

Full

PRESHIFT - ONSHIFT and DAILY REPORT

L / wall

Company Performance Coal

Mine U B B

SECTION Long Wall

LOCATION Naoma Raleigh WV
Post Office County State

Form 6-1489
(March 1970)

Budget Bureau No. 42-R1589

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

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

FORM# MS-014

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10/6/09 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Rows include Face, Roof support, Tracks, Traversing, PC, Chaper, Barricade station.

Examinations for Methane in Working Places

Table with 5 columns: Location, Time, Methane Content. Rows 1-20 showing methane readings at various locations and times.

Examinations for Methane in Return Aircourses

Table with 5 columns: Location, Time, Methane Content. Rows 1-10 showing methane readings in return aircourses.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety meeting, monitor speed

Signature of Assistant Mine Foreman

Certificate No. 38342

Signature of 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 10-6 2009 Section or Area Examined Longwall
Time of Examination: from 1:50 a.m. or 6 p.m. to 2:30 a.m. or 6 p.m.
Was this report phoned to outside: Yes no
By whom Jim Davis Time A.M. 2:50 P.M.
Report received by Kevin W. Medley
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
Intake	53,842		
#9	657		
#160	315		
MPA	8219		
MPB	21,240		

Remarks: 0% CH₄ 20.8% O₂ 0ppm CO

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

Signed By Jim Davis Preshift-Mine Examiner Certificate No. 38322
Countersigned Kevin W. Medley Mine Manager—Mine Foreman Assistant Foreman Certificate No. 38810
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-6-09 Shift Eve Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 showing Face examinations at various times with 0% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-5 showing Return examinations at various times with 0% methane content.

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

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

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

Mervin W. Medley Assistant Mine

38810 Certificate No.

Mine Foreman-Mine Manager

38810 Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-6-2009 Section or Area Examined Longwall
Time of Examination: from 9:10 a.m. or p.m. to 9:55 a.m. or p.m.
Was this report phoned to outside: Yes
By whom Kevin Medley Time A.M. 10:55 P.M.
Report received by Keith Stanley (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include Face (0.0% ch4), Roof Support, Power Center, Chargers, Track, Travelways, Barricade Station. Action taken for Face is Reported.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Measurements include Intake #9 (50,675 CFM), #160 (625 CFM), MPA (347 CFM), MPB (8153 CFM), and another MPB (21,756 CFM).

Remarks: 0.0% ch4 20.8% O2 Open CO at time of exam

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

Signed By Kevin W. Medley (Preshift-Mine Examiner, Certificate No. 38810) and Keith Stanley (Assistant Foreman, Certificate No. 39218)
Countersigned by Mine Manager-Mine Foreman and Assistant Foreman.

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-7-2009 Shift Out 3rd Area or Section Lengravell

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>12:25AM</u>	<u>0.0%</u>	11. _____	_____	_____
2. <u>11</u>	<u>3:29AM</u>	<u>0.0%</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. <u>Return</u>	<u>12:50AM</u>	<u>0.0%</u>	6. _____	_____	_____
2. <u>11</u>	<u>3:59AM</u>	<u>0.0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

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

Daniel M. Staley
Assistant Mine

39218
Certificate No.

[Signature]
Mine Foreman-Mine Manager

39218
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-6-9 20 Section or Area Examined Long Wall
Time of Examination: from 3:20 a.m. or p.m. to 4:10 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Keith Stanley Time A-M 5:31 P.M.
Report received by Richard Barron 1357-B (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include Face, Roof Support, Power Center, Chargers, Tracle, Travelways, Barricade station.

Air Measurements

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

Remarks: .07% CH4 20.87% O2 Opp CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report. Signed By: Daniel K. Slater, Preshift-Mine Examiner. Certificate No. 39218. Countersigned: Richard Barron, Assistant Foreman. Certificate No. 1357-B. W. D. Cully, Superintendent or Assistant. Certificate No. 28040.

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-7-9 Shift Day Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face		
2. Roof Support		
3. Power Center		
4. Chargers		
5. Track	Bad ribs & 2 Browes	set 8 sand jacks.
6. Travelways		
7. Barricade station		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	7:55am	.07%	6.		
2. Return	11:50am	.07%	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) Briefto men on roof & rib plan pg 18
Discussed dust Control plan 7:30am Visual checked shields 1-176.

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-7 2009 Section or Area Examined Longwall
 Time of Examination: from 1:30 a.m. or p.m. to 2:15 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Rick Lane Time A.M. 2:55 P.M.
 Report received by Kevin W. Medley
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
<u>INTAKE</u>	<u>57,481</u>		
<u>#9</u>	<u>218</u>		
<u>#160</u>	<u>398</u>		
<u>M P A</u>	<u>8,520</u>		
<u>M P B</u>	<u>19,142</u>		

Remarks: 0% CH₄ 20.8% O₂ 0 ppm CO

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

Signed By Rick Lane Certificate No. 1357-A
 Preshift-Mine Examiner Assistant Foreman Certificate No.
 Countersigned Kevin W. Medley Certificate No. 320000
 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 10-1-09 Shift Eve Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-10, with entry 1: Face, 5:00 PM, 0%.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-10, with entry 1: Return, 6:00 PM, 0%.

Number of Bolts Tested

Number of Bolts Torqued Above Range Below Range

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) No Production Only worked in this area till 6:15 and then went to 4 North Head

Kevin W. Medley Assistant Mine

35810 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 10-7- 2007 Section or Area Examined Will
Time of Examination: from 9:30 a.m. or p.m. to 10:42 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom K Medley Time AM 11:05 PM
Report received by L B (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Fire</u>	<u>None observed</u>	<u>Reported</u>
2. <u>Supports</u>		
3. <u>Power center</u>		
4. <u>Charger</u>		
5. <u>Truck</u>		
6. <u>Traveling</u>		
7. <u>Barricade car</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>51765</u>		
<u>9</u>	<u>604</u>		
<u>160</u>	<u>348</u>		
<u>MPA</u>	<u>8342</u>		
<u>MPB</u>	<u>20235</u>		

Remarks: 0% CH 20.9% O₂ 0% CO at extn

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

Signed By Kevin W. Medley 38810 Certificate No. L B Assistant Foreman 38928 Certificate No.
Countersigned Carl 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 10-8-09 Shift 3rd Area or Section WU1

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Fine</u>	<u>None observed</u>	<u>Reported</u>
2. <u>Supports</u>		
3. <u>Power-cable</u>		
4. <u>Charger</u>		
5. <u>Tracks</u>		
6. <u>Traveling</u>		
7. <u>Barricade car</u>		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Fine</u>	<u>3:47A</u>	<u>0%</u>	11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>AT</u>	<u>4:10</u>	<u>0%</u>	6. <u>18.05</u>	<u>11:00</u>	
2.			7.		
3.			8.		
4.			9.		
5.			10.		

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

J.B.
Assistant Mine

32923
Certificate No.

[Signature]
Mine Foreman-Mine Manager

[Signature]
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-8-9 20. Section or Area Examined Long Wall
Time of Examination: from 3:45 a.m. or p.m. to 4:20 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Larry Brown Time 5:05 A.M. P.M.
Report received by Richard R 1357-A
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u> <u>0.0%</u>	<u>59,860</u>		
<u>#9</u>	<u>611</u>		
<u>#160</u>	<u>392</u>		
<u>MPA</u>	<u>8020</u>		
<u>MPB</u>	<u>19,960</u>		

Remarks: 0% CH4 20.8% O2 OppmCO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Larry B 38928 Richard Rame 1357-A
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned Richard R 38928 Wend Lully 28045
Mine Manager - Mine Foreman Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-8-9 Shift Day Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	7:55 ^A	.0%	6.		
2.	11:50 ^A	.0%	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety Meeting on Roof +
Rob Visual check of shields 1-17c.

