

LBB Const

PRESHIFT - ONSHIFT and DAILY REPORT

Started 3-24-10

Company Performance Coal Co

Mine UBB

SECTION LBB

LOCATION Naoma Raleigh W Va
Post Office County State

Form 6-1489
(March 1970)

Budget Bureau No. 42-R1589

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

REORDER FROM CHAPMAN PRINTING COMPANY • (800) 824-6620

FORM# MS-014

Use Indefilible 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 LBB Const

Violations and other Hazardous Conditions Observed and Reported

	Location	Violations and other Hazardous Conditions Observed and Reported	Action taken
1.	work Area	10% None	Reported
2.	Charger	10% None	Reported
3.			
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

1.	Location	Time	Methane Content	6.	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) walkways & handways in

Good shape

W. H. L. L. L.
Assistant Mine

37004
Certificate No.

T. M. M.
Mine Foreman-Mine Manager

33359
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 3-24-70 20 Section or Area Examined LBB Const.
Time of Examination: from 1:00 a.m. or pm to 2:30 a.m. or pm
Was this report phoned to outside: Yes no
By whom _____ Time A.M. 3:00 P.M.
Report received by _____
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	ok	Violation or Hazardous Condition	Action Taken
1. <u>Work Area</u>	<u>1.0%</u>	<u>None</u>	<u>Reported</u>
2. <u>Charger</u>	<u>1.0%</u>	<u>None</u>	<u>Reported</u>
3. <u>Pump</u>	<u>1.0%</u>	<u>Fire Extingisher went bad</u>	<u>Reported</u>
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Good Air Movement</u>			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: walkways & haulways clear at time of exam
0% ch4, 0% CO, 20.8% O2

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] 37004 Assistant Foreman Certificate No. _____
Countersigned [Signature] 33359 Mine Manager—Mine Foreman Certificate No. _____
Assistant Foreman
Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-24-10 20 Section or Area Examined LBB COND 1
Time of Examination: from 8:00 a.m. or p.m. to 11:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Time A.M P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location Violation or Hazardous Condition Action Taken

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: WORK AREA, NONE OBSERVED, NONE. Row 2: CHARGE, NONE OBSERVED, NONE. Row 3: Pump, NEEDS FIRE EXTINGUISHER, REPAIR.

Air Measurements

Location CFM Location CFM

Good Air Movement

Remarks: 0% CH4, 0% CO, 20.8% O2. AT TIME OF EXAM TRACK & TRAVELWAYS OK AT TIME OF EXAM

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

Signed By [Signature] 32476 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 _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 3-25-10 20. Section or Area Examined L1B13 CONST
Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom _____ Time _____ A.M. _____ P.M.
Report received by _____
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>WORK AREA</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
2. <u>CHARGEN</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
3. <u>Pump</u>	<u>NEED FIRE EXTINGUISHER</u>	<u>REPORTED</u>
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Good Air MOVEMENT</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH4, 0% CO, 20.8% O2 AT TIME OF EXAM
TRACK & TRAVELWAY OK AT TIME OF EXAM

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

Signed By [Signature] 32476 Certificate No. Assistant Foreman Certificate No.
Countersigned T.M. [Signature] 33359 Mine Manager—Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indefilible
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) _____

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 LBB Const.
Time of Examination: from 12:40 a.m. or p.m. to 1:40 a.m. or p.m.
Was this report phoned to outside: Yes _____ no X
By whom Brought Out Time _____ A.M. _____ P.M.
Report received by _____
(Signed)

Location	CH ₄	Violation or Hazardous Condition	Action Taken
1. <u>Work Area</u>	<u>0%</u>	<u>None Observed</u>	<u>None</u>
2. <u>CHARGER</u>	<u>0%</u>	<u>None Observed</u>	<u>None</u>
3. <u>Pump</u>	<u>0%</u>	<u>None Observed</u>	<u>None</u>
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Location	Air Measurements	Location	CFM
<u>Good Air Movement</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH₄, 20.8% O₂, 0 ppm CO at time of exam
TRACK + TRAVELWAY OK at time of exam
Replaced Fire extinguisher at pump

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 Russell Dunnoe 15367A
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 _____ Shift _____ Area or Section _____

