

Longwall PRESHIFT - ONSHIFT and DAILY REPORT

Full

Company Performance Coal

Mine LIBB

SECTION Longwall

LOCATION North Raleigh WVA
Post Office County State

Form 6-1489
(March 1970)

Budget Bureau No. 42-R1589

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

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FORM# MS-014

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DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-23-09 Shift Day 3rd JKS Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported 025

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>NONE Observed</u>	<u>Reported</u>
2. <u>Roof support</u>		
3. <u>Track</u>		
4. <u>Travelway</u>		
5. <u>PC</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>4:10AM</u>	<u>0.0% CH₄</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>RET</u>	<u>4:35AM</u>	<u>0.0% CH₄</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) _____

Daniel 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 10-23 Section or Area Examined Longwall
 Time of Examination: from 3:30 a.m. or p.m. to 4:50 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Keith Stanley Time 5:30 A.M. P.M.
 Report received by Jim Davis (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>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>55,131</u>		
<u>#9</u>	<u>636</u>		
<u>#160</u>	<u>374</u>		
<u>MPA</u>	<u>7,648</u>		
<u>MPB</u>	<u>17,921</u>		

Remarks: 0% CH₄ 6% 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 Keith Stanley Preshift-Mine Examiner Certificate No. 39218
 Countersigned Jim Davis Mine Manager—Mine Foreman Assistant Foreman Certificate No. 38322
Neil Cully Assistant Foreman Superintendent or Assistant Certificate No. 28075

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-23-09 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>0% CH₄</u>	<u>None</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>Derrisade Station</u>		
8. <u>Setting Sand Sacks & Timbers From 64.13 RL Back To make Train for Ribs + Roof support</u>		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>FACE</u>	<u>8:00</u>	<u>0%</u>	11.		
2.	<u>10:00</u>	<u>0%</u>	12.		
3.	<u>12:00</u>	<u>0%</u>	13.		
4.	<u>2:00</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 + Visual
Check of Shields 1-176

Tom Davis
Assistant Mine

38322
Certificate No.

[Signature]
Mine Foreman-Mine Manager

31000
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-23 2009 Section or Area Examined Longwall
Time of Examination: from 6:55 a.m. or p.m. to 2:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Tim Davis Time A.M 2:40 P.M.
Report received by Kevin W. Medley (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

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

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 Mine Manager-Mine Foreman Assistant Foreman Certificate No. 38810
Assistant Foreman Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-23-09 Shift Eve Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face CH4 0%</u>	<u>NONE observed</u>	<u>NONE</u>
2. <u>Roof Supports</u>	<u>" "</u>	<u>"</u>
3. <u>Power Center</u>	<u>" "</u>	<u>"</u>
4. <u>Chargers</u>	<u>" "</u>	<u>"</u>
5. <u>Track</u>	<u>" "</u>	<u>"</u>
6. <u>Travelways</u>	<u>" "</u>	<u>"</u>
7. <u>Barricade 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>5:00</u>	<u>0%</u>	11. _____	_____	_____
2. _____	<u>7:00</u>	<u>0%</u>	12. _____	_____	_____
3. _____	<u>9:00</u>	<u>0%</u>	13. _____	_____	_____
4. _____	<u>11:00</u>	<u>0%</u>	14. _____	_____	_____
5. _____	_____	_____	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

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

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

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

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

James Dyer
Assistant Mine

32117
Certificate No.

Carl Lind
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 10-23-09 Section or Area Examined Langwall
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 Lawrence Stephenson Time AM 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. Face <u>0.0% ch⁴</u>	<u>None observed</u>	<u>Reported</u>
2. Power Center		
3. Chargers		
4. Barricade Station		
5. Track		
6. Travelsways		
7. Roof Support		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>48,170</u>		
<u>#9</u>	<u>587</u>		
<u>#160</u>	<u>381</u>		
<u>MPA</u>	<u>7,590</u>		
<u>MPB</u>	<u>18,205</u>		

Remarks: 0.0% ch⁴ 20.87% O₂ 0ppm CO
All clear at time of exam

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

Signed By Lawrence Stephenson Certificate No. 39117
Preshift-Mine Examiner Assistant Foreman
Countersigned Keith Stanley Certificate No. 39218
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 10-24-09 Shift 3rd Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action taken. Row 1: Face, 0.07ch4, None observed, Reported. Other rows are blank.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Row 1: Face, 4:40 AM, 0.0%. Other rows are blank.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Row 1: Return, 4:55 AM, 0.0%. Other rows are blank.

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) Done fire drill, SCSR training, and walked Primary at end of shift.

Signatures and titles: Assistant Mine, Certificate No. 39218, 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 10-24 2019 Section or Area Examined Wingwell
Time of Examination: from 4:20 a.m. or p.m. to 5:20 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Keith Stanley Time 5:30 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>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>Charger</u>		
7. <u>Barricade Station</u>		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>54,829</u>		
<u>#9</u>	<u>612</u>		
<u>#160</u>	<u>384</u>		
<u>MPA</u>	<u>7,981</u>		
<u>MPB</u>	<u>18,026</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: Keith Stanley Preshift Mine Examiner Certificate No. 39218
 Countersigned: Jim O'Neil Mine Manager—Mine Foreman Certificate No. 38722
Paul Lilly 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 10-24-09 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	Roche none find	None
2. Roof Supports	" "	"
3. Track	Bad rib + brow outby mule TRAIN	set 6 timbers
4. Travelways	none find	Reported
5. Power Centers	" "	"
6. Chargers	" "	"
7. Barricade Station	" "	"
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	9:15 AM	1.0%	6.		
2. Return	1:15 PM	1.0%	7.		
3. Return	3:35 PM	1.0%	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) Briets men on roof + rib plan. Reil 2. Visual checked shields 1-176. Discussed dust Control plan. 7:25 AM

Jim Davy Assistant Mine 38322 Certificate No. [Signature] Mine Foreman-Mine Manager 350000 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 10-24 2009 Section or Area Examined Longwall
Time of Examination: from 1:50 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 AM 2:35 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 0%</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>.070CH4</u>	<u>53,160</u>		
<u>#9</u>	<u>726</u>		
<u>#160</u>	<u>383</u>		
<u>MP A</u>	<u>7,389</u>		
<u>MP B</u>	<u>17,760</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 38322 Kevin W. Medley 39117
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned Kevin W. Medley 38810
Mine Manager—Mine Foreman Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-24-09 Shift AFT Area or Section HJ

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Row 1: Face, None observed, Reported. Rows 2-8: Roof Support, Track, Travel ways, Power Centers, Chargers, Barricade station, CH4 0%.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-4: Face, 5:00, 0%; Face, 7:00, 0%; Face, 9:00, 0%; Face, 11:00, 0%.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-4: Return, 6:00, 0%; Return, 8:00, 0%; Return, 10:00, 0%; Return, 12:00, 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 went over Rtp at end of track

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

Assistant Mine

39117 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 10-24 2009 Section or Area Examined W911
Time of Examination: from 9:20 a.m. or p.m. to 10:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom L. W. Brown Stephenson Time AM 10:40 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>power center</u>	<u>" "</u>	<u>" "</u>
3. <u>Charger</u>	<u>" "</u>	<u>" "</u>
4. <u>Berriate car</u>	<u>" "</u>	<u>" "</u>
5. <u>Track</u>	<u>" "</u>	<u>" "</u>
6. <u>Travel way</u>	<u>" "</u>	<u>" "</u>
7. <u>Supports</u>	<u>" "</u>	<u>" "</u>
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>51700</u>		
<u>9</u>	<u>623</u>		
<u>160</u>	<u>391</u>		
<u>MPA</u>	<u>6442</u>		
<u>MPB</u>	<u>17104</u>		
_____	_____	_____	_____
_____	_____	_____	_____

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

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] 39117 [Signature] 38929
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned [Signature] 38929
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 10-25-09 Shift 3rd Area or Section wall

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	3:15 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	3:25 AM	0 %	6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

J.R. Assistant Mine Foreman
38823 Certificate No.
[Signature] Mine Foreman-Mine Manager
38823 Certificate No.
 Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-25 2009 Section or Area Examined W 911
Time of Examination: from 3:00 a.m. or p.m. to 5:35 a.m. or p.m.
Was this report phoned to outside: Yes no X
By whom Brought out Time A.M. P.M.
Report received by
(Signed)

Violations and other Hazardous Conditions Observed and Reported:

Location	Violation or Hazardous Condition	Action Taken
1. Face	None observed	Reported
2. Power Center	"	"
3. Charger	"	"
4. Barricade car	"	"
5. Tracks	"	"
6. Traveling	"	"
7. Supports	"	"
8.	"	"
9.	"	"
10.	"	"

Air Measurements

Location	CFM	Location	CFM
Face	53211		
9	724		
160	378		
MPA	7297		
MPB	17460		

Remarks: 0% CH₄ 20.8% O₂ 0% CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] Certificate No. 38927 Assistant Foreman [Signature] Certificate No. 1357-A
Countersigned [Signature] Mine Manager—Mine Foreman [Signature] Assistant Foreman [Signature] Superintendent or Assistant [Signature] Certificate No. 28045

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-28-9 Shift Day Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Rows include Face, Power Center, Charger, Roof Support, Track, Travelways, Barricade Station.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-4 show Face locations at 7:30 AM, 9:30 AM, 11:30 AM, and 1:30 PM with 0% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-2 show Return locations at 7:50 AM and 1:50 PM 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) Briefed men on roof trip plan pp. 2-3 Visual checked shields 1-176. Discussed dust control plans. 7:30 AM

Signatures and titles: Assistant Mine, Certificate No. 1357-A, 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 10-25-09 20. Section or Area Examined Chwall
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. 2:50 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. <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>Changers</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>48,788</u>		
<u>#9</u>	<u>699</u>		
<u>#160</u>	<u>348</u>		
<u>MP A</u>	<u>7,441</u>		
<u>MP B</u>	<u>16,910</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 Richard Lane 1357-A
Preshift-Mine Examiner Certificate No.
Countersigned Kevin W. Medley Assistant Foreman
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 10-25-09 Shift Even Area or Section Longwall 22-01

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	Violation or Hazardous Condition	Action taken
1. Face	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	3:00 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	6:00 PM	0%	6.		
2.	8:00 PM	0%	7.		
3.	10:00 PM	0%	8.		
4.	12:00 AM	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) _____

Kevin W. Medley
Assistant Mine

38810
Certificate No.

[Signature]
Mine Foreman-Mine Manager

350000
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-25 2009 Section or Area Examined L-wall
Time of Examination: from 9 a.m. or p.m. to 9:45 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom K Medley Time A.M 10:45 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>	<u>-</u>	<u>-</u>
3. <u>Power center</u>	<u>-</u>	<u>-</u>
4. <u>Charger</u>	<u>-</u>	<u>-</u>
5. <u>Track</u>	<u>-</u>	<u>-</u>
6. <u>Traveling</u>	<u>-</u>	<u>-</u>
7. <u>Barricade cur</u>	<u>-</u>	<u>-</u>
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements:

Location	CFM	Location	CFM
<u>Intake</u>	<u>50435</u>		
<u>9</u>	<u>706</u>		
<u>160</u>	<u>345</u>		
<u>MPA</u>	<u>7940</u>		
<u>MPB</u>	<u>21680</u>		
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% chf 20.8% O₂ 0% CO at exm

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

Signed By Kevin W. Medley 38810 J B 38928
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned [Signature] 350000
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 10-26-09 Shift 3rd Area or Section well

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>Battery car</u>		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>3:10 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.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

Z. B.
Assistant Mine

38923
Certificate No.

Chadwick
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 10-26-9 20... Section or Area Examined Long Wall
Time of Examination: from 3:10 a.m. or p.m. to 3:40 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 Richard Rann 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	50,389		
#9	716		
#160	352		
MPA	7,850		
MPB	19,285		

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 L. B. Preshift-Mine Examiner Certificate No. 38929
Countersigned Richard Rann 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 10-26-9 Shift Day Area or Section Longwell

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	7:30 ^A	.0%	11.		
2.	9:30 ^A	.0%	12.		
3.	11:30 ^A	.0%	13.		
4.	1:00 ^{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	7:50 ^A	.0%	6.		
2.	11:50 ^A	.0%	7.		
3.	1:35 ^{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 Meeting on Roof & Rib went over dust control plans

Richard Lam Assistant Mine 1357-A 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 10-26 2009 Section or Area Examined Langwall
Time of Examination: from 1100 a.m. or 6:00 p.m. to 2100 a.m. or 6:00 p.m.
Was this report phoned to outside: Yes no
By whom Richard Lane Time AM 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. <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>Travelways</u>	<u> </u>	<u> </u>	<u> </u>
6. <u>Track</u>	<u> </u>	<u> </u>	<u> </u>
7. <u>Barricade Station</u>	<u> </u>	<u> </u>	<u> </u>
8. _____			
9. _____			
10. _____			

Location	Air Measurements		Location	CFM
	CFM			
<u>Intake</u>	<u>56,280</u>			
<u># 9</u>	<u>738</u>			
<u># 160</u>	<u>402</u>			
<u>M.P.A</u>	<u>7560</u>			
<u>M.P.B</u>	<u>19,750</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 Richard Lane Preshift-Mine Examiner Certificate No. 1357-A
Countersigned Kevin W. Medley Mine Manager—Mine Foreman Certificate No. 39117
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 10-26-09 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. Includes entries for Face, Roof Supports, Power Center, Chargers, Travelways, Track, Barricade Station.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Lists examination times and locations (e.g., Face) with recorded methane percentages (0%).

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Lists examination times and locations (e.g., Return) with recorded methane percentages (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

Went over RCP at the end of track

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

Assistant Mine signature

5947 Certificate No.

Mine Foreman-Mine Manager signature

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 10-26 2009 Section or Area Examined well
 Time of Examination: from 9:30 a.m. or p.m. to 10:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom L. Stecher Time 10:42 P.M.
 Report received by L. Stecher
 (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>pow - center</u>		
4. <u>Charger</u>		
5. <u>Track</u>		
6. <u>Traveling</u>		
7. <u>Bumper bar</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>50370</u>		
<u>9</u>	<u>620</u>		
<u>160</u>	<u>420</u>		
<u>MPA</u>	<u>7645</u>		
<u>MPB</u>	<u>17981</u>		

Remarks: 0% chf 20.8% O₂ 0% CO at exm

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

Signed By [Signature] Freshift-Mine Examiner Certificate No. 39117
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 38927
 Assistant Foreman Certificate No. [Signature]
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-27-08 Shift 3rd Area or Section well

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>supp-b</u>		
3. <u>Power - center</u>		
4. <u>Ch -</u>		
5. <u>Track</u>		
6. <u>Traveling</u>		
7. <u>Burrhead cr</u>		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Fire</u>	<u>3:40am</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>4:00am</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

300928
Certificate No.

[Signature]
Mine Foreman-Mine Manager

382111
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-27-9 20 Section or Area Examined LongWall
Time of Examination: from 3:35 a.m. or p.m. to 4:15 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Larry Brown Time 5:30 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 Support	" "	" "
3. Power Center	" "	" "
4. Chargers	" "	" "
5. Tracks	" "	" "
6. Travelways	" "	" "
7. Barricade Station	" "	" "
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	51,221		
#9	687		
#160	338		
MPA	7000		
MPB	19,552		

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] 32928 Richard Rame 1357-A
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned [Signature] 3902
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 10-27-9 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. Chargers		" "	"
4. Power Center		" "	"
5. Track		" "	"
6. Travelways		" "	"
7. Barricade Station		" "	"
8.			

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	7:30am	.0%	11.		
2.	9:30am	.0%	12.		
3.	11:30am	.0%	13.		
4.	1:15pm	.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	7:45am	.0%	6.		
2.	11:50am	.0%	7.		
3.	1:56pm	.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 Meeting on Roof & RB
pinch points Visual check of Shields 1-176.

Richard [Signature] Assistant Mine 1357-A Certificate No. [Signature] Mine Foreman-Mine Manager 3300 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 10-27 2009 Section or Area Examined Longwall
Time of Examination: from 11:15 a.m. or p.m. to 2:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Richard Lane 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. Truck			
6. Travelways			
7. Barricade Station			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Intake	53 250		
#9	710		
#160	378		
MPA	7 125		
MPB	18 840		

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 Richard Lane Preshift-Mine Examiner Certificate No. 157A
Countersigned Kevin W. Medley Mine Manager—Mine Foreman Certificate No. 3201
Laura Spahr Assistant Foreman Certificate No. 5917
Kevin W. Medley Superintendent or Assistant Certificate No. 38810

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 10-27-09 Shift Eve Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>CH₄ 0%</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. _____		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken
west end rep at P.C.

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

[Signature]
Assistant Mine

39117
Certificate No.

[Signature]
Mine Foreman-Mine Manager

350000
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-27-09 Section or Area Examined Longwall
 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 Lawrence Stephenson Time 10:53 A.M. P.M.
 Report received by Donell K. Statler
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face <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>Barricade Station</u>		
6. <u>Track</u>		
7. <u>Travelways</u>		
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>49,015</u>		
<u>#9</u>	<u>582</u>		
<u>#160</u>	<u>410</u>		
<u>MPA</u>	<u>8,105</u>		
<u>MPB</u>	<u>17,800</u>		

Remarks: 0.0% ch4 20.802 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 Lawrence Stephenson Certificate No. 39117
 Preshift-Mine Examiner
 Countersigned Donell K. Statler Certificate No. 39218
 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 10-28-09 Shift 3rd Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face ^{0.07% ch4}	None Observed	Reported
2. Roof Support		
3. Power Center		
4. Charger		
5. Barricade Station		
6. Track		
7. Travelways		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. ^{OKS} Intake Face	4:36AM	0.07% ch4	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	7:52AM	0.09% ch4	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) _____

Danell K. Stanley
Assistant Mine

39218
Certificate No.

[Signature]
Mine Foreman-Mine Manager

39000
Certificate No.

Superintendent or Assistant

[Signature]

38928

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-28- 09 Section or Area Examined Hwall
 Time of Examination: from 03 a.m. or p.m. to 03 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Larry Brown Time A.M. P.M.
 Report received by 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>nope</u> none found	<u>held</u>
2. <u>Roof Support</u>	" "	"
3. <u>Power Cator</u>	" "	"
4. <u>Chargers</u>	" "	"
5. <u>Track</u>	" "	"
6. <u>Travelways</u>	" "	"
7. <u>Barricade St.</u>	" "	"
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>nope</u> Intake	<u>54,718</u>		
#9	<u>603</u>		
#160	<u>357</u>		
MPA	<u>7836</u>		
MPB	<u>17,911</u>		

Remarks: 10% ch, 20.9% O₂, No Co found at time of Exam.

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

Signed By Danell K. Harty Freshift-Mine Examiner Certificate No. 39215
 Countersigned Richard Rame Mine Manager—Mine Foreman Assistant Foreman Certificate No. 1357-A
Richard Rame Assistant Foreman Certificate No. 28075
Richard Rame Assistant Foreman Certificate No. 38128
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-27-9 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	set Jacks around mine train all 1/2 bks	Corrected
7. Barricade Station	" "	" "
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	7:30 AM	0.0%	11.		
2. Face	9:30 AM	0.0%	12.		
3. Face	11:30 AM	0.0%	13.		
4. Face	1:15 PM	0.0%	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 AM	0.0%	6.		
2. Return	12:00 PM	0.0%	7.		
3. Return	2:45 PM	0.0%	8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Brick new on Roof 42 lb plan 8/18-19.

Visual check shields 1-176. Discussed dust control plan, 7:35 AM.

Richard Lam
Assistant Mine

13579
Certificate No.

[Signature]
Mine Foreman-Mine Manager

3302000
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-28 2009 Section or Area Examined leafwell

Time of Examination: from 4:15 a.m. or p.m. to 7:15 a.m. or p.m.

Was this report phoned to outside: Yes no

By whom Robb 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. Face <u>96 CH4</u>	<u>none observed</u>	<u>none</u>
2. Roof Support		
3. Track		
4. Travelway		
5. PC		
6. Charge		
7. Barcode station		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>57,625</u>		
<u>#9</u>	<u>657</u>		
<u>#160</u>	<u>399</u>		
<u>MPIA</u>	<u>8902</u>		
<u>MPIB</u>	<u>17,540</u>		

Remarks: 0% CH4 0% CO 20.8% O2

All clear at 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 Rame
Preshift-Mine Examiner

1357-A
Certificate No.

Jim Davis
Assistant Foreman

38,322
Certificate No.

Countersigned Carl [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 10-28-09 Shift EUC Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>None</u>	<u>observed</u>
2. <u>Roof support</u>		
3. <u>Track</u>		
4. <u>Tranclony</u>		
5. <u>PC</u>		
6. <u>Charge</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. <u>508.08</u>	<u>40:00</u>	
2. _____	<u>9:30</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) _____

Jim Owen
Assistant Mine

38322
Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-28-09 Section or Area Examined Large Hall
 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 Tina Davis Time 11:10 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	None Observed	Reported
2. Roof Support	/ /	/
3. Barricade Station		
4. Power Center		
5. Chargers		
6. Track		
7. Travelways		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	51,793		
#9	689		
#160	380		
MPA	7,447		
MPB	17,396		

Remarks: 0.0% CH4 20.802 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. 38322
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 39218
[Signature] Assistant Foreman
 Superintendent or Assistant

Date 10-29-09 Shift 3rd Area or Section Langwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken	
1. Face	0.07% ^{CH₄}	None observed	Reported
2. Roof Support			
3. Barricade Station			
4. Power Center			
5. Chargers			
6. Tracks			
7. Travelways			
8.			

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	4:30	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	4:45 PM	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 _____

Safety meeting on opening & closing of air lock doors.

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

Donnell J. Stating
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 10-29-9 20__ Section or Area Examined LongWall
Time of Examination: from 4:15 a.m. or p.m. to 5:13 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Keith Stanley Time 5:40 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. Face <u>CH₄ 0%</u>	<u>None obs</u>	<u>Reported</u>
2. Roof Support	" "	" "
3. Power Center	" "	" "
4. Chargers	" "	" "
5. Tracks	" "	" "
6. Traveled ways	" "	" "
7. Barricade Station	" "	" "
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>52,314</u>		
<u>#9</u>	<u>662</u>		
<u>#160</u>	<u>321</u>		
<u>MPA</u>	<u>7813</u>		
<u>MPB</u>	<u>17,523</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 Keith Stanley Preshift Mine Examiner Certificate No. 39218
Countersigned Richard Ram Mine Manager—Mine Foreman Certificate No. 1357-A
Richard Ram Assistant Foreman
Howard Cilly Superintendent or Assistant Certificate No. 28015

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-29-9 Shift Day Area or Section LangWall

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. Track		"	"
6. Travelways		"	"
7. Barricade Station		"	"
8. S3 Bk. Belt to track Bk.		Band top	Set @ Props on Belt side of DANGER off.

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	7:45 AM	.0%	11.		
2.	9:40 AM	.0%	12.		
3.	11:45 AM	.0%	13.		
4.	1:30 PM	.0%	14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	8:25 AM	.0%	6.		
2.	12:15 PM	.0%	7.		
3.	2:00 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 Meeting on Roof + Rib
Visual check of Shield 1-17.

Richard Assistant Mine 1257 Certificate No. Cal Mine Foreman-Mine Manager 35 Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-29- Section or Area Examined Level 1
 Time of Examination: from 1:30 a.m. or (p.m.) to 2:20 a.m. or (p.m.)
 Was this report phoned to outside: Yes no
 By whom Rick Lane Time 049 (P.M.)
 Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face	none obs	none
2. Pc		
3. Chargers		
4. Roof Support		
5. Track		
6. Travelys		
7. Barricade Station		
8. 53 Ark cross cut between #1 & #2 Entry	Bad top	Revised O&F
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	48,488		
#9	671		
#160	374		
MPA	17,422		
MPB	17,655		

Remarks: No CH No CO 02 20.82 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. 3578
 Countersigned [Signature] Mine Manager—Mine Foreman
[Signature] Assistant Foreman Certificate No. 1240-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 10-29-09 Shift EUC Area or Section Kwall

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Includes handwritten entries like 'Face', 'Roof Support', 'Travels', 'Benchmarks Station', 'Dnd Tr', 'Dangerous OFF'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Includes handwritten entries for 'Face' at various times with '1.0%' methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Includes handwritten entries for 'Ret' at 6:15 and 10:40 with '1.0%' methane content.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over Roof control plan with

Signatures and titles: Assistant Mine Foreman, Mine Foreman-Mine Manager, Superintendent or Assistant.

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 10-29 2009 Section or Area Examined L1 wall
Time of Examination: from 9:15 a.m. or p.m. to 10:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Luke Ford Time A.M. 10:30 P.M.
Report received by Blair Hellman (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include Face, PC, Chargers, Roof support, Track, Travelways, Carriacade Station, 53 Brk crosscut, and Between 1-2 Entry.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows include Intake 02064, 119, #160, MPA, and MPB.

Remarks: 02064 0200 2018202 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 Luke Ford Preshift Mine Examiner Certificate No. 1240A
Countersigned Blair Hellman 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 10-30-09 Shift 3rd Area or Section Logwall

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. Barricade Station		
5. Chargers		
6. Track		
7. Travelways		
8. S3 Break crosscut between #1 & #2 entry		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Danell K. Study
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 10-30- 2009 Section or Area Examined L/WAD1
 Time of Examination: from 4:05 a.m. or p.m. to 5:05 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Keith Stanley Time 5:37 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>.0%</u>	<u>None obs</u>
2. <u>Roof Supports</u>		
3. <u>Power Centers</u>		
4. <u>Changer</u>		
5. <u>Track</u>		
6. <u>Travelways</u>		
7. _____		
8. _____		
9. <u>53 blc CrossCut</u>	<u>Bad top</u>	<u>Dangered off</u>
10. <u>Between H2 Entry</u>		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>54,112</u>		
<u>#9</u>	<u>681</u>		
<u>#160</u>	<u>343</u>		
<u>MPA</u>	<u>7728</u>		
<u>MPB</u>	<u>17,336</u>		

Remarks: 0.0% chg, 20.8% No Co found at time of Exam

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

Signed By Samuel K. Stanley 39218 Richard Ram 1357-A
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned Carl [Signature] 3800 Wrd Bully 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 10-30-9 Shift Day Area or Section Long

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	None obs	Reported
2. Roof Support	" "	"
3. Bowler Center	" "	"
4. Chargers	" "	"
5. Tracks	" "	"
6. Travelways	" "	"
7. Barricade Station	" "	"
8. 536k cross cut between 1 & 2 entry	Bad Top	Dangered off

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	8:00 AM	.0%	11.		
2.	10:00 AM	.0%	12.		
3.	11:45 AM	.0%	13.		
4.	1:45 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	8:55 AM	.0%	6.		
2.	12:30 PM	.0%	7.		
3.	2:30 PM	.0%	8.		
4.			9.		
5.			10.		

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

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

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

Richard Han
Assistant Mine

1357-A
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 10-30 2009 Section or Area Examined 4/w
 Time of Examination: from 1:45 a.m. or p.m. to 2:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Laurence Stephenson Time _____ A.M. _____ P.M.
 Report received by Laurence Stephenson
 (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>Charger</u>		
5. <u>Track</u>		
6. <u>Travel ways</u>		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>53,744</u>		
<u>#9</u>	<u>638</u>		
<u>#160</u>	<u>369</u>		
<u>Mpa</u>	<u>7340</u>		
<u>MPB</u>	<u>17,911</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: CH4 - .0 02 - 20.8

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

Signed By Richard Rame Preshift-Mine Examiner Certificate No. 1357-A

Countersigned Laurence Stephenson Assistant Foreman Certificate No. 39117

 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 10-30-09 Shift AM Area or Section 4W

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. Changer		
5. Track		
6. Travelways		
7. CH4 0%		
8. O2 20.8		

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. Return	6:00	0%	6.		
2.	8:00	0%	7.		
3.	10:00	0%	8.		
4.	12:00	0%	9.		
5.			10.		

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

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken
went over RCP at the end of track

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

[Signature]
Assistant Mine

39117
Certificate No.

[Signature]
Mine Foreman-Mine Manager

39117
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-30-09 2009 Section or Area Examined Longwell
 Time of Examination: from 9:00 a.m. or 9:00 p.m. to 10:00 a.m. or 10:00 p.m.
 Was this report phoned to outside: Yes no
 By whom L. Stephenson Time 11:04 A.M. (P.M.)
 Report received by Thomas Dick
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face C.07ack4	None Observed	Reported
2. Power Center		
3. Barricade Station		
4. Chargers		
5. Roof Supports		
6. Track		
7. Travel ways		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	51,508		
#9	670		
#160	411		
MP A	8105		
MP B	16,957		

Remarks: C.07ack4 20.80% Oppen 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 James S. [Signature] Preshift Mine Examiner Certificate No. 3917
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 39218
[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 10-31-09 Shift 3rd Area or Section Longwall

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. Power Center		
3. Barricade Station		
4. Roof Supports		
5. Chargers		
6. Track		
7. Travel ways		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	4:35 AM	0.0%	6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

Daniel K. Stouly
Assistant Mine

39218
Certificate No.

Carl [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 10-31-20 Section or Area Examined Longwall
Time of Examination: from 4:05 a.m. or p.m. to 4:55 a.m. or p.m.
Was this report phoned to outside: Yes Y no
By whom Keith Stanley Time 5:35 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, and Action Taken. Rows include Face, Roof Supports, Power Center, Chargers, Track, Travelways, and Barricade Station.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Measurements include Intake (52,327), #9 (663), #160 (389), MPA (7,831), and MPB (17,121).

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 Daniel K. Stanley Preshift-Mine Examiner Certificate No. 39218
Countersigned Kevin W. Medley Assistant Foreman Certificate No. 38910
Assistant Foreman: Kevin W. Medley
Superintendent or Assistant: [Signature]

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-31-09 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 Face, Roof Supports, Power Center, Chargers, Track, Travelways, Barricade Station.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, 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, 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)

Assistant Mine

39810 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 10-31-09 20. Section or Area Examined Lwall
 Time of Examination: from 12:25 a.m. or 1:10 p.m. to 1:10 a.m. or 1:10 p.m.
 Was this report phoned to outside: Yes no
 By whom K. Medley Time 2:30 A.M. P.M.
 Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Fence</u>	<u>None obs</u>	<u>None</u>
2. <u>Pc</u>	<u>[Large Handwritten 'J' or 'I' shape]</u>	<u>[Large Handwritten 'J' or 'I' shape]</u>
3. <u>Chairs</u>		
4. <u>Roof Support</u>		
5. <u>Travle</u>		
6. <u>Travelway</u>		
7. <u>Barricade Stairs</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>51,875</u>		
<u>9</u>	<u>647</u>		
<u>160</u>	<u>338</u>		
<u>mp A</u>	<u>7,855</u>		
<u>mp B</u>	<u>18,764</u>		

Remarks: NOCH NOCO 0220.8% All clear AT line of EXIA

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

Signed By Kevin W. Medley 38810 Certificate No. [Signature] Assistant Foreman 12401A Certificate No.
 Countersigned [Signature] Mine Manager—Mine Foreman [Signature] Assistant Foreman 39117
 Superintendent or Assistant

Use Indefilble Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 10-31-09 Shift ATT Area or Section 41W

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. <u>CH4 - 0% 02-20.8</u>		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

went over Rlp at PIC

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

Lawrence H. [Signature]
Assistant Mine

39M7
Certificate No.

[Signature]
Mine Foreman-Mine Manager

[Signature]
Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 10-31-09 Section or Area Examined Langwell
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 Laurence Stephenson Time A.M. 10:50 P.M.
Report received by Keith Staley
(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>Barricade Station</u>		
5. <u>Chargers</u>		
6. <u>Track</u>		
7. <u>Travelways</u>		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>51,750</u>		
<u>#9</u>	<u>595</u>		
<u>#160</u>	<u>380</u>		
<u>MPA</u>	<u>8,412</u>		
<u>MPB</u>	<u>16,935</u>		

Remarks: 0.0% ch⁴ 20.8% O₂ 0ppm CO
All clear at time of exam

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

Signed By Laurence Stephenson 39117 Keith Staley 39218
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned Keith Staley 39218
Mine Manager—Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 11-1-09 Shift 3rd Area or Section Longwall

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. Barricade Station		
5. Chargers		
6. Track		
7. Travelways		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	7:30 AM	0.07% ch ₄	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	4:45 AM	0.0%	6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

Daniel K. Sturdy
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 11-1- 2009 Section or Area Examined Longwall

Time of Examination: from 4:15 a.m. or p.m. to 5:15 a.m. or p.m.

Was this report phoned to outside: Yes no

By whom Keith Stanley Time 5:30 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>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>.07%</u> <u>53,341</u>			
<u># 9</u>	<u>627</u>		
<u># 120</u>	<u>370</u>		
<u>MP A</u>	<u>7,910</u>		
<u>MP B</u>	<u>17,636</u>		
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH4 20.8% O2 0ppm CO

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

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

Countersigned Kevin W. Medley 39218 Kevin W. Medley 38810
Mine Manager—Mine Foreman Assistant Foreman

Superintendent or Assistant

Date 11-1-09 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%	None Observed		None
2. Roof Supports	"	"	"	"
3. Power Center	"	"	"	"
4. Charger	"	"	"	"
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.	9:00 AM	0%	12.		
3.	11:00 AM	0%	13.		
4.	1:00 PM	0%	14.		
5.	3:00 PM	0%	15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	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) _____

Kevin W. Medley
Assistant Mine

38810
Certificate No.

[Signature]
Mine Foreman-Mine Manager

59420
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 11-1 2009 Section or Area Examined 41w

Time of Examination: from 1245 a.m. or p.m. to 130 a.m. or p.m.

Was this report phoned to outside: Yes no

By whom Medley Time 2:45 P.M.

Report received by Stephenson
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>52,254</u>		
<u>#9</u>	<u>655</u>		
<u>#160</u>	<u>347</u>		
<u>M.P.A</u>	<u>7,830</u>		
<u>M.P.B</u>	<u>18,640</u>		

Remarks: CH4 - 0% O2 - 20.8

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

Signed By Kevin W. Medley
Preshift-Mine Examiner

38810
Certificate No.

[Signature]
Assistant Foreman

39112
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 11-1-09 Shift A/E Area or Section 1-12

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Locations include Face, Roof Support, Power Center, Charger, Track, Travelways, Barricade station. Action taken is Reported.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Locations include Face. Times range from 5:00 to 11:00. Methane content is 0%.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Location is Return. Times range from 6:00 to 12:00. Methane content is 0%.

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

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken went over top at end of track

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

Signatures and names: Assistant Mine, Certificate No. 37117, 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 11-1 20-09 Section or Area Examined W911
Time of Examination: from 9 a.m. or p.m. to 10 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom L. Stephenson Time A.M 10:35 P.M.
Report received by L. B. (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Locations include Face, Supports, Track, T-railing, Poor center, Chert, Borehole Cur. Violation noted as 'None observed'. Action taken as 'Rents'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Measurements include Intake (50837), 9 (600), 160 (422), MPA (6708), MPB (17418).

Remarks: O% chf 20.8% O2 O% 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] 39117 Certificate No.
Countersigned [Signature] 39064 Certificate No.
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-2-08 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, Repetition. Rows 2-8: SUPPLY, TRACK, TRAVELING, POWER CABLE, CHARGER, BARRICADE CIR.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Row 1: FACE, 4:20, 0%.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Row 1: RT, 4:45, 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) _____

Signatures and Certificates: Assistant Mine, Certificate No. 38928, 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 11-2 2009 Section or Area Examined Longwall
Time of Examination: from 4:25 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 5:25 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. <u>Face</u>	<u>0%</u>	<u>None Observed</u>	<u>Reported</u>
2. <u>Roof Supports</u>	<u>11</u>	<u>11 11</u>	<u>11</u>
3. <u>Track</u>	<u>11</u>	<u>11 11</u>	<u>11</u>
4. <u>Travelways</u>	<u>11</u>	<u>11 11</u>	<u>11</u>
5. <u>Power Centers</u>	<u>11</u>	<u>11 11</u>	<u>11</u>
6. <u>Charger</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. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>50 460</u>		
<u>#9</u>	<u>608</u>		
<u>#160</u>	<u>314</u>		
<u>M P A</u>	<u>6840</u>		
<u>M P B</u>	<u>16 090</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] 30928 Kevin W. Medley 38810
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned [Signature] [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 11-2-09 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>0%</u>	<u>" "</u>	<u>" "</u>
3. <u>Power Center</u>	<u>0%</u>	<u>" "</u>	<u>" "</u>
4. <u>Charger</u>	<u>0%</u>	<u>" "</u>	<u>" "</u>
5. <u>Track</u>	<u>0%</u>	<u>" "</u>	<u>" "</u>
6. <u>Travelways</u>	<u>0%</u>	<u>Dislodged timber</u>	<u>reset timber</u>
7. <u>Barricade Station</u>	<u>0%</u>	<u>None Observed</u>	<u>None</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 D. Medley
Assistant Mine

38810
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 11-2 Section or Area Examined long wall
Time of Examination: from 6:00 a.m. or p.m. to 6:50 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Kevin Medley Time 2:30 P.M.
Report received by John [unclear] (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>None</u>
2. <u>Roof support</u>		
3. <u>Tracks</u>		
4. <u>Travelway</u>		
5. <u>PC</u>		
6. <u>Charger</u>		
7. <u>Baricade Station</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>51,240</u>		
<u>#9</u>	<u>623</u>		
<u>#160</u>	<u>340</u>		
<u>MPA</u>	<u>7,260</u>		
<u>MPB</u>	<u>17,220</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 Kevin W. Medley Certificate No. 38810
 Countersigned John [unclear] Mine Manager - Mine Foreman Assistant Foreman Certificate No. 38322
James [unclear] Assistant Foreman Certificate No. 39117
 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 11-2-09 Shift Eve Area or Section long wall

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, and Action taken. Row 1: Face, 0% CH4, None observed, None.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Row 1: Face, 5:00, 0%.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Row 1: Ret, 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 Roof & Ribs

Visual check of Shields 2-126

Signatures and titles: Assistant Mine, Mine Foreman-Mine Manager, Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-2 20.09 Section or Area Examined L-wall
Time of Examination: from 9:00 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.P.M. (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Includes handwritten entries like 'Free supports', 'None observed', and 'Repaired'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Includes handwritten entries like 'Intake 53040', '9 704', '160 411', 'MPA 7324', 'MPB 17490'.

Remarks: 0% ch4 20.8% O2 0% CO at exha

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. 38522
Countersigned [Signature] Mine Manager-Mine Foreman Assistant Foreman Certificate No. 38928
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-3-09 Shift 3rd Area or Section L-2911

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Fair</u>	<u>NONE observed</u>	<u>Reported</u>
2. <u>SUPPORTS</u>		
3. <u>Track</u>		
4. <u>Travelway</u>		
5. <u>power center</u>		
6. <u>Charger</u>		
7. <u>Barricade car</u>		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>RT</u>	<u>3:00am</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) _____

L B
Assistant Mine

38928
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 11-3 2009 Section or Area Examined Longwall
Time of Examination: from 3:10 a.m. or p.m. to 4:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Larry Brown Time 5:25 A.M. P.M.
Report received by Mervin 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>0%</u>	<u>" "</u>	<u>" "</u>
3. <u>Power Center</u> <u>0%</u>	<u>" "</u>	<u>" "</u>
4. <u>Chargers</u> <u>0%</u>	<u>" "</u>	<u>" "</u>
5. <u>Travelways</u> <u>0%</u>	<u>" "</u>	<u>" "</u>
6. <u>Truck</u> <u>0%</u>	<u>" "</u>	<u>" "</u>
7. <u>Barricade Station</u> <u>0%</u>	<u>" "</u>	<u>" "</u>
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>50,435</u>		
<u>#9</u>	<u>706</u>		
<u>#160</u>	<u>345</u>		
<u>M.P. A</u>	<u>7940</u>		
<u>M.P. B</u>	<u>20,680</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 L B 38928 Mervin W. Medley 38810
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 11-3-09 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. Includes entries for Face (CH4 0%), Roof Supports, Power Center, Chargers, Traxelways, Track, Barricade Station.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Lists 20 examination points with times and 0% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Lists 10 examination points in return aircourses with times and 0% methane content.

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

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken went over keep at P.C.

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

Signatures and titles: Assistant Min., Certificate No. 39117, 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 11-3-9 20. Section or Area Examined Long Wall
Time of Examination: from 1:00 a.m. or p.m. to 2:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Lawrence Stevenson Time A.M. 2:38 P.M.
Report received by Richard Rasmussen 1357-A (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, Tracks, 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 [Signature] Preshift-Mine Examiner Certificate No. 39117
Countersigned [Signature] Mine Manager-Mine Foreman Assistant Foreman
Richard Rasmussen Assistant Foreman Certificate No. 1357-A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-3-9 Shift EVE 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>CH₄ .0%</u>	<u>None obs</u>	<u>Reported</u>
2. <u>Roof Support</u>	<u>" "</u>	<u>" "</u>
3. <u>Chargers</u>	<u>" "</u>	<u>" "</u>
4. <u>Power Center</u>	<u>" "</u>	<u>" "</u>
5. <u>Trails</u>	<u>" "</u>	<u>" "</u>
6. <u>Travelways</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>5:00 PM</u>	<u>.0%</u>	11. _____	_____	_____
2. _____	<u>7:00 PM</u>	<u>.0%</u>	12. _____	_____	_____
3. _____	<u>9:00 PM</u>	<u>.0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. _____	_____	_____	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>5:18 PM</u>	<u>.0%</u>	6. _____	_____	_____
2. _____	<u>9:22 PM</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 check of shields 1-176 Safety Meeting on Roof & Rib

Richard Rame
Assistant Mine

1357-A
Certificate No.

Charles Cook
Mine Foreman-Mine Manager

3-11-1900
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 11-3 2009 Section or Area Examined Wall
Time of Examination: from 9 a.m. or p.m. to 10:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom ~~Richard~~ Rick Lane 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>None observed</u>	<u>None</u>
2. <u>Supports</u>	()	()
3. <u>Power center</u>		
4. <u>Charger</u>		
5. <u>Track</u>		
6. <u>Traveling</u>		
7. <u>Barracks</u>		
8. <u> </u>		
9. <u> </u>		
10. <u> </u>		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>49681</u>		
<u>9</u>	<u>622</u>		
<u>160</u>	<u>373</u>		
<u>MPA</u>	<u>7290</u>		
<u>MPB</u>	<u>16850</u>		

Remarks: 0% CH 0% CO 28.8% O2 at exn

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 1357-A Certificate No. 7072 Assistant Foreman Certificate No. 32927
Countersigned Richard Lane 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 11-4-09 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	[Large vertical bracket spanning rows 2-9]	[Large vertical bracket spanning rows 2-9]
3.	Power cables		
4.	Chairs		
5.	Tracks		
6.	Traveling		
7.	Barrel Box		
8.			
9.			

Examinations for Methane in Working Places

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

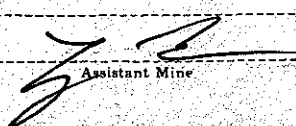
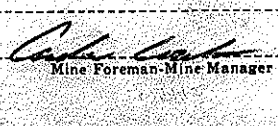
Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. RT	4:30	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. 38127
 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 11-4- 2009 Section or Area Examined Longwall
Time of Examination: from 3:50 a.m. or p.m. to 4:40 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Larry Brown Time 5:25 A.M. P.M.
Report received by Kevin W. Medley
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
Intake	51,618		
#9	718		
#160	320		
MFA	7180		
MPB	17,424		

Remarks: 0% CH₄ 20.8% D 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] Certificate No. 38928
 Preshift-Mine Examiner
 Countersigned [Signature] Certificate No. 39117
 Mine Manager—Mine Foreman
Kevin W. Medley Assistant Foreman
[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 11-4-09 Shift Day Area or Section L/W

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>7:00</u>	<u>0%</u>	11. _____	_____	_____
2. _____	<u>9:00</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</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</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</u>	<u>0%</u>	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 9
Number of Bolts Torqued Above Range 0 Below Range 0

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

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

Lawrence D. H. Assistant Mine 37117 Certificate No. _____ Mine Foreman-Mine Manager 3500000 Certificate No. _____ Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 11-4-9 20: Section or Area Examined LongWall
 Time of Examination: from 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 2:35 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>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>Travelways</u>	<u>" "</u>	<u>" "</u>
6. <u>Trac</u>	<u>" "</u>	<u>" "</u>
7. <u>Barricade Station</u>	<u>" "</u>	<u>" "</u>
8. <u>53 Bl. between #142 entries</u>	<u>Bad top</u>	<u>Dangero off</u>
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>51,715</u>		
<u>#9</u>	<u>581</u>		
<u>#160</u>	<u>353</u>		
<u>MPA</u>	<u>7850</u>		
<u>MPB</u>	<u>17,912</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 39117 Richard Rame 1357-A
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned [Signature] [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 11-4-9 Shift EVE 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>	
2. <u>Roof Support</u>		
3. <u>Power Center</u>		
4. <u>Chargers</u>		
5. <u>Travelways</u>		
6. <u>Trails</u>		
7. <u>Barricade Station</u>		
8. <u>53 blk between 1+2 entry</u>	<u>Bad Top</u>	<u>Dangered off</u>

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>4:30 PM</u>	<u>.0%</u>	11.		
2.	<u>6:30 PM</u>	<u>.0%</u>	12.		
3.	<u>8:30 PM</u>	<u>.0%</u>	13.		
4.	<u>9:45 PM</u>	<u>.0%</u>	14.		
5.	<u>11:00 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>4:50 PM</u>	<u>.0%</u>	6.		
2.	<u>8:45 PM</u>	<u>.0%</u>	7.		
3.	<u>10:05 PM</u>	<u>.0%</u>	8.		
4.			9.		
5.			10.		

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

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

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

Richard Ham Assistant Mine 1357A Certificate No. [Signature] Mine Foreman-Mine Manager 3-20-90 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 11-4 2009 Section or Area Examined W911
 Time of Examination: from 9:30 a.m. or p.m. to 10:45 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Rick Linn Time AM 10:50 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>Free</u>	<u>none observed</u>	<u>reported</u>
2. <u>S-APPV 75</u>	 	
3. <u>poor cut</u>		
4. <u>ch</u>		
5. <u>Traveling</u>		
6. <u>Track</u>		
7. <u>Burned car</u>		
8. <u>#53 brick</u>		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>49,985</u>		
<u>9</u>	<u>656</u>		
<u>160</u>	<u>366</u>		
<u>MPA</u>	<u>7730</u>		
<u>MPB</u>	<u>17504</u>		

Remarks: 0% O₂ at 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 Richard Kenna Certificate No. 1352-A Assistant Foreman L.B. Certificate No. 30928
 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 11-5-09 Shift 3-2 Area or Section W911

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>None observed</u>	<u>Reported</u>
2. <u>S-PP6-t2</u>	/ /	/ /
3. <u>Power center</u>		
4. <u>Charger</u>		
5. <u>Track</u>		
6. <u>Travely</u>		
7. <u>Barricade car</u>		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>RT</u>	<u>3:50 PM</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

30928
Certificate No.

Chad Carter
Mine Foreman-Mine Manager

321600
Certificate No. Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 11-5 2009 Section or Area Examined Longwall
Time of Examination: from 3:15 a.m. or p.m. to 4:10 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Larry Brown Time 5:25 A.M. P.M.
Report received by Stephenson
(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	0%	" "	"
3. Power Center	0%	" "	"
4. Chargers	0%	" "	"
5. Track	0%	" "	"
6. Travelways	0%	" "	"
7. Barricade Station	0%	" "	"
8.			
9. Break 53	0%	Bad Top	Dangered off
10.			

Air Measurements

Location	CFM	Location	CFM
Intake	50,160		
# 9	608		
# 160	312		
M P A	6,985		
M P B	16,940		

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. B. Preshift-Mine Examiner Certificate No. 38928
Countersigned Kevin W. Medley Mine Manager-Mine Foreman Assistant Foreman Certificate No. 39117
Stephenson Superintendent or Assistant Certificate No. 38810

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 11-5-09 Shift Day Area or Section 4W

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. <u>Break 53</u>			<u>bad top</u>	<u>Tagged & reported</u>

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>7:00</u>	<u>0%</u>	11.		
2.	<u>9:00</u>	<u>0%</u>	12.		
3.	<u>11:00A</u>	<u>0%</u>	13.		
4.	<u>1:00P</u>	<u>0%</u>	14.		
5.	<u>3:00</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</u>	<u>0%</u>	6.		
2.	<u>10:00A</u>	<u>0%</u>	7.		
3.	<u>12:00P</u>	<u>0%</u>	8.		
4.	<u>2:00</u>	<u>0%</u>	9.		
5.			10.		

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

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken
went over top at P.C.

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

[Signature]
Assistant Mine

39117
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 11-5-9 20: Section or Area Examined Long Wall
Time of Examination: from 1:00 a.m. or p.m. to 2:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Lawrence Stevenson Time 2:24 A.M. 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. Power Center	" "	" "
4. Chargers	" "	" "
5. Tracks	" "	" "
6. Travelways	" "	" "
7. Barricade Station	" "	" "
8. 53 bk between 1+2	<u>Bad Top</u>	<u>Dangred off</u>
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>50,210</u>		
<u>#9</u>	<u>538</u>		
<u>#160</u>	<u>369</u>		
<u>MPA</u>	<u>7,050</u>		
<u>MPB</u>	<u>16,847</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 Lawrence Stevenson Certificate No. 39117
Preshift-Mine Examiner
Countersigned Richard Lane Certificate No. 1357-A
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 11-5-9 Shift EVE Area or Section Langwell

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	None obs	Reported
2. Roof Support	" "	" "
3. Track	" "	" "
4. Travelways	" "	" "
5. Power Center	" "	" "
6. Chargers	" "	" "
7. Barricade Station	" "	" "
8. 53 bk between 1+2	Bad Top	Dangered off

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	5:28 PM	0%	6.		
2.	9:35 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 point

Richard Ham Assistant Mine 1357 Certificate No. [Signature] Mine Foreman-Mine Manager 3 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 11-5-09 Section or Area Examined Longwall
 Time of Examination: from 9:00 a.m. or p.m. to 9:55 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Rick Lane Time 10:55 A.M. P.M.
 Report received by Kerth Staley (Signed)

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 Support			
3. Power Center			
4. Barricade Station			
5. Chargers			
6. Track			
7. Travelways			
8.			
9. S3 break between #1 & #2	0.0% ch ₄	Bad Top	Dangereal off
10.			

Air Measurements

Location	CFM	Location	CFM
Inlate	48,155		
#9	602		
#160	349		
MPA	7175		
MPB	16,530		

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

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

Signed By Richard Kern Preshift-Mine Examiner Certificate No. 1357-A
 Countersigned Donell K Staley Assistant Foreman Certificate No. 39218
[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 11-6-09 Shift 3rd Area or Section Largwall

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. Barricade Station		
5. Chargers		
6. Track		
7. Travelways		
8. S3 brk between #13#2	Bed top	Dangered off

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	4:25AM	0.0%	11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

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

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

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

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

Daniel K Stealy
Assistant Mine

39218
Certificate No.

Carlo Lombardi
Mine Foreman-Mine Manager

500000
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-6 2009 Section or Area Examined HONGKONG
Time of Examination: from 4:00 a.m. or p.m. to 5:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Keith Stanley Time 5:30 A.M. P.M.
Report received by Jim Davis (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Includes entries for Face, Root Support, Track, Travelway, PC, Charger, Barricade Station, and 53 BK Between 1+2.

Air Measurements

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

Remarks: 0% 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: Donald K. Stanley (Preshift-Mine Examiner, Certificate No. 39218), Jim Davis (Assistant Foreman, Certificate No. 38,322), [Signature] (Mine Manager-Mine Foreman, Certificate No. 39600), [Signature] (Assistant Foreman, Certificate No. 28095), [Signature] (Superintendent or Assistant)

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-6-09 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, Power Center, Chargers, Track, Travelways, Barricade Station, and 53 Between 1-2.

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 1-5 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 Roof & Ribs

Visual check of strike 2-176

Signatures and titles: 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 11-6-9 20. Section or Area Examined Long Wall
 Time of Examination: from 150 a.m. or p.m. to 220 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Jim Davis Time 2:36 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. Face	0%	None obs	Reported
2. Roof Support		" "	"
3. Power Center		" "	"
4. Chargers		" "	"
5. Tracks		" "	"
6. Travelways		" "	"
7. Barricade Station		" "	"
8. 54 cross cut			Bad Top
9. 53 bk between 1+2		Bad Top	Dangered off
10.			

Air Measurements

Location	CFM	Location	CFM
Intake	49,656		
#7	655		
#160	455		
MPA	8,143		
MPB	18,940		

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 Jim Davis Preshift-Mine Examiner Certificate No. 38322
 Countersigned Richard Rame Assistant Foreman Certificate No. 1357-A
Richard Rame 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 11-6-9 Shift EVE Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	None obs	Reported
2. Power Center	" "	"
3. Roof Support	" "	"
4. Chargers	" "	"
5. Track	" "	"
6. Travelways	" "	"
7. Barricade station	" "	"
8. 53 bk between 1+2 54 bk cross cut	Bad Top Bad Top	Dangered off Added support

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	5:40 PM	.0%			
	9:35 PM	.0%			
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
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 Visual check of Shields 1-176

Richardson 1357 Carl Easton 39
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 11-6-09 Section or Area Examined Longwall
Time of Examination: from 9:00 a.m. or p.m. to 1:00 a.m. or p.m.
Was this report phoned to outside: Yes / no
By whom Rick Lane 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. Rows include Face, Roof Support, Power Center, Barricade Station, Chargers, Track, Travel ways, 53 brk between #1 & #2, 54 brk crosscut.

Air Measurements

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

Remarks: 0.09% CH4 20.87% O2 0ppm CO
All clear at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] Preshift-Mine Examiner Certificate No. 1357-A
Countersigned: [Signature] 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 11-7-09 Shift 3rd Area or Section Langwell

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face <u>0.0% CH₄</u>	<u>None observed</u>	<u>Reported</u>
2. <u>Roof Supports</u>		
3. <u>Power Center</u>		
4. <u>Barricade Station</u>		
5. <u>Chargers</u>		
6. <u>Track</u>		
7. <u>Travelways</u>		
8. <u>53 brk between #1 & #2</u> <u>54 brk crosscut</u>	<u>Bad Top</u> <u>Bad Top</u>	<u>Damaged off</u> <u>Added Support</u>

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>4:20pm</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>4:35pm</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) _____

Daniel K. Stanley
Assistant Mine

39218
Certificate No.

[Signature]
Mine Foreman-Mine Manager

350000
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 11-2 2007 Section or Area Examined Longwall
Time of Examination: from 3:45 a.m. or p.m. to 4:50 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Keith Stawley Time 5:30 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>0% CH4</u> <u>none</u> <u>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>Charger</u>	✓	✓
7. <u>Barricade</u>	✓	✓
8. <u>53 Brk Between 1-2</u>	<u>Brk Top</u>	<u>Danger off</u>
9. <u>54 brk crosscut</u>	<u>Brk Top</u>	<u>Added Support</u>
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>54,612</u>		
<u>#9</u>	<u>663</u>		
<u>#160</u>	<u>382</u>		
<u>MPA</u>	<u>7,988</u>		
<u>MPB</u>	<u>18,310</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 K. Stawley 39218 Jim Davis 38322
 Freshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned Keith Stawley 28095
 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 11-7-15 Shift Day Area or Section LFD

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	None obs None obs	None
2. Roof Support		
3. Track		
4. Traversing		
5. PC		
6. Charger		
7. Barricade		
8. SBK 1-2		
54 Btk crosscut		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	7:00-7:30	0.0	11.		
2.			12.		
3. Face	9:10-9:35	0.0	13.		
4.			14.		
5. Face	11:00-11:20	0.0	15.		
6.			16.		
7. Face	1:10-1:35	0.0	17.		
8.			18.		
9. Face	3:00-3:15	0.0	19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Ret	10:10	0.0	6.		
2.			7.		
3. Ret	02:00-02:15	0.0	8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over roof roof control plan

with logs 7:00 to 7:10 A
Assignment-Min
38322
1290-A

Chad Cook Mine Foreman-Mine Manager
3900000 Certificate No.
 Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 11-7-9 20 Section or Area Examined LongWall
Time of Examination: from 1:55 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 A.M. 2:38 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		
2. Roof Support		
3. Power Center		
4. Chargers		
5. Trade		
6. Travelways		
7. Barricade Station		
8. 53 blk between 1+2	Bad Top	Dangered off
9. 54 blk crosscut	Bad Top	Added Support
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	68,000		
#9	807		
#160	504		
NPA	7,960		
MPB	18,473		

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 Tim Davis Preshift-Mine Examiner Certificate No. 38322
Countersigned Richard Rame Mine Manager—Mine Foreman Assistant Foreman Certificate No. 1357-A
John F. J. 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 11-7-79 Shift EVE 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		
6. Travelways		
7. Barricade Station		
8. 536k between 1+2 546k Crosscut	Bad TOP Bad TOP	Dangered off Added support

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	5:30 PM	.0%			
2.	9:15 PM	.0%			
3.					
4.					
5.					

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 &

Richard Lane Assistant Mine 1357-A Certificate No. John G. [Signature] Mine Foreman-Mine Manager 3300 Certificate No. _____ Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 11-7-09 Section or Area Examined Longwall
 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. Barricade Station		
5. Chargers		
6. Track		
7. Travelways		
8. 53 brk between #1 & #2 entry		
9. 54 brk crosscut	Beel Top	Added Additional Support
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	67,134		
#9	811		
#160	497		
MPA	7840		
MPB	18,112		

Remarks: 0.09% CH₄ 20.8% O₂ ppm CO
All clear at time of exam

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

Signed By Richard Lane 1357 Keith Stanley 39218
 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 11-8-09 Shift 3rd Area or Section Langwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken		
1. Face	0.07% ch ⁴ None Observed	Reported		
2. Roof Supports				
3. Power Center				
4. Barricade Station				
5. Chargers				
6. Track				
7. Travelways				
8. S3 brk between #1 & #2 entry 54 break crosscut			Bad Top Bad Top	Dangered off Added additional support

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	4:33 AM	0.0%	6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Donald K. Steady
Assistant Mine

39218
Certificate No.

[Signature]
Mine Foreman-Mine Manager

39060
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 11-8 2009 Section or Area Examined Longwall
Time of Examination: from 4:00 a.m. or p.m. to 5:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Keith Stanley Time 5:30 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>None observed</u>	<u>Reported</u>
2. <u>Roof support</u>		
3. <u>Tracks</u>		
4. <u>Travelway</u>		
5. <u>P.C.</u>		
6. <u>Charger</u>		
7. <u>Barricade</u>		
8. <u>53 Brk between 1-2 cuts</u>	<u>Brk Top</u>	<u>Danger off</u>
9. <u>54 brk crosscut</u>	<u>Brk Top</u>	<u>Added additional support</u>
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>62,380</u>		
<u>#9</u>	<u>831</u>		
<u>#166</u>	<u>452</u>		
<u>MPIA</u>	<u>8,123</u>		
<u>MPIB</u>	<u>18,432</u>		

Remarks: 0% CH4 0% CO 20.8% O2

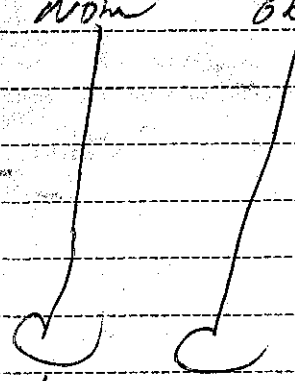
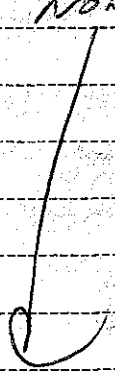
All clear at time of exam

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 Donell W. Stanley Pre-shift-Mine Examiner Certificate No. 39218
 Countersigned Jim Owen Mine Manager—Mine Foreman Certificate No. 38322
Wend Cully Assistant Foreman
28040 Superintendent or Assistant

Date 11-8-09 Shift Day Area or Section L wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	now obs	now
2. Cross support		
3. Track		
4. Travelways		
5. DC		
6. Charges		
7. Barbed wire		
8. Last open Bsk 53 Bsk 1-2 Entry 54 Bsk crosscut		

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	7:20 7:35	1.0%	11.		
2.			12.		
3. Face	9:05 9:20	1.0%	13.		
4.			14.		
5. Face	11:00 11:20	1.0%	15.		
6.			16.		
7. Face	1:00 1:10	1.0%	17.		
8.			18.		
9. Face	3:05 3:20	1.0%	19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Ret	10:15 10:25	1.0%	6.		
2.			7.		
3. Ret	2:00 2:15	1.0%	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) went over Roof control
Plan with crew @ Shield Entry

Jim O... Assistant Mine 38,322 Certificate No. Carl... 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 11-8-9 20 Section or Area Examined Long Wall
Time of Examination: from 1:50 a.m. or p.m. to 2:20 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom T. W. Davis Time 2:36 P.M.
Report received by Richard Rann (Signed) 1357-A

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face <u>CH₄ 0%</u>	<u>None obs</u>	<u>Reported</u>
2. Roof Support	<u>" "</u>	<u>" "</u>
3. Track	<u>" "</u>	<u>" "</u>
4. Power Center	<u>" "</u>	<u>" "</u>
5. Chargers	<u>" "</u>	<u>" "</u>
6. Travelways	<u>" "</u>	<u>" "</u>
7. Barricade Station	<u>" "</u>	<u>" "</u>
8. 53 BK between 1+2	<u>Bad Top</u>	<u>Dangered off</u>
9. 54 BK Cross cut	<u>Bad Top</u>	<u>Added Add support</u>
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>63,143</u>		
<u>#9</u>	<u>704</u>		
<u>#160</u>	<u>470</u>		
<u>MPA</u>	<u>8,217</u>		
<u>MPB</u>	<u>18,694</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 T. W. Davis Preshift-Mine Examiner Certificate No. 38322
Countersigned Richard Rann Mine Manager—Mine Foreman Certificate No. 1357-A
Richard Rann Assistant Foreman Certificate No. 350000
Assistant Foreman
Superintendent or Assistant