Richard Pan Assistant Mine 1357A Certificate No. Carl Lamb Mine Foreman-Mine Manager 3200000 Certificate No. Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-8- 2009 Section or Area Examined Longwall
Time of Examination: from 1130 a.m. or (p.m.) to 2115 a.m. or (p.m.)
Was this report phoned to outside: Yes no
By whom Rick Lane Time A.M. 2:40 P.M.
Report received by Kevin W. Medley
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
INTAKE	52850		
# 9	624		
# 160	358		
MPA	8145		
MPB	19340		

Remarks: 0% CH₄ 20.8% O₂ 0ppm CO subs

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Rick Lane Preshift-Mine Examiner Certificate No. BS7-A
Countersigned Kevin W. Medley Mine Manager—Mine Foreman Certificate No. 38810
Assistant Foreman
Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-8-09 Shift Eve Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Kevin W. Medley
Assistant Mine

38810
Certificate No.

[Signature]
Mine Foreman-Mine Manager

[Signature]
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-8 2009 Section or Area Examined L wall
Time of Examination: from 9:10 a.m. or p.m. to 10:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom K Medley Time 11:00 A.M. P.M.
Report received by L Brown
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>None observed</u>	<u>Reported</u>
2. <u>Supports</u>		
3. <u>power cables</u>		
4. <u>Charger</u>		
5. <u>Tracks</u>		
6. <u>Traveling</u>		
7. <u>Barricade station</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>50320</u>		
<u>9</u>	<u>619</u>		
<u>160</u>	<u>347</u>		
<u>MPA</u>	<u>8120</u>		
<u>MPB</u>	<u>20654</u>		

Remarks: 0% CH 20.8% O₂ 0% CO at entrance

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Kevin W. Medley 38810 Certificate No. L B Assistant Foreman 30927 Certificate No.
Countersigned [Signature] Mine Manager—Mine Foreman [Signature] Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-9-09 Shift 3rd Area or Section L wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>None observed</u>	<u>Report</u>
2. <u>Supports</u>		
3. <u>Power Center</u>		
4. <u>Charger</u>		
5. <u>Truck</u>		
6. <u>Travelway</u>		
7. <u>Barricade Station</u>		
8. _____		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

[Signature]
Assistant Mine

30928
Certificate No.

[Signature]
Mine Foreman-Mine Manager

[Signature]
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-9-8 20. Section or Area Examined Long Wall
 Time of Examination: from 330 a.m. or p.m. to 415 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Larry Brown Time 5:33 A.M. P.M.
 Report received by Richard Rame 1357-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>59,400</u>		
<u>#9</u>	<u>618</u>		
<u>#160</u>	<u>388</u>		
<u>MPA</u>	<u>8160</u>		
<u>MPB</u>	<u>20,064</u>		

Remarks: .0% CH₄ 20.8% O₂ 0 ppm CO

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

Signed By [Signature] 38928 Richard Rame 1357-A
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned [Signature] 28045
 Mine Manager - Mine Foreman Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-9-09 Shift Day Area or Section L1wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	none find	find
2. Roof Support	" "	"
3. Lower Centers	" "	"
4. Changers	" "	"
5. Track	" "	"
6. Travelways	Bad rib at mule train set + Jack	
7. Barricade st.	none find	find
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	8:00am	.070	11.		
2. Face	10:00am	.070	12.		
3. Face	12:00pm	.070	13.		
4. Face	2:00pm	.070	14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	8:40am	.070	6.		
2. "	12:40pm	.070	7.		
3. "	2:50pm	.070	8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Briefed men on Roof rib plan. 8:20

Visual checked shields 1-176. Discarded dust control plan. 7:25 am

Richard L... 1357A ... 350...
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 10-9 2009 Section or Area Examined Longwall
Time of Examination: from 11:5 a.m. or 09 p.m. to 2:00 a.m. or 09 p.m.
Was this report phoned to outside: Yes no
By whom Bick Lane Time A.M. 2:45 P.M.
Report received by Kevin W. Medley
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>53,200</u>		
<u>#9</u>	<u>612</u>		
<u>#160</u>	<u>344</u>		
<u>MPA</u>	<u>8,290</u>		
<u>MPB</u>	<u>20,366</u>		

Remarks: 0% CH₄ 20.8% O₂ 0ppm CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Richard Lane Preshift-Mine Examiner Certificate No. 1357-A
Countersigned Kevin W. Medley Mine Manager—Mine Foreman Assistant Foreman Certificate No. 35000
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 10-9-09 Shift Eve Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>0.90</u>	<u>None Observed</u>	<u>None</u>
2. <u>Roof Supports</u>	<u>11</u>	<u>11</u>	<u>11</u>
3. <u>Power Center</u>	<u>11</u>	<u>11</u>	<u>11</u>
4. <u>Chargers</u>	<u>11</u>	<u>11</u>	<u>11</u>
5. <u>Track</u>	<u>11</u>	<u>11</u>	<u>11</u>
6. <u>Travelways</u>	<u>11</u>	<u>11</u>	<u>11</u>
7. <u>Barricade Station</u>	<u>11</u>	<u>11</u>	<u>11</u>
8. _____	_____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>5:00 PM</u>	<u>0.90</u>	11. _____	_____	_____
2. _____	<u>7:00 PM</u>	<u>0.90</u>	12. _____	_____	_____
3. _____	<u>9:00 PM</u>	<u>0.90</u>	13. _____	_____	_____
4. _____	<u>11:00 PM</u>	<u>0.90</u>	14. _____	_____	_____
5. _____	_____	_____	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>6:00 PM</u>	<u>0.90</u>	6. _____	_____	_____
2. _____	<u>8:00 PM</u>	<u>0.90</u>	7. _____	_____	_____
3. _____	<u>10:00 PM</u>	<u>0.90</u>	8. _____	_____	_____
4. _____	<u>12:00 AM</u>	<u>0.90</u>	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

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

Mervin W. Medley
Assistant Mine

38810
Certificate No.

[Signature]
Mine Foreman-Mine Manager

390000
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-9 2009 Section or Area Examined W911
 Time of Examination: from 9:10 a.m. or p.m. to 10:08 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom K Medley Time A.M. P.M.
 Report received by L Brown (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>Chy-off</u> <u>None observed</u>	<u>Reported</u>
2. <u>Supports</u>	/	/
3. <u>Power cables</u>		
4. <u>Charger</u>		
5. <u>Track</u>		
6. <u>Traveling</u>		
7. <u>Barricade station</u>		
8. <u> </u>		
9. <u> </u>		
10. <u> </u>		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>50235</u>		
<u>9</u>	<u>627</u>		
<u>160</u>	<u>325</u>		
<u>MPA</u>	<u>8270</u>		
<u>MPB</u>	<u>20145</u>		

Remarks: 0 % chf 20.8 % O₂ 0 % CO at exu

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

Signed By Kevin W. Medley 38810 Certificate No. Assistant Foreman Certificate No. 38728
 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 10-10-09 Shift 3rd Area or Section W. 11

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>RT</u>	<u>3:20 AM</u>	<u>0 %</u>	6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

[Signature] Assistant Mine 30928 Certificate No. [Signature] Mine Foreman-Mine Manager 3501000 Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-10-09 Section or Area Examined L/wall
Time of Examination: from 3:00 a.m. or p.m. to 3:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Larry Brown Time 5:43 A.M. P.M.
Report received by Richard Rame 1357-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face	None obs	Reported
2. Roof Supports	" "	" "
3. Power Centers	" "	" "
4. Chargers	" "	" "
5. Track	" "	" "
6. Travelways	" "	" "
7. Barricade St.	" "	" "
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	54920		
#9	618		
#160	388		
MPA	8060		
MPB	20,054		

Remarks: 0% CH4 20.8% O2 OppmCO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] 38929 Richard Rame 1357-A
Preshift Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned [Signature] Mine Manager-Mine Foreman
[Signature] Assistant Foreman 28045
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

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

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	8:10am	.070	11.		
2. "	10:10am	.070	12.		
3. "	12:10pm	.070	13.		
4. "	2:10pm	.070	14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	8:45am	.070	6.		
2. "	12:40pm	.070	7.		
3. "	2:50pm	.070	8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Briefed men on roof rib plan 8:18
Visual checked shields 1-176. Discussed dust control plan 7:25am

