

Longwall
LONGWALL
PRESHIFT - ONSHIFT
and
DAILY REPORT

Started 3-21-10

Company *Performance Coal Co.*

Mine *U.B.B.*

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 3-21-10 Shift Even 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>Chargers</u>		
4. <u>Track</u>		
5. <u>Travelways</u>		
6. <u>Power Center</u>		
7. <u>Barriade 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 in Roof Control (Bolting Face on Longwall Move). Visual Check of Shields 1-176

M. P. Hill Assistant Mine 39068 Certificate No. J. Moore Mine Foreman, Mine Manager 33359 Certificate No. _____ Superintendent or Assistant

Date of Examination 3-21-2010 Section or Area Examined Longwall
 Time of Examination: from 7:20 a.m. or p.m. to 10:10 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Mike Webb Time 10:47 P.M.
 Report received by Donell K. Steiner
 (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. Power Center		
5. Chargers		
6. Track		
7. Travelways		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>64,275</u>		
<u>#9</u>	<u>653</u>		
<u>#160</u>	<u>598</u>		
<u>MPA</u>	<u>12,472</u>		
<u>MPB</u>	<u>movement into gob</u>		

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 1960 and other unsatisfactory conditions and practices observed by me are listed in this report.

Signed By M. H. P. [Signature] Certificate No. 39068
 Preshift-Mine Examiner
 Assistant Foreman Donell K. Steiner Certificate No. 39218
 Countersigned T. [Signature] Certificate No. 38359
 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 3-22-10 Shift 3rd Area or Section Logwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face <u>0.0% ch4 20.8% CO2</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>4:55 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>5:09 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) Def over pgs 6 & 7 of RCP with crew

Daniel K. Study
Assistant Mine

39218
Certificate No.

T. Moore
Mine Foreman-Mine Manager

33387
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-22-10 Section or Area Examined L/WALL
Time of Examination: from 4:30 a.m. or p.m. to 5:15 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Keith Stanley Time 5:35 A.M. P.M.
Report received by Neil Lilly 2804J (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 Centers, CHANGERS, Track, Travelways, Barricade St.

Air Measurements

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

Remarks: 0.0% 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 unsatisfactory conditions and practices observed by me are listed in this report.

Signed By Daniel K. Stanley 39215 Preshift-Mine Examiner Certificate No.
Robert Row 1357-A Assistant Foreman Certificate No.
Countersigned T. Moore 33357 Mine Manager-Mine Foreman
Neil Lilly 2804J 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 3-22-10 Shift Day Area or Section Longhall

Violations and other Hazardous Conditions Observed and Reported

	Location	CH ₄	O ₂	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.	Mule train Area			2-Bad ribs	pulled & set 2 Jacks had lully 28045

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	7:15 AM	0%	11.		
2.	9:15 AM	0%	12.		
3.	11:15 AM	0%	13.		
4.	1:15 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	7:50 AM	0%	6.		
2.	11:45 AM	0%	7.		
3.	1:45 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 15 2006 RCP
Discussed dust control plan. Visual check of shield 1-176

Richard R... Assistant Mine Certificate No. 13574
T. M... Mine Foreman-Mine Manager Certificate No. 33357
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-22 2010 Section or Area Examined Longwall
Time of Examination: from 1:15 a.m. or p.m. to 2:05 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Rick Lane Time A.M. 2:33 P.M.
Report received by M.H.P.W.M. (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location (Face, Roof Support, Track, Travelways, Chargers, Power Center, Barricade Station), Violation or Hazardous Condition (None Observed), and Action Taken (Reported).

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Includes entries for Intake, #9, #160, MPA, and MPB.

Remarks: O2, CH4, 20.87, O2, 0 ppm 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 Lane Preshift-Mine Examiner Certificate No. 1357-A
Countersigned T. Moore Mine Manager-Mine Foreman Certificate No. 33359
Assistant Foreman M.H.P.W.M. Assistant Foreman Certificate No. 39068
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-22-10 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>Charges</u>		
3. <u>Roof Support</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>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 Roof Bolting Longwall Move

Visual check of Shields 1-176

M. H. 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 3-22 2010 Section or Area Examined Langwall
 Time of Examination: from 9:35 a.m. or p.m. to 10:15 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Mike Webb Time 10:45 AM P.M.
 Report received by Samuel K. Stealy 39218
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face <u>0.07% ch⁴ 20.8% O₂</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 #9</u>	<u>61,782</u>		
<u>#160</u>	<u>783</u>		
<u>MPA</u>	<u>594</u>		
<u>MPB</u>	<u>12,639</u>		
	<u>movement into job</u>		

Remarks: 0.07% 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 Mike Webb 39068 Samuel K. Stealy 39218
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned T. 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 3-23-2010 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. Row 1: Face, 0.0% CH4, 20.0% O2, None Observed, Reported.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Row 1: Face, 4:48 AM, 0.0%.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Row 1: Return, 5:05 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) Went over page 20 of RCP with crew

Donald R. Stanley Assistant Mine

39218 Certificate No.

T. L. Moore Mine Foreman-Mine Manager

52359 Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-23-10 Section or Area Examined L/Wall
Time of Examination: from 4:33 a.m. or p.m. to 5:11 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 W.D. Lilly 28045 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face	270 ch4 none found	Reported
2. Roof Support	" "	"
3. Power Centers	" "	"
4. Chargers	" "	"
5. Track	" "	"
6. Travelways	" "	"
7. Barricade st.	" "	"
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
270 ch4 Intake	57,310		
#9	533		
#160	476		
MPA	12,131		
MPB	Movement to gob.		

Remarks: 10% 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 unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Donald W. Stanley 39218 Preshift-Mine Examiner Certificate No.
Countersigned T. M. M... 33357 Mine Manager-Mine Foreman
W.D. Lilly 28045 Assistant Foreman Certificate No.
Richard Ram 1357-A
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-23-10 Shift Day Area or Section Long Wall

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, Track, Travelways, Barricade Station.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 showing methane readings at Face at various times (7:00 AM to 3:00 PM).