	Location	Violations and other Hazardous Conditions Observed and Reported Violation or Hazardous Condition	Action taken
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination: 3-25-10 20. Section or Area Examined: LBB const
 Time of Examination: from 800 a.m. or 6 p.m. to 1100 a.m. or 6 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>work Area ch 7</u>	<u>none</u>	<u>none</u>
2. <u>Charger</u>	<u>none</u>	<u>none</u>
3. <u>Pump</u>	<u>none</u>	<u>none</u>
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Good Air m</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 08 ch 7 06 CO 20.8202
Travel ways OK

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

Signed By: [Signature] Preshift-Mine Examiner Certificate No. 15319
 Countersigned: [Signature] Mine Manager—Mine Foreman Certificate No. 33309
 _____ 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.

Supervisor 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 LBB const

Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.

Was this report phoned to outside: Yes no no X

By whom Brought out Time A.M. P.M.

Report received by
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>work Area ^{ch4} of</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
2. <u>Charger of</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
3. <u>Pump of</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
4. <u> </u>	<u> </u>	<u> </u>
5. <u> </u>	<u> </u>	<u> </u>
6. <u> </u>	<u> </u>	<u> </u>
7. <u> </u>	<u> </u>	<u> </u>
8. <u> </u>	<u> </u>	<u> </u>
9. <u> </u>	<u> </u>	<u> </u>
10. <u> </u>	<u> </u>	<u> </u>

Air Measurements

Location	CFM	Location	CFM
<u>Good Air Movement</u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

Remarks: 0% ch4 0% CO 20.9/102
Travelways

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 Yancy Cole Certificate No. 1997A Assistant Foreman JL [Signature] Certificate No. 32475
 Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 33359
 Assistant Foreman
 Superintendent or Assistant

W. T. Pender 37004

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 3-26 2010 Section or Area Examined LBB const.
Time of Examination: from 1:00 p.m. or 2:00 p.m. to 2:00 p.m. or 3:00 p.m.
Was this report phoned to outside: Yes no
By whom _____ Time A.M. 3:00 PM
Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken	
1. <u>Work Area</u>	<u>CH₄ 1.0%</u>	<u>None</u>	<u>Reported</u>
2. <u>Charger</u>	<u>1.0%</u>	<u>None</u>	<u>Reported</u>
3. <u>Pump</u>	<u>1.0%</u>	<u>None</u>	<u>Reported</u>
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Air Measurements

Location _____ CFM _____ Location _____ CFM _____

Good Air Movement

Remarks: Walkways & Roadways clear at time of exam
No CH₄, 1.0% CO₂ 20.8% O₂

Men Utman 1539-A

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] 37004 Assistant Foreman Certificate No. _____
Countersigned [Signature] 33387 Mine Manager—Mine Foreman Certificate No. _____
Assistant Foreman
Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 3-26-70 20-70 Section or Area Examined LBB Construction
 Time of Examination: from 8:00 a.m. or am to 1:00 a.m. or am
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by _____
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	Violation or Hazardous Condition	Action Taken
1. <u>Work Area</u>	<u>0%</u>	<u>N/A</u>	<u>none</u>
2. <u>Charger</u>	<u>0%</u>	<u>N/A</u>	<u>none</u>
3. <u>Pumps</u>	<u>0%</u>	<u>N/A</u>	<u>none</u>
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Good Air Movement</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH₄, 0% CO, 20.8% O₂ detected
Walkways / Travelways clear at Exam

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

Signed By William Campbell 135420
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned T. Whane 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 _____ 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 3-27 2010 Section or Area Examined LBB Construction
 Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by _____
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	Violation or Hazardous Condition	Action Taken
1. <u>Work Area</u>	<u>0%</u>	<u>N/A</u>	<u>none</u>
2. <u>Charges</u>	<u>0%</u>	<u>N/A</u>	<u>none</u>
3. <u>Pumps</u>	<u>0%</u>	<u>N/A</u>	<u>none</u>
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Good Air Movement</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH₄, 0 ppm CO, 20.8% O₂ detected
TRAVELWAYS / TRACK CLEAR AT EXAM

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

Signed By Walter Campbell 135419
 Preshift-Mine Examiner Certificate No.
 Countersigned T. M. Moore 33357
 Mine Manager—Mine Foreman Assistant Foreman Certificate No.
 Assistant Foreman
 Superintendent or Assistant

John B. Buford 26171

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 100 3.27 10 Section or Area Examined LBB Const

Time of Examination: from 100 a.m. or P.M. to 200 a.m. or P.M.