Richard Assistant Mine Certificate No. 137A
[Signature] Mine Foreman-Mine Manager Certificate No. 39000
[Signature] Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-10 2009 Section or Area Examined Longwall
Time of Examination: from 4:10 a.m. or p.m. to 6:55 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Rick Lane Time 2:30 P.M.
Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>0%CH4</u> <u>none</u> <u>observed</u>	<u>none</u>
2. <u>Roof Support</u>		
3. <u>Tracks</u>		
4. <u>Travelway</u>		
5. <u>PC</u>		
6. <u>Charges</u>		
7. <u>Demolition Station</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intrike</u>	<u>56,179</u>		
<u>#9</u>	<u>602</u>		
<u>#160</u>	<u>359</u>		
<u>MCPA</u>	<u>2,915</u>		
<u>MPIB</u>	<u>20,440</u>		

Remarks: 0%CH4 0%CO 20.8 0%O2

All clear at time of exam

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 057-A
Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 38322
[Signature] Assistant Foreman
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-10-09 Shift FUC Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	none observed	none
2. Roof support		
3. Track		
4. Travelway		
5. P.C		
6. Charges		
7. Barricade station		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	5.00	0%	11.		
2.	7.00	0%	12.		
3.	9.00	0%	13.		
4.	11.00	0%	14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. R.C.T	6.30	0%	6.		
2.	10.30	0%	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety meeting on maintenance of track support

J. J. Smith Assistant Mine 38322 Certificate No. [Signature] Mine Foreman-Mine Manager [Signature] Certificate No. [Signature] Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-10-1961 Section or Area Examined Wall
Time of Examination: from 10:15 a.m. or p.m. to 11:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom T Davis Time 11:00 A.M. 11:00 P.M.
Report received by L Brown (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face	CH ₄ 0% None observed	Rechecked
2. Supports		
3. Tracks		
4. Traveling		
5. Power center		
6. Changer		
7. Barricade station		
8.		
9.		
10.		

Air Measurements		Air Measurements	
Location	CFM	Location	CFM
Intake	58136		
9	662		
160	352		
MPA	8320		
MPB	21787		

Remarks: 0% CH₄ 0% CO 20.8% O₂ at exam

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

Signed By T Davis Preshift-Mine Examiner Certificate No. 38522
Countersigned L Brown Mine Manager--Mine Foreman Assistant Foreman Certificate No. 38929
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-11-09 Shift 3rd

Area or Section

W 911

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	None observed	None
2. S-ports	/	/
3. Track		
4. Traveling		
5. Power center		
6. Churn		
7. Barricade station		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	3:50 p	0 %	11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses



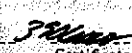
Location	Time	Methane Content	Location	Time	Methane Content
1. RT	4:10 p	0 %	6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

 Assistant Mine Foreman
 Certificate No. 30928
 Mine Foreman-Mine Manager
 Certificate No. 32110
 Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-11- 2009 Section or Area Examined Lhuan
 Time of Examination: from 345 a.m. or p.m. to 420 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Larry Brown Time 520 A.M. P.M.
 Report received by Richard Ram 1357-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u> <u>CH4 .0%</u>	<u>None obs</u>	<u>Reported</u>
2. <u>Roof Support</u>	<u>" "</u>	<u>" "</u>
3. <u>Power Center</u>	<u>" "</u>	<u>" "</u>
4. <u>Changers</u>	<u>" "</u>	<u>" "</u>
5. <u>Track</u>	<u>" "</u>	<u>" "</u>
6. <u>Travelways</u>	<u>" "</u>	<u>" "</u>
7. <u>Barricade Str.</u>	<u>" "</u>	<u>" "</u>
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Docht Intake</u>	<u>53,175</u>	_____	_____
<u>#9</u>	<u>609</u>	_____	_____
<u>#160</u>	<u>343</u>	_____	_____
<u>MRA</u>	<u>7940</u>	_____	_____
<u>MPS</u>	<u>20,217</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: .0% CH4 20.8% O2 0ppm Co

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

Signed By [Signature] 38928 Richard Ram 1357-A
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned [Signature] [Signature]
 Mine Manager—Mine Foreman Assistant Foreman
 Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-11-09 Shift Day Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>None obs</u>	<u>Reported</u>
2. <u>Roof Support</u>	<u>" "</u>	<u>" "</u>
3. <u>Track</u>	<u>" "</u>	<u>" "</u>
4. <u>Travelways</u>	<u>" "</u>	<u>" "</u>
5. <u>PC</u>	<u>" "</u>	<u>" "</u>
6. <u>Chargers</u>	<u>" "</u>	<u>" "</u>
7. <u>Barricade station</u>	<u>" "</u>	<u>" "</u>
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>7:50A</u>	<u>.2%</u>	6. _____	_____	_____
2. _____	<u>11:55A</u>	<u>.0%</u>	7. _____	_____	_____
3. _____	<u>3:35A</u>	<u>.0%</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Visual check of Shield 1-17c

Safety Meeting on Roof & Rib

[Signature]

Assistant Mine

1357A

Certificate No.

[Signature]

Mine Foreman-Mine Manager

[Signature]

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-11 2009 Section or Area Examined Longwall
Time of Examination: from 6:30 a.m. or p.m. to 2:15 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Rick Lane Time A.M. 2:30 P.M.
Report received by Jim O'Connell (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face 0% CH4	None observed	None
2. Roof support		
3. Track		
4. Travelway		
5. P.C.		
6. Chocyer		
7. Barricade station		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	53,621		
#9	604		
#160	349		
MPA	8,011		
MPB	17,837		

Remarks: 0% CH4 0% CO 20.8% O2

All Clear at Time of Exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Richard Lane Preshift-Mine Examiner Certificate No. 1357-A
Countersigned Jim O'Connell Mine Manager—Mine Foreman Certificate No. 38322
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 10-11-09 Shift Eve Area or Section heavy work

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Row 1: Face, 2% CH4, None observed, None.

Examinations for Methane in Working Places

Table with 5 columns: Location, Time, Methane Content. Row 1: Face, 5:00, 0%.

Examinations for Methane in Return Aircourses

Table with 5 columns: Location, Time, Methane Content. Row 1: ~~Trucks~~ RCT, 6:30, 0%.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety meeting on General mine

Signatures: Assistant Mine, Certificate No. 3822, 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 10-11 2007 Section or Area Examined Wall
Time of Examination: from 10:45 a.m. or p.m. to 11:45 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom T Davis Time 11:05 A.M. P.M.
Report received by L Brown (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face	chytob None observed	Report
2. supports		
3. Track		
4. Traveling		
5. Power center		
6. ch...		
7. Barricade station		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	54346		
9	622		
160	336		
MPA	8454		
MPB	20614		

Remarks: 0 % CH 20.9 % O2 0 % CO at ex...

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. 38222
Preshift-Mine Examiner
Countersigned [Signature] Certificate No. 37928
Mine Manager—Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indefinite Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-12-09 Shift 3-2 Area or Section wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>None observed</u>	<u>Reported</u>
2. <u>Supports</u>		
3. <u>Tracks</u>		
4. <u>Traveling</u>		
5. <u>power cables</u>		
6. <u>Chairs</u>		
7. <u>Battery station</u>		
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>RT</u>	<u>4:40</u>	<u>0 %</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

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

Z R
Assistant Mine

38928
Certificate No.

[Signature]
Mine Foreman-Mine Manager

[Signature]
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-12-9 20. Section or Area Examined Longwall
Time of Examination: from 4:00 a.m. or p.m. to 5:10 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Henry Brown Time 5:20 A.M. P.M.
Report received by Richard Rame 1357-A
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>53,175</u>		
<u>#9</u>	<u>609</u>		
<u>#160</u>	<u>343</u>		
<u>MPA</u>	<u>7940</u>		
<u>MPB</u>	<u>20,217</u>		

Remarks: 0% CH₄ 20.8% O₂ 0ppm CO

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

Signed By L R 38928 Richard Rame 1357-A
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned [Signature] 380000
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 10-12-9 Shift Day Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	Violation or Hazardous Condition	Action taken
1. Face	0%	None obs	Reported
2. Roof Support		" "	"
3. Power Center		" "	"
4. Chargers		" "	"
5. Tracle		" "	"
6. Travelways		" "	"
7. Barricade station		" "	"
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	8:15 AM	0%	6.		
2.	11:55 AM	0%	7.		
3.	3:45 PM	0%	8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety talk on Roof FR.B
Visual check of S Shields 1-174

Richard Lane 1357 Assistant Mine Certificate No. [Signature] Mine Foreman-Mine Manager Certificate No. [Signature] Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-12-2007 Section or Area Examined Longwall

Time of Examination: from 1:30 a.m. or p.m. to 2:15 a.m. or p.m.

Was this report phoned to outside: Yes no

By whom Rick Gage Time 2:30 P.M.

Report received by Jim Davis
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. FACE %CH ₄	None observed	None
2. Roof support		
3. Track		
4. Travelway		
5. RC		
6. Charger		
7. Barricade Station		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	48,390		
#79	601		
#160	321		
MPH	8,170		
MFB	21,311		

Remarks: 0%CH₄ 0%CO 20.8%O₂

All Clear At Time of exam

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

Signed By Richard K...
Preshift-Mine Examiner

1357A
Certificate No.

Jim Davis
Assistant Foreman

38322
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 10-12-09 Shift Even Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>0% CH₄</u>	<u>None</u>
2. <u>Roof support</u>	<u>Observed</u>	<u>None</u>
3. <u>Track</u>		
4. <u>Travelway</u>		
5. <u>P.C</u>		
6. <u>Charges</u>		
7. <u>Barricade Station</u>		
8. _____		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>5.00</u>	<u>0%</u>	11. _____		
2. _____	<u>7.00</u>	<u>0%</u>	12. _____		
3. _____	<u>9.00</u>	<u>0%</u>	13. _____		
4. _____	<u>11.00</u>	<u>0%</u>	14. _____		
5. _____			15. _____		
6. _____			16. _____		
7. _____			17. _____		
8. _____			18. _____		
9. _____			19. _____		
10. _____			20. _____		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Ret</u>	<u>6.30</u>	<u>0%</u>	6. _____		
2. _____	<u>10.30</u>	<u>0%</u>	7. _____		
3. _____			8. _____		
4. _____			9. _____		
5. _____			10. _____		

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Visual checks of Shields 1-176

Safety meeting on Roof ribs

Jim Owe
Assistant Mine

38322
Certificate No.

[Signature]
Mine Foreman-Mine Manager

[Signature]
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-12-09 Section or Area Examined Longwall
Time of Examination: from 12:15 a.m. or p.m. to 11:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Tim Davis Time A.M. 11:05 P.M.
Report received by Keith Stanley (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face 0.0% CH4	None Observed	Reported
2. Roof Supports		
3. Power Center		
4. Chargers		
5. Track		
6. Travelways		
7. Barricade Station		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	50,247		
#9	591		
#160	310		
MPA	7,728		
MPB	23,500		

Remarks: 0.0% CH4 20.8% O2 Oppm CO at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Tim Davis Preshift-Mine Examiner Certificate No. 39218 Assistant Foreman Daniel K. Staley
Countersigned [Signature] Mine Manager - Mine Foreman Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-13-09 Shift Owl Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action taken. Row 1: Face, 0.07% CH4, None Observed, Reported.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Row 1: Face, 1:45AM, 0.07%.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Row 1: Return, 2:55AM, 0.07%.

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

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

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

Signature: Donald K. Stutz, Assistant Mine

Certificate No. 39218

Signature: [Illegible], Mine Foreman-Mine Manager

Certificate No. [Illegible]

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-13 2009 Section or Area Examined Longwall

Time of Examination: from 4:30 a.m. or p.m. to 5:25 a.m. or p.m.

Was this report phoned to outside: Yes no

By whom Keith Stanley Time 5:45 A.M. P.M.

Report received by Kevin W. Medley (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

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

Remarks:

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

Signed By Keith Stanley Preshift-Mine Examiner Certificate No. 39218 Kevin W. Medley Assistant Foreman Certificate No. 38810

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 10-13-09 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>0%</u>	<u>None Observed</u>	<u>None</u>
2. <u>Roof Supports</u>	<u>11</u>	<u>11</u>	<u>11</u>
3. <u>Power Center</u>	<u>11</u>	<u>11</u>	<u>11</u>
4. <u>Chargers</u>	<u>11</u>	<u>11</u>	<u>11</u>
5. <u>Track</u>	<u>11</u>	<u>11</u>	<u>11</u>
6. <u>Travelways</u>	<u>11</u>	<u>11</u>	<u>11</u>
7. <u>Barricade Station</u>	<u>11</u>	<u>11</u>	<u>11</u>
8. _____	_____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Kevin W. Medley
Assistant Mine

38810
Certificate No.

[Signature]
Mine Foreman-Mine Manager

38810
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-13 2008 Section or Area Examined Wing wall

Time of Examination: from 1:10 a.m. or p.m. to 2:00 a.m. or p.m.

Was this report phoned to outside: Yes no

By whom Kevin Medley Time A.M. P.M.

Report received by Jim Davis
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>FACE</u> <u>of CH₄</u>	<u>None</u>	<u>None</u>
2. <u>Roof support</u>		
3. <u>Track</u>		
4. <u>Veinway</u>		
5. <u>PC</u>		
6. <u>Charger</u>		
7. <u>Baricade station</u>		
8. <u> </u>		
9. <u> </u>		
10. <u> </u>		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>51,453</u>		
<u>#9</u>	<u>657</u>		
<u>#160</u>	<u>336</u>		
<u>MPH</u>	<u>8,335</u>		
<u>MPB</u>	<u>20,975</u>		

Remarks: of CH₄ of face 2.08%
All clear at time of exam

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

Signed By Kevin W. Medley 38810 Jim Davis 38322
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.

Countersigned 3500000
 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 10-13-09 Shift EVE Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Includes entries for Face, Rostsupport, Track, Travelway, RC, Charger, Barricade Station.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Lists methane readings at various locations and times.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Lists methane readings in return aircourses.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety meeting on visual checks of Shields 1-176 + Roof + Ribs

Signatures and Certificates for Assistant Mine, Mine Foreman-Mine Manager, and Superintendent or Assistant.

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-13-09 Section or Area Examined Longwall
 Time of Examination: from 10:15 a.m. or p.m. to 11:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Jim Davis Time A.M. 11:19 P.M.
 Report received by Keith Stanley (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face	0.07% CH ₄ None Observed	Reported
2. Roof Supports		
3. Power Center		
4. Chargers		
5. Track		
6. Travelways		
7. Barricade Station		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	51,641		
#9	600		
#160	342		
MPA	8,310		
MPB	23,460		

Remarks: 0.07% CH₄ 20.8% O₂ 0ppm CO
All clear at time of exam.

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

Signed By Jim Davis Preshift-Mine Examiner Certificate No. 38332
 Countersigned Keith Stanley Mine Manager—Mine Foreman Certificate No. 39218
 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 10-14-09 Shift 3rd Area or Section Langwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	0.0% CH ₄ None observed	Reported
2. Roof Supports		
3. Power Center		
4. Chargers		
5. Track		
6. Travelways		
7. Barricade Station		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	1:55AM	0.0%	6.		
2.	4:55AM	0.0%	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

Donald K. Staley
Assistant Mine

39218
Certificate No.

[Signature]
Mine Foreman-Mine Manager

39218
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-14 2009 Section or Area Examined Longwall

Time of Examination: from 4:30 a.m. or p.m. to 5:35 a.m. or p.m.

Was this report phoned to outside: Yes no

By whom Keith Stanley Time 5:35 A.M. P.M.

