

# L L W A R 11

## PRESHIFT - ONSHIFT

### and

# DAILY REPORT

Started 3-4-2010

Company Performance Coal Co.

Mine URB

SECTION Longwall

LOCATION \_\_\_\_\_  
Post Office County State

Form 6-1489  
(March 1970)

Budget Bureau No. 42-R1589

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

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FORM# MS-014

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3/4/10 Shift EVC Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, and Action taken. Includes handwritten entries like 'Face 20.8% O2', 'Roof support', 'Track', 'Travel way', 'P.e', 'Charger', 'Barricade Station'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Includes handwritten entries for 'Face' at times 5.00, 7.00, 9.00, 11.00 with 0% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Includes handwritten entries for 'Ret' at times 6.30 and 10.30 with 0% methane content.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety meeting on Roof control P.20

General safety on L.W. Jim Owen Assistant Mine Certificate No. 38822 T. Moore Mine Foreman-Mine Manager Certificate No. 33359 Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3<sup>OKS</sup> 4 2010 Section or Area Examined Loneyall

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

Was this report phoned to outside: Yes  No

By whom Tim Davis Time 10:50 P.M.

Report received by Danell K. Staley 39218  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face <u>0.0% ch4 20.8% O2</u>	<u>None Observed</u>	<u>Reported</u>
2. Roof Supports		
3. Barricade Station		
4. Pump Center		
5. Chargers		
6. Track		
7. Travelways		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake #9</u>	<u>115,256</u>		
<u>#160</u>	<u>1,077</u>		
<u>MPA</u>	<u>740</u>		
<u>MPB</u>	<u>13,230</u>		
	<u>movement into job</u>		

Remarks: 0.0% ch4 20.8% O2 0ppm CO  
All 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 Tim Davis  
Preshift-Mine Examiner

38322  
Certificate No.

Danell K. Staley  
Assistant Foreman

39218  
Certificate No.

Countersigned T. Staley  
Mine Manager - Mine Foreman

Assistant Foreman

Supervisor of Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-5-10 Shift 3rd Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	None observed	Report
2. Roof Supports		
3. Barricade Station		
4. Power Center		
5. Chargers		
6. Track		
7. Traudways		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	4:40 AM	0%	11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	4:55 AM	0%	6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

J. B.  
Assistant Mine

38928  
Certificate No.

T. M. M.  
Mine Foreman-Mine Manager

33257  
Certificate No.

Superintendent or Assistant

PREFRIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination: 3-5-20 Section or Area Examined: L/Wall  
 Time of Examination: from 10 a.m. to 5:45 a.m. or p.m.  
 Was this report phoned to outside? Yes  No   
 By whom: Larry Brown Time: A.M. P.M.  
 Report received by: Ned Cully (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face	Block none found	Reported
2. Roof Supports	" "	"
3. Power Center	" "	"
4. Charger	" "	"
5. Trench	" "	"
6. Travelways	" "	"
7. Barricade St.	" "	"
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Block Intake	113,978		
#9	1052		
#160	788		
MPA	13,105		
MPB	Air to job		

Remarks: .00% CH<sub>4</sub>, 20.8% O<sub>2</sub> or No CO found 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: L. B. Prefrict-Mine Examiner Certificate No. 38928  
 Countersigned: Timbline Mine Manager-Mine Foreman Certificate No. 23207  
 Assistant Foreman: Richard Rame Assistant Foreman Certificate No. 13571  
 Superintendent or Assistant: Ned Cully Certificate No. 28040

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-9-10 Shift Day Area or Section Langwell

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	None found	Reported
2. Roof Support	" "	"
3. Power Center	" "	"
4. Chargers	" "	"
5. Track	" "	"
6. Travelways	" "	"
7. Barricade Station	" "	"
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	7:30 am	.090	11.		
2. "	9:30 am	.090	12.		
3. "	11:30 am	.090	13.		
4. "	1:30 pm	.090	14.		
5. "	3:00 pm	.090	15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	8:20 am	.090	6.		
2. "	12:20 pm	.090	7.		
3. "	3:35 pm	.090	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) Briefed men on Roof & Rib plan pg. 19 & 20. Visual checked shields 1-176. Discussed dust control plan, 6:40 am.

Richard Penn Assistant Mine 1357-A Certificate No. T. Moore Mine Foreman-Mine Manager 33389 Certificate No. \_\_\_\_\_ Superintendent or Assistant

Use Indelible  
Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3/5 Section or Area Examined LONG WALL  
 Time of Examination: from 6:00 a.m. or p.m. to 6:00 a.m. or p.m.  
 Was this report phoned to outside: Yes  No   
 By whom Rick Lauer Time 7:30 A.M. 7:30 P.M.  
 Report received by Jim Davis (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face 20.8% O<sub>2</sub> 0% CH<sub>4</sub></u>	<u>NONE observed</u>	<u>NONE</u>
2. <u>Roof support</u>	↓	↓
3. <u>Track</u>	↓	↓
4. <u>Travelway</u>	↓	↓
5. <u>P.C</u>	↓	↓
6. <u>Charges</u>	↓	↓
7. <u>Barricade Station</u>	↓	↓
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>99,956</u>		
<u>#9</u>	<u>989</u>		
<u>#160</u>	<u>214</u>		
<u>M.P.A</u>	<u>13,320</u>		
<u>M.P.B</u>	<u>MOUMENT TO GOB</u>		

Remarks: 20.8% O<sub>2</sub> 0% CH<sub>4</sub> 0% CO

All 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 Richard Rane Certificate No. 1357-A  
 Preshift-Mine Examiner  
 Countersigned Jim Davis Certificate No. 38322  
 Mine Manager - Mine Foreman Assistant Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3/5/10 Shift Eve Area or Section Longwall 1

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action taken. Rows include Face 20.8% CH4, Roof support, Track, Travelway, P.C, Charger, Barricade Station.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 showing Face location with times from 5:00 to 11:00 and 0% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 showing Ret location with times 6:30 and 10:30 and 0% methane content.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety meeting on Roof Control P. 22 Visual Check of Shields 2-176

Signatures and Certificates: Jim Davis (Assistant Mine), 38322 (Certificate No.), Mine Foreman-Mine Manager, Certificate No., Superintendent or Assistant.



Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3-5-20-10 Section or Area Examined longwall  
Time of Examination: from 9:25 a.m. or p.m. to 10:15 a.m. or p.m.  
Was this report phoned to outside: Yes  no   
By whom Tim Davis Time 10:49 P.M.  
Report received by Donnell K. Staley 39218  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face <u>0.0% CH 20.8% O<sub>2</sub></u>	<u>None Observed</u>	<u>Reported</u>
2. Roof Supports		
3. Barricade Station		
4. Power Center		
5. Chargers		
6. Track		
7. Travelways		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>87,078</u>		
<u>#9</u>	<u>815</u>		
<u>#160</u>	<u>603</u>		
<u>MPA</u>	<u>13,460</u>		
<u>MPB</u>	<u>movement to job</u>		

Remarks: 0.0% CH 20.8% O<sub>2</sub> Oppm CO  
All 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 Tim Davis 38322 Certificate No. Donnell K. Staley Assistant Foreman 39218 Certificate No.  
Countersigned T. Staley Mine Manager - Mine Foreman 33357  
Assistant Foreman  
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-6-10 Shift 3rd Area or Section Langwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face <sup>0.0% CH<sub>4</sub></sup> <sup>20.8% O<sub>2</sub></sup>	None Observed	Reported
2. Roof Supports		
3. Barricade Station		
4. Power Center		
5. Chargers		
6. Tracks		
7. Travelways		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	3:55 AM	0.0%	11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	4:15 AM	0.0%	6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Discussed pgs 19, 20 of RCP with crew

Douglas K. Italy  
Assistant Mine

38218  
Certificate No.

T. Moore  
Mine Foreman-Mine Manager

33359  
Certificate No.

Superintendent or Assistant

Date of Examination 3-6- 10 Section or Area Examined LHwall  
 Time of Examination: from 3:25 a.m. or p.m. to 7:15 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 by whom Keith Stanley Time 5:16 A.M. P.M.  
 Report received by W.D. Cully 28045  
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>FACE</u>	<u>None found</u>	<u>Reported</u>
2. <u>Roof Supports</u>	<u>" "</u>	<u>"</u>
3. <u>Power Centers</u>	<u>" "</u>	<u>"</u>
4. <u>Changers</u>	<u>" "</u>	<u>"</u>
5. <u>Tracks</u>	<u>" "</u>	<u>"</u>
6. <u>Travelways</u>	<u>" "</u>	<u>"</u>
7. <u>Barricade st.</u>	<u>" "</u>	<u>"</u>
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>090 ch# Intake</u>	<u>81,696</u>	_____	_____
<u>#9</u>	<u>1114</u>	_____	_____
<u>#160</u>	<u>811</u>	_____	_____
<u>MPA</u>	<u>13,175</u>	_____	_____
<u>MPB</u>	<u>Air to job.</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 090 ch#, 20.8% O<sub>2</sub> No Co found 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 Donald K. Stanley Certificate No. 39218 Kevin W. Medley Assistant Foreman Certificate No. 38810  
 Countersigned \_\_\_\_\_ Mine Manager—Mine Foreman W.D. Cully Assistant Foreman Certificate No. 28045  
 \_\_\_\_\_ Superintendent or Assistant

Use Indelible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 3-6-10 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>none found</u>	<u>Reports</u>
2. <u>Roof Supports</u>	<u>" "</u>	<u>"</u>
3. <u>Power Center</u>	<u>" "</u>	<u>"</u>
4. <u>Chargers</u>	<u>" "</u>	<u>"</u>
5. <u>Track</u>	<u>" "</u>	<u>"</u>
6. <u>Travelways</u>	<u>" "</u>	<u>"</u>
7. <u>Barricade St.</u>	<u>" "</u>	<u>"</u>
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>8:00 AM</u>	<u>.0%</u>	6. _____	_____	_____
2. <u>"</u>	<u>12:00 PM</u>	<u>.0%</u>	7. _____	_____	_____
3. <u>"</u>	<u>3:30 PM</u>	<u>.0%</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Briefed men on Roof rib plan pg 20

discussed dust Control plan, 6:45 am Visual checked shields 1-1%

Kevin W. Medley 38810  
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: 3-6 2010 Section or Area Examined: Longwall  
 Time of Examination: from 12:10 a.m. or (p.m.) to 1:01 a.m. or (p.m.)  
 Was this report phoned to outside: Yes (X) no \_\_\_\_\_  
 By whom: Kevin Mantley Time: A.M. 2:30 P.M.  
 Report received by: Matt P. Webb 39068  
 (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face <u>CH<sub>4</sub> 0% O<sub>2</sub> 20.8%</u>	<u>None Observed</u>	<u>Reported</u>
2. Roof Support		
3. Power Center		
4. Changer		
5. Track		
6. Travelways		
7. Barricade Station		
8.		
9.		
10.		

### Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>82,368</u>		
<u>#9</u>	<u>1135</u>		
<u>#160</u>	<u>823</u>		
<u>MPA</u>	<u>12,857</u>		
<u>MPB</u>	<u>Movement to Gob</u>		

Remarks: 0.7% CH<sub>4</sub>, 20.8% O<sub>2</sub>, 0% CO

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

Signed By: Kevin W. Medley 38810 Matt P. Webb 39068  
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned: T. Moore 33387  
 Mine Manager—Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-6-10 Shift Eve. Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>20.8% O<sub>2</sub> CH<sub>4</sub></u>	<u>None</u>
2. <u>Roof Support</u>		
3. <u>Power Center</u>		
4. <u>Charger</u>		
5. <u>Track</u>		
6. <u>Travel way</u>		
7. <u>Barricade Station</u>		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>6:30</u>	<u>0%</u>	6.		
2.	<u>10:30</u>	<u>0%</u>	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) Safety Meeting on Dust Control Plan

Visual Check of Shields 1-176

M. P. Wick  
Assistant Mine

39068  
Certificate No.

T. Moore  
Mine Foreman-Mine Manager

33359  
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-6-2010 Section or Area Examined Langwall
Time of Examination: from 9:16 a.m. or p.m. to 10:12 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Mike Webb Time A.M. 10:35 P.M.
Report received by Donnell K. Stanley 39218 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: Face, 0.0% ch4, 20.8% O2, None Observed, Reported.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows include Intake #9 (86,664), #160 (905), MPA (788), MPB (12,676), movement to job.

Remarks: 0.0% ch4 20.8% O2 Oppm CO
All 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] 39068 Certificate No. Donnell K. Stanley 39218 Assistant Foreman
Countersigned [Signature] 33387 Mine Manager-Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-7-10 Shift 3rd Area or Section Long wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face <sup>24</sup> 0.0% 20.8% <sup>02</sup>	None Observed	Reported
2. Roof Supports		
3. Barricade Station		
4. Power Center		
5. Chargers		
6. Track		
7. Travelways		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	4:35 AM	0.0 %	11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. RETURN	4:50 AM	0.0 %	6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Discussed pg. 02 of Roof Control Plan with crew.

Arnold K. Study  
Assistant Mine

39218  
Certificate No.

T. Moore  
Mine Foreman-Mine Manager

33357  
Certificate No.

Superintendent or Assistant



Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-7-10 Section or Area Examined Hwall
Time of Examination: from 4:00 a.m. or p.m. to 4:53 a.m. or p.m.
Was this report phoned to outside? Yes no
By whom Keith Stanley Time 5:45 A.M. P.M.
Report received by Kevin W. Medley (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with columns: Location, CH4, O2, Violation or Hazardous Condition, Action Taken. Rows include Face, Roof Supports, Power Center, Chargers, Track, Travelways, Barricade St.

Air Measurements

Table with columns: Location, CFM, Location, CFM. Rows include Intake, #9, #160, MPA, MPB.

Remarks: 0% CH4, 20.8% O2, No CO found 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 unhealthful factory conditions and practices observed by me are listed in this report.
Signed By David K. Stanley, Preshift-Mine Examiner, Certificate No. 39218
Counter-signed Kevin W. Medley, Assistant Foreman, Certificate No. 38810
Assistant Foreman: [Signature]
Superintendent or Assistant: [Signature]

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-7-10 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4, O2, Violation or Hazardous Condition, Action taken. Rows include Face, Roof Supports, Power Center, Chargers, Track, Travelways, Barricade Station.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 showing methane content readings at Face.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-5 showing methane content readings in Return Aircourses.

Number of Bolts Tested 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) Discussed pages 16 & 17 of RCP

Kevin W. Medley Assistant Mine

38810 Certificate No.

T. Moore Mine Foreman-Mine Manager

33357 Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-7 2010 Section or Area Examined Longwall
Time of Examination: from 12:00 a.m. or (P.M.) to 12:50 a.m. or (P.M.)
Was this report phoned to outside: Yes [checked] no
By whom Kevin Madley Time A.M. 2:30 P.M.
Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include Face, Roof Support, Power Center, Track, Travelways, Barricade Station, Charges. All violations listed as 'None Found' and action as 'Reported'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Measurements include Intake (85120), #9 (957), #160 (787), MPA (12,945), MPB (Movement to 606).

Remarks: 0.7% CH4, O2 20.8%, CO 0.0% None Found

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 Kevin W. Madley 38810 Certificate No. Assistant Foreman 39068 Certificate No.
Countersigned T. Moore Mine Manager - Mine Foreman 33352
Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-7-10 Shift Eve. Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>None Observed</u>	<u>None</u>
2. <u>Roof Support</u>		
3. <u>Power Center</u>		
4. <u>Chargers</u>		
5. <u>Track</u>		
6. <u>Travelways</u>		
7. <u>Barricade Station</u>		
8. _____		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>6:30</u>	<u>0%</u>	6. _____		
2. _____	<u>10:30</u>	<u>0%</u>	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) Safety Meeting of Roof Control Plan  
In-shield Movement on Longwall. Visual check of Shields 1-176

M. P. Wall Assistant Mine 39068 Certificate No. T. Moore Mine Foreman-Mine Manager 33359 Certificate No. \_\_\_\_\_ Superintendent or Assistant

Date of Examination 3-7-2010 Section or Area Examined Longwall  
 Time of Examination: from 9:20 a.m. or p.m. to 15:10 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Mike Webb Time 16:43 P.M.  
 Report received by Danell K Staley 39218  
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face <u>0.0% ch<sup>4</sup> 20.8% O<sub>2</sub></u>	None Observed	Reported
2. Roof Supports		
3. Barricade Station		
4. Chargers		
5. Power Center		
6. <del>Chargers</del> <sup>DKS</sup> Track		
7. Travelways		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake #9	85,780		
#160	1,004		
MPA	686		
MPB	12,850		
	movement into gob		

Remarks: 0.0% ch<sup>4</sup> 20.8% O<sub>2</sub> 0ppm CO  
All 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 M. P. Will 39068 Danell K Staley 39218  
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned T. M. Moore 33357  
 Mine Manager—Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-8-10 Shift 3rd Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	None Observed	Reported
2. Roof Supports		
3. Barricade Station		
4. Power Center		
5. Chargers		
6. Track		
7. Travelways		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	3:35 AM	0.0 %	11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	3:50 AM	0.0 %	6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 17 of Roof Control Plan with crew.

Donnell K. Stanley  
Assistant Mine

39218  
Certificate No.

T. Moore  
Mine Foreman-Mine Manager

33359  
Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3-8- 10 Section or Area Examined 4 wall  
 Time of Examination: from 3:05 a.m. or p.m. to 4:10 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Keith Stanley Time 5:28 A.M. P.M.  
 Report received by W.D. Lilly 28045  
(Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. <u>FACE</u>	<u>Block</u>	<u>None found</u>
2. <u>Roof Support</u>	<u>u</u>	<u>u</u>
3. <u>Power Centers</u>	<u>u</u>	<u>u</u>
4. <u>Chargers</u>	<u>u</u>	<u>u</u>
5. <u>Track</u>	<u>u</u>	<u>u</u>
6. <u>Travelways</u>	<u>u</u>	<u>u</u>
7. <u>BARRICADE ST.</u>	<u>u</u>	<u>u</u>
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### Air Measurements

Location	CFM	Location	CFM
<u>Block Intake</u>	<u>79,212</u>	_____	_____
<u>#9</u>	<u>1,103</u>	_____	_____
<u>#160</u>	<u>814</u>	_____	_____
<u>MPA</u>	<u>13,175</u>	_____	_____
<u>MPB</u>	<u>12,867</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Block, 20.8% O2, No Co found 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 Keith Stanley 39218 Certificate No.  
 Preshift-Mine Examiner  
 Countersigned W.D. Lilly 33389 Certificate No.  
 Mine Manager—Mine Foreman  
Kevin W. Medley 28045 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 3-8-10 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	None found.	
2. Roof Supports	" "	
3. Power Center	" "	
4. Chargers	None found	
5. Track	" "	
6. Travelways	loose R.6 at mule train.	Pulled + set 2 sand jacks
7. Barricade Station	None found	
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	7:25 Am	0.0%	11.		
"	9:25 Am	0.0%	12.		
"	11:25 Am	0.0%	13.		
"	1:25 pm	0.0%	14.		
"	2:55 pm	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. Return	8:00 am	0.0%	6.		
"	12:00 pm	0.0%	7.		
"	3:30 pm	0.0%	8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Visual checked shields 1-176. Briefed men on roof tab plan. 4:22 Discussed dust control plan. 6:35 Am.

Jim Davis  
Assistant Mine

38322  
Certificate No.

T. Mann  
Mine Foreman-Mine Manager

3359  
Certificate No.

Superintendent or Assistant



Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3-8 2010 Section or Area Examined Longwall  
Time of Examination: from 12:15 a.m. or p.m. to 1:15 a.m. or p.m.  
Was this report phoned to outside: Yes no  
By whom Tim Davis Time A.M. 2:31 P.M.  
Report received by M.H.R. Will  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u> <u>20.87% O<sub>2</sub></u> <u>.0% CH<sub>4</sub></u>	<u>None Found</u>	<u>Reported</u>
2. <u>Roof Support</u>		
3. <u>Track</u>		
4. <u>Travelway</u>		
5. <u>Chargers</u>		
6. <u>Power Center</u>		
7. <u>Barricade Station</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>81,265</u>		
<u>#9</u>	<u>1094</u>		
<u>#160</u>	<u>810</u>		
<u>MPA</u>	<u>12,860</u>		
<u>MPB</u>	<u>12,543</u>		

Remarks: All Clear at time of Exam.  
20.87% O<sub>2</sub>, .0% CH<sub>4</sub>, D ppm CO

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

Signed By Tim Davis Certificate No. 38322  
Preshift-Mine Examiner Assistant Foreman  
Countersigned T. M. ... Certificate No. 33589  
Mine Manager-Mine Foreman  
Assistant Foreman  
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-8-10 Shift Eve. Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Roof Support</u> <u>20.8% O<sub>2</sub></u> <u>0.9% CH<sub>4</sub></u>	<u>None Found</u>	<u>None</u>
2. <u>Face</u>		
3. <u>Chargers</u>		
4. <u>Track</u>		
5. <u>Travelways</u>		
6. <u>Power Lender</u>		
7. <u>Barricade Station</u>		
8. _____		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>5:00</u>	<u>.07%</u>	11. _____		
2. _____	<u>7:00</u>	<u>.07%</u>	12. _____		
3. _____	<u>9:00</u>	<u>.07%</u>	13. _____		
4. _____	<u>11:00</u>	<u>.07%</u>	14. _____		
5. _____			15. _____		
6. _____			16. _____		
7. _____			17. _____		
8. _____			18. _____		
9. _____			19. _____		
10. _____			20. _____		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>6:30</u>	<u>.07%</u>	6. _____		
2. _____	<u>10:30</u>	<u>.07%</u>	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) \_\_\_\_\_

Visual check of Shields 1-176

Safety Meeting on Fire Fighting duties.

Mattie Wilk  
Assistant Mine

39068  
Certificate No.

T. Williams  
Mine Foreman-Mine Manager

37387  
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-8 20 10 Section or Area Examined long wall  
 Time of Examination: from 9:15 a.m. or p.m. to 10:30 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Mike Webb Time A.M. 10:40 P.M.  
 Report received by Daniel K. Stealy 39218  
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face <u>0.07% ch<sub>4</sub> 20.8% CO<sub>2</sub></u>	<u>None Observed</u>	<u>Reported</u>
2. Roof Supports		
3. Barricade Station		
4. Power Center		
5. Chargers		
6. Track		
7. Travelways		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>80,785</u>		
<u>#9</u>	<u>982</u>		
<u>#160</u>	<u>780</u>		
<u>MPA</u>	<u>12,450</u>		
<u>MPB</u>	<u>12,375</u>		

Remarks: 0.07% ch<sub>4</sub> 20.8% CO<sub>2</sub> 0ppm CO  
All 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 M.H.P. Will 39068 Daniel K. Stealy 39218  
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned T. Moore 33951  
 Mine Manager—Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-9-10 Shift 3rd Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Includes handwritten entries for Face, Roof Supports, Barricade Station, Power Center, Chargers, Tracks, and Travelways.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Includes handwritten entry for Face at 3:55 AM with 0.0% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Includes handwritten entry for Return at 4:10 AM with 0.05% methane content.

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) Discussed page 22 of Roof Control

Signatures and titles: Assistant Mine, Certificate No. 39218, Mine Foreman-Mine Manager, Certificate No. 33329, Superintendent or Assistant.

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3-9- 2010 Section or Area Examined LHwall  
 Time of Examination: from 3:28 a.m. or p.m. to 4:14 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Keith Stanley Time 5:38 A.M. P.M.  
 Report received by Kevin W. Medley  
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>FACE</u>	<u>none found</u>	<u>none</u>
2. <u>Roof Supports</u>	<u>"</u>	<u>"</u>
3. <u>Power Centers</u>	<u>"</u>	<u>"</u>
4. <u>Charges</u>	<u>"</u>	<u>"</u>
5. <u>Track</u>	<u>"</u>	<u>"</u>
6. <u>Travelways</u>	<u>"</u>	<u>"</u>
7. <u>Barricade st.</u>	<u>"</u>	<u>"</u>
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>96,768</u>		
<u>#9</u>	<u>1,076</u>		
<u>#160</u>	<u>792</u>		
<u>MPA</u>	<u>12,973</u>		
<u>MPB</u>	<u>12,488</u>		

Remarks: 0% CH4 20.8% O2 0ppm CO

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

Signed By Keith Stanley Certificate No. 39218 Kevin W. Medley Assistant Foreman Certificate No. 38810  
 Countersigned T. Moore Mine Manager - Mine Foreman Kevin W. Medley Assistant Foreman Certificate No. 28075  
Kevin W. Medley Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-9-10 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	CH <sub>4</sub>	O <sub>2</sub>	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>0%</u>	<u>20.8%</u>	<u>None Observed</u>	<u>None</u>
2. <u>Roof Supports</u>	"	"	"	"
3. <u>Power Center</u>	"	"	"	"
4. <u>Chargers</u>	"	"	"	"
5. <u>Track</u>	"	"	"	"
6. <u>Travelways</u>	"	"	"	"
7. <u>Barricade Station</u>	"	"	"	"
8. _____				

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>7:40 AM</u>	<u>0%</u>	11. _____		
2. _____	<u>9:38 AM</u>	<u>0%</u>	12. _____		
3. _____	<u>11:38 AM</u>	<u>0%</u>	13. _____		
4. _____	<u>1:37 PM</u>	<u>0%</u>	14. _____		
5. _____	<u>3:35 PM</u>	<u>0%</u>	15. _____		
6. _____			16. _____		
7. _____			17. _____		
8. _____			18. _____		
9. _____			19. _____		
10. _____			20. _____		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>8:50 AM</u>	<u>0%</u>	6. _____		
2. _____	<u>10:48 AM</u>	<u>0%</u>	7. _____		
3. _____	<u>12:47 PM</u>	<u>0%</u>	8. _____		
4. _____	<u>2:47 PM</u>	<u>0%</u>	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) Covered page 6 of PEP MSHA found air in wrong direction <sup>at MPB</sup> and sent men home worked on ventilation remainder of shift

Kevin W. Medley  
Assistant Mine

38810  
Certificate No.

T. Phelan  
Mine Foreman-Mine Manager

33359  
Certificate No.

Superintendent of Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-9 20 10 Section or Area Examined L wall
Time of Examination: from 9 a.m. or p.m. to 9:15 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom R. Lane Time A.M. 10:49 P.M.
Report received by L. Brown (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include: 1. Face RL, 0% methane observed, Reported; 2. Supports RL; 3. Power Cables, None obs, Reported; 4. Churner, None obs, Reported; 5. Frame RL; 6. Fracturing RL; 7. Beneath cov RL.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Entry: Making Vent Change.

Remarks: 0% chd 20.8% O2 0% CO 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 Richard Lane, Preshift-Mine Examiner, Certificate No. 1357A
Countersigned T. M. ... Mine Manager - Mine Foreman, Certificate No. 33389
Assistant Foreman [Signature], Certificate No. 38920
Superintendent or Assistant [Signature]

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-10-10 Shift EVE Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Row 1: Face, None observed, Reported. Rows 2-8: Roof Support, Power Center, Chargers, Track, Travelways, Barricade Station.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Row 1: Face, 3:12 AM, 0%. Rows 11-20 are empty.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Row 1: Return, 3:18 AM, 0%. Rows 6-10 are empty.

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

38928 Certificate No.

Mine Foreman-Mine Manager

33359 Certificate No.

Superintendent or Assistant



Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-10-10 Section or Area Examined W911
Time of Examination: from 3:05 a.m. or p.m. to 3:55 a.m. or p.m.
Was this report phoned to outside: Yes no X
By whom Brought out Time A.M P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: Face, 0% CH4, None observed, Reported. Rows 2-10: Supports, Power center, Charger, Truck, Traveling, Breakdown car.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows: IN-take (116300), # 9 (1038), # 160 (1177), MPA (20540), MPB (80535).

Remarks: 5% CH4 0% CO 20.8% O2 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] 38128 Certificate No. Assistant Foreman [Signature] 38928 Certificate No.
Countersigned [Signature] 33359 Mine Manager - Mine Foreman Kevin D. Medley 38810 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 3-10-10 Shift Day Area or Section W 9 11

Violations and other Hazardous Conditions Observed and Reported

	Location	CH <sub>4</sub>	O <sub>2</sub>	Violation or Hazardous Condition	Action taken
1.	Face	0%	20.8%	None Observed	None
2.	Supports	"	"	"	"
3.	power cabs	"	"	"	"
4.	Track	"	"	"	"
5.	Travelling	"	"	"	"
6.	Chaser	"	"	"	"
7.	Barrow Car	"	"	"	"
8.					

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	7:40 AM	0%	11.		
2.	9:37 AM	0%	12.		
3.	11:38 AM	0%	13.		
4.	1:35 PM	0%	14.		
5.	3:34 PM	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. RT	8:50 AM	0%	6.		
2.	10:49 AM	0%	7.		
3.	12:49 PM	0%	8.		
4.	2:48 PM	0%	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) Dust control plan covered with men

Kevin W. Medley  
Assistant Mine

38810  
Certificate No.

T. Blane  
Mine Foreman-Mine Manager

33357  
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-10-9 20 Section or Area Examined Long Wall  
Time of Examination: from 1:30 a.m. or p.m. to 2:15 a.m. or p.m.  
Was this report phoned to outside: Yes no  
By whom Harold Lilly Time A.M. 2:45 P.M.  
Report received by Robert Ram 1357-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: Power Center, None obs., Reported. Row 2: Chargers, "", "".

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: Working on Vent change, "", "", "".

Remarks: 0% CH4 20.87 O2 0ppMCO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.  
Signed By: [Signature] Preshift-Mine Examiner Certificate No. [Signature] Assistant Foreman Certificate No. 1357-A  
Countersigned: [Signature] Mine Manager-Mine Foreman Certificate No. 33357  
Assistant Foreman  
Superintendent or Assistant

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

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

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3-10 2010 Section or Area Examined W911  
 Time of Examination: from 10 a.m. or p.m. to 10:30 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom N. McConney Time 10:56 P.M.  
 Report received by L. Brown (Signed)

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

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

#### Air Measurements

Location	CFM	Location	CFM
<u>Working on</u>	<u>ventilation</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH 0% CO 20.8% O<sub>2</sub> at exm

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

Signed By [Signature] Certificate No. 29365  
 Preshift-Mine Examiner  
 Countersigned [Signature] Certificate No. 38728  
 Mine Manager—Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-11-10 Shift 3<sup>rd</sup> Area or Section wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>None observed</u>	<u>Reported</u>
2. <u>Supports</u>		
3. <u>Power cable</u>		
4. <u>ch---r</u>		
5. <u>Track</u>		
6. <u>Travely</u>		
7. <u>Buried air</u>		
8. _____		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>4:06 AM</u>	<u>0 %</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. _____	_____	_____	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. _____	_____	_____	15. <u>PP</u>	<u>4:10 AM</u>	<u>0 %</u>
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. <u>PP</u>	<u>4:11 AM</u>	<u>0 %</u>
10. _____	_____	_____	20. <u>PP</u>	<u>4:12 AM</u>	<u>0 %</u>

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>RT</u>	<u>4:12 AM</u>	<u>0 %</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

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

[Signature]  
Assistant Mine

38920  
Certificate No.

[Signature]  
Mine Foreman-Mine Manager

33359  
Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3-11 2010 Section or Area Examined Longwall  
Time of Examination: from 3:20 a.m. or p.m. to 4:12 a.m. or p.m.  
Was this report phoned to outside: Yes  no   
By whom Larry Brown Time 5:15 A.M. P.M.  
Report received by Kevin W. Medley  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH <sub>4</sub>	O <sub>2</sub>	Violation or Hazardous Condition		Action Taken
1. <u>Face</u>	<u>0%</u>	<u>20.8%</u>	<u>None Observed</u>		<u>Reported</u>
2. <u>Roof Supports</u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
3. <u>Power Center</u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
4. <u>Chargers</u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
5. <u>Track</u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
6. <u>Travelways</u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
7. <u>Barricad Station</u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
8. _____					
9. _____					
10. _____					

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>99 720</u>		
<u># 9</u>	<u>805</u>		
<u># 160</u>	<u>822</u>		
<u>M P A</u>	<u>14 482</u>		
<u>M P B</u>	<u>35 400</u>		

Remarks: 0% CH<sub>4</sub> 20.8% O<sub>2</sub> 0ppm CO

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 38728  
Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 33337  
Kevin W. Medley Assistant Foreman Certificate No. 38810  
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 5-11-10 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	CH <sub>4</sub>	O <sub>2</sub>	Violations or Hazardous Condition	Action taken
1. <u>Face</u>	<u>0%</u>	<u>20.8%</u>	<u>None observed</u>	<u>None</u>
2. <u>Roof Supports</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
3. <u>Power Center</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
4. <u>Chargers</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
5. <u>Track</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
6. <u>Travelways</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
7. <u>Barricade station</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
8. _____	_____	_____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>9:40 AM</u>	<u>0%</u>	11. _____	_____	_____
2. _____	<u>9:40 AM</u>	<u>0%</u>	12. _____	_____	_____
3. _____	<u>11:38 AM</u>	<u>0%</u>	13. _____	_____	_____
4. _____	<u>1:37 PM</u>	<u>0%</u>	14. _____	_____	_____
5. _____	<u>3:36 PM</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>8:55 AM</u>	<u>0%</u>	6. _____	_____	_____
2. _____	<u>10:54 AM</u>	<u>0%</u>	7. _____	_____	_____
3. _____	<u>12:54 PM</u>	<u>0%</u>	8. _____	_____	_____
4. _____	<u>2:50 PM</u>	<u>0%</u>	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) Discussed supplemental Roof Support worked on ventilation on tail