Examinations for Methane in Return Aircourses

Table with 6 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) Safety Talk on pg 18 of RCP

Discussed dust control plan Visual check of Shields 1-176. Signatures: Assistant Mine, Certificate No. 1357-A, Mine Foreman-Mine Manager, Certificate No. 33389, Superintendent or Assistant.

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-23 2010 Section or Area Examined Longwell
 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. P.M.
 Report received by M. P. W. K. (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>Roof Support</u>		
3. <u>Track</u>		
4. <u>Travelways</u>		
5. <u>Power Center</u>		
6. <u>Chargers</u>		
7. <u>Barricade Station</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>58,040</u>		
<u>#9</u>	<u>688</u>		
<u>#160</u>	<u>642</u>		
<u>MPA</u>	<u>12,420</u>		
<u>MPB</u>			

Remarks: 10% CH₄, 20.8% O₂, 0 ppm 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 Rick Lane Preshift-Mine Examiner Certificate No. 1357-A
 Countersigned M. P. W. K. Mine Manager—Mine Foreman Certificate No. 3335-9
M. P. W. K. Assistant Foreman Certificate No. 39068
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-23-10 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 Supports</u>		
3. <u>Track</u>		
4. <u>Travelways</u>		
5. <u>Chargers</u>		
6. <u>Power Centers</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 Plans

Visual Check of Shields 1-176

Monty Powell
Assistant Mine

39068
Certificate No.

T. J. Albane
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 3-23-10 Section or Area Examined Longwall
Time of Examination: from 9:30 a.m. or p.m. to 10:15 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Mike Webb Time A.M. 10:50 P.M.
Report received by Daniel K. Stucky (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, Benicade 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 20.89% 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 [Signature] Certificate No. 39068
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 33389
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 3-24-2010 Shift 3rd Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action taken. Row 1: Face, 0.0% ch4 20.8% CO2, None Observed, Reported.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Row 1: Face, 4:50 AM, 0.0%.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Row 1: Return, 5:05 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 pg 18 of RCP with sven

Donald K. Stealy Assistant Mine

32218 Certificate No.

T. Moore Mine Foreman-Mine Manager

3334 Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-29-10 Section or Area Examined L/wall
Time of Examination: from 4:20 a.m. or p.m. to 5:10 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 Kevin W. Madley (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 Supports, Power Center, Chances, Track, Travelway, Barricade St.

Air Measurements

Table with 4 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 Daniel K. Stanley Preshift-Mine Examiner Certificate No. 39218
Countersigned T. 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 3-24-10 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>CH4</u> <u>0%</u>	<u>O2</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>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. _____	_____	_____	_____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>7:55 AM</u>	<u>0%</u>	11. _____	_____	_____
2. _____	<u>9:53 AM</u>	<u>0%</u>	12. _____	_____	_____
3. _____	<u>11:50 AM</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. _____	_____	_____	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>8:40 AM</u>	<u>0%</u>	6. _____	_____	_____
2. _____	<u>10:38 AM</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) Intake phone down, repaired line
Discussed page 3 of Roof Control plan

Kevin W. Medley
Assistant Mine

38810
Certificate No.

T. Moore
Mine Foreman-Mine Manager

33339
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 3-24 2010 Section or Area Examined Longwall
Time of Examination: from 12:00 a.m. o p.m. to 12:50 a.m. o p.m.
Was this report phoned to outside: Yes no
By whom Kevin Medley Time 2:33 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> <u>O₂ 20.8%</u> <u>CH₄ 0%</u>	<u>None Observed</u>	<u>Reported</u>
2. <u>Roof Support</u>		
3. <u>Track</u>		
4. <u>Travelways</u>		
5. <u>Power Center</u>		
6. <u>Barricade Station</u>		
7. <u>Chargers</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>61,220</u>		
<u>#9</u>	<u>670</u>		
<u>#160</u>	<u>565</u>		
<u>MPA</u>	<u>12,840</u>		
<u>MPB</u>	<u>Movement to the Gob</u>		

Remarks: 0% CH₄, 20.8% O₂, 0 ppm 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 M.H.P.W.H. 39068
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned T.C. Moore 33339
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 3-24-10 Shift EVE Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violations or Hazardous Condition	Action taken
1. <u>Face</u>	<u>None Observed</u>	<u>None</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. _____		

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) Safety Meeting on Roof Control Plan shield

Recovery. Visual Inspect of Shields 1-176

Matt R. Wall
Assistant Mine

39068
Certificate No.

T. [Signature]
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 3-24-10 Section or Area Examined Longwell
 Time of Examination: from 9:35 a.m. or p.m. to 10:13 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Mike Yeabs Time 10:47 A.M. P.M.
 Report received by Daniel K Stanley (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face <u>0.07% ch⁴ 20.89% O₂</u>	<u>None Observed</u>	<u>Reported</u>
2. Roost Supports		
3. Barricade Station		
4. Power Center		
5. Chargers		
6. Tracks		
7. Traclways		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	<u>60,598</u>		
#9	<u>643</u>		
#160	<u>556</u>		
MPA	<u>12,732</u>		
MPB	<u>movement into job</u>		

Remarks: 0.07% ch⁴ 20.89% 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 M. A. [Signature] Certificate No. 39068
 Preshift-Mine Examiner
 Countersigned Daniel K Stanley Certificate No. 39218
 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 3-25-10 Shift 3rd Area or Section Longwell

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face ^{CH₄} 0.0% 20.8% ⁰²	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	4:51 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	5:08 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 by 3 of Roof Control Plan with crew

Donald K. Steubing
Assistant Mine

Certificate No.

T. Moore
Mine Foreman-Mine Manager

3333-9
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-25 20 10 Section or Area Examined Lwall
Time of Examination: from 4:25 a.m. or p.m. to 5:13 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Keith Stanley Time 5:34 A.M. P.M.
Report received by Kevin W. Medley (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, Power Cables, Charger, Track, Travelways, Barricade St.