Was this report phoned to outside: Yes no

By whom Time A.M. P.M.

Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include Work Area, Chaper, Pumps, all with 'None Observed' and 'None' action.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Entry: Good Air Movement.

Remarks: 07.0 by 07.0 CO + 20.8 % O2 detected

Travelways & track 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 John A. Beckford 26176 Freshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.

Countersigned T. J. ... Mine Manager - Mine Foreman 33257

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 _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-27-10 Section or Area Examined LBB construction
Time of Examination: from 8 a.m. or 8m. to 11:00 a.m. or 8m.
Was this report phoned to outside: Yes No
By whom Brought outside Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4 %, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for work area, charges, and pumps.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry for grad air measurement.

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

Handwritten note: Machinery, track and work areas clean at line of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Brian Collins Freshift-Mine Examiner Certificate No. 1543-B
Countersigned T. R. [Name] Mine Foreman Certificate No. 33352
Assistant Foreman Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ 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 3-28-10 20 Section or Area Examined LBB construction
Time of Examination: from 8 a.m. or p.m. to 4:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom _____ Time _____ A.M. _____ P.M.
Report received by _____
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	Violation or Hazardous Condition	Action Taken
1. <u>work area</u>	<u>0%</u>	<u>none observed</u>	<u>none</u>
2. <u>changers</u>	<u>0%</u>	<u>none observed</u>	<u>none</u>
3. <u>pumps</u>	<u>0%</u>	<u>none observed</u>	<u>none</u>
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>good air movement</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 20.8% O₂ 0% CH₄ 0 ppm CO at toe of entry
timberings, track and work areas clear at TOE

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 Bruce Collins 1543-A
Preshift-Mine Examiner Certificate No.
Countersigned F. Allen 33359
Mine Manager—Mine Foreman Assistant Foreman Certificate No.
Johnny Kelly 33472
Assistant Foreman Superintendent or Assistant
J. Paul Bickford 26176

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 3-28-10 Section or Area Examined LBB Const.

Time of Examination: from 1:00 a.m. or 2:00 p.m. to 2:00 a.m. or 6:00 p.m.

Was this report phoned to outside: Yes no

By whom Time A.M. P.M.

Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include Work Area, Charger, Pump, etc.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Includes 'Good Air Movement'.

Remarks: 0% ch4 0% CO + 20.8 % O2 detected

Travelways, track + Work Area clear at time of exam

John H. Bickford 1539A

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 John H. Bickford 26176 Certificate No. Assistant Foreman 32476 Certificate No.

Countersigned T. Williams Mine Manager - Mine Foreman 35859

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 3-28-10 20 Section or Area Examined LBB Const
Time of Examination: from 8:00 a.m. or (p.m.) to 11:00 a.m. or (p.m.)
Was this report phoned to outside: Yes no X
By whom brought out Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: work Area, none, none. Row 2: Charge, none. Row 3: Pump, none.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: Good Air, empty, empty, empty.

Remarks: O2 O2Y O2 CO 20.5602
Travelways OK

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

Signed By [Signature] 1539A Assistant Foreman Certificate No.
Countersigned [Signature] 23257 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

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 3-29-10 20-- Section or Area Examined CBB Const
 Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.
 Was this report phoned to outside: Yes X no X
 By whom Brought out Time --- A.M. --- P.M.
 Report received by --- (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>work Area CB</u>	<u>NONE</u>	<u>NONE</u>
2. <u>Charger CB</u>	<u> </u>	<u> </u>
3. <u>Pump CB</u>	<u> </u>	<u> </u>
4. <u>---</u>	<u>---</u>	<u>---</u>
5. <u>---</u>	<u>---</u>	<u>---</u>
6. <u>---</u>	<u>---</u>	<u>---</u>
7. <u>---</u>	<u>---</u>	<u>---</u>
8. <u>---</u>	<u>---</u>	<u>---</u>
9. <u>---</u>	<u>---</u>	<u>---</u>
10. <u>---</u>	<u>---</u>	<u>---</u>