Muir W. Medley  
Assistant Mine

39810  
Certificate No.

T. Moore  
Mine Foreman-Mine Manager

33557  
Certificate No.

Superintendent or Assistant



Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-11-10 20 Section or Area Examined Longwall  
Time of Examination: from 1:25 a.m. or p.m. to 2:20 a.m. or p.m.  
Was this report phoned to outside: Yes no  
By whom Kevin Medley Time A.M. 2:43 P.M.  
Report received by Richard Ram (Signed) B57-A

Violations and other Hazardous Conditions Observed and Reported

Location	CH <sub>4</sub>	O <sub>2</sub>	Violation or Hazardous Condition	Action Taken
1. Face	0%	20.8%	None obs	None
2. Roof Support	"	"	"	"
3. Power Center	"	"	"	"
4. Chargers	"	"	"	"
5. Track	"	"	"	"
6. Travelways	"	"	"	"
7. Barricade Station	"	"	"	"
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Intake	76,720		
#9	619		
#160	927		
MPA	<sup>2L</sup> <del>33</del> 13,760		
MPB	33,650		

Remarks: 0% CH<sub>4</sub> 20.8% O<sub>2</sub> 0 ppm CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.  
Signed By Kevin W. Medley 38810 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
Countersigned T. M. ... Mine Manager - Mine Foreman 57359 Assistant Foreman  
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-11-10 Shift EVE Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	CH <sub>4</sub> %	O <sub>2</sub> %	Violation or Hazardous Condition	Action taken
1. Face	0%	20.8%	None obs	None
2. Roof Support	"	"	"	"
3. Power Center	"	"	"	"
4. Chargers	"	"	"	"
5. Track	"	"	"	"
6. Travelways	"	"	"	"
7. Barricade Station	"	"	"	"
8.				

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	4:40 PM	0%	6.		
2.	8:35 PM	0%	7.		
3.	12:20 PM	0%	8.		
4.			9.		
5.			10.		

Number of Bolts Tested \_\_\_\_\_  
 Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_  
 If majority of bolts tested in any working place falls outside approved torque range, state what action was taken \_\_\_\_\_

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety Talk on ps 18 of RCP  
Discussed dust control plan Visual check of Shields 1-776

L. Rudhan 1357-A Assistant Mine Certificate No. T. Mann 39359 Mine Foreman-Mine Manager Certificate No. \_\_\_\_\_ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-11-10 2010 Section or Area Examined W 911
Time of Examination: from 8:10 a.m. or p.m. to 8:55 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom R. Lane Time A.M. P.M.
Report received by L. Brown (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: Face, 0% CH2, NONE observed, Reported. Rows 2-7: Supports, Power center, Charger, Truck, Travelway, Barricade car.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows include Intake (75240), 9 (672), 160 (861), MPA (13520), MPB (32600).

Remarks: 0% CH2 20.8% O2 0% CO 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] 1357A Certificate No. Assistant Foreman [Signature] 30928 Certificate No.
Countersigned [Signature] Mine Manager-Mine Foreman [Signature] Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-12-10 Shift 3<sup>d</sup> Area or Section W911

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>None observed</u>	<u>Reported</u>
2. <u>Supports</u>		
3. <u>Power center</u>		
4. <u>Charger</u>		
5. <u>Track</u>		
6. <u>Travelway</u>		
7. <u>Barricade air</u>		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>RT</u>	<u>4:45am</u>	<u>0 %</u>	6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

Z. B.  
Assistant Mine

38928  
Certificate No.

T. Moore  
Mine Foreman-Mine Manager

33757  
Certificate No.

Department of Mines

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-12 2010 Section or Area Examined Longwall  
Time of Examination: from 4:10 a.m. or p.m. to 4:50 a.m. or p.m.  
Was this report phoned to outside: Yes  no   
By whom Larry Brown Time 5:30 A.M. P.M.  
Report received by Matt P. Will 39068 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face	20.87, 0% O <sub>2</sub> CH <sub>4</sub> None Observed	Reported
2. Roof Support		
3. Power Center		
4. Chargers		
5. Track		
6. Travelways		
7. Barricade Station		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	76,130		
#9	687		
#160	880		
MPA	13,240		
MPB	28,265		

Remarks: All Clear at time of Exam, 0% CH<sub>4</sub>, 20.87% O<sub>2</sub>, 0ppm CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.  
Signed By [Signature] 38928 Certificate No. Assistant Foreman 39068 Certificate No.  
Countersigned [Signature] Mine Manager - Mine Foreman 38859  
Assistant Foreman  
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

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

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>20.8% CH<sub>4</sub> 0.0%</u> <u>None Observed</u>	<u>None</u>
2. <u>Roof Support</u>		
3. <u>Power Center</u>		
4. <u>Chargers</u>		
5. <u>Track</u>		
6. <u>Travelways</u>		
7. <u>Barricade Station</u>		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>9:00</u>	<u>.0%</u>	6.		
2.	<u>11:00</u>	<u>.0%</u>	7.		
3.	<u>1:00</u>	<u>.0%</u>	8.		
4.	<u>3:00</u>	<u>.0%</u>	9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety Meeting on Roof Control pg. 18.

Visual check of shields 1-176

Matt Powell  
Assistant Mine

31068  
Certificate No.

T. Moore  
Mine Foreman-Mine Manager

33335  
Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3-12-10 20. Section or Area Examined Long Wall  
Time of Examination: from 1:30 a.m. or p.m. to 2:15 a.m. or p.m.  
Was this report phoned to outside: Yes  no   
By whom Mike Webb Time 2:28 A.M. P.M.  
Report received by Richard Lane (Signed) 1357-A

Violations and other Hazardous Conditions Observed and Reported

Location	CH <sub>4</sub>	O <sub>2</sub>	Violation or Hazardous Condition	Action Taken
1. Roof Support	0%	20.87	None obs	None
2. Power Center	"	"	" "	"
3. Chargers	"	"	" "	"
4. Face	"	"	" "	"
5. <del>Electricity</del>	"	"	" "	"
6. Barricade Station	"	"	" "	"
7. Track	"	"	" "	"
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Intake	76,250		
#9	695		
#160	796		
MPA	13,360		
MPB	28,140		

Remarks: 0% CH<sub>4</sub> 20.8% O<sub>2</sub> 0ppm CO

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

Signed By M. P. Webb 39068 Preshift-Mine Examiner Certificate No.  
Countersigned Richard Lane 1357-A Assistant Foreman Certificate No.  
Te. [Signature] Mine Manager - Mine Foreman  
Assistant Foreman  
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-12-10 Shift EVE Area or Section LongWall

Violations and other Hazardous Conditions Observed and Reported

	Location	CH <sub>4</sub>	O <sub>2</sub>	Violation or Hazardous Condition	Action taken
1.	Face	0%	20.8%	None obs	None
2.	Roof Support	"	"	"	"
3.	Power Center	"	"	"	"
4.	Chargers	"	"	"	"
5.	Barricade Station	"	"	"	"
6.	Travelways	"	"	"	"
7.	Track	"	"	"	"
8.					

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	5:00 PM	0%	11.		
2.	7:00 PM	0%	12.		
3.	9:00 PM	0%	13.		
4.	11:00 PM	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. Return	5:35 PM		6.		
2.	9:25 PM		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) Safety Talk on Pg 6 of RCP  
Discussed dust control plan Visual check of shields 1-176

Richard Lane  
Assistant Mine

1357A  
Certificate No.

Tom Moore  
Mine Foreman-Mine Manager

33359  
Certificate No.

Superintendent or Assistant



Use Indelible Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-12-10 Section or Area Examined Langwall  
 Time of Examination: from 9:00 a.m. or 9:48 p.m. to 9:48 a.m. or 9:48 p.m.  
 Was this report phoned to outside: Yes no  
 By whom Rick Love Time 10:50 A.M. or P.M.  
 Report received by Danell K. Steuby 39218  
(Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. Face <u>0.0% ch<sup>4</sup> 20.8% O<sub>2</sub></u>	<u>None Observed</u>	<u>Reported</u>
2. Roof Supports		
3. Barricade Station		
4. Power Center		
5. Chargers		
6. Track		
7. Travelways		
8.		
9.		
10.		

#### Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>81,263</u>		
<u>#9</u>	<u>904</u>		
<u>#160</u>	<u>783</u>		
<u>MPA</u>	<u>12,980</u>		
<u>MPB</u>	<u>29,000</u>		

Remarks: 0.0% ch<sup>4</sup> 20.8% O<sub>2</sub> Oppm CO  
All 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 Richard Love 1357-A Danell K. Steuby 39218  
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned T. Malone 33389  
Mine Manager—Mine Foreman Assistant Foreman  
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-13-10 Shift 3rd Area or Section Langwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face <sup>CH<sub>4</sub></sup> 0.0% 2.8% <sup>0.2</sup>		
2. Roof Supports		
3. Barricade Station		
4. Power Center		
5. Chargers		
6. Track		
7. Travehways		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	4:30AM	0.0%	11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	4:45AM	0.0%	6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

Samuel X. Staley  
Assistant Mine

Certificate No.

T. Moore  
Mine Foreman-Mine Manager

3335  
Certificate No.

Supervisor or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-13 2010 Section or Area Examined Wall  
Time of Examination: from 4:15 a.m. or p.m. to 5:00 a.m. or p.m.  
Was this report phoned to outside: Yes no  
By whom Keith Stanley Time 5:25 A.M. P.M.  
Report received by M.P.W.M. (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face	20.8% CH <sub>4</sub> 0.2% O <sub>2</sub>	None Observed
2. supports		Reported
3. Barricade car		
4. power-cater		
5. Charge-		
6. Track		
7. Travel way		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	77,000		
9	1,118		
160	829		
M.P.A	13,212		
M.P.B	27,739		

Remarks: 0.0% CH<sub>4</sub> 20.8% O<sub>2</sub> 0% CO 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 Daniel K. Stanley Preshift-Mine Examiner Certificate No. 39218  
Countersigned M.P.W.M. Assistant Foreman Certificate No. 39068  
M.P.W.M. Assistant Foreman Certificate No. 28095  
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-13-10

Shift

Day

Area or Section

Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	None Observed	None
2. Roof Support		
3. Barricade Station		
4. Power Center		
5. Track		
6. Travelways		
7. Chargers		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	7:30	.07%	11.		
2.	9:30	.09%	12.		
3.	11:30	.07%	13.		
4.	1:30	.07%	14.		
5.	3:30	.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. Return	9:00	.07%	6.		
2.	11:00	.07%	7.		
3.	1:00	.07%	8.		
4.	3:00	.07%	9.		
5.			10.		

Number of Bolts Tested

Number of Bolts Torqued Above Range

Below Range

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

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

Safety Meeting on Shield Recovery (Coal Control Plan). Visual inspect of shields 1-176.