Air Measurements

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

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 Daniel K. Stanley Preshift-Mine Examiner Certificate No. 39218
Countersigned T. Medley Mine Manager-Mine Foreman Certificate No. 33339
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 3-25-10 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, 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 readings at Face at various times.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 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 4 of Roof Central plan

Kevin 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 3-25 2010 Section or Area Examined Longwell
 Time of Examination: from 12:03 a.m. or p.m. to 1:09 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Kevin Medley Time 2:31 A.M. P.M.
 Report received by Matt P. Will
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violations and other Hazardous Conditions Observed and Reported	Action Taken
1. Face	None Observed	Reported
2. Roof Support		
3. Chargers		
4. Power Center		
5. Track		
6. Travelways		
7. Barricade Station		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	60,730		
#9	684		
#160	579		
MPA	12,566		
MPB	Movement to the Gob		

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 Kevin W. Medley 38810 Matt P. Will 39068
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned T. Moore 33359
 Mine Manager--Mine Foreman
 Assistant Foreman

Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date 3-25-10 Shift EVE Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	O ₂	CH ₄	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>20.8%</u>	<u>.07</u>	<u>None Observed</u>	<u>None</u>
2. <u>Roof Support</u>				
3. <u>Changers</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>5:00</u>	<u>.02</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) Safety meeting on Roof Control Plan
Visual Inspect of Shields 1-176

M. J. R. W. A. 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 3-25 2010 Section or Area Examined W911
Time of Examination: from 9:35 a.m. or p.m. to 10:15 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom M. Webb 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. Face	0% CH	None observed
2. Supports		
3. Track		
4. Traveling		
5. Churn		
6. Power center		
7. Beside air		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Lob	68961		
9	672		
160	534		
MPA	12425		
MPB	As measured to 6ub		

Remarks: 0% CH 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 M. Webb Preshift-Mine Examiner Certificate No. 39068
Countersigned T. Brown Mine Manager—Mine Foreman Certificate No. 37259
L. Brown Assistant Foreman Certificate No. 38728
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 3-26-10 Shift 3rd Area or Section well

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>F91c</u>	<u>NONE observed</u>	<u>Reported</u>
2. <u>Supports</u>		
3. <u>Track</u>		
4. <u>Traveling</u>		
5. <u>Charger</u>		
6. <u>Power center</u>		
7. <u>Barricade car</u>		
8. _____		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>F91c</u>	<u>4:40 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>5:00 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) Safety meeting with crew

discussed Roof control Page 12

[Signature]
Assistant Mine

38928
Certificate No.

[Signature]
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 3-26 2010 Section or Area Examined Longwall
 Time of Examination: from 4:25 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 5:30 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>		
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		Air Measurements	
Location	CFM	Location	CFM
<u>Intake</u>	<u>68,727</u>		
<u># 9</u>	<u>684</u>		
<u># 160</u>	<u>520</u>		
<u>M P A</u>	<u>12,392</u>		
<u>M P B</u>	<u>Movement into 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 [Signature] 38928 Kevin W. Medley 38810
 Preshift Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned [Signature] 33359
 Mine Manager—Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-26-10 Shift Day Area or Section Longwall 11

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	O ₂	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>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
3. <u>Power Center</u>	<u>11</u>	<u>11</u>	<u>water in Walkway</u>	<u>Built Bridgethru it</u>
4. <u>Chargers</u>	<u>11</u>	<u>11</u>	<u>None Observed</u>	<u>None</u>
5. <u>Track</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
6. <u>Travelways</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
7. <u>Barricade Station</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
8. _____	_____	_____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>7:49 AM</u>	<u>0%</u>	11. _____	_____	_____
2. _____	<u>9:46 AM</u>	<u>0%</u>	12. _____	_____	_____
3. _____	<u>11:46 AM</u>	<u>0%</u>	13. _____	_____	_____
4. _____	<u>1:45 PM</u>	<u>0%</u>	14. _____	_____	_____
5. _____	<u>3:40 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>8:37 AM</u>	<u>0%</u>	6. _____	_____	_____
2. _____	<u>10:37 AM</u>	<u>0%</u>	7. _____	_____	_____
3. _____	<u>12:35 PM</u>	<u>0%</u>	8. _____	_____	_____
4. _____	<u>2:33 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 5 of Roof Control Plan

Kevin 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 3-26-10 20- Section or Area Examined Longwall
 Time of Examination: from 12:00 a.m. or p.m. to 1:05 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Kevin Medley Time 2:33 P.M.
 Report received by M.P. Webb
 (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>Roof Support</u>		
3. <u>Track</u>		
4. <u>Travelways</u>		
5. <u>Power Centers</u>		
6. <u>Changels</u>		
7. <u>Barricade Station</u>		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>69,110</u>		
<u>#9</u>	<u>677</u>		
<u>#160</u>	<u>505</u>		
<u>MPA</u>	<u>12,410</u>		
<u>MPB</u>	<u>Movement to the Cook</u>		

Remarks: .07% CH₄, 20.8% O₂, 0 ppm 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 M.P. Webb 39028
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned T. M. Moore 33359
 Mine Manager—Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-26-10 Shift EVE Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Gas readings (O2, CH4, O2), Violation or Hazardous Condition, and Action taken. Locations include Face, Roof Support, Track, Travelways, Power Center, Chances, and Barricade Station.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Shows methane readings at various times (5:00, 7:00, 9:00, 11:00) in the Face location.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Shows methane readings at 6:30 and 10:30 in the Return location.

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 Plan discussed. Violations that's been repeated within company. Visual inspect of Shields 1-176.

Assistant Mine

39068 Certificate No.

Mine Foreman-Mine Manager

33389 Certificate No.

Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 3-26 2010 Section or Area Examined Wall
 Time of Examination: from 9:30 a.m. or p.m. to 10:15 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom M Webb Time 10:40 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</u> <u>None observed</u>	<u>Reported</u>
2. <u>Supports</u>	<u>" "</u>	<u>" "</u>
3. <u>Track</u>	<u>" "</u>	<u>" "</u>
4. <u>Travelway</u>	<u>" "</u>	<u>" "</u>
5. <u>Power center</u>	<u>" "</u>	<u>" "</u>
6. <u>Charger</u>	<u>" "</u>	<u>" "</u>
7. <u>Barricade car</u>	<u>" "</u>	<u>" "</u>
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>65325</u>	_____	_____
<u>9</u>	<u>652</u>	_____	_____
<u>160</u>	<u>583</u>	_____	_____
<u>MPA</u>	<u>12391</u>	_____	_____
<u>MPB</u>	<u>Air Moving to bob</u>	_____	_____

Remarks: 0% CH 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 M. P. Webb 39068 Certificate No. Z. B. Assistant Foreman 38928 Certificate No.
 Countersigned T. [Signature] Mine Manager—Mine Foreman 37359
 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 3-27-10 Shift 3rd 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>Track</u>		
4. <u>Travelway</u>		
5. <u>Power center</u>		
6. <u>Charger</u>		
7. <u>Barricade car</u>		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>3:40 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>4:00 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) Heb softy mltary with crew on Roof control papers

[Signature]
Assistant Mine

32922
Certificate No.

[Signature]
Mine Foreman-Mine Manager

32922
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-27-10 Section or Area Examined L/Wall
Time of Examination: from 3:25 a.m. or p.m. to 4:15 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom LARRY BROWN Time 5:30 A.M. P.M.
Report received by W.D. Cully 28045 (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, Chargent, Track, Travelways, Barricade St.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows include Docket 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 unsatisfactory conditions and practices observed by me are listed in this report.

Signed By [Signature] Certificate No. 38928
Countersigned [Signature] Mine Manager - Mine Foreman
Assistant Foreman [Signature] 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 3-27-10 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	O ₂	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>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
3. <u>Power Center</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
4. <u>Chargers</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
5. <u>Track</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
6. <u>Travelways</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
7. <u>Barricade Station</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
8. _____	_____	_____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>7:45 AM</u>	<u>0%</u>	11. _____	_____	_____
2. _____	<u>9:45 AM</u>	<u>0%</u>	12. _____	_____	_____
3. _____	<u>11:43 AM</u>	<u>0%</u>	13. _____	_____	_____
4. _____	<u>1:41 PM</u>	<u>0%</u>	14. _____	_____	_____
5. _____	<u>3:41 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>10:50 AM</u>	<u>0%</u>	7. _____	_____	_____
3. _____	<u>12:48 PM</u>	<u>0%</u>	8. _____	_____	_____
4. _____	<u>2:45 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 2 of Roof Control Plan and made visual inspection of shields 1-176

Kevin W. Medley
Assistant Mine

38810
Certificate No.

T. J. [Signature]
Mine Foreman - Mine Manager

38810
Certificate No.

Manufactured in Canada

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 3-27-10 20 Section or Area Examined Long Wall
 Time of Examination: from 1200 a.m. or p.m. to 1119 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Mark Kevin Medley Time A.M. P.M.
 Report received by Richard Lane (Signed) 1357-A

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face <u>CH4 .0%</u> <u>O2 20.8%</u>	<u>None obs</u>	
2. Roof Support <u>" "</u>	<u>" "</u>	
3. Power Center <u>" "</u>	<u>" "</u>	
4. Chargers <u>" "</u>		
5. Tracle <u>" "</u>		
6. Travelways <u>" "</u>		
7. Barricade Station <u>" "</u>		
8. <u> </u>		
9. <u> </u>		
10. <u> </u>		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>57120</u>		
<u>#19</u>	<u>910</u>		
<u>#160</u>	<u>500</u>		
<u>MPA</u>	<u>12,740</u>		
<u>MPB</u>	<u>Movement to Gob</u>		

Remarks: .0% CH4 20.8% O2 OppmCO

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 Certificate No. 38810 Richard Lane Assistant Foreman Certificate No. 1357-A
 Countersigned T. J. Mason Mine Manager - Mine Foreman Certificate No. 33359
 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 3-27-10 Shift EVE Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	O ₂	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. Traveways	"	"	"	"
7. Barricade Station	"	"	"	"
8.				

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	4:20 ^{PM}	0%	11.		
2.	6:20 ^{PM}	0%	12.		
3.	8:10 ^{PM}	0%	13.		
4.	10:10 ^{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	4:50 ^{PM}	0%	6.		
2.	8:45 ^{PM}	0%	7.		
3.	12:25 ^{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 21 of RCP
Discussed dust control plan Visual check of Shields 1776

Richard L... Assistant Mine 1357 Certificate No. T. J. ... Mine Foreman-Mine Manager 33357 Certificate No. Supervisor or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 3-27 2010 Section or Area Examined W 911
Time of Examination: from 8:10 a.m. or p.m. to 9:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom M Webb R Lere Time A.M 10:55 P.M.
Report received by L Breen (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>54800</u>		
<u>9</u>	<u>698</u>		
<u>160</u>	<u>503</u>		
<u>MpA</u>	<u>12908</u>		
<u>MpB</u>	<u>Air to 606</u>		

Remarks: 0% CH 20.8% O₂ 0% CO at exam time

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

Signed By Richard Rame 1357A Certificate No. Z R Assistant Foreman 30928 Certificate No.
Countersigned T. L. Moore Mine Manager - Mine Foreman 33337
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 3-28-10 Shift 3rd Area or Section well

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.	Churn		
5.	Track		
6.	Traveling		
7.	Barricade car		
8.			

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	3:45 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	4:00 PM	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) _____

[Signature]
Assistant Mine

38928
Certificate No.

[Signature]
Mine Foreman-Mine Manager

38357
Certificate No. Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 3-28 2010 Section or Area Examined Longwall
 Time of Examination: from 3:20 a.m. or p.m. to 4:05 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Larry Brown Time 6:25 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
	CH ₄	O ₂			
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>55 160</u>		
<u># 9</u>	<u>688</u>		
<u># 160</u>	<u>511</u>		
<u>MPA</u>	<u>12,418</u>		
<u>MPB</u>	<u>Movement to Gob</u>		

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 [Signature] 38928 Kevin W. Medley 38810
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned [Signature] 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 3-28-10 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition				Action taken
1. Face	CH ₄ 0%	O ₂ 20.8%	None Observed		None
2. Roof Supports	"	"	"	"	"
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	7:55 AM	0%	11.		
2.	9:55 AM	0%	12.		
3.	11:55 AM	0%	13.		
4.	1:53 PM	0%	14.		
5.	3:45 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	8:40 AM	0%	6.		
2.	10:37 AM	0%	7.		
3.	12:35 PM	0%	8.		
4.	2:34 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) Discussed precautions for IM shield movement pgs 6 & 7 of Roof Control Plan. Visual inspection 1-174 shield

Kevin W. Medley
Assistant Mine

38810
Certificate No.

T. Moore
Mine Foreman-Mine Manager

33337
Certificate No.

Supervisor or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-28-10 20 Section or Area Examined Long Wall
Time of Examination: from 12:10 a.m. or p.m. to 1:15 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Kevin Medley Time A.M. 3:46 P.M.
Report received by Richard Rame 1357-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include Face, Roof Support, Power Center, Chargers, Track, Travelways, 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 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 Kevin W. Medley 38810 Certificate No. Richard Rame 1357-A Assistant Foreman Certificate No.
Countersigned T. M. Mine Manager - Mine Foreman 33359
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 3-28-10 Shift EVE Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

	Location	CH ₄ O ₂	Violation or Hazardous Condition	Action taken
1.	Face	.0% 20.4%	None obs	None
2.	Roof Support	" "	" "	"
3.	Power Center	" "	" "	"
4.	Chargers	" "	" "	"
5.	Track	" "	" "	"
6.	Travellways	" "	" "	"
7.	Barricade Station	" "	" "	"
8.				

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	4:30 PM	.0%	11.		
2.	6:30 PM	.0%	12.		
3.	8:30 PM	.0%	13.		
4.	10:30 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	5:15 PM	.0%	6.		
2.	8:45 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)

Discussed dust control plan Safety Talk on pg 18 of RCP
Visual check of Shields 1-176

Rubendham
Assistant Mine

1357-A
Certificate No.

T. Moore
Mine Foreman-Mine Manager

33359
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-28 20 10 Section or Area Examined W911
Time of Examination: from 8:30 a.m. or p.m. to 9:29 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom R. Love Time A.M P.M.
Report received by L. Brewer (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include: 1. Face 0% CH None Observed Reported; 2. Supports; 3. Power center; 4. Charger; 5. Track; 6. Travelway; 7. Barricade car.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows include: Intake 55759; 9 672; 160 511; MPA 12662; MPB Air to Gob.

Remarks: 0% CH 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] 1352-A Certificate No. Assistant Foreman
Countersigned [Signature] 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 3-29-10 Shift 3rd 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 center</u>		
4. <u>Charger</u>		
5. <u>Track</u>		
6. <u>Travelway</u>		
7. <u>Barricade car</u>		
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>3:35 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>3:42 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

38928
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 3-29 20.10 Section or Area Examined Longwall
Time of Examination: from 3:20 a.m. or p.m. to 4:15 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Larry Brown Time 5:25 A.M. P.M.
Report received by Kevin W. Medley (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, Power Center, Chargers, Track, Travelways, Barricade Station.

Air Measurements

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

Remarks:

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 38928
Kevin W. Medley Assistant Foreman Certificate No. 38810
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 33329
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 3-29-10 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>CH₄ 0%</u>	<u>O₂ 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>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. _____	_____	_____	_____	_____	_____

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>9:35 AM</u>	<u>0%</u>	12. _____	_____	_____
3. _____	<u>11:35 AM</u>	<u>0%</u>	13. _____	_____	_____
4. _____	<u>1:33 PM</u>	<u>0%</u>	14. _____	_____	_____
5. _____	<u>3:20 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>12:48 PM</u>	<u>0%</u>	8. _____	_____	_____
4. _____	<u>2:46 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 safety precautions for Longwall Recovery pgs. 79-8 of Roof Control Plan. Visual inspection of 1-176 shields

Wm W. Medley
Assistant Mine

38810
Certificate No.

T. M. [Signature]
Mine Foreman-Mine Manager

73357
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 3-29-10 20. Section or Area Examined Long Wall
Time of Examination: from 1200 a.m. or p.m. to 108 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Kevin Medley Time A.M. P.M.
Report received by Richard Rame 1357-A
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	O ₂	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.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Intake	56,720		
#9	678		
#160	520		
MPA	12,465		
MPB	Movement to Gob		

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 38810 Richard Rame 1357-A
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned T. Rame 33359
Mine Manager—Mine Foreman Assistant Foreman
Assistant Foreman
Superintendent or Assistant

Use Indefible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-29-10 Shift EVE Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	O ₂	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	4:30 PM	0%	11.		
2.	6:30 PM	0%	12.		
3.	8:30 PM	0%	13.		
4.	10:30 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	4:58 PM	0%	6.		
2.	9:50 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 pgs 18 of RCP
Discussed dust control plan Visual check of Shield 1-176

Richard Lane Assistant Mine Certificate No. 1257A
T. Munn Mine Foreman-Mine Manager Certificate No. 53559
Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 3-29-2010 Section or Area Examined Longwall
 Time of Examination: from 8:30 a.m. or p.m. to 2:20 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Rick Lane Time 10:45 P.M.
 Report received by: David K Stanley (Signed) 39218

Violations and other Hazardous Conditions Observed and Reported

Location

Violation or Hazardous Condition

Action Taken

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

Air Measurements

Location	CFM	Location	CFM
Intake	55,896		
#9	688		
#160	514		
MPA	12,790		
MPB	movement into gob		

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 Rick Lane Preshift-Mine Examiner Certificate No. 1357-A
 Countersigned David K Stanley Mine Manager—Mine Foreman Certificate No. 39218
David K Stanley 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 3-30-2010 Shift 3rd Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	O ₂	Violation or Hazardous Condition	Action taken
1. Face	0.0%	20.8%	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	4:55 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	5:15 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 pg 18 of RCP with crew
Visual check of Shields #1-#176

Donell K Stealy
Assistant Mine

32218
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 3-30 2010 Section or Area Examined Longwell
 Time of Examination: from 4:35 a.m. or p.m. to 5:22 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 M. P. W. H.
 (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>Roof Support</u>		
3. <u>Tracks</u>		
4. <u>Travelways</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>56,310</u>		
<u>#9</u>	<u>637</u>		
<u>#160</u>	<u>541</u>		
<u>MPA</u>	<u>12,618</u>		
<u>MPB</u>	<u>Movement to Gob</u>		

Remarks: .02% CH₄, 20.8% O₂, 0 ppm CO 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 Certificate No. 39218
 Preshift-Mine Examiner
 Countersigned T. J. W. H. Certificate No. 33389
 Mine Manager—Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indefilble Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-30-10 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Row 1: Face, 20.8% O2, .07 CH4, None Observed, None.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-5: Face, 7:30 (.07%), 9:30 (.07%), 11:30 (.07%), 1:30 (.07%), 3:30 (.07%).

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-5: Return, 9:00 (.07%), 11:00 (.07%), 1:00 (.07%), 3:00 (.07%).

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) Meetly on RCP (Longwall Recovery). Visual Inspect of shields 1-176.

Assistant Mine: [Signature] Certificate No. 39068 Mine Foreman-Mine Manager: [Signature] Certificate No. 33359 Superintendent or Assistant: _____

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 3-30-10 20. Section or Area Examined Long Wall
 Time of Examination: from 140 a.m. or pm to 225 a.m. or pm.
 Was this report phoned to outside: Yes no
 By whom Mike Webb Time 2:30 A.M.
 Report received by Richard Rame 1357-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
Intake	55,580		
#9	737		
#160	553		
MPA	12,436		
MPB	Movement to Gob		

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 M. Webb Certificate No. 39068 Richard Rame Assistant Foreman Certificate No. 1357-A
 Countersigned T. Name Mine Manager—Mine Foreman Certificate No. 33357 Wend Cully Superintendent or Assistant Certificate No. 28045

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-30-10 Shift EVE Area or Section LongWall

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	O ₂	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. Traveledays	"	"	"	"
7. Barricade Station	"	"	"	"
8.				

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	4:30 ^{PM}	0%	11.		
2.	6:30 ^{PM}	0%	12.		
3.	8:30 ^{PM}	0%	13.		
4.	10:30 ^{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	4:59 ^{PM}	0%	6.		
2.	8:55 ^{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 p18 of RCP
Discussed dust control plan Visual check of shields 1-176

Richard Pan
Assistant Mine

1757A
Certificate No.

To Moore
Mine Foreman-Mine Manager

33259
Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-30-10 Section or Area Examined Longwall
Time of Examination: from 8:30 a.m. or p.m. to 9:20 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Rick Lane Time A.M. 10:50 P.M.
Report received by Donell K. Stealy 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 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 Lane Preshift-Mine Examiner Certificate No. 1357-A
Assistant Foreman Donell K. Stealy Certificate No. 39218
Countersigned T. Moore Mine Manager - Mine Foreman Certificate No. 33323
Assistant Foreman
Superintendent or Assistant

Use Indefinible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-31-2014 Shift 3rd Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action taken. Row 1: Face, 0.0% ch4, 20.8% O2, None Observed, Reported. Rows 2-8: Roof Supports, Barricade Station, Power Center, Chargers, Track, Travelways.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Row 1: Face, 4:50AM, 0.0%. Rows 2-10: Empty.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Row 1: Return, 5:00AM, 0.0%. Rows 2-10: Empty.

Number of Bolts Tested 0 Number of Bolts Torqued Above Range N/A Below Range N/A

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 788 of rock control plan with crew. Visually checked shields #1-#176.

Signatures and Certificate Numbers: Assistant Mine, Certificate No. 39218, Mine Foreman-Mine Manager, Certificate No. 33389, Superintendent or Assistant.

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-31-20 Section or Area Examined Longwell
Time of Examination: from 4:20 a.m. or p.m. to 5:10 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 (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

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

Remarks: .07% CH4, 20.8% D2, 0 ppm CO 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. 39218
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 33259
Assistant Foreman [Signature] Certificate No. 39068
Superintendent or Assistant [Signature] Certificate No. 28040

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-31-10 Shift Day Area or Section Langwall

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Face <u>20.8% O₂</u> <u>02 CH₄</u>	<u>None Observed</u>	<u>None</u>
2.	Roof Support		
3.	Track		
4.	Travelways		
5.	Power Center		
6.	Chargers		
7.	Barricade Station		
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) Meeting on RCP, Head & Tail Road

Supports Visual Inspect of Shields 1-176
M. M. R. W. M. Assistant Mine 39068 Certificate No. T. M. M. Mine Foreman-Mine Manager 35359 Certificate No. _____ Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 3-31-10 20____ Section or Area Examined Long Wall
 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. 233 P.M.
 Report received by Richard Lane 1357-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
Intake	55,311		
#9	754		
#160	582		
MPA	12,527		
MPB	Movement to Gob		

Remarks: 0% CH₄ 20.8% O₂ Oppu 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. R. W. M. Certificate No. 39068 Assistant Foreman _____ Certificate No. _____
 Countersigned T. M. M. 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 3-31-10 Shift EV2 Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Table with 5 columns: Location, Time, Methane Content. Rows 1-20 showing 'Face' location and 0% methane content at various times.

Examinations for Methane in Return Aircourses

Table with 5 columns: Location, Time, Methane Content. Rows 1-10 showing 'Return' location and 0% methane content.

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) Safety Talk and 18 of RCP Discussed dust control plan Visual check of Shields 1-176

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 3-31- 2010 Section or Area Examined Lengwell
 Time of Examination: from 8:30 a.m. or p.m. to 9:50 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Rick Lane Time 10:50 A.M. P.M.
 Report received by Samuel K. Stanley 39218 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face <u>0.07% ch⁴ 20.87% O₂</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>52,080</u>		
<u>#9</u>	<u>743</u>		
<u>#160</u>	<u>551</u>		
<u>MPA</u>	<u>12,660</u>		
<u>MPB</u>	<u>movement to job</u>		

Remarks: 0.07% ch⁴ 20.87% 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 Samuel K. Stanley Assistant Foreman Certificate No. 39218
 Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 33387
[Signature] Assistant Foreman Certificate No. 33387 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 4-1-2010 Shift 3rd Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face ^{CH₄} <u>0.0% 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. <u>Face</u>	<u>4:55AM</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. <u>Returns</u>	<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 20 of RCP with new Visual check of shields #1-#176

Arnold K Stanley
Assistant Mine

39218
Certificate No.

T. M. 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 4-1 20 10 Section or Area Examined Longwall
 Time of Examination: from 4:30 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 5:33 A.M. P.M.
 Report received by M.P. With
 (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>Roof Support</u>		
3. <u>Track</u>		
4. <u>Chargers</u>		
5. <u>Power Center</u>		
6. <u>Travelways</u>		
7. <u>Barricade Station</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>55,107</u>		
<u>#9</u>	<u>696</u>		
<u>#160</u>	<u>583</u>		
<u>MPA</u>	<u>12,819</u>		
<u>MPB</u>	<u>Movement to Gob</u>		

Remarks: .00% CH₄, 20.80% 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 Donnell K. Stanley Certificate No. 39218
 Preshift-Mine Examiner
 Countersigned T. ... Certificate No. 33359
 Mine Manager—Mine Foreman
M.P. With Assistant Foreman
Joe Lilly Superintendent or Assistant
 Certificate No. 28045

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 4-1-10 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Lists 20 examination points with times and methane percentages.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Lists 10 examination points 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) Safety Meeting on RLP Page 21-22 Visual

Signatures and Certificates: Assistant Mine Foreman (39068), Mine Foreman-Mine Manager (T. Moore), Superintendent or Assistant (33357)

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 4-1-10 20. Section or Area Examined Long Wall
 Time of Examination: from 130 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 233 A.M. P.M.
 Report received by Richard Rame 1357-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	O ₂	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.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Intake	53,672		
#9	791		
#160	623		
MPA	12,744		
MPB	Movement to Gob		

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 Mike Webb 39068 Preshift-Mine Examiner Certificate No.
 Countersigned T. Moore 33357 Mine Manager—Mine Foreman Certificate No.
Richard Rame Assistant Foreman 1357-A Certificate No.
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 4-1-10 Shift EVE Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

	Location	CH ₄ %	O ₂ %	Violation or Hazardous Condition	Action taken
1.	Face	0%	20.8%		
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	4:30 ^{pm}	0%	11.		
2.	6:30 ^{pm}	0%	12.		
3.	8:30 ^{pm}	0%	13.		
4.	10:30 ^{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	5:05 ^{pm}	0%	6.		
2.	8:00 ^{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 pgs 18 of RCP
Discussed Dust control plan Visual check of Shields 1-176

Richard Lane Assistant Mine 1357-A Certificate No. T. Mann Mine Foreman-Mine Manager 33359 Certificate No. Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 4-1 20. 10 Section or Area Examined W 911
 Time of Examination: from 8:30 a.m. or p.m. to 9:15 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom R. L. Eric Time AM 10:40 PM
 Report received by L. B. ... (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face	0% CH None observed	Reported
2. Supports		
3. Power center		
4. Chargin		
5. Truck		
6. Traveling		
7. Barricade car		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	54740		
9	784		
160	632		
MPA	12607		
MPB	Movement to 603		

Remarks: 0% CH 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 L. Eric Preshift-Mine Examiner Certificate No. 1352-A
 Countersigned T. M. ... Mine Manager—Mine Foreman Certificate No. 33389
 Assistant Foreman [Signature] Certificate No. 38929
 Superintendent or Assistant

Use Indefilible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 4-2-10 Shift 3rd 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.	chargers		
5.	Track		
6.	Traveling		
7.	Berrside CAR		
8.			

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	3:45 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. AT	4:15 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) _____

[Signature]
Assistant Mine

38928
Certificate No.

[Signature]
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 4-2 2010 Section or Area Examined Longwall
 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 5:33 A.M. P.M.
 Report received by M. R. W. H. (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.	Track		
4.	Travelways		
5.	Changers		
6.	Power Center		
7.	Barricade Station		
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Intake	53,927		
#9	764		
#160	648		
MPA	12,585		
MPB	Movement to Gob		

Remarks: 10.7% 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 unsatisfactory conditions and practices observed by me are listed in this report.

Signed By L. B. Certificate No. 38928 Assistant Foreman M. R. W. H. Certificate No. 39068
 Countersigned T. R. Moore Mine Manager—Mine Foreman Certificate No. 38369 Assistant Foreman Red Cully Certificate No. 28018
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 4-2-10 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>Travelways</u>		
5. <u>Chargers</u>		
6. <u>Power Center</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>.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 In-shield Movement of Roof Control Plan. Visual Check of Shields 1-176,

M.H.P. Wick
Assistant Mine

39068
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 4-2 20-10 Section or Area Examined Longwall II
 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 1:30 A.M. 1:30 P.M.
 Report received by Kevin W. Medley (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	O ₂	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>55680</u>		
<u>#9</u>	<u>725</u>		
<u>#160</u>	<u>613</u>		
<u>M.P.A</u>	<u>12673</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 Kevin W. Medley Certificate No. 39068
 Preshift-Mine Examiner Assistant Foreman
 Countersigned _____ Mine Manager—Mine Foreman
 _____ Assistant Foreman
 _____ Superintendent or Assistant

38810 Certificate No.

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 4-2-10 Shift Eve Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Table with 5 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 readings at Face at various times.

Examinations for Methane in Return Aircourses

Table with 6 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 17 of Roof Control plan

Merrin W. Medley Assistant Mine 38810 Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 4-2 2010 Section or Area Examined wall
 Time of Examination: from 8 a.m. or p.m. to 9:07 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom K. Medley Time 10:40 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>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>Travel way</u>		
7. <u>Barricade car</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>55420</u>		
<u>9</u>	<u>725</u>		
<u>160</u>	<u>613</u>		
<u>MAA</u>	<u>12647</u>		
<u>MFB</u>	<u>Movement to 606</u>		

Remarks: 0%CH 20.8%O₂ 0%CO 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 Kevin W. Medley 38810 Certificate No. [Signature] Assistant Foreman 37927 Certificate No.
 Countersigned _____ Mine Manager—Mine Foreman
 _____ Assistant Foreman
 _____ Superintendent or Assistant

Use Indefilble Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 4-3-10 Shift 3rd Area or Section wall

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Fire	None observed	Reported
2.	supports	[Vertical lines]	[Vertical line]
3.	power center		
4.	Charger		
5.	Track		
6.	Traveling		
7.	Barricade ca		
8.			

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Fire	3:40 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	3:57 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) discussed roof control

[Signature]
Assistant Mine
Certificate No. 38928

Mine Foreman-Mine Manager
Certificate No. _____

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 4-3 2010 Section or Area Examined Longwall
 Time of Examination: from 3:20 a.m. or p.m. to 4:05 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 Michael P. W. M. (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>Roof Support</u>		
3. <u>Track</u>		
4. <u>Travelways</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>54970</u>		
<u>#9</u>	<u>714</u>		
<u>#160</u>	<u>580</u>		
<u>MPA</u>	<u>12423</u>		
<u>MPB</u>	<u>Movement to Gob</u>		

Remarks: .07% CH₄, 20.87% O₂, 0 ppm CO 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. 38928
 Preshift-Mine Examiner
 Assistant Foreman [Signature] Certificate No. 39068
 Countersigned _____
 Mine Manager—Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 4-3-10 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Locations include Face, Roof Support, Track, Travelways, Choppers, Power Center, Barricade Station. Violation: None Observed. Action: None.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Locations include Face. Times range from 7:30 to 3:30. Methane Content is consistently .07%.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Location is Return. Times range from 9:00 to 3:00. Methane Content is consistently .07%.

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 RCP (Tail Gate Entry)

Visual Inspect of Shields 1-176. Smoke Search on Crew. None Found.

M. J. P. Wohl 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 4-3 2010 Section or Area Examined Longwall 11
 Time of Examination: from 12:05 a.m. or p.m. to 2:00 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
1. <u>Face</u>	<u>CH4</u> <u>0%</u>	<u>O2</u> <u>20.8%</u>	<u>None Observed</u>		<u>None</u>
2. <u>Ret 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>52 562</u>		
<u>#9</u>	<u>710</u>		
<u>#100</u>	<u>571</u>		
<u>MPA</u>	<u>12 389</u>		
<u>MPB</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 Mike Webb Preshift-Mine Examiner Certificate No. 39068
 Countersigned Kevin W. Medley Assistant Foreman Certificate No. 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 4-3-10 Shift Eve Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Table with 5 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 Face location with times from 4:45 PM to 10:43 PM and 0% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-5 showing Return location with times from 5:30 PM to 11:27 PM 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) Discussed Repeat Violations and page 18 of Roof Control Plan

Kevin W. Medley Assistant Mine

38810 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 4-3-10 20. Section or Area Examined Longwall
 Time of Examination: from 8:00 a.m. or p.m. to 4:12 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by Brought out
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition				Action Taken
	CH ₄	O ₂	None Observed		
1. <u>Face</u>	<u>0%</u>	<u>20.8%</u>			<u>Reported</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>53 120</u>		
<u># 9</u>	<u>745</u>		
<u># 160</u>	<u>595</u>		
<u>MPA</u>	<u>12 492</u>		
<u>MPB</u>	<u>Movement to Gob</u>		

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 Certificate No. 38810
 Assistant Foreman _____ Certificate No. _____
 Countersigned _____ Mine Manager—Mine Foreman _____
 Assistant Foreman _____
 Superintendent or Assistant _____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 4-4 2010 Section or Area Examined W911
 Time of Examination: from 8:30 a.m. or p.m. to 9:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Brought out Time A.M. P.M.
 Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>0% M None observed</u>	<u>Reported</u>
2. <u>Supports</u>		
3. <u>Power center</u>		
4. <u>Chung--</u>		
5. <u>Track</u>		
6. <u>Traveling</u>		
7. <u>Barricade cr</u>		
8. <u> </u>		
9. <u> </u>		
10. <u> </u>		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>53285</u>		
<u>9</u>	<u>738</u>		
<u>160</u>	<u>587</u>		
<u>MPA</u>	<u>12320</u>		
<u>MPB</u>	<u>Moment to Gob</u>		

Remarks: 0% M 20.8% O² 0% CO at air

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. 32776
 Countersigned [Signature] Mine Manager--Mine Foreman Assistant Foreman Certificate No. 38929
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 7-5-10 Shift 3-2 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>Track</u>		
4. <u>Travels</u>		
5. <u>power center</u>		
6. <u>Charger</u>		
7. <u>Baricade car</u>		
8. _____		

Examinations for Methane in Working Places

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

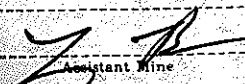
Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>RT</u>	<u>3:55m</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) _____


38928

Assistant 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 4-5-10 20. Section or Area Examined Long Wall

Time of Examination: from 3:05 a.m. or p.m. to 4:15 a.m. or p.m.

Was this report phoned to outside: Yes no

By whom Larry Brown Time 5:28 A.M. P.M.

Report received by Richard Rane 1357-A
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>54,211</u>		
<u>#9</u>	<u>714</u>		
<u>#160</u>	<u>562</u>		
<u>MPA</u>	<u>12,225</u>		
<u>MPB</u>	<u>Movement to Gob</u>		

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 Larry Brown 38928 Richard Rane 1357-A
Freshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.

Countersigned Richard Rane
Mine Manager—Mine Foreman

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 4-5-10 20 Section or Area Examined Longwall
 Time of Examination: from 1:20 a.m. or (p.m.) to 2:15 a.m. or (p.m.)
 Was this report phoned to outside: Yes no
 By whom Rich Lane Time 2:40 A.M. P.M.
 Report received by Kevin W. Medley
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	O ₂	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>56840</u>		
<u>#9</u>	<u>776</u>		
<u>#160</u>	<u>513</u>		
<u>M.P.A</u>	<u>12382</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 _____ Certificate No. _____
 Preshift-Mine Examiner Kevin W. Medley Assistant Foreman 38810
 Countersigned _____ 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 4-5-10 Shift Eve 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 like 'Face', 'Roof Supports', 'Power Center', 'Chargers', 'Track', 'Travelways', 'Barricade Station'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Contains 20 numbered rows for recording methane levels in various working places.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Contains 10 numbered rows for recording methane levels 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)

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant