
3.	3 Entry	0%	20.8	Scrapcut	Reflector Hung
4.	4 Entry	0%	20.8	Needs cleaned & dusted	Reported
5.	5 Entry	0%	20.8	Part Bolted	Reflector Hung
6.	6 Entry	0%	20.8	Needs cleaned & dusted	Reported
7.	7 Entry	0%	20.8	Scrapcut	Reflector Hung
8.	8 Entry	0%	20.8	Needs cleaned & dusted	Reported
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
L LOB	22160		
R LOB	21442		

Remarks: Powercenter Travelways intake phone scoop chargers & Outby Chamber ok at time of exam

CH4	O2	CO
0%	20.8	0

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

Signed By [signature] Preshift-Mine Examiner 38699 Certificate No. [signature] Assistant Foreman 1664-A Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 2873

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-16-16 Shift Eve Area or Section Portal Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.			
2.	2	Not Bolted	corrected
3.	3	Scrap out	corrected
4.	4	Needs cleaned & dusted,	corrected
5.	5	Part Bolted,	corrected
6.	6	Needs cleaned & dusted,	Corrected
7.	7	Scrap out,	Corrected
8.	8	Needs cleaned & dusted,	Corrected

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	L Rot	4:30	0%	6.			
2.	R Rot	5:00	0%	7.			
3.				8.			
4.	L Rot	8:30	0%	9.			
5.	R Rot	9:00	0%	10.			

Number of Bolts Tested 15
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 14 of Roof control Plan with entire crew at end of Track

[signature]	1664-A	Rick Foster	28236	
Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-16 2010 Section or Area Examined Portal section

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

Was this report phoned to outside: Yes ✓ no

By whom Shannon Perdue Time A.M 11:00 P.M.

Report received by [signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	O2	Violation or Hazardous Condition	Action Taken
1.	#1	0%	20.8%	Needs Cleaned AND Dusted	Reported
2.	#2L	0%	20.8%	Part Bolted	Reflectors Hung
3.	#2	0%	20.8%	Needs Add Cleaning	Reported
4.	#3	0%	20.8%	scrap cut	Reflectors Hung
5.	#4	0%	20.8%	Not Bolted	Reflectors Hung
6.	#5	0%	20.8%	Needs cleaned and Dusted	Reported
7.	#5	0%	20.8%	Needs cleaned and Dusted	Reported
8.	#6	0%	20.8%	none observed	Reported
9.	#7	0%	20.8%	None observed	Reported
10.	#8	0%	20.8%	None observed	Reported

Air Measurements

Location		CFM	Location	CFM
LOB	Lt	19,350		
	Rt	23,700		

Remarks: Powercenter, Travelways, Intake Phone, chargers, outby sector 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. 1664-A

[signature] Assistant Foreman — Certificate No. 1947-A

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

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-17-10 Shift Owl Area or Section Portal Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

	Location	*Time*	*Methane Content*		*Location*	*Time*	*Methane Content*
1.	1-8	1:00-1:30	0%	11.			
2.				12.			
3.	1-8	3:00-3:30	0%	13.			
4.				14.			
5.	1-8	5:00-5:30	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.	L Return	1:00-	0%	6.			
2.	R Return	1:30	0%	7.			
3.				8.			
4.	L Return	5:00	0%	9.			
5.	R Return	5:30	0%	10.			

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

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

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

[illegible]	1947A	[illegible]	28236	
Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-17 2010 Section or Area Examined 3 Section

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

Was this report phoned to outside: Yes ____ no ____

By whom Greg Cole Time 555 A.M ____ P.M.

Report received by Bobby Baker (Signed)

Violations and other Hazardous Conditions Observed and Reported

	CH4	Location	O2	Violation or Hazardous Condition	Action Taken
1.	1	0%	20.8%	N/O	Reported
2.	2L	0%	20.8	N C/O	Reported
3.	2	0%	20.8	N/C	Reported
4.	3	0%	20.8	N/O	Reported
5.	4	0%	20.8	N C/O	Reported
6.	5	0%	20.8	N/O	Reported
7.	5R	0%	20.8	Scrap	Reflectors
8.	6	0%	20.8	N/C	Reported
9.	7	0%	20.8	N/O	Reported
10.	8	0%	20.8	N/O	Reported

Air Measurements

Location	CFM	Location	CFM
Lt LOB	27,160		
Rt LOB	19,560		

Remarks: PC, travelways, intake phone, chargers, outby chamber — OK at time of exam

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

Signed By Greg Cole — Preshift Mine Examiner — Certificate No. 19474 — Bobby L Baker — Assistant Foreman — Certificate No. 38699

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

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-17-10 Shift Day Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

	Location	CH_4	O_2	Violation or Hazardous Condition	Action taken
1.	2L	0%	20.8%	N C/D	Corrected
2.	2	0%	20.8%	N/C	Corrected
3.	4	0%	20.8%	N C/D	Corrected
4.	5R	0%	20.8%	Scrap	Bolted
5.	6	0%	20.8%	N/C	Corrected
6.					
7.					
8.					

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-8	700-735	0%	11.			
2.	1-8	900-935	0%	12.			
3.	1-8	1100-1135	0%	13.			
4.	1-8	100-135	0%	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.	Lt Return	655	0%	6.			
2.	Rt Return	740	0%	7.			
3.				8.			
4.	Lt Return	1055	0%	9.			
5.	Rt Return	1140	0%	10.			

Number of Bolts Tested 13

Number of Bolts Torqued Above Range Ø Below Range Ø

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 5 of R.C.P. to entire crew at start of shift

[signature] Assistant Mine — 38699 Certificate No. — [signature] Mine Foreman-Mine Manager — 23736 Certificate No. — Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-17 20.10 Section or Area Examined Portal Section

Time of Examination: from 1100 a.m. or (p.m.) to 1140 a.m. or (p.m.)

Was this report phoned to outside: Yes ✓ no

By whom Bobby Baker Time A.M 255 P.M.

Report received by (Signed) 1664-A

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	O2	Violation or Hazardous Condition	Action Taken
1.	1 Entry	0%	20.8	None Observed	Reflector Hung
2.	2 Entry	0%	20.8	Scrap cut	Reflector Hung
3.	3 Entry	0%	20.8	Needs cleaned & dusted	Reported
4.	4 Entry	0%	20.8	Scrap cut	Reflector Hung
5.	5 Entry	0%	20.8	Needs cleaned & dusted	Reported
6.	6 Entry	0%	20.8	None Observed	Reflector Hung
7.	7 Entry	0%	20.8	None Observed	Reflector Hung
8.	8 Entry	0%	20.8	None Observed	Reflector Hung
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
L LOB	24830		
R LOB	23640.		

Remarks: Powercenter Travelways intake phone Scoop chargers & Outby chamber ok at time of exam

CH4 0% O2 20.8 CO 0.

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

Signed By Bobby L Baker — Preshift-Mine Examiner — Certificate No. 38699

Assistant Foreman — Certificate No. 1664-A

Countersigned Robert Foster — Mine Manager—Mine Foreman — 23736

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 2-17-10 Shift Eve Area or Section Portal Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.			
2.	2	Scrap cut	Corrected Finished cut
3.	3	Needs cleaned & dusted	cleaned & dusted corrected
4.	4	Scrap cut	Finished cut corrected
5.	5	Needs cleaned & dusted	cleaned & Dusted corrected
6.			
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	L Ret	4:30	0%	6.			
2.	R Ret	5:00	0%	7.			
3.				8.			
4.	L Ret	8:30	0%	9.			
5.	R Ret.	9:00	0%	10.			

Number of Bolts Tested 15

Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 4 of Roof control Plan with Entire crew at end of Truck

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
[illegible]	1664-A	[illegible]	2832	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-17 20 10 Section or Area Examined Portal section

Time of Examination: from 10:00 a.m. or p.m. to 10:55 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Shannon Perdue Time A.M 10:55 P.M.

Report received by [signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH_4	O_2	Violation or Hazardous Condition	Action Taken
1.	#1	0%	20.8%	Needs cleaned and Dusted	Reported
2.	#2	0%	20.8%	Part Bolted	Reflectors Hung
3.	#3	0%	20.8%	Needs Add. cleaning	Reported
4.	#4	0%	20.8%	None observed	Reported
5.	#5	0%	20.8%	None observed	Reported
6.	#6	0%	20.8%	None observed	Reported
7.	#7R	0%	20.8%	Scrap cut	Reflectors Hung
8.	#8	0%	20.8%	Needs Cleaned and Dusted	Reported
9.					
10.					

Air Measurements

Location		CFM	Location	CFM
LOB	Lt	20,150		
	Rt	24,370		

Remarks: Powercenter, Travelways, Intake Phone, Chargers, outby Chamber, ok At time of exam

0% CH_4, 20.8% O^2, 0PPM C.O. 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. 1664-A

[signature] Assistant Foreman — Certificate No. 1947-A

Countersigned [signature] Mine Manager—Mine Foreman — Certificate No. 23,736

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 2-18-10 Shift owl Area or Section Portal section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

	Location	*Time*	*Methane Content*		*Location*	*Time*	*Methane Content*
1.	1-8	100-1:30	0%	11.			
2.				12.			
3.	1-8	3:00-3:30	0%	13.			
4.				14.			
5.	1-8	5:00-5:30	0%	15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested

Number of Bolts Torqued Above Range Below Range

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-18 2010 Section or Area Examined 3 Section

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

Was this report phoned to outside: Yes ✓ no

By whom Greg Cole Time 600 A.M P.M.

Report received by Bobby Baker (Signed)

Violations and other Hazardous Conditions Observed and Reported

	CH4	Location	O2	Violation or Hazardous Condition	Action Taken
1.	1	0%	20.8%	N/O	Reported
2.	2	0%	20.8	Gob in face	Reported
3.	3	0%	20.8	Scrap / Water	Reflectors
4.	4	0%	20.8	N/O	Reported
5.	5	0%	20.8	N/O	Reported
6.	6	0%	20.8	Scrap	Reflectors
7.	7	0%	20.8	N/O	Reported
8.	7R	0%	20.8	P/B	Reflectors
9.	8	0%	20.8	N C/D	Reported
10.					

Air Measurements

Location	CFM	Location	CFM
Lt LOB	19,780		
Rt LOB	16,920		

Remarks: PC, travelways, intake phone, chargers, outby chamber — OK at time of exam

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

Signed By _____ Preshift-Mine Examiner Certificate No. _____ Bobby L Baker Assistant Foreman 38699 Certificate No.

Countersigned Rick Foster Mine Manager—Mine Foreman 28736

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-18-10 Shift Day Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

	CH4 Location		O2	Violation or Hazardous Condition	Action taken
1.	2	0%	20.8%	Gob in face	Loaded out
2.	3	0%	20.8	Scrap / Water	Bolted
3.	6	0%	20.8	Scrap	Bolted
4.	7R	0%	20.8	P/B	Bolted
5.	8	0%	20.8	N C/D	Corrected
6.					
7.					
8.					

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-8	700-735	0%	11.			
2.	1-8	900-935	0%	12.			
3.	1-8	1100-1135	0%	13.			
4.	1-8	100-135	0%	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.	Lt Return	655	0%	6.			
2.	Rt Return	740	0%	7.			
3.				8.			
4.	Lt Return	1055	0%	9.			
5.	Rt Return	1140	0%	10.			

Number of Bolts Tested 13
Number of Bolts Torqued Above Range Ø Below Range Ø

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 5 of R.C.P. to on line crew at start of shift

Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant
[signature]	38699	[signature]	2832	

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-18 2010 Section or Area Examined Portal section

Time of Examination: from 1:00 a.m. or p.m. to 1:40 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Bobby Baker Time A.M 2:55 P.M.

Report received by [signature] (Signed) 1664-A

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	O2	Violation or Hazardous Condition	Action Taken
1.	1 Entry	0%	20.8	None Observed	Reflector Hung
2.	2 Entry	0%	20.8	Needs cleaned & dusted	Reported
3.	3 Entry	0%	20.8	Scrap cut	Reflector Hung
4.	4 Entry	0%	20.8	None Observed	Reflector Hung
5.	5L X cut	0%	20.8	Scrap cut	Reflector Hung
6.	6 Entry	0%	20.8	None Observed	Reflector Hung
7.	7 Entry	0%	20.8	None Observed	Reflector Hung
8.	8 Entry	0%	20.8	Part Bolted	Reflector Hung
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
L LOB	23780		
R LOB	22470		

Remarks: Powercentre Travelways intake phone & Outby chamber ok at Time of exam

CH4 0% O2 20.8 CO 0

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

Signed By [signature] Preshift-Mine Examiner 38699 Certificate No. [signature] Assistant Foreman 1664-A Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 28736

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-18-10 Shift Evo Area or Section Portal Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.			
2.	2	Needs cleaned + dusted	Corrected
3.	3	Scrap cut	Corrected
4.	SL	Scrap cut	Corrected
5.	8	Part Bolted	Corrected
6.			
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	L Ret	4:30	0%	6.			
2.	R Ret	5:00	0%	7.			
3.				8.			
4.	L Ret	8:30	0%	9.			
5.	R Ret	9:00	0%	10.			

Number of Bolts Tested 15

Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 6 of Roof Control Plan with entire crew at end of track

[signature]	1664-A	[signature]	28736	
Assistant Mine	Certificate No.	Mine Foreman-Mine Manager	Certificate No.	Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-18 20 10 Section or Area Examined Portal Section

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

Was this report phoned to outside: Yes ____ no ____

By whom Shannon Perdue Time ____ A.M 11:10 P.M.

Report received by Greg Cole (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH_4	O^2	Violation or Hazardous Condition	Action Taken
1.	#1	0%	20.8%	None observed	Reported
2.	#2	0%	20.8%	None observed	Reported
3.	#3	0%	20.8%	Add cleaning	Reported
4.	#4L	0%	20.8%	Part Bolted	Reflectors Hung
5.	#5	0%	20.8%	Scrap cut	Reflectors Hung
6.	#6	0%	20.8%	None observed	Reported
7.	#7	0%	20.8%	None observed	Reported
8.	#8	0%	20.8%	None observed	Reported
9.					
10.					

Air Measurements

Location		CFM	Location	CFM
LOB	Lt	21,680		
	Rt	23,520		

Remarks: Powercenter, Travelways, Intake Phone, outby Chamber Clear At time of exam 0% CH_4, 20.8% O^2, 0 PPM C.O. 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 — 1664-A Certificate No. — Greg Cole Assistant Foreman — 1947-A Certificate No.

Countersigned Rick Foster Mine Manager—Mine Foreman — 2873L

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.	Section	Idle	
3.			
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

[illegible]	1947-A	[illegible]	1572	
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 2-19 2010 Section or Area Examined 3 Section

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

Was this report phoned to outside: Yes ✓ no

By whom Greg Cole Time 600 A.M P.M.

Report received by Bobby Baker (Signed)

Violations and other Hazardous Conditions Observed and Reported

	CH4	Location	O2	Violation or Hazardous Condition	Action Taken
1.	1	0%	20.8%	N/O	Reported
2.	2	0%	20.8	N/O	Reported
3.	3	0%	20.8	N C/D	Reported
4.	4L	0%	20.8	Scrap	Reflectors
5.	5	0%	20.8	Scrap	Reflectors
6.	6	0%	20.8	N/O	Reported
7.	7	0%	20.8	N/O	Reported
8.	8	0%	20.8	N/O	Reported
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
Lt LOB	22,680		
Rt LOB	19,800		

Remarks: PC, travelways, intake phone, chargers, outby chamber — OK at time of exam

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

Signed By Greg Cole (Preshift Mine Examiner) 1947-A (Certificate No.) Bobby L Baker (Assistant Foreman) 38699 (Certificate No.)

Countersigned Rick Foster (Mine Manager—Mine Foreman) 28734

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 2-19-10 Shift Day Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

	CH4 Location		O2	Violation or Hazardous Condition	Action taken
1.	3	0%	20.8%	N C/D	Corrected
2.	4L	0%	20.8%	Scrap	Bolted
3.	5	0%	20.8%	Scrap	Bolted
4.					
5.					
6.					
7.					
8.					

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-8	700-735	0%	11.			
2.	1-8	900-935	0%	12.			
3.	1-8	1100-1135	0%	13.			
4.	1-8	100-135	0%	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.	Lt Return	655	0%	6.			
2.	Rt Return	740	0%	7.			
3.				8.			
4.	Lt Return	1055	0%	9.			
5.	Rt Return	1140	0%	10.			

Number of Bolts Tested 13

Number of Bolts Torqued Above Range Ø Below Range Ø

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4 of R.C.P. to entire crew at start of shift

[signature] Assistant Mine — 38699 Certificate No. — [signature] Mine Foreman-Mine Manager — 28236 Certificate No. — Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-19 2010 Section or Area Examined Portal Section

Time of Examination: from 1:00 a.m. or (p.m.) to 1:40 a.m. or (p.m.)

Was this report phoned to outside: Yes ✓ no

By whom Bobby Baker Time A.M 2:55 P.M.

Report received by [signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	O2	Violation or Hazardous Condition	Action Taken
1.	1 Entry	0%	20.8	None Observed	Reflector Hung
2.	2 Entry	0%	20.8	None Observed	Reflector Hung
3.	3 Entry	0%	20.8	Scrapcut	Reflector Hung
4.	4 Entry	0%	20.8	Needs cleaned & dusted	Reported
5.	5 Entry	0%	20.8	Scrapcut	Reflector Hung
6.	6 Entry	0%	20.8	Needs cleaned & dusted	Reported
7.	7 Entry	0%	20.8	None Observed	Reflector Hung
8.	8 Entry	0%	20.8	None Observed	Reflector Hung
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
L LOB	23630		
R LOB	22970.		

Remarks: Powercenter Travelways intake phone outby chamber ok at time of exam

CH4 0% O2 20.8 CO 0.

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

Signed By [signature] Preshift-Mine Examiner 38699 Certificate No. [signature] Assistant Foreman 1664-A Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman 28730

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 2-19-18 Shift Eve Area or Section Portal Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	3	Scrap cut	Finished cut Corrected
2.	4	Needs cleaned & dusted	cleaned & dusted corrected
3.	5	Scrap cut	Finished cut corrected
4.	6	Needs cleaned & dusted,	cleaned & dusted corrected
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	L Ret	4:30 pm	0%	6.			
2.	R Ret	5:00 pm	0%	7.			
3.				8.			
4.	L Ret	8:30 pm	0%	9.			
5.	R Ret.	9:00 pm	0%	10.			

Number of Bolts Tested 15
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 12 of Roof control plan with entire crew at end of Track

[signature] Assistant Mine | 1664-A Certificate No. | [signature] Mine Foreman-Mine Manager | 27736 Certificate No. | Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-19 2010 Section or Area Examined Portal Section

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

Was this report phoned to outside: Yes ✓ no

By whom Shannon Perdue Time A.M 1055 P.M.

Report received by [signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Ch4	O2	Violation or Hazardous Condition	Action Taken
1.	1	0%	20.8%	none observed	none
2.	2 2 3	0%	20.8%	none observed	none
3.	3L	0%	20.8%	Part Bolted	Reflectored, Reported
4.	4	0%	20.8%	Scrap cut	Reported, Reflectors hung
5.	5	0%	20.8%	needs cleaned & dusted	Reported
6.	#6	0%	20.8%	Part Bolted	Reflectored, Reported
7.	#7	0%	20.8%	Scrap cut	Reported, Reflectored
8.	#8	0%	20.8%	none observed	Reported
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
Lt LOB	21,380		
Rt LOB	24,860		

Remarks: 0% Ch4, 20.8% O2, 0% Co

Track, travelways, powercenters, outby chamber and Intake phone OK at IOE.

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. 1664-A

Countersigned [signature] Mine Manager—Mine Foreman — Certificate No. 2873

Assistant Foreman [signature] — Certificate No. 1659-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 _____ 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 2-20 2010 Section or Area Examined Portal Section

Time of Examination: from 400 a.m. or p.m. to 430 a.m. or p.m.

Was this report phoned to outside: Yes ____ no Y

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

Report received by ____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	#1 #2 #3	0% Chy	None observed	Reported
2.	#3L	0% Chy	Part Bolted 1 roll down	Reflectored, Reported
3.	#4	0% Chy	Scrap cut	Reflectored, Reported
4.	#5 #6	0% Chy	None observed	Reported
5.	#7	0% Chy	Needs dusted	Reported
6.	#8	0% Chy	None observed	Reported
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Lt Lob	20,540		
Rt LOB	23,610		

Remarks: 0% Chy, 20.8% O2, 0% Co

Track, travelways, Powercenters, outby chamber and phone ok at T.O.E.

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 1659-A — Assistant Foreman — Certificate No.

Countersigned Rick Foster Mine Manager—Mine Foreman — 28736

Assistant Foreman

Superintendent or Assistant

George Curry 27429

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 2-20 2010 Section or Area Examined Portal Section

Time of Examination: from 1000 a.m. or p.m. to 400 a.m. or p.m.

Was this report phoned to outside: Yes_____ no 6

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

Report received by Brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	#1, #2, #3	0% CH_4	none observed	none
2.	#32	0% CH_4	part bolted	Reflector off-reported
3.	#4	0% CH_4	scrap cut	Reflectored off-reported
4.	#5-6	0% CH_4	none observed	none
5.	#7	0% CH_4	needs dusted	reported
6.	#8	0% CH_4	none observed	none
7.				
8.				
9.				
10.				

Air Measurements

Location		CFM	Location	CFM
LOB	Left	26,473		
	Right	23,323		

Remarks: 0% CH_4, 0% CO, 20.8% O_2, track, travelways, pc's, D-Bol chargers clear at time of exam

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

Signed By George Curry (Preshift-Mine Examiner) 27429 (Certificate No.) _____ (Assistant Foreman) _____ (Certificate No.)

Countersigned Rick Foster (Mine Manager—Mine Foreman) 28736

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

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

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 Portal Section

Time of Examination: from 830 a.m. or p.m. to 850 a.m. or p.m.

Was this report phoned to outside: Yes ____ no Y

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

Report received by ____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.		Section Idle	
2.		no work	
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*
Lt LOB	20,220		
Rt LOB	23,550		

Remarks: 0% CH_4, 20.8% O_2, 0% CO
Powercenter, chargers, track & headdrives clear at TOF.

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 — 1659-A Certificate No. — Assistant Foreman — Certificate No.

Countersigned Rick Forte Mine Manager—Mine Foreman — 23736

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 2-21 2010 Section or Area Examined Portal Section

Time of Examination: from 330 a.m. or p.m. to 400 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ✓

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

Report received by ____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	*Violation or Hazardous Condition*	*Action Taken*
1.		Section Idle	
2.		NO WORK	
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	*CFM*	*Location*	*CFM*
Lt Lob	21,010		
Rt Lob	23,680		

Remarks: 0% CH4, 20.8% O2, 0% CO
TRACK, TRAVELWAYS, POWERCENTERS, CHARGERS CLEAR AT T.O.E.

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 1659-A — Assistant Foreman — Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman — 28756

[signature] Assistant Foreman — 2964 — Superintendent or Assistant George Curry 27429

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 2-21 2010 Section or Area Examined Portal Section

Time of Examination: from 100 a.m. or (p.m.) to 400 a.m. or (p.m.)

Was this report phoned to outside: Yes ____ no ____

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

Report received by Brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.		Section Idle - No work	
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location		CFM	Location	CFM
LOB	Right	23,515		
	Left	21,230		

Remarks: 0% CH_4, 0% CO, 20.8% O_2 tracks, travelways, pcs, chargers & holes, clean at clean

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

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

Assistant Foreman Certificate No.

Countersigned Rick Foster 28756
Mine Manager—Mine Foreman

Assistant Foreman 29611

Superintendent or Assistant

[signature] Ch 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 2.21 2010 Section or Area Examined Portal 3 Sec.

Time of Examination: from 8:00 a.m. or p.m. to 8:40 a.m. or p.m.

Was this report phoned to outside: Yes_____ no ✓

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

Report received by Brought out (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH_4	O^2	Violation or Hazardous Condition	Action Taken
1.	#1	0%	20.8%	None observed	Reported
2.	#2	0%	20.8%	None observed	Reported
3.	#3	0%	20.8%	None observed	Reported
4.	#3L	0%	20.8%	Part Bolted	~~Reported~~ Reflectors
5.	#4	0%	20.8%	Scrap Cut	Reflectors Hung
6.	#5	0%	20.8%	None observed	Reported
7.	#6	0%	20.8%	None observed	Reported
8.	#7	0%	20.8%	Needs Cleaned and Dusted	Reported
9.	#8	0%	20.8%	None observed	Reported
10.					

Air Measurements

Location	CFM	Location	CFM
L.O.B. LT.	23,040		
L.O.B. RT.	23,520		

Remarks: Power Center, Travelways, Intake Phone, out By Chamber ok At time of exam

0% CH_4, 20.8% O^2, 0 PPM C.O. 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. 1947-A — Assistant Foreman — Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman — 28736

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

_____

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

_____

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-22-10 20.10 Section or Area Examined Portal Section

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

Was this report phoned to outside: Yes_____ no ✓

By whom Tim Williams Time _____A.M _____P.M.

Report received by [signature] 1664-A
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	O2	Violation or Hazardous Condition	Action Taken
1.	1 Entry	0%	20.8	No one observed.	Reflector Hung
2.	2 Entry	0%	20.8	None observed	Reflector Hung
3.	3 Entry	0%	20.8	None observed	Reflector Hung
4.	4 Entry	0%	20.8	Scrap cut	Reflector Hung
5.	5 Entry	0%	20.8	Scrap Cut	Reflector Hung
6.	6 Entry	0%	20.8	None Observed	Reflector Hung
7.	7 Entry	0%	20.8	None Observed	Reflector Hung.
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
L Lob	20510		
R Lob	22820		

Remarks: Powercenter travelways intake phone Outby chamber o/k at time of exam

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

Signed By [signature] Preshift-Mine Examiner — Certificate No. 1659-A

[signature] Assistant Foreman — Certificate No. 1664-A

Countersigned [signature] Mine Manager—Mine Foreman — Certificate No. 29736

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 2-22-10 Shift Day Area or Section Portal Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	4	Scrap cut	Corrected
2.	5	Scrapcut	Corrected
3.			
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	L Rct	7:00	0%	6.			
2.	R Rct	7:30	0%	7.			
3.				8.			
4.	L Rct	11:00	0%	9.			
5.	R Rct	11:30	0%	10.			

Number of Bolts Tested 15

Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 4 of Roof control Plan with entire crewat end of track

[signature]	1664-A	[signature]	2872	
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 2-22 20 10 Section or Area Examined 3 Section

Time of Examination: from 200 a.m. or p.m. to 250 a.m. or p.m.

Was this report phoned to outside: Yes ✓ no

By whom Shannon Pedus Time A.M 300 P.M.

Report received by Bobby Baker (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	O2	Violation or Hazardous Condition	Action Taken
1.	1	0%	20.8%	N/O	Reported
2.	2	0%	20.8	N/O	Reported
3.	3L	0%	20.8	P/B	Reflectors
4.	3	0%	20.8	Scrap	Reflectors
5.	4	0%	20.8	N/O	Reported
6.	5	0%	20.8	N/O	Reported
7.	6	0%	20.8	Scrap	Reflectors
8.	7	0%	20.8	N/O	Reported
9.	8	0%	20.8	N/O	Reported
10.					

Air Measurements

Location	CFM	Location	CFM
Lt LOB	21,580		
Rt LOB	24,370		

Remarks: PL, travelways, intake shaft, outby chamber — OK at time of exam

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

Signed By [signature] Preshift-Mine Examiner — 1664-A Certificate No. — [signature] Assistant Foreman — 38699 Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman — 2322

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 2-22-10 Shift Eve Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

	CH4 Location	O2	Violation or Hazardous Condition	Action taken
1.	3L 0%	20.8%	P/B	Bolted
2.	3 0%	20.8%	Scrap	Bolted
3.	6 0%	20.8%	Scrap	Bolted
4.				
5.				
6.				
7.				
8.				

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-8	400-435	0%	11.			
2.	1-8	600-635	0%	12.			
3.	1-8	800-835	0%	13.			
4.	1-8	1000-1040	0%	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.	Lt Return	355	0%	6.			
2.	Rt Return	440	0%	7.			
3.				8.			
4.	Lt Return	755	0%	9.			
5.	Rt Return	840	0%	10.			

Number of Bolts Tested 13
Number of Bolts Torqued Above Range Ø Below Range Ø

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 5 of R.C.P. to entire crew at start of shift

Billy Z [illegible] — Assistant Mine
38699 — Certificate No.
Rick Porter — Mine Foreman-Mine Manager
2872 — Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-22 2010 Section or Area Examined Portal Section

Time of Examination: from 10:00 a.m. or p.m. to 10:40 a.m. or p.m.

Was this report phoned to outside: Yes ____ no ____ Time ____ A.M 10:55 P.M.

By whom Bobby Baker

Report received by [signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH_4	O^2	Violation or Hazardous Condition	Action Taken
1.	#2	0%	20.8%	None observed	Reported
2.	#2	0%	20.8%	None observed	Reported
3.	#3	0%	20.8%	scrap cut	Reflectors Hung
4.	#4	0%	20.8%	None observed	Reported
5.	#5	0%	20.8%	scrap cut	Reflector Hung
6.	#6	0%	20.8%	None observed	Reported
7.	#7	0%	20.8%	None observed	Reported
8.	#8	0%	20.8%	None observed	Reported
9.					
10.					

Air Measurements

Location		CFM	Location	CFM
LOB	Lt	23,860		
	Rt	21,740		

Remarks: PC, Travelways, Intake Phone, OutBy Chamber, OK At Time of exam

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

Signed By [signature] Preshift-Mine Examiner — 38699 Certificate No. — [signature] Assistant Foreman — 1947-A Certificate No.

Countersigned [signature] Mine Manager—Mine Foreman — 23722

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 2-23-10 Shift owl Area or Section Portal Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-8	1:00-1:30	0%	11.			
2.				12.			
3.	1-8	3:00-3:30	0%	13.			
4.				14.			
5.	1-8	4:45-5:15	0%	15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Lt Return	1:00	0%	6.			
2.	Rt Return	1:30	0%	7.			
3.				8.			
4.	Lt Return	4:45	0%	9.			
5.	Rt Return	5:15	0%	10.			

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

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

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

[illegible]	1947-A			
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 50

Date of Examination 2-23 20 10 Section or Area Examined Portal Section

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

Was this report phoned to outside: Yes ✓ no

By whom Greg Cole Time 5:50 A.M. P.M.

Report received by (Signed) 1664-A

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	O2	Violation or Hazardous Condition	Action Taken
1.	1 Entry	0%	20.8	None Observed	Reflector Hung
2.	2 Entry	0%	20.8	None Observed	Reflector Hung
3.	3 Entry	0%	20.8	Scrap cut	Reflector Hung
4.	4 Entry	0%	20.8	None Observed	Reflector Hung
5.	5 Entry	0%	20.8	Scrap cut	Reflector Hung
6.	6 Entry	0%	20.8	None Observed	Reflector Hung
7.	7 Entry	0%	20.8	None Observed	Reflector Hung
8.	8 Entry	0%	20.8	None Observed	Reflector Hung
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
L hoB	21340		
R hoB	22200		

Remarks: Powercenter Travelways intake phone chargers & Outby Chamber ok at time of exam

CH4 0% O2 20.8 CO 0

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

Signed By Greg Cole — Preshift-Mine Examiner — Certificate No. 1947-A

Assistant Foreman — Certificate No. 1664-A

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

Assistant Foreman

Superintendent or Assistant