Report received by Kevin W. Madley
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH4	Violation or Hazardous Condition		Action Taken
1. Face	0%	None Observed		Reported
2. Roof Supports	"	"	"	"
3. Power Center	"	"	"	"
4. Chargers	"	"	"	"
5. Track	"	"	"	"
6. Travelways	"	"	"	"
7. Barricade Station	"	"	"	"
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Intake	52,743		
#9	638		
#160	327		
MPA	8,591		
MPB	21,654		

Remarks: 0% CH4 20.8% O2 Oppm CO

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

Signed By Keith Stanley Certificate No. 39918 Kevin W. Madley Assistant Foreman Certificate No. 38810

Countersigned Keith Stanley Mine Manager—Mine Foreman Kevin W. Madley Assistant Foreman

Assistant Foreman
Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-14-09 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄ %	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>0%</u>	<u>None Observed</u>	<u>None</u>
2. <u>Roof Supports</u>	<u>11</u>	<u>11 11</u>	<u>11</u>
3. <u>Power Center</u>	<u>11</u>	<u>11 11</u>	<u>11</u>
4. <u>Chargers</u>	<u>11</u>	<u>11 11</u>	<u>11</u>
5. <u>Track</u>	<u>11</u>	<u>11 11</u>	<u>11</u>
6. <u>Travelways</u>	<u>11</u>	<u>11 11</u>	<u>11</u>
7. <u>Barricade Station</u>	<u>11</u>	<u>11 11</u>	<u>11</u>
8. _____	_____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Kevin W. Medley
Assistant Mine

38810
Certificate No

[Signature]
Mine Foreman, Mine Manager

[Signature]
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-14 2009 Section or Area Examined Longwall
Time of Examination: from 6:35 a.m. or p.m. to 2:20 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Kevin Medley Time A.M. 2:45 P.M.
Report received by Jim Owen (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face %CH4	none observed	none
2. Roof support		
3. Tracks		
4. Travelway		
5. P.C.		
6. Chances		
7. Barricade Station		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	51,260		
"9	648		
"160	345		
MPA	8,215		
MPB	21,365		

Remarks: %CH4 0% CO2 20.8% O2
All clear at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Kevin W. Medley 39810 Assistant Foreman 38322
Countersigned [Signature] Mine Manager - Mine Foreman [Signature] Assistant Foreman
Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10/14/69 Shift Eve Area or Section Hoagwell

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Rows include Face, Root support, Trunk, Traversely, PC, Chaper, Barricade station.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-20 showing methane readings at various locations and times.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 showing methane readings in return aircourses.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety meeting Root & Rids

General mine safety signatures and certificate numbers for Assistant Mine, Mine Foreman-Mine Manager, and Superintendent or Assistant.

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-14-09 Section or Area Examined Longwall
Time of Examination: from 10:20 a.m. or p.m. to 11:00 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Tim Davis Time A.M. 11:15 P.M.
Report received by Keith Stanley (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: Face, 0.0% ch4, None Observed, Reported. Other rows have vertical lines in the violation column.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Data includes Intake #9 (50,247 CFM), #160 (601 CFM), MPA (8,118 CFM), MPB (22,340 CFM).

Remarks: 0.0% ch4 20.8% O2 Oppm CO
All clear at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] Preshift-Mine Examiner Certificate No. 38322
Countersigned [Signature] Mine Manager-Mine Foreman Assistant Foreman Certificate No. 39210
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 10-15-09 Shift 3rd Area or Section Langwall

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>1:10AM</u>	<u>0.0%</u>	11.		
2.	<u>4:40AM</u>	<u>0.0%</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. <u>Return</u>	<u>1:40AM</u>	<u>0.0%</u>	6.		
2.	<u>5:10AM</u>	<u>0.0%</u>	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

Daniel K. Staley
Assistant Mine

39218
Certificate No.

[Signature]
Mine Foreman-Mine Manager

39218
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-15-2009 Section or Area Examined Longwall
Time of Examination: from 4:30 a.m. or p.m. to 5:20 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Keith Stanley Time 5:30 A.M P.M.
Report received by Kevin W. Medley (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

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

Remarks: 0% CH4 20.8% O2 0 ppm CO

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

Signed By [Signature] 30928 Kevin W. Medley 38810
Shift-Mine Examiner Certificate No. Assistant Foreman Certificate No.

Countersigned [Signature] Mine Manager-Mine Foreman
Assistant Foreman [Signature] 28045

[Signature] 39218 Superintendent or Assistant

Date 10-15-09 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) BrieTO new on Roof & Ribs plan pg 19
Visual checked shields 1-176. Discussed dust control plan. 7:50am.

Kevin W. Medley
Assistant Mine

38810
Certificate No.

[Signature]
Mine Foreman-Mine Manager

[Signature]
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-15 2007 Section or Area Examined Wing wall
Time of Examination: from 12:40 a.m. or p.m. to 1:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Kevin Medley Time 2:50 A.M. P.M.
Report received by Jim O'Neil
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>9% CH₄ none observed</u>	<u>None</u>
2. <u>Roof support</u>		
3. <u>Track</u>		
4. <u>Travelway</u>		
5. <u>P.C.</u>		
6. <u>Charges</u>		
7. <u>Barricade station</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>51,680</u>		
<u>#9</u>	<u>642</u>		
<u>#160</u>	<u>338</u>		
<u>MPH</u>	<u>8,300</u>		
<u>MPB</u>	<u>21,216</u>		

Remarks: 9% CH₄ 0% CO 26.8% O₂

All clear at time of exam

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

Signed By Kevin W. Medley 38810 Jim O'Neil 38322
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned [Signature] 38322
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 10/15/09 Shift Eve Area or Section Longwell

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Rows include Face, Roof support, Tracks, Travelway, PC, Chaper, Barwise Station.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 showing methane content of 0% at various times.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 showing methane content of 0% at various times.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety meeting on Visual Check of Shields 1-196 Rod & Ribs

Signatures and titles: Assistant Mine, Certificate No. 38322, Mine Foreman-Mine Manager, Certificate No. 35000, Superintendent or Assistant.

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-15 2007 Section or Area Examined W11
 Time of Examination: from 4:15 a.m. or p.m. to 10:15 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom T. Davis Time A.M. P.M.
 Report received by L. Brown (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>CH₄ 0% None observed</u>	<u>Reported</u>
2. <u>supports</u>		
3. <u>Track</u>		
4. <u>Traveling</u>		
5. <u>power center</u>		
6. <u>Charger</u>		
7. <u>Barricade station</u>		
8. <u> </u>		
9. <u> </u>		
10. <u> </u>		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>56352</u>		
<u>9</u>	<u>641</u>		
<u>160</u>	<u>324</u>		
<u>MPA</u>	<u>7894</u>		
<u>MPB</u>	<u>25600</u>		

Remarks: 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 T. Davis Preshift-Mine Examiner Certificate No. 38322
 Countersigned L. Brown Mine Manager—Mine Foreman Certificate No. 32928
 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 10-16-09 Shift 3rd Area or Section wall

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Row 1: Face, none observed, Reported. Rows 2-8: Supports, Tracks, Traveling, Power center, Changers, Barricade station.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Row 1: Face, 3:35, 0%.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Row 1: RT, 4:00, 0%.

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

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

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

Assistant Mine

30928 Certificate No.

Mine Foreman-Mine Manager

3306 Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-16-09 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 show 'Face' location with times from 7:00 AM to 3:00 PM and 0% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-5 show 'Return' location with times from 8:00 AM to 2:00 PM and 0% methane content.

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

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

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

Kevin W. Medley Assistant Mine

38810 Certificate No.

Mine Foreman-Mine Manager

38810 Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-16-9 20__ Section or Area Examined Long Wall
Time of Examination: from 2:30 a.m. or p.m. to 10:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Kevin Medley Time A.M. 2:41 P.M.
Report received by Richard Rame 1357-A
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>50,674</u>		
<u>#9</u>	<u>625</u>		
<u>#160</u>	<u>335</u>		
<u>MPA</u>	<u>8,276</u>		
<u>MPB</u>	<u>23,420</u>		

Remarks: 0% CH₄ 20.8% O₂ Oppm CO

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

Signed By Kevin W. Medley 38810 Richard Rame 1357-A
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned Richard Rame 38810
Mine Manager—Mine Foreman Assistant Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-16-9 Shift EVE Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	5:30 PM	.01	11.		
2.	7:30 PM	.01	12.		
3.	9:30 AM	.01	13.		
4.	11:30 PM	.01	14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	6:05 PM	.01	6.		
2.	10:00 PM	.01	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)

R.B. Visual check of Shields 1-173

Richard L...
Assistant Mine

1357-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

33222
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-16 2009 Section or Area Examined Wall
Time of Examination: from 9:30 a.m. or p.m. to 10:15 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Rick Lane Time 1 A.M. 10:20 P.M.
Report received by L. Brown (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Fire</u>	<u>None observed</u>	<u>Reported</u>
2. <u>Supports</u>		
3. <u>Pom center</u>		
4. <u>Charger</u>		
5. <u>Track</u>		
6. <u>Traveling</u>		
7. <u>Barracks station</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Futile</u>	<u>50890</u>		
<u>9'</u>	<u>615</u>		
<u>160</u>	<u>311</u>		
<u>MPA</u>	<u>8155</u>		
<u>MPB</u>	<u>21300</u>		