M. P. W. H.  
Assistant Mine

39068  
Certificate No.

T. M. M.  
Mine Foreman-Mine Manager

33383  
Certificate No.

Supervisor or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3/13/10 20.10 Section or Area Examined Longwall  
Time of Examination: from 1:30 a.m. or p.m. to 2:20 a.m. or p.m.  
Was this report phoned to outside: Yes  no  
By whom Mike Webb Time A.M. 2:35 P.M.  
Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face CH4 = 0 O <sub>2</sub> = 20.8% Oppm - CO	None Observed	Reported
2. Supports	"	"
3. Barricade Cars	"	"
4. Power Center	"	"
5. Charger	"	"
6. Track	"	"
7. Travelway	"	"
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	12,954		
# 9	896		
# 160	685		
MPA	13,150		
MPB	27,205		

Remarks: CH4 - 0 CO - Oppm O<sub>2</sub> - 20.8%  
Everything clear @ time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.  
Signed By [Signature] 39068 Certificate No.  
Preshift-Mine Examiner  
Countersigned [Signature] 29389 Certificate No.  
Mine Manager—Mine Foreman  
Assistant Foreman  
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-13-10 Shift 2nd Area or Section L/WALL

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	None found	Reports
2. Roof Supports	"	"
3. Power Center	"	"
4. Charger	"	"
5. Track	"	"
6. Travelways	"	"
7. Barricade st.	"	"
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	4:30pm	1.0%	11.		
2. "	6:30pm	1.0%	12.		
3. "	8:30pm	1.0%	13.		
4. "	10:30pm	1.0%	14.		
5. "	12:30pm	1.0%	15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	5:15pm	1.0%	6.		
2. "	9:15pm	1.0%	7.		
3. "	12:20am	1.0%	8.		
4.			9.		
5.			10.		

Number of Bolts Tested \_\_\_\_\_ Below Range \_\_\_\_\_  
 Number of Bolts Torqued Above 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) Briefed men on Roof talk Plan. Pr. 20  
Discussed dust control plan. 3:45pm. Visual checked shields 1-17.

[Signature] Assistant Mine Certificate No. 20360  
[Signature] Mine Foreman-Mine Manager Certificate No. 33357

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-13-2018 Section or Area Examined Longwall  
Time of Examination: from 10:15 a.m. or p.m. to 11:00 a.m. or p.m.  
Was this report phoned to outside: Yes [checked] no  
By whom Nick McCroskey Time A.M. 11:05 P.M.  
Report received by Samuel K. Study 39218 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: Face, 0.0% CH4, 20.8% CO2, None Observed, Reported. Rows 2-10: Roof Supports, Barricade Station, Power Center, Chargers, Track, Travelways, etc.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Data: Intake #9 (73,320 CFM), #160 (901 CFM), MPA (670 CFM), MPB (13,230 CFM), 27,440 CFM.

Remarks: 0.0% CH4, 20.8% CO2, Oppm CO2. All clear at time of exam.

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

Signed By [Signature] Certificate No. 2935  
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 33307  
Assistant Foreman [Signature] Certificate No. 39218  
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-14-10 Shift 3rd Area or Section Lergwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face <u>0.0% ch<sub>4</sub> 20.8%</u>	<u>None Observed</u>	<u>Reported</u>
2. Roof Supports		
3. Barricade Station		
4. Power Center		
5. Chargers		
6. Track		
7. Travelways		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	<u>5:15AM</u>	<u>0.0%</u>	6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Discussed pg 6 of RCR with crew.

Daniel K Stanley  
Assistant Mine

39218  
Certificate No.

T. Mine  
Mine Foreman-Mine Manager

3337  
Certificate No.

Superintendent or Assistant



Use Indelible  
Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3-14 2010 Section or Area Examined Long wall  
 Time of Examination: from 4:40 a.m. or p.m. to 5:20 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Keith Stanley Time 5:32 A.M. P.M.  
 Report received by M. P. With 39068  
 (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face	None Observed	Reported
2. Roof Support		
3. Chargers		
4. Power Center		
5. Track		
6. Trowelways		
7. Barricade Station		
8.		
9.		
10.		

### Air Measurements

Location	CFM	Location	CFM
Intake	80,157		
#9	1,092		
#160	771		
MPA	13,360		
MAB	28,310		

Remarks: 1.0% CH4, 20.87% O2, Oppm LO  
All 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 Keith Stanley 39218 M. P. With 39068  
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned T. Moore 33327 W. D. Kelly 28045  
 Mine Manager—Mine Foreman Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-14-10 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	None Observed	None
2. Roof Support		
3. Power Center		
4. Track		
5. Travelways		
6. Chargers		
7. Barricade Station		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	7:30	.07%	11.		
2.	9:30	.07%	12.		
3.	11:30	.07%	13.		
4.	1:30	.07%	14.		
5.	3:30	.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. Return	9:00	.07%	6.		
2.	11:00	.07%	7.		
3.	1:00	.07%	8.		
4.	3:00	.07%	9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety Meeting on Additional Roof Support at Headgate & Tailgate Entrys (Roof Control Plan). Visual inspect of shields 1-176.

M. J. Powell Assistant Mine 39068 Certificate No. T. J. Moore Mine Foreman-Mine Manager 33359 Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-14-10 20 Section or Area Examined Longwall  
Time of Examination: from 135 a.m. or p.m. to 220 a.m. or p.m.  
Was this report phoned to outside: Yes no  
By whom Mike Webb Time A.M. 228 P.M.  
Report received by Richard Rame 1357-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH <sub>4</sub>	O <sub>2</sub>	Violation or Hazardous Condition	Action Taken
1. Face	0%	20.8%	None obs	None
2. Roof Support	"	"	"	"
3. Power Center	"	"	"	"
4. Chargers	"	"	"	"
5. Track	"	"	"	"
6. Traveledways	"	"	"	"
7. Barricade Station	"	"	"	"
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Intake	75,400		
#9	855		
#160	670		
MPA	12,900		
MPB	27,850		

Remarks: 0% CH<sub>4</sub> 20.8% O<sub>2</sub> Oppm CO

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 39062  
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 33359  
Assistant Foreman [Signature] Certificate No. 1357-A  
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-17-10 Shift EVE Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	CH <sub>4</sub>	O <sub>2</sub>	Violation or Hazardous Condition	Action taken
1. Face	0%	20.8%	None obs	None
2. Roof Support	"	"	"	"
3. Power Center	"	"	"	"
4. Chargers	"	"	"	"
5. Tracks	"	"	"	"
6. Travelways	"	"	"	"
7. Barricade Station	"	"	"	"
8.				

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	5:00 PM	0%	11.		
2.	7:00 PM	0%	12.		
3.	9:00 PM	0%	13.		
4.	11:00 PM	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. Return	5:40 PM	0%	6.		
2.	9:43 PM	0%	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

Safety Talk on P 7 of RCP  
Discussed dust control plan Visual check of Shields 1-174

Richard L. ... Assistant Mine  
1357A Certificate No.  
T. M. ... Mine Foreman-Mine Manager  
33359 Certificate No.  
Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3-14 20 10 Section or Area Examined Langwell  
 Time of Examination: from 9:00 a.m. or p.m. to 9:45 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Rick Lane Time A.M. 10:40 P.M.  
 Report received by Daniel K Starling 39218  
(Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. Face <u>0.07% ch<sup>4</sup> 20.8% O<sub>2</sub></u>	<u>None Observed</u>	<u>Reported</u>
2. Roof Supports		
3. Barricade Station		
4. Power Center		
5. Chargers		
6. Track		
7. Travelways		
8.		
9.		
10.		

#### Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>74,911</u>		
<u>#9</u>	<u>949</u>		
<u>#160</u>	<u>758</u>		
<u>MPA</u>	<u>12,650</u>		
<u>MPB</u>	<u>27,500</u>		

Remarks: 0.07% ch<sup>4</sup> 20.8% O<sub>2</sub> Oppm Co  
All 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 Ronald R... 1357-A Daniel K Starling 39218  
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned T. M... 33337  
Mine Manager - Mine Foreman Assistant Foreman  
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-15-10 Shift 3rd Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Includes handwritten entries for Face, Roof Supports, Barricade Station, Power Center, Chargers, Track, and Travelways.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Includes handwritten entry for Face at 4:40 AM with 0.0% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Includes handwritten entry for Return at 4:50 AM with 0.0% methane content.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over in shield movement by 7 of RCP with crew

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 3-15 2010 Section or Area Examined Longwall  
 Time of Examination: from 5:35 a.m. or p.m. to 6:05 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom Keith Stangel Time 6:10 A.M. P.M.  
 Report received by M.P.W.K. (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	0% CH <sub>4</sub>	20.8% O <sub>2</sub>	Violation or Hazardous Condition	Action Taken
1. Face	↓	↓	None Observed	Reported
2. Roof Support				
3. Track				
4. Travelways				
5. Chargers				
6. Power Center				
7. Barricade Station				
8.				
9.				
10.				

### Air Measurements

Location	CFM	Location	CFM
Intake	78,204		
#9	929		
#160	652		
MPA	12,763		
MPB	26,819		

Remarks: 0.7% CH<sub>4</sub>, 20.8% O<sub>2</sub>, Open CO  
All 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 Samuel K. Stangel Certificate No. 39218 Assistant Foreman M.P.W.K. Certificate No. 39068  
 Countersigned T. P. Moore Mine Manager - Mine Foreman 33337 Assistant Foreman Red Kelly Certificate No. 28045  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-15-10 Shift Day Area or Section Lungwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>None observed</u>	<u>None</u>
2. <u>Roof Support</u>		
3. <u>Track</u>		
4. <u>Travelway</u>		
5. <u>Power Center</u>		
6. <u>Chagers</u>		
7. <u>Barriade Stations</u>		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>7:30</u>	<u>.07%</u>	11.		
2.	<u>9:30</u>	<u>.07%</u>	12.		
3.	<u>11:30</u>	<u>.07%</u>	13.		
4.	<u>1:30</u>	<u>.07%</u>	14.		
5.	<u>3:30</u>	<u>.07%</u>	15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>9:00</u>	<u>.07%</u>	6.		
2.	<u>11:00</u>	<u>.07%</u>	7.		
3.	<u>1:00</u>	<u>.07%</u>	8.		
4.	<u>3:00</u>	<u>.07%</u>	9.		
5.			10.		

Number of Bolts Tested \_\_\_\_\_  
 Number of Bolts Torqued Above Range \_\_\_\_\_ Below Range \_\_\_\_\_  
 If majority of bolts tested in any working place falls outside approved torque range, state what action was taken \_\_\_\_\_

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety meeting on Dust Control Plan

Visual check of shields 1-176.

M.H.P.W.H.  
Assistant Mine

39068  
Certificate No.

T. Mann  
Mine Foreman-Mine Manager

33309  
Certificate No.

Superintendent or Assistant



Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-15 2010 Section or Area Examined Longwall
Time of Examination: from 1:35 a.m. or p.m. to 2:20 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Mike Webb Time A.M. 2:30 P.M.
Report received by Kevin W. Medley (Signed)

Table with columns: Location, CH4, O2, Violation or Hazardous Condition, Action Taken. Rows include Face, Roof Supports, Power Center, Chargers, Travelways, Track, Barricade Station.

Table with columns: Location, CFM, Location, CFM. Rows include Intake #9, #160, MPA, MPB.