Air Measurements

Location	CFM	Location	CFM
<u>Coal Airway</u>	<u>---</u>	<u>---</u>	<u>---</u>
<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>
<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>
<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>
<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>
<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>
<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>
<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>
<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>

Remarks: CB CHY, CB CO, 2018802
TRAW always OK

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

Signed By [Signature] 1589A Certificate No. --- Assistant Foreman
 Countersigned [Signature] 33337 Certificate No. --- Mine Manager—Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

M. L. R. 37004

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 3-29-10 Section or Area Examined L.B.B. Constr. Time of Examination: from 7 a.m. or 7 p.m. to 2 a.m. or 2 p.m. Was this report phoned to outside: Yes no By whom Bought-out Time A.M. P.M. Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: Work Area, Safe. Row 2: Pumps, O.K. Row 3: Chargers, O.K.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: Cond. Air Movement.

Remarks: 20.87 - O2, 0.06 - ch, Travelways - O.K.

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

Signed By [Signature] Certificate No. 33359 Assistant Foreman Certificate No. Countersigned [Signature] Mine Manager - Mine Foreman Assistant Foreman

Superintendent or Assistant [Signature]

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 3-29-10 20. Section or Area Examined L1B3
 Time of Examination: from 8:00 a.m. or 8:00 p.m. to 11:00 a.m. or 11:00 p.m.
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>WORK AREA</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
2. <u>CHARGER</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
3. <u>PUMP</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location

CFM

Location

CFM

Good Air Movement

Remarks: 0% CH4 0% CO, 20.8% O2 AT TIME OF EXAM
TRACK & TRAVELWAYS OK AT TIME OF EXAM

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

Signed By [Signature] 32476 Assistant Foreman Certificate No. _____
 Countersigned T. Michael Mine Manager—Mine Foreman Certificate No. 3339
 _____ Assistant Foreman
 _____ Superintendent or Assistant

Min & Pumps 37004

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 3-30-70 20 Section or Area Examined 2BB
Time of Examination: from 4:30 a.m. or p.m. to 5:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. WORK AREA	NONE OBSERVED	NONE
2. Pump	NONE OBSERVED	NONE
3. CHARGER	NONE OBSERVED	NONE
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
GOOD AIR MOVEMENT			

Remarks: 0% CH4 0% CO 20.8% O2 AT TIME OF EXAM
TRAVELWAY & TRACK OK AT TIME OF EXAM

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 32476
Countersigned T. Mason Mine Manager - Mine Foreman Certificate No. 33357
Assistant Foreman
Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 3-30 2010 Section or Area Examined LBB const.
 Time of Examination: from 12 a.m. or 3 p.m. to 3 a.m. or 6 p.m.
 Was this report phoned to outside: Yes no
 By whom _____ Time 300 A.M.
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken	
1. <u>WORK AREA</u>	<u>CHM 10%</u>	<u>None</u>	<u>Reported</u>
2. <u>CHARGER</u>	<u>10%</u>	<u>None</u>	<u>Reported</u>
3. <u>Pump</u>	<u>10%</u>	<u>None</u>	<u>Reported</u>
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Good Air</u>	<u>Movement</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: walkways & haulways clear
0% CH4, 0% CO, 20.8 O2

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] Freshift-Mine Examiner Certificate No. 37004
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 35357
[Signature] Assistant Foreman Certificate No. 30619
 _____ 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 3-30 20 10 Section or Area Examined LBB Construction Area
Time of Examination: from 10:00 a.m. or (p.m.) to 10:30 a.m. or (p.m.)
Was this report phoned to outside: Yes no
By whom Brought outside Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4, O2, Violation or Hazardous Condition, Action Taken. Rows include Work Area, Charger, Pump, and empty rows 4-10.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: Good air movement.

Remarks: Walkways, Trayloads - Clear at time of exam
CH4 0% O2 20.8% CO 0%

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

Signed By Billy L. Baker Preshift Mine Examiner Certificate No. 38699
Countersigned T. Moore Mine Manager - Mine Foreman Certificate No. 33357
Assistant Foreman
Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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 3-31-10 20. Section or Area Examined LBB
Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom GREGG COLE Time 5:45 A.M. P.M.
Report received by J. Shags (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>WORK AREA</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
2. <u>CHARGER</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
3. <u>PUMP</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>6002</u>	<u>Air Movement</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH4, 0% CO 20.8% O2 AT TIME OF EXAM
TRACKS & TRAVELWAYS OK AT TIME OF EXAM

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By J. Shags Preshift-Mine Examiner Certificate No. 1947-A
Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 33359
Assistant Foreman _____
Superintendent or Assistant _____

John A. Billard 26176 John F. Parker 37004

Use Indefinible
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 3-31 Section or Area Examined LBB Const.

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

Was this report phoned to outside: Yes no

By whom _____ Time 3:00 P.M.

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken	
1. <u>Work AREA</u>	<u>CH₄ 10%</u>	<u>Scrap</u>	<u>Reported-Reflected</u>
2. <u>CHARGER</u>	<u>10%</u>	<u>None</u>	<u>Reported</u>
3. <u>Pump</u>	<u>10%</u>	<u>None</u>	<u>Reported</u>
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Good Air Movement</u>			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: walk ways + travelways in fair shape
10% CH₄, 10% CO, 20.8% O₂

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. 37004

Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 37789

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 Eve Area or Section LBB Construction

Violations and other Hazardous Conditions Observed and Reported

	Location	CH ₄	O ₂	Violation or Hazardous Condition	Action taken
1.	Work Area	0%	20.8%	Scrap	Bolted
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Examinations for Methane in Working Places

1.	Location	Time	Methane Content	11.	Location	Time	Methane Content
1.	Good air movement			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

1.	Location	Time	Methane Content	6.	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) _____

Bobby P. Bell Assistant Mine 38699 Certificate No. T. Moore Mine Foreman-Mine Manager 3359 Certificate No. _____ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-31 Section or Area Examined LBB construction
Time of Examination: from 900 a.m. or p.m. to 1000 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Brought outside Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location (CH4, O2), Violation or Hazardous Condition, and Action Taken. Entries include Work Area (Scrap), Charger (None), and Pump (None).

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Entry: Good air movement.

Remarks: Travelways + Walkways - OK at time of exam
CH4 - 0% O2 - 20.8% CO - 0%

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

Signed By Bully T. Bobb Preshift-Mine Examiner Certificate No. 38699
Countersigned T. M. ... Mine Manager - Mine Foreman Certificate No. 33354
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) _____

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 4-1 2010 Section or Area Examined LBB Construction
Time of Examination: from 4:00 p.m. to 5:00 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

Table with 4 columns: Location, CH4 O2, Violation or Hazardous Condition, Action Taken. Rows include Work Area, Charger, and Pump.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Entry: Good Air Movement.

Remarks: 0% CH4, 20.8% O2, 0ppm C.O. Detected Track, Travelways, Walkways, Clear At Exam

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

Signed By [Signature] Certificate No. 1947-A Assistant Foreman [Signature] Certificate No. 1661-A
Countersigned [Signature] 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 4-1-10 Shift Day Area or Section LBR Construction

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Work area</u>	<u>Scraped</u>	<u>Corrected</u>
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over Rege 50R Roof control Plan at end of Trip At new setup

[Signature]
Assistant Mine

1664-A
Certificate No.

[Signature]
Mine Foreman - Mine Manager

0872
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 4-1-2010 Section or Area Examined L13B Const.

Time of Examination: from 1:00 a.m. or p.m. to 2:30 a.m. or p.m.

Was this report phoned to outside: Yes [X] no

By whom Sherman Parks Time A.M. 2:35 P.M.

Report received by Russell Dunne 1536-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4, Violation or Hazardous Condition, Action Taken. Rows include Work Area, Pump, Charger, Belt Channel.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Entry: Good Air Movement.

Remarks: 0% CH4, 20.8% O2, 0 ppm CO at time of exam TRAVELWAYS, Power Center, OK at time of exam

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 11664-A Assistant Foreman Certificate No. 33357

Countersigned [Signature] Mine Manager-Mine Foreman Assistant Foreman

Rich [Signature] 28735 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 4-10 LBB Construction

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	<u>CH4 O2 Belt Channel O2 20.89%</u>	<u>Part Bolted</u>	<u>Bolted</u>
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>Good air movement</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.				6.			
2.				7.			
3.				8.			
4.				9.			
5.				10.			

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

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

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

[Signature] Assistant Mine Certificate No. 38699
[Signature] Mine Foreman/Mine Manager Certificate No. 33359
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 4-1 2010 Section or Area Examined LBB Construction
Time of Examination: from 9:00 a.m. or p.m. to 9:45 a.m. or p.m.
Was this report phoned to outside; Yes no
By whom Brought out Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4, O2, Violation or Hazardous Condition, Action Taken. Rows include Work Area, Pump, Charger, Belt Channel.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row includes Good air movement.

Remarks: Travelways, walkways, PC - OK at time of exam
CH4-0% O2-20.8% CO-0ppm

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

Signed By [Signature] 38699 Assistant Foreman Certificate No.
Countersigned [Signature] Mine Manager - Mine Foreman 33357
Assistant Foreman
Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 4-2-10 20 Section or Area Examined LBB Condi

Time of Examination: from 2:00 p.m. to 5:00 p.m.

Was this report phoned to outside: Yes no X

By whom Time A.M. P.M.

Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: work Area, none, none. Row 2: Pump, |, |. Row 3: Changer, |, |.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: Good Air, |, |, |.

Remarks: of CH4 O2 CO 20.88 CR

Travelways OK

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

Signed By [Signature] 15392 Preshift-Mine Examiner Certificate No. 33359

Kenneth Thompson Assistant Foreman Certificate No. 1699A

Countersigned T. M. [Signature] Mine Manager—Mine Foreman

Assistant Foreman Superintendent or Assistant

Russell Gannoe 1536-A

Use Indefible 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 LBB Const.

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Row 1: Work Area O2/CH4, NONE, NONE. Row 2: Pump, (empty), (empty). Row 3: Chargers, (empty), (empty).

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Row 1: good air movement, 11. (empty), 12. (empty), 13. (empty), 14. (empty), 15. (empty), 16. (empty), 17. (empty), 18. (empty), 19. (empty), 20. (empty).

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-5 are empty.

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

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

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

Kenny Thompson Assistant Mine

1659A Certificate No.

T. Moore Mine Foreman-Mine Manager

3359 Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 4-2 2010 Section or Area Examined LBB Const

Time of Examination: from 12:45 a.m. or p.m. to 1:30 a.m. or p.m.

Was this report phoned to outside: Yes _____ no X

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

Report received by Brought Out (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>WORK AREA</u>	<u>CH₄ 0%</u> <u>None Observed</u>	<u>Reported</u>
2. <u>CHARGER</u>	<u>0%</u> <u>None Observed</u>	<u>Reported</u>
3. <u>Pump</u>	<u>0%</u> <u>None Observed</u>	<u>Reported</u>
4. <u>Belt Chockel Not Bolt</u>	<u>Reported</u>	<u>Reflector</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Good Air Movement</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH₄, 20.8% O₂, 0ppm CO at time of exam
Travelways, Power Center OK at time of exam

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

Signed By Russell Dunne 1536-A
Preshift-Mine Examiner Certificate No.

Countersigned T. Moore 3335-9
Mine Manager—Mine Foreman Assistant Foreman Certificate No.

Kenny Johnson 1689-A
Assistant Foreman Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 4-2 2010 Section or Area Examined LBB Const

Time of Examination: from 10:30 a.m. or (p.m.) to 10:45 a.m. or (p.m.)

Was this report phoned to outside: Yes no

By whom Time A.M P.M.

Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4, Violation or Hazardous Condition, Action Taken. Row 1: Work Area Bett channel 0%, ~~At bottom~~ none, ~~Hung reflectors~~ none. Row 2: charger 0%, n/o, none. Row 3: Pump 0%, n/o, none.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: GOOD Air Movement, empty, empty, empty.

Remarks: 0% CH4, 0 ppm CO, 20.8% O2 detected. PC's, charger, D-Box's, & TRACK/Travelways, clean cut exam

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1579A Assistant Foreman Certificate No. Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 33359 Assistant Foreman Certificate No. 1689A 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 LBB CONST

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. work area <u>0% CH4</u>	<u>NONE</u>	<u>NONE</u>
2. <u>Charger</u>	<u>N/O</u>	<u>NONE</u>
3. <u>Pump</u>	<u>N/O</u>	
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. _____	_____	_____	11. _____	_____	_____
2. <u>Good air movement</u>	_____	_____	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) _____

Kenneth Thompson
Assistant Mine

1689A
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 2B3 Const
 Time of Examination: from 4:30 a.m. or p.m. to 4:45 a.m. or p.m.
 Was this report phoned to outside: Yes _____ no X
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by _____
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	Work Area <u>CH4</u>	<u>None</u>	<u>None</u>
2.	Charger <u>OK</u>		
3.	Pump <u>OK</u>		
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
<u>Good Air</u>			

Remarks: OK CH4 OK CO 20.8802
TRAILWAYS OK

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

Signed By [Signature] 15302 Assistant Foreman Certificate No. _____
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. _____
 Assistant Foreman

Russell Dumas 1536-A Mike Elswick 31521 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 4-3- 2010 Section or Area Examined LBB Const.
 Time of Examination: from _____ a.m. or p.m. to _____ a.m. or p.m.
 Was this report phoned to outside: Yes _____ no _____ Time _____ A.M. _____ P.M.
 By whom _____
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄ %	Violation or Hazardous Condition	Action Taken
1. <u>WORK AREA</u>	<u>0%</u>	<u>None Observed</u>	<u>Reported</u>
2. <u>CHARGER</u>	<u>0%</u>	<u>None Observed</u>	<u>Reported</u>
3. <u>Pump</u>	<u>0%</u>	<u>None Observed</u>	<u>Reported</u>
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Good Air Movement</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

Signed By _____ Preshift-Mine Examiner Certificate No. _____ 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

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 4-4-70 20. Section or Area Examined LBB COALS
 Time of Examination: from 8:00 a.m. or p.m. to 11:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by _____

(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	Violation or Hazardous Condition	Action Taken
1. <u>WEXIS AREA</u>	<u>0%</u>	<u>None Observed</u>	<u>None</u>
2. <u>CHARGE</u>	<u>0%</u>	<u>None Observed</u>	<u>None</u>
3. <u>PUMP</u>	<u>0%</u>	<u>None Observed</u>	<u>None</u>
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>AIR MOVEMENT Head</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH₄, 0% CO₂, 0.220.8%
TRAILWAYS & TRACK.

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 John H. Beckford Certificate No. 26176
 Preshift-Mine Examiner Assistant Foreman

Countersigned _____ Mine Manager—Mine Foreman
 _____ Assistant Foreman
 _____ Superintendent or Assistant

Certificate No. 33472

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 4-5-10 20 Section or Area Examined LBB CONST

Time of Examination: from 9:00 a.m. or p.m. to 6:00 a.m. or p.m.

Was this report phoned to outside: Yes no

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

Report received by _____
(Signed)

Violations and other Hazardous Conditions Observed and Reported.

Location	CH ₄	Violation or Hazardous Condition	Action Taken
1. <u>WEEK AREA</u>	<u>0%</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
2. <u>CHARGERS</u>	<u>0%</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
3. <u>PUMP</u>	<u>0%</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>GOOD AIR MOVEMENT</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH₄, 0% CO, 20.9% O₂ AT TIME OF EXAM
TRACK & TUNNELWAYS OK AT TIME OF EXAM

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 32476 Assistant Foreman _____ Certificate No. _____

Countersigned _____ Mine Manager— Mine Foreman _____ Assistant Foreman _____

Superintendent or Assistant _____
Man of P value 37004

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) _____

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 4-5 Section or Area Examined LBB Construction
 Time of Examination: from 100 a.m. or 130 a.m. or 130 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	CH ₄	O ₂	Violation or Hazardous Condition	Action Taken
1.	Work Area	0%	20.8%	None	Reported
2.	Chargers	0%	20.8%	None	Reported
3.	Pump	0%	20.8%	None	Reported
4.	Overcast	0%	20.8%	Scrap	Reflectors
5.					
6.					
7.					
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
Good air movement			

Remarks: Travelways + Walkways - OK at time of exam
CH₄ - 0% O₂ - 20.8% CO - 0ppm

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

Signed By [Signature] Preshift Mine Examiner Certificate No. 38199
 Assistant Foreman Certificate No.
 Countersigned Mine Manager—Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Wm J. Pridmore 37004

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