Remarks: 0 1/2 ch 20-8 1/2 0 2 0 1/2 CO qt cm

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969, and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Richard Lane Preshift-Mine Examiner Certificate No. 1352-A
Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 38728
Assistant Foreman
Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-12-08 Shift 3-c Area or Section Wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Fire</u>	<u>None observed</u>	<u>Reported</u>
2. <u>Supports</u>		
3. <u>power - cut</u>		
4. <u>Charges</u>		
5. <u>Tracks</u>		
6. <u>Traveling</u>		
7. <u>Burned station</u>		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

YB
Assistant Mine

38928
Certificate No.

[Signature]
Mine Foreman-Mine Manager

39000
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-17 2009 Section or Area Examined Longwall
Time of Examination: from 4:30 a.m. or p.m. to 5:10 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Larry Brown Time 5:30 A.M. P.M.
Report received by Kevin W. Medley
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>44,720</u>		
<u>#9</u>	<u>672</u>		
<u>#160</u>	<u>360</u>		
<u>MPA</u>	<u>7,740</u>		
<u>MPB</u>	<u>24,918</u>		

Remarks: 0% CH4 20.8% O2 0 ppm CO

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 30928
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 38810
[Signature] Assistant Foreman Certificate No. 28045
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-17-09 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>no rocks</u> none <u>fixed</u>	<u>fixed</u>
2. <u>Roof Supports</u>	" "	"
3. <u>Power Center</u>	" "	"
4. <u>Chargers</u>	" "	"
5. <u>Track</u>	" "	"
6. <u>Travelways</u>	" "	"
7. <u>Barricade Station</u>	" "	"
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>8:45pm</u>	<u>.090</u>	6. _____	_____	_____
2. <u>"</u>	<u>12:45pm</u>	<u>.090</u>	7. _____	_____	_____
3. <u>"</u>	<u>2:50pm</u>	<u>.090</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Briefed new on Roof 42' b plan, pg. 18

Discussed dust Control plan. T:35mm Visual checked shields 1-176.

Mervin W. Medley 38810 Assistant Mine Certificate No. [Signature] Mine Foreman-Mine Manager Certificate No. [Signature] Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-17-9 20. Section or Area Examined Long Wall
 Time of Examination: from 1:00 a.m. or p.m. to 1:50 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Kevin Medley Time 2:47 A.M.
 Report received by Richard Lane 1357-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face	None obs	Reported
2. Roof Support	" "	" "
3. Power Center	" "	" "
4. Chargers	" "	" "
5. Tracks	" "	" "
6. Travelways	" "	" "
7. Barricade station	" "	" "
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	50,325		
#9	684		
#160	352		
MPA	8110		
MPIR	23,280		

Remarks: 0% CH₄ 20.8% O₂ 0ppm CO

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

Signed By Kevin W. Medley 38810 Richard Lane 1357-A
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned Richard Lane 35000
 Mine Manager—Mine Foreman

Assistant Foreman Superintendent or Assistant

Use Indellible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10/17-9 Shift EVE Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	Violation or Hazardous Condition	Action taken
1. Face	0%	None obs	Reported
2. Roof Support	↓	" "	" "
3. Power Center		" "	" "
4. Chargers		" "	" "
5. Tracks		" "	" "
6. Travelways		" "	" "
7. Barricade Station		" "	" "
8. _____			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	5:10 AM	0%	6. _____		
2. _____	9:15 AM	0%	7. _____		
3. _____			8. _____		
4. _____			9. _____		
5. _____			10. _____		

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety Meeting on Roof + R.B. Visual check of shield 1-176

Richard Han Assistant Mine Certificate No. 1357A
[Signature] Mine Foreman-Mine Manager Certificate No. 39000
Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-17 2007 Section or Area Examined well
 Time of Examination: from 8:00 a.m. or p.m. to 9:30 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. <u>Face</u>	<u>None observed</u>	<u>Reported</u>
2. <u>Supports</u>		
3. <u>Power cables</u>		
4. <u>Chairs</u>		
5. <u>Tracks</u>		
6. <u>Travels</u>		
7. <u>Barrier station</u>		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>50465</u>		
<u>9</u>	<u>628</u>		
<u>160</u>	<u>345</u>		
<u>MPA</u>	<u>8353</u>		
<u>MPB</u>	<u>22896</u>		

Remarks: 0 % ch 20.8 % O₂ 0 % CO at em

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. 1357-A
 Preshift-Mine Examiner
 Countersigned [Signature] Certificate No. 38928
 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 10-18-09 Shift 3-2 Area or Section well

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Fri -</u>	<u>None obser 2</u>	<u>Reported</u>
2. <u>Supports</u>		
3. <u>Power cut</u>		
4. <u>Churn</u>		
5. <u>Track</u>		
6. <u>Trolley</u>		
7. <u>Basin at station</u>		
8. <u>Belt</u>	<u>Bad Top</u>	<u>Set back Jacks at 53 bric.</u>

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>RT</u>	<u>3:30 AM</u>	<u>0 %</u>	6. <u>SO 800</u>	<u>4:10 AM</u>	
2.			7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

J. B. Assistant Mine 38928 Certificate No. [Signature] Mine Foreman-Mine Manager [Signature] Certificate No. [Signature] Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 10-18 2009 Section or Area Examined Longwall
 Time of Examination: from 3:00 a.m. or p.m. to 3:45 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Larry Brown Time 5:35 A.M. P.M.
 Report received by Kevin W. Medley (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	Violation or Hazardous Condition	Action Taken
1. Face	0%	None Observed	Reported
2. Roof Supports	11	11 11	11
3. Power Center	11	11 11	11
4. Chargers	11	11 11	11
5. Track	11	11 11	11
6. Travelways	11	11 11	11
7. Barricade Station	11	11 11	11
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Intake	43,119		
#9	611		
#160	309		
MPA	7,820		
MPB	21,980		

Remarks: 0% CH₄ 20.8% O₂ 0ppm CO

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 38810
 Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman [Signature] Superintendent or Assistant

Use Indelible
Pen or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-18-09 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	Violation or Hazardous Condition		Action taken
1. <u>Face</u>	<u>0%</u>	<u>None Observed</u>		<u>None</u>
2. <u>Roof Supports</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
3. <u>Power center</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
4. <u>Chargers</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
5. <u>Track</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
6. <u>Travelways</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
7. <u>Barricade Station</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
8. _____	_____	_____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Kevin W. Medley 38810
Assistant Mine Certificate No.

[Signature]
Mine Foreman-Mine Manager

390000
Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-18-9 20 Section or Area Examined Long Wall
Time of Examination: from 12:40 a.m. or p.m. to 1:25 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Kevin Medley Time 2:45 P.M.
Report received by Richard Rame 1357-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

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

Remarks: 0% CH4 20.8% O2 0 ppm CO

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

Signed By Kevin W. Medley 38810 Richard Rame 1357-A
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned [Signature] Mine Manager-Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-18-9 Shift EWE Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	CH ₄ .0%	Reported
2. Roof Support	" "	" "
3. Power Center	" "	" "
4. Tracks	" "	" "
5. Travelways	" "	" "
6. Chargers	" "	" "
7. Barricade Station	" "	" "
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	5:50 PM	.0%	6.		
2.	9:45 PM	.0%	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety Meeting on Roof & R.b
pinch Points Visual check of shield 1-176

Richard Linn Assistant Mine 13579 Certificate No. [Signature] Mine Foreman-Mine Manager 33000 Certificate No. _____ Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-18 2009 Section or Area Examined Wall
 Time of Examination: from 9 a.m. or p.m. to 9:50 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom R Lane Time 11:00 P.M.
 Report received by L B... (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>None observed</u>	<u>Reported</u>
2. <u>Supports</u>		
3. <u>Power cabs</u>		
4. <u>Churn</u>		
5. <u>Track</u>		
6. <u>Travels</u>		
7. <u>Burrhead station</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>48340</u>		
<u>9</u>	<u>559</u>		
<u>160</u>	<u>313</u>		
<u>MPA</u>	<u>8090</u>		
<u>MPB</u>	<u>22355</u>		

Remarks: 0% CH₄ 20.8% O₂ 0% CO₂

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

Signed By Richard Lane Preshift-Mine Examiner Certificate No. 1357-A
 Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman Certificate No. 38929
 Assistant Foreman Superintendent or Assistant

Use Indelible
Penell or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-19-09 Shift 3:0 Area or Section well

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	None observed	Reporting
2. Supports	[Large vertical bracket spanning rows 2-9]	[Large vertical bracket spanning rows 2-9]
3. Power cable		
4. Ch-gr		
5. Tracks		
6. Truss		
7. Barriade Station		
8.		
9.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

[Signature]
Assistant Mine

30929
Certificate No.

[Signature]
Mine Foreman-Mine Manager

[Signature]
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10/19 2009 Section or Area Examined Keokuk
 Time of Examination: from 7:30 a.m. or p.m. to 4:15 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Larry Brown Time 6:50 A.M. P.M.
 Report received by Jim Owen (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>0% CH₄</u>	<u>NONE observed</u>
2. <u>Roof support</u>		
3. <u>Track</u>		
4. <u>Travelway</u>		
5. <u>P.C.</u>		
6. <u>Charger</u>		
7. <u>Barricade Station</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>44,896</u>		
<u>#9</u>	<u>608</u>		
<u>#160</u>	<u>319</u>		
<u>M/A</u>	<u>2214</u>		
<u>M/B</u>	<u>22,811</u>		

Remarks: 0% CH₄ 0% CO 20% O₂

All clear at time of exam

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

Signed By [Signature] 38923 Jim Owen 38322
 Preshift Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned [Signature] 38923
 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 10-19-08 Shift Even Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>0% CH₄</u>	<u>None</u>
2. <u>Roof support</u>	<u>observed</u>	<u>None</u>
3. <u>Track</u>		
4. <u>Travelway</u>		
5. <u>P.C</u>		
6. <u>Charger</u>		
7. <u>Barricade station</u>		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Ret</u>	<u>9:30</u>	<u>0%</u>	6.		
2.	<u>1:30</u>	<u>0%</u>	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety meeting on Roof ribs

General safety of lines

Jin Owens Assistant Mine 38322 Certificate No. [Signature] Mine Foreman-Mine Manager 38322 Certificate No. [Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-19-9 20___ Section or Area Examined Long Wall

Time of Examination: from 1:15 a.m. or p.m. to 2:25 a.m. or p.m.

Was this report phoned to outside: Yes no

By whom Tim Davis Time 1357-A A.M. P.M.

Report received by Richard Rame (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face	None obs	Reported
2. Roof Support	" "	" "
3. Power Center	" "	" "
4. Chargers	" "	" "
5. Tracks	" "	" "
6. Travelways	" "	" "
7. Barricade station	" "	" "
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	48,604		
#9	704		
#160	279		
MPA	7,312		
MPB	15,000		

Remarks: 0% CH4 20.8% O2 Oppm CO

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

Signed By [Signature] Freshift-Mine Examiner Certificate No. 38322 Richard Rame Assistant Foreman Certificate No. 1357-A

Countersigned [Signature] Mine Manager—Mine Foreman

Assistant Foreman

Superintendent or Assistant

Date 10-19-9 Shift EVE Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face ^{CH₄} 0%	None obs	Reported
2. Roof Support	" "	" "
3. Power Center	" "	" "
4. Chargers	" "	" "
5. Tracks	" "	" "
6. Treadways	58 blk reset 2 sand Jack 62 blk reset 3 sand sacks	Corrected
7. Barricade station	" "	" "
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	5:05 PM	0%	11.		
2.	7:00 PM	0%	12.		
3.	9:00 PM	0%	13.		
4.	11:00 PM	0%	14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	5:45 PM	0%	6.		
2.	9:50 PM	0%	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety Meeting on Roof + Rib

Pinch points Visual check of Shields 1-176

Richard Rame
Assistant Mine

1357-D
Certificate No.

[Signature]
Mine Foreman-Mine Manager

390600
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-19 2009 Section or Area Examined W 911
 Time of Examination: from 9 a.m. or p.m. to 9:48 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom R Lane Time AM P.M.
 Report received by L Brown (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Free</u>	<u>None observed</u>	<u>Repaired</u>
2. <u>supports</u>	 	
3. <u>Power Center</u>		
4. <u>Charger</u>		
5. <u>Track</u>		
6. <u>Traveling</u>		
7. <u>Barricade station</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>48033</u>		
<u>9</u>	<u>627</u>		
<u>160</u>	<u>284</u>		
<u>MPA</u>	<u>7592</u>		
<u>MPB</u>	<u>14830</u>		

Remarks: 0% CH₄ 0% CO 20.8% O₂ air

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

Signed By Rubens Lane Certificate No. 13570
 Preshift-Mine Examiner
 Countersigned [Signature] Certificate No. 32928
 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 10-20-01 Shift 3-2 Area or Section Wall

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Face	None observed	Reported
2.	Supports		
3.	Power Center		
4.	T-rails		
5.	Travelling		
6.	Barricade Station		
7.			
8.			

Examinations for Methane in Working Places

1.	Location	Time	Methane Content	11.	Location	Time	Methane Content
1.	Face	4:35 AM	0%	11.			
2.				12.			
3.				13.			
4.				14.			
5.				15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

1.	Location	Time	Methane Content	6.	Location	Time	Methane Content
1.	RT	4:50	0%	6.			
2.				7.			
3.				8.			
4.				9.			
5.				10.			

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

 Assistant Mine Foreman
 Certificate No. 38928
 Mine Foreman-Mine Manager
 Certificate No. 38928
 Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-20 2027 Section or Area Examined honyard
 Time of Examination: from 4:30 a.m. or p.m. to 5:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Larry Brown Time 5:30 A.M. P.M.
 Report received by Jim Davis (Signed)

Location	Violations and other Hazardous Conditions Observed and Reported		Action Taken
	Violation or Hazardous Condition		
1. <u>Face</u>	<u>None</u>	<u>observed</u>	<u>None</u>
2. <u>Rock support</u>			
3. <u>Track</u>			
4. <u>Travelway</u>			
5. <u>PC</u>			
6. <u>Chapel</u>			
7. <u>Barrier Stations</u>			
8.			
9.			
10.			

Location	Air Measurements		Location	CFM
	CFM			
<u>Intake</u>	<u>42,870</u>			
<u>#9</u>	<u>582</u>			
<u>#160</u>	<u>292</u>			
<u>MPIA</u>	<u>2,108</u>			
<u>MPIB</u>	<u>19,265</u>			

Remarks: 0% CH4 @ loco 208% air

All clear AT TIME OF EXAM

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

Signed By [Signature] Certificate No. 38928 Assistant Foreman [Signature] Certificate No. 38322
 Countersigned [Signature] Mine Manager—Mine Foreman [Signature]
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-20-89 Shift DAY Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	0% CH ₄ none observed	None
2. Root support		
3. Track		
4. Travelway		
5. P.C.		
6. Charge		
7. Barricade station		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety meeting on Citations & Root & Ribs control walkways

Jim Chan
Assistant Mine

Certificate No.

Chad
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 10-20-9 20. Section or Area Examined Long Wall
 Time of Examination: from 6:45 a.m. or pm to 2:30 a.m. or pm.
 Was this report phoned to outside: Yes no
 By whom Lawrence Stevenson Time 2:31 A.M. P.M.
 Report received by Richard Ramo 1357-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
Intake	47,680		
#9	669		
#160	279		
MPA	7247		
MPB	14,567		

Remarks: 0% CH₄ 20.8% O₂ 0 ppm CO

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

Signed By Lawrence Stevenson Preshift Mine Examiner Certificate No. 39417
 Countersigned Richard Ramo Mine Manager—Mine Foreman Assistant Foreman Certificate No. 1357-A
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-20-9 Shift EWE Area or Section LongWall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face ^{CH₄ 0%}	None obs	Reported
2. Roof Support	" "	"
3. Power Center	" "	"
4. Chargers	" "	"
5. Track	" "	"
6. Travelways	" "	"
7. Barricade Station	" "	"
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	6:40 PM	0.0%	6.		
2.	9:45 PM	0%	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety Meeting on Roof
R.B. Visual check of Shield 1-176

Richard R... Assistant Mine 1357-A Certificate No. [Signature] Mine Foreman-Mine Manager [Signature] Certificate No. [Signature] Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 10-20-2009 Section or Area Examined Langwell
 Time of Examination: from 9:00 a.m. or p.m. to 10:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Rick Lane Time 10:50 A.M. P.M.
 Report received by Keith Stanley (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
Intake	44,662		
#9	596		
#160	267		
MPA	5,117		
MPB	15,130		

Remarks: 0.07% ch⁴ 20.89% O₂ 0ppm CO

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

Signed By Keith Stanley Preshift-Mine Examiner Certificate No. 3218 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 10-21-09 Shift 3rd Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>0.0% CH₄</u> <u>None Observed</u>	<u>Reported</u>
2. <u>Roof Support</u>		
3. <u>Power Center</u>		
4. <u>Chargers</u>		
5. <u>Track</u>		
6. <u>Travelways</u>		
7. <u>Barricade Station</u>		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>4:50 Am</u>	<u>0.0%</u>	6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety meeting on rock & ribs

Donell K. Stanley
Assistant Mine

39218
Certificate No.

[Signature]
Mine Foreman-Mine Manager

[Signature]
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-21 2007 Section or Area Examined LOWWALL
 Time of Examination: from 4:30 a.m. or p.m. to 5:20 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Keth Stealey Time 5:30 A.M. P.M.
 Report received by Jim Cline (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>0% CH₄</u>	<u>None observed</u>
2. <u>Roof support</u>		
3. <u>Tracks</u>		
4. <u>Traverse</u>		
5. <u>P.C.</u>		
6. <u>Charger</u>		
7. <u>Powercable station</u>		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>45,371</u>		
<u>#9</u>	<u>600</u>		
<u>#160</u>	<u>278</u>		
<u>MPA</u>	<u>5,433</u>		
<u>MPB</u>	<u>15,389</u>		

Remarks: 0% CH₄ 0% CO 20.8% O₂

All Clear At Time of Exam

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

Signed By Donald H. Stealey Preshift-Mine Examiner Certificate No. 39218
 Countersigned Jim Cline Mine Manager - Mine Foreman Assistant Foreman Certificate No. 38322
Lawrence Stephens Assistant Foreman Certificate No. 39117
W. L. Cully Superintendent or Assistant Certificate No. 28045

Use Indefinible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-21-09 Shift DAY Area or Section Longwell

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face 0% CH ₄	None observed	None
2. Rock support		
3. Track		
4. Travelway		
5. P.C.		
6. Chaper		
7. Barricade station		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	8.00	0%	11.		
2.	10.00	0%	12.		
3.	12.00	0%	13.		
4.	2.00	0%	14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Ret	9.30	0%	6.		
2.	1.30	0%	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety meeting on meeting speed & track

Safety & Roof & Ribs

Jim Davis
Assistant Mine

38322
Certificate No.

Cal Cal
Mine Foreman-Mine Manager

35000
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 11-21-9 20. Section or Area Examined Long Wall
 Time of Examination: from 1:30 a.m. or p.m. to 2:15 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Lawrence Stevenson Time 2:27 P.M.
 Report received by Richard Lane 1357-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>47,160</u>		
<u>#9</u>	<u>585</u>		
<u>#160</u>	<u>370</u>		
<u>MPA</u>	<u>6472</u>		
<u>MPB</u>	<u>15,750</u>		

Remarks: 0% CH₄ 20.8% O₂ 0 ppm CO

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

Signed By Lawrence Stevenson 3817 Richard Lane 1357-A
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned James C. ... 38322
 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 11-21-9 Shift EVE Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	None obs	Reported
2. Roof Support	None obs	"
3. Power Center	None obs	"
4. Chargers	None obs	"
5. Track	None obs	"
6. Travelways	need Jack set beside m/c tram	"
7. Barricade Station	None obs	"
8.	Header on door at 57 bk needs replaced unsafe to use Reset 2 Jack at 64 bk set 2 timbers 63 bk	

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	5:45 PM	0%	6.		
2.	9:50 PM	0%	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety Meeting on violations + Roof + R.B. Visual check of shields 1-176

Roland Pierr Assistant Mine Certificate No. 1357-A
John [Signature] Mine Foreman-Mine Manager Certificate No. [Signature]
[Signature] Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-21-09 Section or Area Examined Longwall
 Time of Examination: from 9:00 a.m. or p.m. to 10:50 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Rick Lane Time A.M. 10:50 P.M.
 Report received by Keith Stanley (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>49,400</u>		
<u>#9</u>	<u>649</u>		
<u>#160</u>	<u>347</u>		
<u>MPA</u>	<u>6,600</u>		
<u>MPB</u>	<u>15,525</u>		

Remarks: 0.0%CH4 20.8%O2 0ppm CO
Cross bar on door in by mule train messed up. Unsafe to use.

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 Lane 1357A Keith Stanley 39218
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned Keith Stanley 1357A
 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 10-22-09 Shift 3rd Area or Section Lengwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	None Observed	Reported
2. Roof Support		
3. Power Center		
4. Chargers		
5. Barricade Station		
6. Track		
7. Travelways	Set 8 sand props on heel ribs at	Corrected
8. " "	maintrain & replaced crossbar on doors	" "

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	4:32AM	0.07%	11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	4:52AM	0.07%	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) _____

Daniel H. Stanley
Assistant Mine

39218
Certificate No.

[Signature]
Mine Foreman-Mine Manager

380000
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-22 2009 Section or Area Examined Longwall

Time of Examination: from 7:15 a.m. or p.m. to 3:15 a.m. or p.m.

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

By whom Keith Straley Time 5:30 A.M. P.M.

Report received by Jim Daw (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include Face, Roof Support, Track, Travelway, P.C., Chaper, Barricade Station.

Air Measurements

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

Remarks: 0% CH4 0% CO 208/602

All clear at time of exam

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

Signed By: Daniel H. Straley (Preshift-Mine Examiner), Jim Daw (Assistant Foreman), Keith Straley (Mine Manager-Mine Foreman), W.D. Cilly (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 10-22-09 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	0% CH ₄	none observed
2. Roof support		
3. Track	Set ^{HL} 7 props BAD ribs	set 8 props Along Rib, ^{HL}
4. Travelway		
5. PC		
6. Chaper		
7. Barricade Station		
8. Set Timber at mantle at mule train & dark GS for Rib & Roof support		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety meeting on Roof & Ribs visual check of shields 2-176

Jim Ours Assistant Mine 38322 Certificate No. [Signature] Mine Foreman-Mine Manager 59000 Certificate No. [Signature] Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-22 2009 Section or Area Examined Longwall
Time of Examination: from 1:45 a.m. or (P.M.) to 2:20 a.m. or (P.M.)
Was this report phoned to outside: Yes no
By whom Tim Davis Time AM 2:28 P.M.
Report received by Kevin W. Medley
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>46,968</u>		
<u>#9</u>	<u>714</u>		
<u>#160</u>	<u>412</u>		
<u>MFA</u>	<u>7,293</u>		
<u>MP B</u>	<u>17,627</u>		

Remarks: 0% CH₄ 20.8% O₂ 0ppm CO

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

Signed By Tim Davis Preshift-Mine Examiner Certificate No. 38322
Countersigned Kevin W. Medley Assistant Foreman Certificate No. 38810
[Signature] Mine Manager—Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-22-09 Shift EVE Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-20 showing methane readings at various times and locations.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 showing methane readings in return aircourses.

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

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

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

Kevin W. Medley Assistant Mine

38810 Certificate No.

Mine Foreman-Mine Manager

39000 Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-22-69 Section or Area Examined Longwa II
Time of Examination: from 7:40 a.m. or p.m. to 9:25 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Kevin Medley Time A.M. 10:50 P.M.
Report received by Keith Stanley (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

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

Remarks: 0.0% ch4 20.8% O2 Oppm CO
All clear at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Kevin W. Medley Preshift-Mine Examiner Certificate No. 38810
Countersigned [Signature] Mine Manager-Mine Foreman Assistant Foreman Certificate No. 39218
Assistant Foreman Superintendent or Assistant