Remarks: 0% CH4 20.8% O2 0 ppm CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Kevin W. Medley Assistant Foreman Certificate No. 38810
Countersigned T. Mann Mine Manager - Mine Foreman Certificate No. 33327
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-15-10 Shift Eve Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition				Action taken
1. <u>Face</u>	<u>CH<sub>4</sub></u> <u>0%</u>	<u>O<sub>2</sub></u> <u>20.8%</u>	<u>None Observed</u>		<u>None</u>
2. <u>Roof Supports</u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
3. <u>Power Center</u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
4. <u>Chargers</u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
5. <u>Travelways</u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
6. <u>Track</u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
7. <u>Barricade Station</u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
8. _____					

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>5:15 PM</u>	<u>0%</u>	6. _____		
2. _____	<u>7:15 PM</u>	<u>0%</u>	7. _____		
3. _____	<u>9:14 PM</u>	<u>0%</u>	8. _____		
4. _____	<u>11:12 PM</u>	<u>0%</u>	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) Discussed in shield movement precautions pgs 6 & 7 of RCP

Merrin W. Medley  
Assistant Mine

38810  
Certificate No.

T. Moore  
Mine Foreman-Mine Manager

33359  
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-15 20-10 Section or Area Examined Longwall
Time of Examination: from 8:14 a.m. or p.m. to 9:20 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Kevin Medley Time A.M. 10:50 P.M.
Report received by Donald K. Staley 39218 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include Face, Roof Supports, Barricade Station, Power Center, Chargers, Track, Travelways.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows include Intake #9, #160, MPA, MPB.

Remarks: 0.0% ch4 20.8% O2 0ppm CO
All 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 Kevin W. Medley 38810 Certificate No. Donald K. Staley 39218 Certificate No.
Countersigned T. Moore Mine Manager - Mine Foreman Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-16-10 Shift 3rd Area or Section Langrall

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Row 1: Face, 0.0% CH4, 0.8% CO2, None Observed, Reported.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Row 1: Face, 4:52 AM, 0.0%.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Row 1: Return, 5:08 AM, 0.0%.

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) Discussed dust control plan with crew, # of

Aspirators, on floor, 40,000 LBS 400 at #9, 250 at 160. Signed: Powell K. Stanley, Assistant Mine; T. Moore, Mine Foreman-Mine Manager.

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-16 2010 Section or Area Examined Longwall  
 Time of Examination: from 4:25 a.m. or p.m. to 5:12 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Keith Stanley Time 5:30 A.M. P.M.  
 Report received by M.H.P.W.H. (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u> <sup>O<sub>2</sub> 20.87% CH<sub>4</sub> .0%</sup>	<u>None Observed</u>	<u>Reported</u>
2. <u>Roof Supports</u>		
3. <u>Chargers</u>		
4. <u>Track</u>		
5. <u>Travelways</u>		
6. <u>Power Center</u>		
7. <u>Barricade Station</u>		
8. _____		
9. _____		
10. _____		

### Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>74,861</u>		
<u>#9</u>	<u>904</u>		
<u>#160</u>	<u>631</u>		
<u>MPA</u>	<u>13,126</u>		
<u>MPB</u>	<u>28,324</u>		

Remarks: .07% CH<sub>4</sub>, 20.87% O<sub>2</sub>, 0 ppm CO

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

Signed By Samuel K. Stanley Preshift-Mine Examiner Certificate No. 39218  
 Countersigned M.H.P.W.H. Mine Manager—Mine Foreman Assistant Foreman Certificate No. 39068  
 Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-16-10 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>20.8% O<sub>2</sub>, .07% CH<sub>4</sub></u> <u>None Observed</u>	<u>None</u>
2. <u>Roof Supports</u>		
3. <u>Chargers</u>		
4. <u>Power Center</u>		
5. <u>Track</u>		
6. <u>Travelways</u>		
7. <u>Barricade Station</u>		
8. _____		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>7:25</u>	<u>.0%</u>	11. _____		
2. _____	<u>9:25</u>	<u>.0%</u>	12. _____		
3. _____	<u>11:25</u>	<u>.0%</u>	13. _____		
4. _____	<u>1:25</u>	<u>.0%</u>	14. _____		
5. _____	<u>3:25</u>	<u>.0%</u>	15. _____		
6. _____			16. _____		
7. _____			17. _____		
8. _____			18. _____		
9. _____			19. _____		
10. _____			20. _____		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>9:00</u>	<u>.0%</u>	6. _____		
2. _____	<u>11:00</u>	<u>.0%</u>	7. _____		
3. _____	<u>1:00</u>	<u>.0%</u>	8. _____		
4. _____	<u>3:00</u>	<u>.0%</u>	9. _____		
5. _____			10. _____		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety meeting on Roof Support on Adjacent Longwall tail entries. Visual inspect of shields 1-176.

M. H. R. With  
Assistant Mine

39068  
Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3-16 2010 Section or Area Examined Longwall  
 Time of Examination: from 1:40 a.m. or (p.m) to 2:20 a.m. or (p.m)  
 Was this report phoned to outside: Yes  no   
 By whom Mike Webb Time A.M. 2:30 P.M.  
 Report received by Kevin W. Medley  
 (Signed)

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

Location	Violation or Hazardous Condition				Action Taken
	CH <sub>4</sub>	O <sub>2</sub>			
1. <u>Face</u>	<u>0%</u>	<u>20.8%</u>	<u>None Observed</u>		<u>None</u>
2. <u>Roof Supports</u>	"	"	"	"	"
3. <u>Power Center</u>	"	"	"	"	"
4. <u>Chargers</u>	"	"	"	"	"
5. <u>Track</u>	"	"	"	"	"
6. <u>Travelways</u>	"	"	"	"	"
7. <u>Barricade Station</u>	"	"	"	"	"
8. _____					
9. _____					
10. _____					

#### Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>73 862</u>		
<u>#9</u>	<u>897</u>		
<u>#160</u>	<u>660</u>		
<u>MPA</u>	<u>12,975</u>		
<u>MPB</u>	<u>27 734</u>		

Remarks: 0% CH<sub>4</sub> 20.8% O<sub>2</sub> 0ppm CO

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

Signed By Mike Webb 39068 Kevin W. Medley 38810  
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned Kevin W. Medley 38810  
 Mine Manager—Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 3-16-10 Shift Eve Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	CH4	O2	Violation or Hazardous Condition		Action taken
1. <u>Face</u>	<u>0%</u>	<u>20.8%</u>	<u>None Observed</u>		<u>None</u>
2. <u>Roof Supports</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
3. <u>Power Center</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
4. <u>Chargers</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
5. <u>Travelways</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
6. <u>Track</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
7. <u>Barricade Station</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
8. _____	_____	_____	_____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>6:30 PM</u>	<u>0%</u>	6. _____	_____	_____
2. _____	<u>8:26 PM</u>	<u>0%</u>	7. _____	_____	_____
3. _____	<u>10:26 PM</u>	<u>0%</u>	8. _____	_____	_____
4. _____	<u>12:25 AM</u>	<u>0%</u>	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) Discussed cautions around Ribs and watching top

Kevin W. Medley  
Assistant Mine

38810  
Certificate No.

T. M. ...  
Mine Foreman-Mine Manager

35389  
Certificate No.

Superintendent or Assistant



Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-16 2010 Section or Area Examined Wall  
 Time of Examination: from 8 a.m. or p.m. to 9:05 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom R Medley Time      A.M.      P.M.  
 Report received by Bro-w (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Fair</u>	<u>0% CH</u>	<u>None observed</u>
2. <u>Supports</u>		
3. <u>Power center</u>		
4. <u>Charger</u>		
5. <u>Track</u>		
6. <u>Traveling</u>		
7. <u>Barricade car</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>75476</u>		
<u>9</u>	<u>885</u>		
<u>160</u>	<u>653</u>		
<u>MPA</u>	<u>12547</u>		
<u>MPB</u>	<u>24610</u>		

Remarks: 0% CH 20.8% O<sub>2</sub> 0% CO 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 Kevin W. Medley 38810 Certificate No.  
 Preshift-Mine Examiner  
 Countersigned T. Moore 33359 Certificate No.  
 Mine Manager—Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-17-10 Shift 3rd Area or Section W 911

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Face	None observed	Reported
2.	Supports		
3.	Power center		
4.	Charger		
5.	Track		
6.	Traveling		
7.	Barricade car		
8.			

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	4:40 AM	0%	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. RT	5:00 AM	0%	6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

Z B  
Assistant Mine

38928  
Certificate No.

T. Moore  
Mine Foreman-Mine Manager

33359  
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-17 2010 Section or Area Examined Longwell  
 Time of Examination: from 4:30 a.m. or p.m. to 5:10 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Larry Brown Time 5:32 A.M. P.M.  
 Report received by Matt P. W. H. (Signed)

### Violations and other Hazardous Conditions Observed and Reported

1.	Location	Violation or Hazardous Condition		Action Taken
		O <sub>2</sub>	CH <sub>4</sub>	
	Root Supports	20.8%	.07%	Reported
2.	Face	↓	↓	↓
3.	Track			
4.	Travelway			
5.	Changess			
6.	Power Center			
7.	Barriade Station			
8.				
9.				
10.				

### Air Measurements

Location	CFM	Location	CFM
Intake	76,153		
9	872		
160	663		
MPA	12,240		
MPB	23,974		

Remarks:

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

Signed By [Signature] Certificate No. 38928 Assistant Foreman [Signature] Certificate No. 39068  
 Countersigned [Signature] Mine Manager—Mine Foreman [Signature] Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

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

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>None Observed</u>	<u>None</u>
2. <u>Roof Support</u>		
3. <u>Track</u>		
4. <u>Chargers</u>		
5. <u>Power Center</u>		
6. <u>Travelway</u>		
7. <u>Barricade Station</u>		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>face</u>	<u>7:30</u>	<u>.07%</u>	11.		
2.	<u>9:30</u>	<u>.07%</u>	12.		
3.	<u>11:30</u>	<u>.09%</u>	13.		
4.	<u>1:30</u>	<u>.07%</u>	14.		
5.	<u>3:30</u>	<u>.07%</u>	15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>9:00</u>	<u>.07%</u>	6.		
2.	<u>11:00</u>	<u>.07%</u>	7.		
3.	<u>1:00</u>	<u>.07%</u>	8.		
4.	<u>3:00</u>	<u>.07%</u>	9.		
5.			10.		

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

Visual inspect of shields 1-176. Smoke Search on Crew (None Found).

M. J. P. [Signature]  
Assistant Mine

39068  
Certificate No.

T. J. Moore  
Mine Foreman-Mine Manager

33383  
Certificate No.

Superintendent or Assistant

Safety Meeting on Roof Control (Page 21)

Use Indelible Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-17 20 10 Section or Area Examined Longwall  
 Time of Examination: from 1:30 a.m. or 6:30 p.m. to 2:15 a.m. or 6:30 p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Mike Webb Time A.M. 2:35 P.M.  
 Report received by Kevin W. Medley  
 (Signed)

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

Location	CH <sub>4</sub>	O <sub>2</sub>	Violation or Hazardous Condition		Action Taken
1. <u>Face</u>	<u>0%</u>	<u>20.8%</u>	<u>None Observed</u>		<u>Reported</u>
2. <u>Roof Supports</u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
3. <u>Power Center</u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
4. <u>Chargers</u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
5. <u>Track</u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
6. <u>Travelways</u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
7. <u>Barricade Station</u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
8. _____					
9. _____					
10. _____					

#### Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>77 053</u>		
<u>#9</u>	<u>938</u>		
<u>#160</u>	<u>677</u>		
<u>MPA</u>	<u>12 572</u>		
<u>MPB</u>	<u>26 773</u>		

Remarks: CH<sub>4</sub> 0% O<sub>2</sub> 20.8% CO<sub>2</sub> ppm

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 Kevin W. Medley Freshift-Mine Examiner Certificate No. 33359  
 Assistant Foreman  
 Countersigned J. L. Moore Mine Manager—Mine Foreman Certificate No. 38810  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-17-10 Shift Eve Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4, O2, Violation or Hazardous Condition, Action taken. Rows include Face, Roof Supports, Power Center, Chargers, Track, Travelways, and Barricade Station.

Examinations for Methane in Working Places

Table with 5 columns: Location, Time, Methane Content. Rows 1-10 showing methane readings at Face at various times.

Examinations for Methane in Return Aircourses

Table with 5 columns: Location, Time, Methane Content. Rows 1-5 showing methane readings in Return Aircourses.

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) Discussed page 26 of Roof Control Plan

Kevin W. Medley Assistant Mine

38810 Certificate No.

T. Moore Mine Foreman-Mine Manager

3359 Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-17 2010 Section or Area Examined W911  
 Time of Examination: from 8 a.m. or p.m. to 9:15 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom K Medley Time          A.M.          P.M.  
 Report received by L Brown (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>F912</u>	<u>None observed</u>	<u>Reported</u>
2. <u>Supports</u>		
3. <u>Power cords</u>		
4. <u>Chairs</u>		
5. <u>Tracks</u>		
6. <u>Trenching</u>		
7. <u>Barricade cur</u>		
8. <u>        </u>		
9. <u>        </u>		
10. <u>        </u>		

### Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>78356</u>		
<u>9</u>	<u>983</u>		
<u>160</u>	<u>675</u>		
<u>MPA</u>	<u>12752</u>		
<u>MPB</u>	<u>Movement to 606</u>		

Remarks: 0% CO and 20.8% O<sub>2</sub> - 0% CO<sub>2</sub> etc etc

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 Kevin W. Medley  
Preshift-Mine Examiner

38810  
Certificate No.  
33357

Z R  
Assistant Foreman

32928  
Certificate No.

Countersigned T. Moore  
Mine Manager—Mine Foreman

Assistant Foreman

Superintendent or Assistant

Use Indelible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 3-18-10 Shift 3<sup>rd</sup>

Area or Section wg 11

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Fire</u>		
2. <u>Supports</u>		
3. <u>Power cut</u>		
4. <u>Charger</u>		
5. <u>Truck</u>		
6. <u>Trucking</u>		
7. <u>Barbed wire</u>		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine \_\_\_\_\_ Certificate No. \_\_\_\_\_  
 Mine Foreman-Mine Manager T. M. [Signature] Certificate No. 32359  
 Superintendent or Assistant \_\_\_\_\_



PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 3/18 Section or Area Examined Long Wall  
 Time of Examination: from 7:15 a.m. or 8:00 a.m. or 8:00 p.m.  
 Was this report phoned to outside: Yes no Time 8:10 A.M. P.M.  
 By whom R Lane  
 Report received by J. Rules (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face <u>0% CH<sub>4</sub></u>	<u>None observed</u>	<u>Reported</u>
2. Power Center	<u>u u</u>	<u>u</u>
3. Roof Supports	<u>u u</u>	<u>u</u>
4. Changer	<u>u u</u>	<u>u</u>
5. Track	<u>u u</u>	<u>u</u>
6. Trajectory	<u>u u</u>	<u>u</u>
7. Barricade Shelter	<u>u u</u>	<u>u</u>
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>LAB Intake</u>	<u>0% CH<sub>4</sub></u>	<u>67267</u>	
<u>#9 Skid</u>	<u>u</u>	<u>893</u>	
<u>#160 Skid</u>	<u>u</u>	<u>841</u>	
<u>MPA</u>	<u>u</u>	<u>15288</u>	
<u>MPB</u>	<u>u</u>		

Remarks: 0% CH<sub>4</sub> 0% CO 20.8% O<sub>2</sub>

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 R Lane Preshift-Mine Examiner Certificate No. 107-A  
 Countersigned T. P. Lane Mine Manager—Mine Foreman Certificate No. 83389  
 Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

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

Violations and other Hazardous Conditions Observed and Reported

	Location	Violations and other Hazardous Conditions Observed and Reported	Action taken
1.	Face	None obs	None
2.	Roof Support	" "	" "
3.	Power Center	" "	" "
4.	Chargers	" "	" "
5.	Trails	" "	" "
6.	Traneways	" "	" "
7.	Barricade Station	" "	" "
8.			

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	9:00 AM	0%	11.		
2.	11:00 AM	0%	12.		
3.	1:00 PM	0%	13.		
4.	3:00 PM	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. Return	9:40 AM	0%	6.		
2.	1:30 PM	0%	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Settley Talk on pg 18 of RCP  
Discussed dust control plan Visual check of Shields 1-126

L. Hendrickson  
Assistant Mine

1357  
Certificate No.

T. Moore  
Mine Foreman-Mine Manager

33259  
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 3-18 2010 Section or Area Examined Longwall  
 Time of Examination: from 1:00 a.m. or p.m. to 1:50 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Rick Lane Time 2:35 A.M. 2:35 P.M.  
 Report received by Kevin W. Medley (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH <sub>4</sub> %	O <sub>2</sub> %	Violation or Hazardous Condition	Action Taken
1. Face	0%	20.8%	None Observed	Reported
2. Roof Supports	"	"	" "	"
3. Power Center	"	"	" "	"
4. Chargers	"	"	" "	"
5. Track	"	"	" "	"
6. Travelways	"	"	" "	"
7. Barricade Station	"	"	" "	"
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Intake	65479		
#9	881		
#160	840		
MPA	13524		
MPB	Movement to Gob		

Remarks: CH<sub>4</sub> 0% O<sub>2</sub> 20.8% CO 0ppm

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

Signed By Rick Lane 1357 A Kevin W. Medley 38810  
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned T. J. Lane 33389  
 Mine Manager—Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Date 3-18-10 Shift Even Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	CH <sub>4</sub> %	O <sub>2</sub> %	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>0%</u>	<u>20.8%</u>	<u>None Observed</u>	<u>None</u>
2. <u>Roof Supports</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
3. <u>Power Center</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
4. <u>Chargers</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
5. <u>Track</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
6. <u>Travelways</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
7. <u>Barricade Station</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
8. _____	_____	_____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>5:40 PM</u>	<u>0%</u>	11. _____	_____	_____
2. _____	<u>7:40 PM</u>	<u>0%</u>	12. _____	_____	_____
3. _____	<u>9:38 PM</u>	<u>0%</u>	13. _____	_____	_____
4. _____	<u>11:37 PM</u>	<u>0%</u>	14. _____	_____	_____
5. _____	<u>1:35 AM</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>6:30 PM</u>	<u>0%</u>	6. _____	_____	_____
2. _____	<u>8:28 PM</u>	<u>0%</u>	7. _____	_____	_____
3. _____	<u>10:28 PM</u>	<u>0%</u>	8. _____	_____	_____
4. _____	<u>12:25 PM</u>	<u>0%</u>	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) Discussed page 27 of Roof control plan

Kevin W. Medley  
Assistant Mine

38810  
Certificate No.

T. Malone  
Mine Foreman-Mine Manager

33357  
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 3-18 2010 Section or Area Examined W911  
 Time of Examination: from 8:30 a.m. or p.m. to 9:26 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom K Medley Time AM 10:44 P.M.  
 Report received by L B... (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>None observed</u>	<u>Reported</u>
2. <u>Supports</u>	<u>" "</u>	<u>" "</u>
3. <u>Power center</u>	<u>" "</u>	<u>" "</u>
4. <u>Charger</u>	<u>" "</u>	<u>" "</u>
5. <u>Track</u>	<u>" "</u>	<u>" "</u>
6. <u>Travelway</u>	<u>" "</u>	<u>" "</u>
7. <u>Barricade air</u>	<u>" "</u>	<u>" "</u>
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>68250</u>	_____	_____
<u>9</u>	<u>820</u>	_____	_____
<u>160</u>	<u>760</u>	_____	_____
<u>MPA</u>	<u>12740</u>	_____	_____
<u>MPB</u>	<u>28475</u>	_____	_____

Remarks: 0% CH4 20.8% O2 0% CO 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 Kevin W. Medley 38810 Certificate No. JR 38928 Certificate No.  
 Countersigned T. Malone Mine Manager—Mine Foreman Assistant Foreman  
 Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-19-10 Shift 3<sup>rd</sup> Area or Section wall

### Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Face	NONE observed	Reported
2.	Supports		
3.	Power center		
4.	Track		
5.	Charger		
6.	Traveling		
7.	Barricade car		
8.			

### Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	3:40AM	0 %	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. RT	4:00AM	0 %	6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

J. B.  
Assistant Mine

38928  
Certificate No.

T. M. Moore  
Mine Foreman-Mine Manager

33359  
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-19-10 Section or Area Examined Long Wall
Time of Examination: from 3:40 a.m. or p.m. to 4:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Larry Brown Time 5:20 A.M. P.M.
Report received by Richard Rame 1357-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4, O2, Violation or Hazardous Condition, Action Taken. Rows include Face, Roof Support, Power Center, Chargers, Tracks, Trackage, Barricade Station.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows include Intake, #9, #160, MPA, MPB.

Remarks: 0% CH4 20.8% O2 0ppmCO

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] 38928 Certificate No.
Countersigned [Signature] 38387 Certificate No.
Assistant Foreman
Superintendent or Assistant

Date 3-19-10 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Chf %	02	Violation or Hazardous Condition	Action taken
1. Face	0%	205%	None obs	None
2. Roof Support	"	"	"	"
3. Power Center	"	"	"	"
4. Charger	"	"	"	"
5. Tractor	"	"	"	"
6. Travelways	"	"	"	"
7. Barricade Station	"	"	"	"
8.				

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	7:40 AM	0%	6.		
2.	9:20 AM	0%	7.		
3.	1:30 PM	0%	8.		
4.			9.		
5.			10.		

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

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

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

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

Safety talk on pg 6-7 of RCIP  
Discussed dust control plan Visual check of Shields 1-176

Shaul Khan  
Assistant Mine

1357A  
Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant



Date of Examination 3-19 20 10 Section or Area Examined Longwall  
 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 Rick Lane Time A.M. 2:45 P.M.  
 Report received by Kevin W. Midley (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition				Action Taken
1. <u>Face</u>	<u>CH4</u> <u>0.90</u>	<u>O2</u> <u>20.8%</u>	<u>None Observed</u>		<u>Reported</u>
2. <u>Roof Supports</u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
3. <u>Power Center</u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
4. <u>Chargers</u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
5. <u>Track</u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
6. <u>Travelways</u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
7. <u>Barricade Station</u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
8. _____					
9. _____					
10. _____					

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>62,657</u>		
<u># 9</u>	<u>872</u>		
<u># 180</u>	<u>808</u>		
<u>M.P.A</u>	<u>17,880</u>		
<u>M.P.B</u>	<u>Movement to Gob</u>		

Remarks: 0% CH4 20.8% O2 0ppm CO

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

Signed By Rick Lane Preshift-Mine Examiner Certificate No. 1357 A  
 Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 7838 9  
 \_\_\_\_\_ Assistant Foreman  
 \_\_\_\_\_ Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-19-10 Shift EVE Area or Section

Violations and other Hazardous Conditions Observed and Reported

Table with columns: Location, CH4, O2, Violation or Hazardous Condition, Action taken. Rows include Face, Roof Supports, Power Center, Chargers, Track, Travelways, Barricade Station.

Examinations for Methane in Working Places

Table with columns: Location, Time, Methane Content. Rows 1-10, mostly Face, with 0% methane content.

Examinations for Methane in Return Aircourses

Table with columns: Location, Time, Methane Content. Rows 1-5, Return, with 0% methane content.

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) Discussed page 28 of Roof Control Plan

Mervin W. Medley Assistant Mine

38810 Certificate No.

T. M. Mine Foreman-Mine Manager

33259 Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 3-14 20. 10 Section or Area Examined wall  
 Time of Examination: from 8 a.m. or p.m. to 8:59 a.m. or p.m.  
 Was this report phoned to outside; Yes  no   
 By whom K. Medley Time          A.M.          P.M.  
 Report received by L. Brown (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>0% CH No observed</u>	<u>Reported</u>
2. <u>Supports</u>		
3. <u>Power center</u>		
4. <u>Charges</u>		
5. <u>Track</u>		
6. <u>Traveling</u>		
7. <u>Barricade air</u>		
8. <u>        </u>		
9. <u>        </u>		
10. <u>        </u>		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>65745</u>		
<u>9</u>	<u>895</u>		
<u>160</u>	<u>824</u>		
<u>MPA</u>	<u>12650</u>		
<u>MPB</u>	<u>29327</u>		

Remarks: 0% CH 20.8% O<sub>2</sub> 0% CO etc

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 Kevin W. Medley 38810 Certificate No.           
 Countersigned T. Moore 53359 Certificate No. 30928  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-20-10 Shift 3<sup>rd</sup> Area or Section Wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Fice</u>	<u>None observed</u>	<u>Reported</u>
2. <u>Supports</u>		
3. <u>Track</u>		
4. <u>Tractor</u>		
5. <u>Charger</u>		
6. <u>Pump Center</u>		
7. <u>Barricade Car</u>		
8. _____		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>RT</u>	<u>3:50 AM</u>	<u>0%</u>	6. _____		
2. _____			7. _____		
3. _____			8. _____		
4. _____			9. _____		
5. _____			10. _____		

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

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

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

ZB  
Assistant Mine

38928  
Certificate No.

T. Malone  
Mine Foreman-Mine Manager

33359  
Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3-20-10 20. Section or Area Examined Long Wall  
Time of Examination: from 3:15 a.m. or p.m. to 3:55 a.m. or p.m.  
Was this report phoned to outside: Yes  no   
By whom Larry Brown Time 5:30 A.M. P.M.  
Report received by R. L. ... (Signed) 1357-A

1.	Location	Violations and other Hazardous Conditions Observed and Reported		Violation or Hazardous Condition	Action Taken
		CH <sub>4</sub>	O <sub>2</sub>		
	Face	.0%	20.8%	None obs	None
	Roof Support	"	"	"	"
	Power Center	"	"	"	"
	Chargers	"	"	"	"
	Tracks	"	"	"	"
	Travelways	"	"	"	"
	Barricade Station	"	"	"	"
8.					
9.					
10.					

Air Measurements			
Location	CFM	Location	CFM
Intake	65,318		
#9	814		
160	775		
MPA	12,420		
MPB	22,416		

Remarks: .0% CH<sub>4</sub> 20.8% O<sub>2</sub> Opp MCO

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. 38928  
Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 33357  
Assistant Foreman  
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-20-10 Shift Day Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action taken
1.	Face	CHY 02 208%	None obs	None
2.	Roof Support	" "	" "	" "
3.	Power Center	" "	" "	" "
4.	Chargers	" "	" "	" "
5.	Tracks	" "	" "	" "
6.	Travelways	" "	" "	" "
7.	Barricade Station	" "	" "	" "
8.				

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	7:40 AM	0%	6.		
2.	9:35 AM	0%	7.		
3.	1:30 PM	0%	8.		
4.			9.		
5.			10.		

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Jetty Talk on pg 20 of PRC  
Discussed dust control plan Visual check of SShield 1-176

Richard D... Assistant Mine Certificate No. 1357-A  
T. Miller Mine Foreman-Mine Manager Certificate No. 33257  
 Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3-20 2012 Section or Area Examined Longwall  
 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 Rich Lane Time A.M. 2:45 P.M.  
 Report received by Kevin W. Medley  
 (Signed)

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

Location	Violation or Hazardous Condition				Action Taken
1. <u>Face</u>	<u>CH<sub>4</sub></u> <u>0.9%</u>	<u>O<sub>2</sub></u> <u>20.3%</u>	<u>None Observed</u>		<u>Reported</u>
2. <u>Roof Supports</u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
3. <u>Power Center</u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
4. <u>Chargers</u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
5. <u>Track</u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
6. <u>Travelways</u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
7. <u>Barricade Station</u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
8. _____					
9. _____					
10. _____					

#### Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>65832</u>		
<u># 9</u>	<u>789</u>		
<u># 160</u>	<u>714</u>		
<u>MPA</u>	<u>12840</u>		
<u>MPB</u>	<u>Movement to Gob</u>		

Remarks: CH<sub>4</sub> 0.9% O<sub>2</sub> 20.3% CO 0ppm

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 Rich Lane Preshift-Mine Examiner Certificate No. 1352-A  
 Countersigned Kevin W. Medley Assistant Foreman Certificate No. 38810  
To Mine Mine Manager - Mine Foreman Certificate No. 33357  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-20-10 Shift Eve Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Table with columns: Location, CH4, O2, Violation or Hazardous Condition, Action taken. Rows include Face, Roof Supports, Power Center, Chargers, Track, Travelways, Barricade Station.

Examinations for Methane in Working Places

Table with columns: Location, Time, Methane Content. Rows 1-10, starting with Face at 5:45 PM, 0%.

Examinations for Methane in Return Aircourses

Table with columns: Location, Time, Methane Content. Rows 1-5, starting with Return at 6:50 PM, 0%.

Number of Bolts Tested 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) Discussed page 29 of Roof Control plan

Signatures: Kevin W. Medley (Assistant Mine), T. Moore (Mine Foreman-Mine Manager), 3359 (Certificate No., Superintendent or Assistant)



PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 3-20 2010 Section or Area Examined Langwell  
 Time of Examination: from 8:00 a.m. or p.m. to 8:57 a.m. or p.m.  
 Was this report phoned to outside: Yes  no  Time 10:45 A.M. P.M.  
 By whom Kevin Medley  
 Report received by Arnold K. Stuber 39218 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face	None Observed	Reported
2. Barricade Station		
3. Roof Supports		
4. Power Center		
5. Charges		
6. Track		
7. Travelways		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	65,547		
#9	859		
#160	842		
MPA	12,065		
MPB	movement tugob		

Remarks: 009ach4 2080<sup>2</sup> 0ppm CO  
All 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 Kevin W. Medley 39810 Certificate No.  
 Countersigned T. J. Moore 39387  
Arnold K. Stuber Assistant Foreman 39218 Certificate No.  
 Assistant Foreman Superintendent or Assistant

Use Indellible  
Penell or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 3-21-10 Shift 3rd Area or Section Kengraff

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face <u>0.0% CH<sub>4</sub> 20.8% O<sub>2</sub></u>	<u>None Observed</u>	<u>Reported</u>
2. Barricade Station		
3. Roof Supports		
4. Power Center		
5. Chargers		
6. Track		
7. Travelways		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	<u>4:50 AM</u>	<u>0.0 %</u>	11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	<u>5:10 AM</u>	<u>0.0 %</u>	6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

Samuel K. Stanley  
Assistant Mine

39218  
Certificate No.

T. M. M...  
Mine Foreman-Mine Manager

55559  
Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3-21-10 20. Section or Area Examined Long Wall  
Time of Examination: from 4:25 a.m. or p.m. to 5:15 a.m. or p.m.  
Was this report phoned to outside: Yes  no   
By whom Keith Stanley Time 5:35 A.M. P.M.  
Report received by Richard Lane 1357A  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>None obs</u>	<u>None</u>
2. <u>Roof Support</u>	<u>" "</u>	<u>" "</u>
3. <u>Power Center</u>	<u>" "</u>	<u>" "</u>
4. <u>Chargers</u>	<u>" "</u>	<u>" "</u>
5. <u>Truck</u>	<u>" "</u>	<u>" "</u>
6. <u>Traveldways</u>	<u>" "</u>	<u>" "</u>
7. <u>Barricade Station</u>	<u>" "</u>	<u>" "</u>
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>66,467</u>		
<u>#9</u>	<u>689</u>		
<u>#160</u>	<u>594</u>		
<u>MPA</u>	<u>12,710</u>		
<u>MPB</u>	<u>Movement to Gob</u>		

Remarks: 0% CH<sup>4</sup> 20.8% O<sub>2</sub> 0 ppm CO

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

Signed By Keith Stanley 39218 Richard Lane 1357A  
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
Countersigned J. M. Lane 3328  
Mine Manager—Mine Foreman Assistant Foreman  
Superintendent or Assistant

Use Indefinable  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 3-21-10 Shift Day Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Location	CH <sub>4</sub> %	O <sub>2</sub> %	Violation or Hazardous Condition	Action taken
1. Face	0%	20.8%	None obs	None
2. Roof Support	"	"	"	"
3. Power Center	"	"	"	"
4. Chargers	"	"	"	"
5. Tracks	"	"	"	"
6. Travelways	"	"	"	"
7. Barricade Station	"	"	"	"
8.				

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	7:00 <sup>am</sup>	0%	11.		
2.	9:00 <sup>am</sup>	0%	12.		
3.	11:00 <sup>am</sup>	0%	13.		
4.	1:00 <sup>pm</sup>	0%	14.		
5.	3:00 <sup>pm</sup>	0%	15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	7:30 <sup>am</sup>	0%	6.		
2.	11:40 <sup>am</sup>	0%	7.		
3.	1:30 <sup>pm</sup>	0%	8.		
4.			9.		
5.			10.		

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety Talk on pgs 18 of RCP  
Discussed dust control plan Visual check of Shields 1-72

Richard Law  
Assistant Mine

CSF-A  
Certificate No.

T. J. Moore  
Mine Foreman-Mine Manager

33389  
Certificate No. Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 3-21 2010 Section or Area Examined Longwall  
 Time of Examination: from 1:00 a.m. or p.m. to 1:45 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Rick Lane Time A.M. 2:30 P.M.  
 Report received by Matt P. Wick  
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u> <u>02</u> <u>CH4</u> <u>20.8%</u> <u>0%</u>	<u>None Observed</u>	<u>Reported</u>
2. <u>Roof Support</u>		
3. <u>Chargers</u>		
4. <u>Track</u>		
5. <u>Travelways</u>		
6. <u>Power Center</u>		
7. <u>Barricade Station</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>64,744</u>		
<u>#9</u>	<u>678</u>		
<u>#160</u>	<u>601</u>		
<u>MPA</u>	<u>12,580</u>		
<u>MPB</u>	<u>Movement to Gob</u>		

Remarks:

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

Signed By Rick Lane Certificate No. 1357-A  
 Preshift-Mine Examiner  
 Countersigned Matt P. Wick Certificate No. 39068  
 Mine Manager - Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant