

Long Wall
PRESHIFT - ONSHIFT
and
DAILY REPORT

Full 11-24-09
Started 11-8-09

Company *Performance Coal*
Mine *UBB*
SECTION *Long wall*
LOCATION *Nagoma* *Raleigh* *WV*
Post Office County State

Form 6-1489
(March 1970)

Budget Bureau No. 42-R1589

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

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FORM# MS-014

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-8-9 Shift EVE Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Includes entries for Face, Roof Support, Power Center, etc.

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Lists methane readings in Return Aircourses.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety Meeting on Roof + Rib pinch points Visual check of shield 1-17c

Richard Lane 1757-A Assistant Mine Certificate No. John [Signature] 3900 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 2009 Section or Area Examined Wall
Time of Examination: from 8:30 a.m. or p.m. to 9:15 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom R. L. ... Time AM 10:45 P.M.
Report received by L. D. ... (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>File</u>	<u>None observed</u>	<u>Reported</u>
2. <u>Supports</u>	<u>"</u>	<u>"</u>
3. <u>Truck</u>	<u>"</u>	<u>"</u>
4. <u>Power center</u>	<u>"</u>	<u>"</u>
5. <u>Charger</u>	<u>"</u>	<u>"</u>
6. <u>Travelway</u>	<u>"</u>	<u>"</u>
7. <u>Barricade car</u>	<u>"</u>	<u>"</u>
8. <u>53 Bric Retriever</u>	<u>Bed TOP</u>	<u>Dropped OFF</u>
9. <u>84 Bric</u>	<u>Bed TOP</u>	<u>Added support</u>
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>60454</u>		
<u>9</u>	<u>721</u>		
<u>160</u>	<u>459</u>		
<u>MPA</u>	<u>8154</u>		
<u>MP B</u>	<u>17940</u>		

Remarks: 0% ch4 0% CO 20-25% O2 at exa

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By R. L. ... Preshift-Mine Examiner Certificate No. 0357-A
Countersigned L. D. ... Mine Manager - Mine Foreman Assistant Foreman Certificate No. 3812-8
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-9-09 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>0.0% ch 4</u>	<u>None Observed</u>	<u>Reported</u>
2. <u>3-PP07</u>		
3. <u>T-rack</u>		
4. <u>Tramway</u>		
5. <u>Power center</u>		
6. <u>Charger</u>		
7. <u>Barricade station</u>		
8. <u>53 between #1 & #2</u> <u>54 Break crosscut</u>	<u>Bad Top</u> <u>Bad Top</u>	<u>Dagreed off</u> <u>Added Additional support</u>

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>4:45AM</u>	<u>0.0 %</u>	11. <u>face</u>	<u>5:00AM</u>	<u>0.0 %</u>
2. -----	-----	-----	12. -----	-----	-----
3. -----	-----	-----	13. -----	-----	-----
4. -----	-----	-----	14. -----	-----	-----
5. -----	-----	-----	15. -----	-----	-----
6. -----	-----	-----	16. -----	-----	-----
7. -----	-----	-----	17. -----	-----	-----
8. -----	-----	-----	18. -----	-----	-----
9. -----	-----	-----	19. -----	-----	-----
10. -----	-----	-----	20. -----	-----	-----

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>RT</u>	<u>5:00AM</u>	<u>0.0 %</u>	6. <u>face</u>	<u>5:00AM</u>	<u>0.0 %</u>
2. -----	-----	-----	7. -----	-----	-----
3. -----	-----	-----	8. -----	-----	-----
4. -----	-----	-----	9. -----	-----	-----
5. -----	-----	-----	10. -----	-----	-----

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

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

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

David W. Stanley
Assistant Mine

39218
Certificate No.

Chalob
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 11/19 2009 Section or Area Examined Long wall
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 Tim Oan (Signed)

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>Tracks</u>		
4. <u>Travelway</u>		
5. <u>P.C</u>		
6. <u>Charger</u>		
7. <u>Barricade Station</u>		
8. <u>53 Bk Between 2-2</u>	<u>Bad Top</u>	<u>Danger off</u>
9. <u>54 Bk Between</u>	<u>Bad Top</u>	<u>Added support</u>
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>63,172</u>		
<u>#9</u>	<u>897</u>		
<u>#160</u>	<u>466</u>		
<u>MPA</u>	<u>8711</u>		
<u>MPIB</u>	<u>18,621</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
Tim Oan Assistant Foreman Certificate No. 38222
Keith Stanley Mine Manager—Mine Foreman
Tim Oan 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 11-9-09 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. Includes entries for Face (0% CH4), Roof support, Track, Travelway, P.C, Charger, Barricaded Station, and 53 Bth Between 1-2 (Bad Top, Bad Top, Deeper off, Added support).

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Shows methane content of 0% at various times (8:00, 10:00, 12:00, 2:00) at the Face location.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Shows methane content of 0% at 9:30 and 1:30 at the Ret location.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Satisfy meeting on walls ways

Signature of Assistant Mine Foreman

Certificate No. 385322

Signature of Mine Foreman/Mine Manager

Certificate No.

Signature of Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-09 2009 Section or Area Examined Long Wall
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 [checked] no
By whom Timmy Davis Time A.M. 2:30 P.M.
Report received by Danny Lantz (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include Face (0% Chy, None observed, None), Roof Support, Power Center, Charger, Track, Travelway, Barricade Station, 53 brk between 102, 54 brk.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows include LOB (65,000), 9 shld. (747), 160 shld. (480), MPA (8,217), MP-B (18,390).

Remarks: 0% Chy 0ppm CO 20.8% O2

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By: Tim Davis, Preshift-Mine Examiner, Certificate No. 38322
Countersigned: Mike Cook, Mine Manager - Mine Foreman, Certificate No. 39022
Assistant Foreman: Danny Lantz, Certificate No. 37070
Superintendent or Assistant: James Smith, Certificate No. 39117

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 11-9-09 Shift Aft. Area or Section 4w

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Fall</u>	<u>None observed</u>	<u>None</u>
2. <u>Roof Support</u>	/	/
3. <u>Power Center</u>		
4. <u>Charger</u>		
5. <u>Truck</u>		
6. <u>Travelways</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>Fall</u>	<u>4:00</u>	<u>0%</u>	11.		
2.	<u>6:00</u>	<u>0%</u>	12.		
3.	<u>8:00</u>	<u>0%</u>	13.		
4.	<u>10:00</u>	<u>0%</u>	14.		
5.	<u>12:00</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>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
Safety meeting on Roof & Ribs

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

[Signature]
Assistant Mine

Certificate No.

[Signature]
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 11-9 20. 08 Section or Area Examined Wall
Time of Examination: from 9 a.m. or p.m. to 10 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom L Stephenson Time A.M 10:35 P.M.
Report received by L [signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include: 1. Fire (None observed), 2. Supports, 3. Power center, 4. Churn, 5. Track, 6. Traveling, 7. Barricade car, 8. 53 brk (Bed top, Danger of F/E)

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Data: Hob (58205), 9 (725), 160 (407), MPD (7989), MPB (18000)

Remarks: 0% CH4 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] Preshift Mine Examiner Certificate No. 5117
Countersigned [signature] Mine Manager - Mine Foreman Certificate No. 38928
Assistant Foreman [signature] Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-10-09 Shift 3-2 Area or Section W 911

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>None observed</u>	<u>Reported</u>
2. <u>Supports</u>		
3. <u>Power cables</u>		
4. <u>Charger</u>		
5. <u>Track</u>		
6. <u>Trailing</u>		
7. <u>Beside car</u>		
8. <u>#53</u>		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

[Signature]
Assistant Mine

38929
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 11-10 2009 Section or Area Examined Longwall
Time of Examination: from 3:00 a.m. or p.m. to 3:43 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom L. Brown Time A.M. P.M.
Report received by J. Davis (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>FACE</u> <u>20CH4</u>		
2. <u>Roof support</u>		
3. <u>Track</u>		
4. <u>Travelway</u>		
5. <u>PC</u>		
6. <u>Charger</u>		
7. <u>Barical Station</u>		
8. <u>53 Bk between 1-2</u>	<u>Bad Top</u>	<u>Danger off</u>
9. <u>54 BK</u>	<u>Bad Top</u>	<u>Added support</u>
10. <u> </u>		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>67,320</u>		
<u>#9</u>	<u>920</u>		
<u>#160</u>	<u>260</u>		
<u>MPA</u>	<u>2,842</u>		
<u>MPB</u>	<u>17,820</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 L. B. Preshift-Mine Examiner Certificate No. 38928
Countersigned J. Davis Mine Manager—Mine Foreman Assistant Foreman Certificate No. 38321
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	Violation or Hazardous Condition	Action taken
1. Face 0% CH ₄	None observed	None
2. Root support		
3. Track		
4. Travelway		
5. P.C.		
6. Chaper		
7. Barricad Station		
8. 53 Brk between 1-2 54 Brk	Bad Top Bad Top	Danger off added support

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Ret	9.20	0%	6.		
2.	1.30	0%	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

Jim Davis
Assistant Mine

38322
Certificate No.

Carl Cook
Mine Foreman-Mine Manager

350107
Certificate No. Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 11-10-61 Section or Area Examined L/W
 Time of Examination: from 1:30 a.m. or 9:45 p.m. to 9:45 a.m. or 9:45 p.m.
 Was this report phoned to outside: Yes no
 By whom T. Davis Time 0:50 P.M.
 Report received by Tommy Ely 1139-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face	None observed	Reported
2. ROOF supports	None observed	Reported
3. TRACK	None observed	Reported
4. TRAVELWAYS	None observed	Reported
5. POWER centers	None observed	Reported
6. CHARGES	None observed	Reported
7. BARRICADE st.	None observed	Reported
8. S3 brk	Bad top	clay off
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	56,160		
#9	899		
#160	677		
MPA	7,692		
MPB	18,483		

Remarks: Open & open 20.72oz 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 T. Davis Freshift-Mine Examiner Certificate No. 38322
 Countersigned Tommy Ely 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 11-10-09 Shift Eve

Area or Section LIW

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	None observed	Reported
2. Roof supports	[Large bracket spanning rows 2-8]	[Large bracket spanning rows 2-8]
3. Track		
4. Travelways		
5. Power center		
6. Chargers		
7. Barricade st.		
8. 53 brk		

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.	10:30	0%	14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Ret.	5:45	0%	6.		
2.	9:35	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) _____

[Signature] Assistant Mine

1001A Certificate No.

[Signature] Mine Foreman-Mine Manager

530000 Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 11-10 2009 Section or Area Examined Well
 Time of Examination: from 9:05 a.m. or p.m. to 10:20 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom T E Step Time AM 10:45 P.M.
 Report received by LB (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>None observed</u>	<u>reported</u>
2. <u>Supports</u>		
3. <u>Track</u>		
4. <u>Travelway</u>		
5. <u>Power center</u>		
6. <u>Charger</u>		
7. <u>Barrier to ST</u>		
8. <u>53 b/k</u>		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>55270</u>		
<u>9</u>	<u>847</u>		
<u>160</u>	<u>622</u>		
<u>MpA</u>	<u>7521</u>		
<u>MpB</u>	<u>18142</u>		

Remarks: 0% chf 20.8% O₂ 0% CO at exu

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

Signed By [Signature] Certificate No. 1131A
 Freshift-Mine Examiner
 Countersigned [Signature] Certificate No. 38928
 Mine Manager—Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-11-09 Shift 3-2 Area or Section W 911

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>now observed</u>	<u>Reported</u>
2. <u>S-props</u>		
3. <u>Track</u>		
4. <u>Traveling</u>		
5. <u>Power center</u>		
6. <u>Chugor</u>		
7. <u>Barricade cur</u>		
8. <u>S26RK</u>		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>3:10A</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>3:51A</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 38723 Certificate No. [Signature] Mine Foreman-Mine Manager 38000 Certificate No. Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 11/11 2008 Section or Area Examined Longwall
 Time of Examination: from 3:30 a.m. or p.m. to 4:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Larry Brown Time 5:30 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. Face 0% CH ₄	none observed	none
2. Roof support		
3. Track		
4. Travelway		
5. PC		
6. Charges		
7. Barricad. Station		
8. 53 Brk Between	1-2 Brk Top	Danger off
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	59,340		
#9	711		
#160	645		
MPR	7760		
MPIB	17,987		

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 [Signature] Certificate No. 32928 Assistant Foreman [Signature] Certificate No. 38722
 Countersigned [Signature] Mine Manager—Mine Foreman [Signature] Certificate No. 290600

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 11/11/09 Shift DAY Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	None Observed	None
2. Roof support	✓	✓
3. Track	4- loose ribs along ^{myle} Train.	Pulled down ^{loose} Ribs.
4. Travelway	✓	✓
5. PC	✓	✓
6. Charger	✓	✓
7. Barised Station	✓	✓
8. 53 Brk Between	2-2 Bad Top	Danger off

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Jim Daw Assistant Mine Certificate No. 38322
Charles Cook Mine Foreman-Mine Manager Certificate No. 39000
 Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 11-11 ²⁰⁰⁹ Section or Area Examined A/SW
 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 A no _____
 By whom Davis Time 2:40 P.M.
 Report received by 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>None</u>
2. <u>Roof Support</u>		
3. <u>Tract</u>		
4. <u>Travelways</u>		
5. <u>P.C.</u>		
6. <u>Charger</u>		
7. <u>Barricade Station</u>		
8. <u>53 Break</u>	<u>Bad Top</u>	<u>Demanded off</u>
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>60,260</u>		
<u># 9</u>	<u>849</u>		
<u># 160</u>	<u>650</u>		

Remarks: 02-20.8 CH4-0%

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

Signed By Jim Davis Preshift-Mine Examiner Certificate No. 38,322
 Countersigned John [Signature] 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 11-11-09 Shift AFT Area or Section L1W

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-10: Face, 5:00, 0%, 7:00, 0%, 9:00, 0%, 10:00, 0%.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-5: Return, 6:00, 0%, 8:00, 0%, 10:00, 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 Roof Support at the end of Track

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

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

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 11-11 2009 Section or Area Examined Wall
 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. Brown L. Stephenson Time 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>		
3. <u>Track</u>		
4. <u>Traveling</u>		
5. <u>Power center</u>		
6. <u>Charger</u>		
7. <u>Bronze car</u>		
8. <u>S3 Brk</u>	<u>Bed Top</u>	<u>Downed off</u>
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>57908</u>		
<u>9</u>	<u>757</u>		
<u>160</u>	<u>438</u>		
<u>M.P.A</u>	<u>8405</u>		
<u>M.P.B</u>	<u>19150</u>		

Remarks: 0% CH₄ 20-8700² 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 Z B 38928
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned [Signature] 3906000
 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 11-12-09 Shift 3rd Area or Section Wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>None observed</u>	<u>Printed</u>
2. <u>S-props</u>		
3. <u>Track</u>		
4. <u>Traveling</u>		
5. <u>Power cut-</u>		
6. <u>Ch-go-</u>		
7. <u>Barricade car</u>		
8. <u>S3</u>	<u>Bad Top</u>	<u>Dryed OFF</u>

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>3:10am</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>3:20am</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

38929
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 11-12-09 Section or Area Examined L/Wall
Time of Examination: from 3:00 a.m. or p.m. to 3:50 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Larry Brown Time 5:20 A.M. P.M.
Report received by W.D. Lilly 28075 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. FACE	none found	Reported
2. ROOF Supports	" "	"
3. Power Centers	" "	"
4. Chargers	" "	"
5. Track	" "	"
6. Travelways	" "	"
7. Barricade station	" "	"
8. 53 BK	Bad Top	DANGEROUS OFF
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	57,870		
9	743		
160	320		
MPA	8316		
MPB	19,060		

Remarks: 200 ch4, 20.890 oz 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 Richard Lane Preshift-Mine Examiner Certificate No. 1357A
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 336000
[Signature] Assistant Foreman Certificate No. 28075
[Signature] Superintendent or Assistant Certificate No. 38928

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 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. Trondheim	" "	
7. Barricade Station	" "	
8. S3 bk	Bad TOP	Dangered off

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	7:45 AM	.0%	11.		
2.	9:45 AM	.0%	12.		
3.	11:00 AM	.0%	13.		
4.	1:00 PM	.0%	14.		
5.	2:50 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	8:22 AM	.0%	6.		
2.	12:05 AM	.0%	7.		
3.	1:30 PM	.0%	8.		
4.			9.		
5.			10.		

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

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

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

[Signature] Assistant Mine 1257A Certificate No. [Signature] Mine Foreman-Mine Manager 320000 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 11-12 2009 Section or Area Examined 4/w
Time of Examination: from 1 a.m. or p.m. to 2 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Rick Lane Time 3:50 P.M.
Report received by L. 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. <u>Barricade</u>		
8. <u>53 Break</u>	<u>Bad Top</u>	<u>Dangered off</u>
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>intake</u>	<u>58,137</u>		
<u>#9</u>	<u>732</u>		
<u>#160</u>	<u>331</u>		
<u>MPA</u>	<u>8,240</u>		
<u>MPB</u>	<u>18,812</u>		

Remarks: 02-20.8 CH4 - 0%

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

Signed By Rubens Ramon Certificate No. 135717
Preshift-Mine Examiner Assistant Foreman
Countersigned Code Cat Certificate No. 39117
Mine Manager—Mine Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-12-09 Shift AFT Area or Section L/W

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Entries include Face, Roof Support, Power Center, Charger, Track, Travelways, Barricade, and CH4 0% 02-208.

Examinations for Methane in Working Places

Table with 5 columns: Location, Time, Methane Content, Location, Time, Methane Content. Entries show 0% methane content at Face at various times (5:00, 7:00, 9:00, 11:00).

Examinations for Methane in Return Aircourses

Table with 5 columns: Location, Time, Methane Content, Location, Time, Methane Content. Entries show 0% methane content in Return at various times (6:00, 8:00, 10:00, 12:00).

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 Went over RCP at Power Center

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

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 11-12 20-09 Section or Area Examined wall
Time of Examination: from 9 a.m. or p.m. to 10:15 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom L Stephson Time A.M. 10:50 P.M.
Report received by L Brown (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Includes entries for Face, supports, power center, chugger, track, traveling, barricade car, 53 brk, Bed Top, Dropped O/F.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Includes entries for Intake, 9, 160, MPA, MYB with corresponding CFM values.

Remarks: 0% ch / 20-5% CO2 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] Preshift-Mine Examiner Certificate No. 39117
Assistant Foreman [Signature] Certificate No. 38928
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 3906225
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 11-13-09 Shift 3rd Area or Section well

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Face	None observed	Report
2.	Support	/	/
3.	power center		
4.	chassis		
5.	track		
6.	traveling		
7.	Barricaded car		
8.	S3 brick		

Examinations for Methane in Working Places

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

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

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

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

[Signature]
Assistant Mine

38928
Certificate No.

[Signature]
Mine Foreman-Mine Manager

[Signature]
Certificate No.

Superintendent or Assistant

Date of Examination 11-13 2009 Section or Area Examined _____
 Time of Examination: from 4:00 a.m. or p.m. to 4:45 a.m. or p.m.
 Was this report phoned to outside: Yes no _____
 By whom Larry Brown Time 4:58 A.M. P.M.
 Report received by W.D. Cully 28040 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>none found</u>	<u>Reported</u>
2. <u>Roof Support</u>	<u>u</u>	<u>u</u>
3. <u>Power Center</u>	<u>u</u>	<u>u</u>
4. <u>Charger</u>	<u>u</u>	<u>u</u>
5. <u>Track</u>	<u>u</u>	<u>u</u>
6. <u>Travelways</u>	<u>u</u>	<u>u</u>
7. <u>Barricade St.</u>	<u>u</u>	<u>u</u>
8. <u>#53 BK</u>	<u>Bad Top</u>	<u>Dangered off</u>
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Rock + Intake</u>	<u>56,265</u>	_____	_____
<u>#9</u>	<u>718</u>	_____	_____
<u>#160</u>	<u>465</u>	_____	_____
<u>MPA</u>	<u>8,015</u>	_____	_____
<u>MPB</u>	<u>18,268</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 10% ch, 20% 002 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 Larry Brown 1357-A
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned W.D. Cully 28040
 Mine Manager-Mine Foreman Assistant Foreman
 Superintendent or Assistant

Date 11-13-9 Shift Day Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	Violation or Hazardous Condition	Action taken
1. Face	.0%	None obs	Reported
2. Roof Support		" "	"
3. Power Center		" "	"
4. Chargers		" "	"
5. Track 1		between 52 & 53 bk built cribs	"
6. Travelways		" "	"
7. Barricade Station		" "	"
8. 53bk		Bad Top	Dangered off

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	7:30 AM	.0%	11.		
2.	9:15 AM	.0%	12.		
3.	11:15 AM	.0%	13.		
4.	1:00 PM	.0%	14.		
5.	2:45 PM	.0%	15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	8:05 AM	.0%	6.		
2.	11:45 AM	.0%	7.		
3.	1:30 PM	.0%	8.		
4.			9.		
5.			10.		

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

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

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

Robertson Assistant Mine 17570 Certificate No. John Cook 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 11/13/2009 Section or Area Examined L/W
 Time of Examination: from 1 a.m. or p.m. to 2 a.m. or p.m.
 Was this report phoned to outside: Yes X no _____
 By whom Lowe Time A.M. 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>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>Travelways</u>		
7. <u>Barricade Station</u>		
8. <u>#53 Break</u>	<u>Bad Top</u>	<u>Dangered off</u>
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>53,752</u>		
<u>#9</u>	<u>751</u>		
<u>#160</u>	<u>455</u>		
<u>MFA</u>	<u>8,159</u>		
<u>MPB</u>	<u>18,311</u>		

Remarks: 02-208 CH4 0%

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

Signed By [Signature] Certificate No. 1357-A
 Preshift-Mine Examiner
 Assistant Foreman

Countersigned [Signature] Certificate No. 59117
 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 11-13-09 Shift Aft Area or Section 410

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', 'Power Center', 'Changer', 'Track', 'Travelways', 'Barricade Station'.

Examinations for Methane in Working Places

Table with 5 columns: Location, Time, Methane Content, Location, Time, Methane Content. Includes handwritten entries for 'Face' at various times with 0% methane content.

Examinations for Methane in Return Aircourses

Table with 5 columns: Location, Time, Methane Content, Location, Time, Methane Content. Includes handwritten entries for 'Return' at various times with 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 KCP at Moke train

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

Signatures and names of Assistant Mine, Mine Foreman-Mine Manager, and Superintendent or Assistant.

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 11-13-09 Section or Area Examined Langwell
Time of Examination: from 9:30 a.m. or p.m. to 10:20 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Lawrence Stephenson Time A.M. 10:40 P.M.
Report received by Samuel K. Stanley 31218
(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. Power Center		
4. Barricade Station		
5. Changers		
6. Track		
7. Travelways		
8. 53 brk		
9.		
10.		

Air Measurements		Air Measurements	
Location	CFM	Location	CFM
Intake	59,015		
#9	743		
#160	412		
MPA	6,977		
MPB	18,405		

Remarks: 0.07% CH₄ 20.8% O₂ Appm 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 Assistant Foreman Samuel K. Stanley Certificate No. 39218
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 11-14-09 Shift 3rd Area or Section Lanquell

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	None observed	Reported
2. Roof Supports		
3. Power Center		
4. Barricade Station		
5. Chargers		
6. Track		
7. Travelways		
8. 53 brk		

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) _____

Danell K. Stanley
Assistant Mine

39018
Certificate No.

[Signature]
Mine Foreman-Mine Manager

38000
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-14-69 Section or Area Examined LHWAN
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 5:32 A.M. P.M.
Report received by W.D. Lilly 28045 (Signed)

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, Changers, Track, Travelways, Barricade St., #53 BK.

Air Measurements

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

Remarks: 10% CH4, 20.8% O2 No CO found at time of EXAM.

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

Signed By Daniel K. Stanley 39218 Richard Rame 1357-A
Countersigned W.D. Lilly 28045
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 11-14-9 Shift Day Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face ^{CH₄ 0%}	None obs	Reported
2. Roof Support	" "	"
3. Power Center	" "	"
4. Chargers	" "	"
5. Tracks	Add support between 53+54bk	"
6. Travelways	↓ ↓	"
7. Barricade Station	" "	"
8. 53bk	Bad Top	Dangered off

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Punch point
Richard Lane
Assistant Mine

1357-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

390600
Certificate No. Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 11-14 2009 Section or Area Examined L/W
Time of Examination: from 1:45 a.m. or p.m. to 2 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom R. Lane Time A.M. 230 P.M.
Report received by L. Stephenson
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Fall</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 between 53+54bk</u>	<u>added additional Support</u>	<u>Reported</u>
6. <u>Travelways</u>	<u>added additional Support</u>	<u>Reported</u>
7. <u>Barwade station</u>	<u>None observed</u>	<u>Reported</u>
8. <u>#53 Break</u>	<u>Bad Top</u>	<u>Dangered off</u>
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>59,288</u>		
<u>A9</u>	<u>785</u>		
<u>#160</u>	<u>433</u>		
<u>MPA</u>	<u>7212</u>		
<u>MPB</u>	<u>18,543</u>		

Remarks: O2 - 20.5 CH4 - 0%

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

Signed By Richard Ramm Preshift-Mine Examiner Certificate No. 1357A
Lane Assistant Foreman Certificate No. 39117
Countersigned L. Stephenson Mine Manager - Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indefilible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-14-09 Shift APT Area or Section 42

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-10: Face, 5:00, 0%, 7:00, 0%, 9:00, 0%, 11:00, 0%.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-5: Return, 6:00, 0%, 8:00, 0%, 10:00, 0%, 12:00, 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 Rp at mule track

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

Signature of Assistant Mine Foreman

Certificate No. 38117

Signature of Mine Foreman-Mine Manager

Certificate No. 38117

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 11-14-09 Section or Area Examined Langwell
 Time of Examination: from 9:00 a.m. or p.m. to 10:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Lawrence Stephenson Time A.M. 10:50 P.M.
 Report received by Donnell K. Stanley
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face <u>0.07% 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>Track between 53854 btk</u>	<u>Added additional support</u>	<u>Reported</u>
6. <u>Travelways</u>	<u>Added additional support</u>	<u>Reported</u>
7. <u>Chargers</u>	<u>None Observed</u>	<u>Reported</u>
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>59,111</u>		
<u>#9</u>	<u>701</u>		
<u>#160</u>	<u>390</u>		
<u>MPA</u>	<u>7,600</u>		
<u>MPB</u>	<u>18,322</u>		

Remarks: 0.07% ch₄ 20.87% O₂ 0 ppm CO
All clear at time of exam

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

Signed By Lawrence Stephenson Preshift-Mine Examiner Certificate No. 39217
 Countersigned Donnell K. Stanley Assistant Foreman Certificate No. 39218
_____ Mine Manager—Mine Foreman
_____ Assistant Foreman
_____ Superintendent or Assistant

Use Indefilble
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 11-15-09 Shift 3rd Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	None Observed	Reported
2. Roof Supports		
3. Power Center		
4. Barricade Station		
5. Chargers		
6. Track between	added additional support	
7. Travelways 533546k	" " "	
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	3:30AM	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) _____

Donell K. Stenley
Assistant Mine

39218
Certificate No.

[Signature]
Mine Foreman-Mine Manager

3906000
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 11-15-09 20 Section or Area Examined Longwall
Time of Examination: from 3:00 a.m. or p.m. to 3:45 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Brought out Time 5:30 A.M. P.M.
Report received by Daniel K. Stanley (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face <u>0.0% 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> <u>between</u>	<u>added additional support</u>	<u>Reported</u>
7. <u>Travelways</u> <u>33354612</u>	<u>" " "</u>	<u>" "</u>
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>60,379</u>		
<u>#9</u>	<u>728</u>		
<u>#160</u>	<u>436</u>		
<u>MPA</u>	<u>7,341</u>		
<u>MPB</u>	<u>18,121</u>		
_____	_____	_____	_____
_____	_____	_____	_____

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

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

Signed By Daniel K. Stanley Certificate No. 39218
Preshift-Mine Examiner Assistant Foreman
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 11-15-9 Shift Day Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violations and other Hazardous Condition	Action taken
1. Face	None obs	Reported
2. Roof Support	" "	" "
3. Power Center	" "	" "
4. Chargers	" "	" "
5. Track	" "	" "
6. Travelways	" "	" "
7. Barricade Station	" "	" "
53 bk Stageload Walkway close clearance Emergency Ride	Bad top Close clearance Flat tire	Dangered off Walking line Reported

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	7:40 AM	.0%	6.		
2.	11:35 AM	.0%	7.		
3.	1:20 PM	.0%	8.		
4.			9.		
5.			10.		

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

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

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

Punch points
Richard Lane Assistant Mine Certificate No. 1357-A
Charles [Signature] Mine Foreman-Mine Manager Certificate No. 3500
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-15/09 20. Section or Area Examined Longwell
Time of Examination: from 6:00 a.m. or p.m. to 4:45 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Rick Lane Time A.M. 2:30 P.M.
Report received by Jim Davis (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include: Face (0% CH4, None observed, Reported), Root support, Tracks, Travelway, P.C., Charger, Barricade Station, 53 Bck Between (2:2 Bad Top, DANGER off Reported), WALK way tight on LW AT steps loader up to No. 2 skid Reported, Flat Tire on Emergency Ride Longwell Reported.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Measurements include: Intake (61,884), #9 (2,36), #160 (27,970/410), MPA (2,140), MPB (17,970).

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 Rick Lane (Preshift-Mine Examiner, Certificate No. 1357-A) and Jim Davis (Assistant Foreman, Certificate No. 38322)
Countersigned: Mine Manager—Mine Foreman, Assistant Foreman, Superintendent or Assistant

Date 11-15-09 Shift EVN Area or Section LW 11

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Floor	None obs	None
2.	PC	None obs	None
3.	Roof Support	None obs	None
4.	Track	None obs	None
5.	Tramming	None obs	None
6.	Charger	None obs	None
7.	Barricade Station	None obs	None
8.	SB BK	Bad Top	Dang and off
	Walk way for staggered	TSR Clearance	walked line through till
	Flat Tire on Emergency Rd	Flat Tire	put car of fixable in Tire

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Floor	500 530	1.0%	11.		
2.			12.		
3. "	705 735	1.0%	13.		
4.			14.		
5. "	900 915	1.0%	15.		
6.			16.		
7. "	1100 1130	1.0%	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Ret	627	1.0%	6.		
2.			7.		
3. "	10:53	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 shield safety movement
with car 4:03pm End of Track

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

Date of Examination 11-15-09 Section or Area Examined Longwall
 Time of Examination: from 8:30 a.m. or p.m. to 9:45 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Luke Ford Time 10:50 A.M. P.M.
 Report received by Danell K. Steuter 39218
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face	0.07ch ⁴ None Observed	Reported
2. Power Center		
3. Roof Supports		
4. Chargers		
5. Barricade Station		
6. Track		
7. Travelways		
8. 53 brk between #1 & #2	Bad Top	Dangered off
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	59,721		
#9	523		
#160	347		
MPA	7,223		
MPB	17,992		

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 [Signature] Preshift Mine Examiner Certificate No. 3906001
 Assistant Foreman Danell K. Steuter Certificate No. 39218
 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 11-16-09 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. Power Center			
3. Roof Supports			
4. Barricade Station			
5. Chargers			
6. Track			
7. Travelways			
8. 53 bolt between #1 & #2	Bad Top		Dangered off

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	4:16 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) _____

James H. Steuby
Assistant Mine

39218
Certificate No.

Chris [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 11-16-9 20 Section or Area Examined Longwall
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 Starley Time A.M. 5:32 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	None obs	Reported
2. Power Center	" "	" "
3. Roof Support	" "	" "
4. Chargers	" "	" "
5. Tracks	" "	" "
6. Traslways	" "	" "
7. Barricade Station	" "	" "
8. 53bk between 1+2	Bad Top	Dangereed off
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	61,310		
#9	740		
#160	442		
MPA	7611		
MPB	18,009		

Remarks: 0% CH4 20.8% O2 Oppan 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 Keith Starley Preshift-Mine Examiner Certificate No. 39218
Countersigned Richard Lane Assistant Foreman Certificate No. 1357-A
Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 35012000
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 11-16-9 Shift Day Area or Section Lang Wall

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	7:50 ^{am}	.0%	6.		
2.	11:45 ^{am}	.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 Mectms on Roof & R.B

Pinch points

Alvudra
Assistant Mine

1357-9
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 11/16 2009 Section or Area Examined Long wall
 Time of Examination: from 6:22 a.m. or p.m. to 2:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Rick Lane Time 2:30 P.M.
 Report received by 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>observed</u>
2. <u>Roof support</u>	<u>NONE</u>	<u>NONE</u>
3. <u>Track</u>		
4. <u>Travelway</u>		
5. <u>P.C.</u>		
6. <u>Charger</u>		
7. <u>Barricade Station</u>		
8. <u>53 Brk between 1-2</u>	<u>Brk Top</u>	<u>Danger off</u>
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>63,504</u>		
<u>#9</u>	<u>733</u>		
<u>#160</u>	<u>419</u>		
<u>MPA</u>			
<u>MPB</u>	<u>7,212</u>		
	<u>17,894</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 Rick Lane Certificate No. 1357A
 Preshift-Mine Examiner
Jim Davis Assistant Foreman Certificate No. 38322
 Countersigned Jim Davis 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 11/16/09 Shift Even Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>0% CH₄</u>	<u>None observed</u>
2. <u>Roof support</u>		
3. <u>Track</u>		
4. <u>Travelway</u>		
5. <u>PC</u>		
6. <u>Charges</u>		
7. <u>Barricade Station</u>		
8. <u>53 BSK</u>		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Tim Davis Assistant Mine
3830 Certificate No.
[Signature] Mine Foreman-Mine Manager
[Signature] Certificate No.
 Superintendent or Assistant

Date of Examination 11-16 2001 Section or Area Examined Wall
 Time of Examination: from 10:30 a.m. or p.m. to 11:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom T. Davis Time A.M. P.M.
 Report received by L. B. ... (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>None observed</u>	<u>None</u>
2. <u>S-Ports</u>		
3. <u>Track</u>		
4. <u>Travelway</u>		
5. <u>Power cables</u>		
6. <u>Chairs</u>		
7. <u>Barricade air</u>		
8. <u>S3B-1C</u>	<u>Bed Top</u>	<u>Deiced off</u>
9. <u> </u>		
10. <u> </u>		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>61234</u>		
<u>9</u>	<u>940</u>		
<u>160</u>	<u>527</u>		
<u>MPA</u>	<u>7847</u>		
<u>MPB</u>	<u>18340</u>		

Remarks: 0% CH₄ 0% 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] Preshift-Mine Examiner Certificate No. 38322
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 38127
 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 11-17-09 Shift 3rd Area or Section wall

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Row 1: Fire 0.0% dHA, None Observed, Reported. Row 8: 53 Bulb, Bad Top, Dangled off.

Examinations for Methane in Working Places

Table with 5 columns: Location, Time, Methane Content, Location, Time, Methane Content. Row 1: Fire, 4:33 PM, 0.0%.

Examinations for Methane in Return Aircourses

Table with 5 columns: Location, Time, Methane Content, Location, Time, Methane Content. Row 1: RT, 4:48 AM, 0.0%.

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

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

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

Assistant Mine signature

39218 Certificate No.

Mine Foreman-Mine Manager signature

390600 Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 11-17-9 20. Section or Area Examined Long Wall
Time of Examination: from 4:30 a.m. or p.m. to 5:20 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Keith Stanley Time 5:38 A.M. P.M.
Report received by Richard Rose
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violations and other Hazardous Conditions Observed and Reported	Action Taken
1. Face	CH ₄ 0%	Reported
2. Roof Support	" "	"
3. Power Center	" "	"
4. Chargers	" "	"
5. Tracks	" "	"
6. Travelways	" "	"
7. Barricade Station	" "	"
8. 53 bk	Bad Top	Dangred off
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Face Intake	60513		
#9	711		
#160	424		
MPA	7528		
MPB	19051		

Remarks: .0% CH₄ 20.8% O₂ Oppn 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 Rose Mine Manager—Mine Foreman Certificate No. 1357-A
Richard Rose Assistant Foreman
Richard Lilly Superintendent or Assistant Certificate No. 28045

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 11-17-9 Shift Day Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face .0%	None obs	Reported
2. Roof Support	" "	" "
3. Power Center	" "	" "
4. Chargers	" "	" "
5. Track	" "	" "
6. Travelways	" "	" "
7. Barricade Station	" "	" "
8. 53 bk Belt entry	Bad Top Add sup Bad Top	Dangered off Added support

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.	12:00 PM	.0%	13.		
4.	1:15 PM	.0%	14.		
5.	3:00 PM	.0%	15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	8:30 AM	.0%	6.		
2.	12:20 PM	.0%	7.		
3.	3:15 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 Meetings on Roof & RB
Visual check of Shields 1-176

Richard Lam Assistant Mine 1357A Certificate No. Carl Lamb Mine Foreman-Mine Manager 3906000 Certificate No. _____ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11/12 2007 Section or Area Examined Longwall

Time of Examination: from 1:15 a.m. or p.m. to 2:05 a.m. or p.m.

Was this report phoned to outside: Yes no Time A.M. 2:30 P.M.

By whom Rick Hinc (Signed) Report received by Jim Davis

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, P.C., Charger, Barricade Station, J3 BRK Between, and No #1 Belt.

Air Measurements

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

Remarks: 0% CH4 0% CO2 20.8% O2

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 05770 Assistant Foreman [Signature] Certificate No. 38322 Countersigned [Signature] Mine Manager-Mine Foreman Assistant Foreman Superintendent or Assistant

Use Indelible
Penell or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 11/12/07 Shift Evk Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	0% CH ₄ None observed	None
2. Roof support		
3. Track		
4. Travelway		
5. P.C.		
6. Charge		
7. Barricade station		
8. 5301K Between 1-2	Bad Top	Danger off

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. Ret	6:30	0%	6.		
2.	7:30	0%	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety meeting a.w. General Safety

Roof & Ribs

Jim Owen
Assistant Mine

38322
Certificate No.

[Signature]
Mine Foreman-Mine Manager

3506000
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 11-17 2009 Section or Area Examined Wall
 Time of Examination: from 10:15 a.m. or p.m. to 11:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom T Davis Time A.M. P.M.
 Report received by L Brown (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>NONE observed</u>	<u>Reported</u>
2. <u>SUPPORTS</u>		
3. <u>Track</u>		
4. <u>Travelway</u>		
5. <u>Power center</u>		
6. <u>Charger</u>		
7. <u>Battery car</u>		
8. <u>S36 r/c</u>	<u>Bad T.G.P</u>	<u>Downed OFF</u>
9. <u> </u>	<u> </u>	<u> </u>
10. <u> </u>	<u> </u>	<u> </u>

Air Measurements

Location	CFM	Location	CFM
<u>INTAKE</u>	<u>60320</u>		
<u>9</u>	<u>878</u>		
<u>160</u>	<u>490</u>		
<u>MPA</u>	<u>7540</u>		
<u>MPB</u>	<u>18147</u>		
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

Remarks: 0% CH 20.8% O₂ 0% CO at exam

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

Signed By Jim Davis Preshift-Mine Examiner Certificate No. 38302
 Countersigned Carl Cook Mine Manager—Mine Foreman Certificate No. 32922
 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 11-18-08 Shift 3rd Area or Section Wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>No ne observed</u>	<u>Report</u>
2. <u>Supports</u>		
3. <u>Track</u>		
4. <u>Traveling</u>		
5. <u>Power cables</u>		
6. <u>Charger</u>		
7. <u>Burred car</u>		
8. <u>S3</u>		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>3:00pm</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>3:20pm</u>	<u>0%</u>	6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

[Signature]
Assistant Mine

38928
Certificate No.

[Signature]
Mine Foreman-Mine Manager

3506000
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-18 2009 Section or Area Examined 41w
Time of Examination: from 3:00 a.m. or p.m. to 3:45 a.m. or p.m.
Was this report phoned to outside: Yes X no
By whom Brewer Time 5:25 A.M. P.M.
Report received by Stephenson (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include Face, Roof Support, Track, Travelways, Power Center, Charger, Barricade Station, 53 Break, and Bad Top.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Measurements include 10'loch Intake, #9, #160, MPA, and MPB.

Remarks: O2 - 20.8 CH4 0%

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

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

Use Indefible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-18-09 Shift Day Area or Section HLD

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>none observed</u>	<u>none</u>
2. <u>Roof Support</u>	()
3. <u>Track</u>		
4. <u>Travelways</u>		
5. <u>Power Center</u>		
6. <u>Charger</u>		
7. <u>Barricade station</u>		
8. <u>53 break</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</u>	<u>0%</u>	13. _____	_____	_____
4. _____	<u>1:00</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</u>	<u>0%</u>	7. _____	_____	_____
3. _____	<u>12:00</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 repair end of Track

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

James [Signature]
Assistant Mine

Certificate No.

Conor Cook
Mine Foreman-Mine Manager

390600
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 11/18 2059 Section or Area Examined longwall

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

Was this report phoned to outside: Yes no

By whom L. Stephenson Time 2:30 A.M. P.M.

Report received by J. 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>	<u>None</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>Baricade station</u>		
8. <u>53 Brk between 2-2</u>	<u>Bad Top</u>	<u>Danger off</u>
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>52,405</u>		
<u>#9</u>	<u>690</u>		
<u>#160</u>	<u>404</u>		
<u>MPTA</u>	<u>7,325</u>		
<u>MPTB</u>	<u>18,015</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 [Signature] Preshift-Mine Examiner Certificate No. 39117

Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 38322

[Signature] Assistant Foreman

[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11/18/89 Shift Eve Area or Section Leap wall

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', 'Track', 'Travelway', 'PC', 'Charges', 'Baricade station', and '53 Brk Between 1-2'.

Table for 'Examinations for Methane in Working Places' with columns: Location, Time, Methane Content. Includes handwritten entries for 'Face' at times 5.00, 2.00, 9.00, and 11.00.

Table for 'Examinations for Methane in Return Aircourses' with columns: Location, Time, Methane Content. Includes handwritten entries for 'Ret' at times 6.30 and 10.30.

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

Signatures and titles: Assistant Mine, Certificate No. 38325, Mine Foreman-Mine Manager, Certificate No. 39000, Superintendent or Assistant.

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 11-18 2009 Section or Area Examined Wgll
Time of Examination: from 10:25 a.m. or p.m. to 11:05 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom T Davis Time A.M. P.M.
Report received by L Brown
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>None observed</u>	<u>Reported</u>
2. <u>Support</u>		
3. <u>Track</u>		
4. <u>Traveling</u>		
5. <u>Power cord</u>		
6. <u>Chow</u>		
7. <u>Barricade Station</u>		
8. <u>50 brick</u>		
9. <u> </u>		
10. <u> </u>		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>59320</u>		
<u>9</u>	<u>923</u>		
<u>160</u>	<u>507</u>		
<u>MPA</u>	<u>7620</u>		
<u>MPB</u>	<u>18120</u>		

Remarks: 20.7% O₂ 0% CH₄ 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 T Davis Preshift-Mine Examiner Certificate No. 38332
Countersigned L Brown Mine Manager—Mine Foreman Assistant Foreman Certificate No. 32927
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 11-19-09 Shift 3rd Area or Section Wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>None observed</u>	<u>Rental</u>
2. <u>Supports</u>		
3. <u>T-ack</u>		
4. <u>Traveling</u>		
5. <u>Power center</u>		
6. <u>Charger</u>		
7. <u>Burned car</u>		
8. <u>S3 brk</u>	<u>Bed Top</u>	<u>Direct OEF</u>

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>3:15am</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>3:30am</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

37988
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 11-19- 20. Section or Area Examined L/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 5:30 A.M. P.M.
 Report received by Wesley Lilly (signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>None found</u>	<u>None</u>
2. <u>Roof Supports</u>	<u>" "</u>	<u>"</u>
3. <u>Power Paster</u>	<u>" "</u>	<u>"</u>
4. <u>Changers</u>	<u>" "</u>	<u>"</u>
5. <u>Track</u>	<u>" "</u>	<u>"</u>
6. <u>Travelway</u>	<u>" "</u>	<u>"</u>
7. <u>Barricade St.</u>	<u>" "</u>	<u>"</u>
8. <u>#53 Blk</u>	<u>Bad Top</u>	<u>DANGER OFF</u>
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>1070 ch Intake</u>	<u>60,320</u>		
<u>#9</u>	<u>770</u>		
<u>#160</u>	<u>448</u>		
<u>MPA</u>	<u>7840</u>		
<u>MPB</u>	<u>17,820</u>		

Remarks: 1070 ch, 20.8% O₂ No Co found at time of Exam

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

Signed By L B 37928 Wesley Lilly 28075
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned Carl 39117 Lawrence Stephenson
 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 11-19-09 Shift Day Area or Section 4/W

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>		
2. <u>Roof Support</u>		
3. <u>Power Center</u>		
4. <u>Charger</u>		
5. <u>Track</u>		
6. <u>Travelways</u>		
7. <u>Barricade Stations</u>		
8. <u>#53 Break</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>Return</u>	<u>8:50</u>	<u>0%</u>	6.		
2.	<u>10:57</u>	<u>0%</u>	7.		
3.	<u>1:00</u>	<u>0%</u>	8.		
4.	<u>3:00</u>	<u>0%</u>	9.		
5.			10.		

Number of Bolts Tested 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 Rep at P.G.

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

Jawun St
Assistant Mine

39117
Certificate No.

Carl
Mine Foreman-Mine Manager

39118
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-19 2009 Section or Area Examined Level 11
Time of Examination: from 100 a.m. or p.m. to 200 a.m. or p.m.
Was this report phoned to outside: Yes [X] no
By whom Lawrence Stephen Time 230 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. Charges		
4. ROOF SUPPORT		
5. Travelways		
6. Trk		
7. Bunkers		
8. #530 EK	Red Top Between #142	Dangerous off
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	58,500		
9	691		
160	488		
MPA	8010		
MPB	17466		

Remarks: No chg made on 2082 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 Stephen Preshift-Mine Examiner Certificate No. 3917
Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 3900
Assistant Foreman [Signature] Certificate No. 2500
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11/19/69 Shift Eve Area or Section Kangwell P1-11

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>0% CH₄ None observed</u>	<u>None</u>
2. <u>Roof support</u>		
3. <u>Track</u>		
4. <u>Travelway</u>		
5. <u>P.C</u>		
6. <u>Charger</u>		
7. <u>Barricade station</u>		
8. <u>53 Brk between 1-2 25 foot in by 8'3" No. 2</u>	<u>Brk Top Built 23 cribs</u>	<u>Danger of Added support</u>

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>1.00</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>6.20</u>	<u>0%</u>	6.		
2.	<u>10.35</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

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

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 11-19 2009 Section or Area Examined Wall
Time of Examination: from 10:15 a.m. or p.m. to 1:10 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Tim Davis Time 11:10 A.M. P.M.
Report received by L. Brown (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>None observed</u>	<u>Reported</u>
2. <u>Power center</u>		
3. <u>Charger</u>		
4. <u>Roof supports</u>		
5. <u>Traveling</u>		
6. <u>Track</u>		
7. <u>Barricade Box</u>		
8. <u>53 brick</u>	<u>Damaged OFF Bud Top</u>	<u>Taps Hwy</u>
9.		
10.		

Location	Air Measurements CFM	Location	CFM
<u>Intake</u>	<u>59167</u>		
<u>9</u>	<u>789</u>		
<u>160</u>	<u>483</u>		
<u>MPA</u>	<u>Good Air movement to 606</u>		
<u>MPB</u>	<u>18743</u>		

Remarks: 0.0 % 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 Tim Davis Pre-shift-Mine Examiner Certificate No. 38322
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 11-20-09 Shift 3rd Area or Section wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>None observed</u>	<u>Reported</u>
2. <u>power center</u>		
3. <u>chairs</u>		
4. <u>supports</u>		
5. <u>Track</u>		
6. <u>Traveling</u>		
7. <u>Barricade cur</u>		
8. <u>S3b-1c</u>	<u>Bed Top</u>	<u>Delayed O/F</u>

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>4:05 PM</u>	<u>0 %</u>	11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.	<u>2:05 PM</u>	<u>0.1%</u>
6.			16.	<u>0:00</u>	<u>0.1%</u>
7.			17.	<u>0:00</u>	<u>0.1%</u>
8.			18.	<u>0:00</u>	<u>0.1%</u>
9.			19.	<u>0:00</u>	<u>0.1%</u>
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>RT</u>	<u>9:40 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) _____

Y B
Assistant Mine

32928
Certificate No.

Chick
Mine Foreman-Mine Manager

310000
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-20-09 Section or Area Examined L/Wall
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 LARRY BROWN Time 5:20 A.M. P.M.
Report received by (Signed) Fred Lilly 28045

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 Cords, Chargers, Trach, Travelways, Barricade St., #53 Bk., and Bad Top.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Measurements include 1070 chg Intake (58,265 CFM), #9 (690 CFM), #160 (435 CFM), MPA (into gob), and MPB (18,023 CFM).

Remarks: 1070 chg, 20.8% O2 or No CO found At time of Exam.

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

Signed By [Signature] 38928 Certificate No. [Signature] 39117 Assistant Foreman
Countersigned [Signature] Mine Manager-Mine Foreman [Signature] 28045 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 11-20-09 Shift Day Area or Section 4/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 Support</u>	/	/
3. <u>Power Center</u>		
4. <u>Charger</u>		
5. <u>Track</u>		
6. <u>Travelways</u>		
7. <u>Barricade Station</u>		
8. <u>#53 Break</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. _____	_____	_____	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 Rept at Mide Train

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

[Signature]
Assistant Mine

3917
Certificate No.

[Signature]
Mine Foreman-Mine Manager

3960
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 11/20 Section or Area Examined Longwall
 Time of Examination: from 6:00 a.m. or p.m. to 2:10 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Stephenson Time 2:25 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. Face	None	None
2. Roof support	↓	↓
3. Track		
4. Travelway		
5. P.C.		
6. Charges		
7. Barricade station		
8. 53 Bk between 1-2		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	59,177		
#9	686		
#160	502		
MPA	7,905		

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 Lawrence Stephens Preshift-Mine Examiner Certificate No. 3917
 Countersigned Jim Owen Mine Manager—Mine Foreman Certificate No. 3832
 Assistant Foreman
 Superintendent or Assistant

Date 11/20/08 Shift Eve Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>None</u>	<u>Observed</u>
2. <u>Roof support</u>		
3. <u>Track</u>		
4. <u>Travelway</u>		
5. <u>PC</u>		
6. <u>Charge</u>		
7. <u>Barricade Station</u>		
8. <u>53 Bk between</u>	<u>1-2 Bad Top</u>	<u>Danger off</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>Ret</u>	<u>6.30</u>	<u>0%</u>	6.		
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) Safety meeting on Roof + Ribs

[Signature] Assistant Mine
38,322 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 11-20-09 Section or Area Examined Longwall
 Time of Examination: from 10:10 a.m. or p.m. to 10:50 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Tim Davis Time 11:10 A.M. P.M.
 Report received by Danell K Stuby 39218
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face	0.07% ⁴ None Observed	Reported
2. Power Center		
3. Barricade Station		
4. Road Supports		
5. Chargers		
6. Track		
7. Travelways		
8. 53 bck between #1 & #2		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake #9	57,293		
#160	690		
	473		
MPA	movement intagob		
MPB	18,490		

Remarks: 0.07%⁴ 20.8202 Oppm CO
All clear at time exam

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

Signed By Tim Davis Preshift-Mine Examiner Certificate No. 39218
 Countersigned Danell K Stuby Mine Manager—Mine Foreman Assistant Foreman Certificate No. 39218
 Assistant Foreman
 Superintendent or Assistant

Date 11-21-09 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. Power Center			
3. Roof Supports			
4. Barricade Station			
5. Chargers			
6. Track			
7. Travelways			
8. 53 brk between #1 & #2	Bad Top		Dangred off

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	1:30pm	0.0%	11.		
2. "	3:30pm	0.0%	12.		
3. "	5:30pm	0.0%	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	2:30pm	0.0%	6.		
2. "	5:40pm	0.0%	7.		
3.			8.		
4.			9.		
5.			10.		

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

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken
Had safety meeting on dust control/ventilation and shield movement at mantop.

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

David R. Shaly
Assistant Mine

39218
Certificate No.

Carl [Signature]
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 11-21 2009 Section or Area Examined 4/w
 Time of Examination: from 430 a.m. or p.m. to 520 a.m. or p.m.
 Was this report phoned to outside: Yes x no _____
 By whom _____ Time 535 A.M. _____ P.M.
 Report received by Stepherson (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face 1070cha</u>	<u>none observed</u>	<u>Reported</u>
2. <u>Power Center</u>		
3. <u>Barricade Station</u>		
4. <u>Roof Support</u>		
5. <u>Chargers</u>		
6. <u>Track</u>		
7. <u>Travellways</u>		
8. <u>53 Break</u>	<u>Bad Top</u>	<u>Damaged off</u>
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>1070cha Intake</u>	<u>59,340</u>		
<u>#9</u>	<u>703</u>		
<u>#160</u>	<u>411</u>		
<u>MPA</u>	<u>into gob</u>		
<u>MPB</u>	<u>18,121</u>		
Remarks: <u>O2 20.8</u>	<u>CH4 0%</u>		

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

Signed By Donnell K. Stealy 39218 Certificate No. James Steph 39117 Certificate No.
 Countersigned Chad Kelly Mine Manager—Mine Foreman Wend Kelly Assistant Foreman 28045
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-21-09 Shift Day Area or Section H/W

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Rows include Face, Power Center, Barricade Station, Roof Support, Chargers, Tracks, Travelways, and 53 Break.

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows show methane readings in Return at 6:00, 8:00, and 10:00.

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 Rep at PC

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

Signatures and titles: Assistant Mine, Certificate No. 39W7, Mine Foreman-Mine Manager, Certificate No. 39W7, Superintendent or Assistant.

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-21-9 20 Section or Area Examined Longwall
Time of Examination: from 1:05 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. 2:43 P.M.
Report received by Richard Lam 1357 A (Signed)

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 Support, Power Center, Chargers, Tracks, Travelways, Barricade Station, and 536k (Bad Top, Dangled off).

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Includes entries for Intake (57108), #9 (707), #160 (450), MPA (Good movement into Gob), and MPB (17412).

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 Lawrence Stevenson Preshift Mine Examiner 39117 Certificate No.
Countersigned Richard Lam Assistant Foreman 1357 A Certificate No.
Richard Lam Mine Manager - Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-21-9 Shift EVE Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Location	CHY %	Violation or Hazardous Condition	Action taken
1. Face	0%	None obs	Reported
2. Roof Support		" "	"
3. Power Center		" "	"
4. Chargers		" "	"
5. Tract		" "	"
6. Traddways		" "	"
7. Barricade Station		" "	"
8. 53bk 52bk		Bad Top Bolt cribs	Dangered off Add support

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	4:55 PM	0%	11.		
2.	6:30 PM	0%	12.		
3.	8:30 PM	0%	13.		
4.	9:15 PM	0%	14.		
5.	11:15 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	5:30 PM	0%	6.		
2.	9:25 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 TRB

Richard Rame
Assistant Mine

13574A
Certificate No.

Carl [unclear]
Mine Foreman-Mine Manager

390000
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 11-21-09 Section or Area Examined Longwall
 Time of Examination: from 9:45 a.m. or p.m. to 10:15 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Rick Lane Time A.M. 11:15 P.M.
 Report received by Daniel K. Stanley 39218
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face <u>0.07% CH₄</u>	<u>None Observed</u>	<u>Reported</u>
2. <u>Power Center</u>		
3. <u>Barricade Station</u>		
4. <u>Changers</u>		
5. <u>Roof Support</u>		
6. <u>Track</u>		
7. <u>Travelways</u>		
8. <u>53 bck between #1 & #2</u>	<u>Bad Top</u>	<u>Dangered off</u>
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>57,608</u>		
<u>#9</u>	<u>709</u>		
<u>#160</u>	<u>436</u>		
<u>MPA</u>	<u>movement to gob</u>		
<u>MPB</u>	<u>16,981</u>		

Remarks: 0.05% CH₄ 20.8% O₂ Oppn 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 Certificate No. 1357-A Daniel K. Stanley Assistant Foreman Certificate No. 39218
 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 11-22-09 Shift 3rd Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	None Observed	Reported
2. Roof Supports		
3. Power Center		
4. Barricade Station		
5. Chargers		
6. Track		
7. Travelways		
8. 53 break betw. #13#2	Beel Top	Dangered off

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	1:30AM	0.0%	11.		
2. "	3:30AM	0.0%	12.		
3. "	5:30AM	0.0%	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	2:30AM	0.0%	6.		
2. "	5:40AM	0.0%	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

Daniel K. Stutz
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 11-22-09 Section or Area Examined L1wall
Time of Examination: from 3:30 a.m. or p.m. to 4:20 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 Karl Cilly 28045 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include Face, Roof Supports, Power Centers, Changers, Track, Travelways, Barricade Box, #53 Bk.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Measurements include intake, #9, #16, MPA, MPB.

Remarks: .070 ch, 20.870 oz No Co found at time of Exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Keith Stanley 39218 Certificate No.
Countersigned Karl Cilly 28045 Certificate No.
Assistant Foreman Lawrence Stephens 39117
Superintendent or Assistant

Use Indefinible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-22-09 Shift Day Area or Section L1W

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Includes entries for Face, Roof Support, Power Center, Charger, Track, Travelways, Barricade Station, and 53 Break.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Lists methane content readings at various locations and times, mostly showing 0%.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Lists methane content readings in return aircourses at various times, mostly showing 0%.

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

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

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

Signatures and Certificates: Assistant Mine, Certificate No. 3947, Mine Foreman-Mine Manager, Certificate No. 3947, Superintendent or Assistant.

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 11-22-9 20__ Section or Area Examined Long Wall
Time of Examination: from 100 a.m. or p.m. to 200 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Lawrence Stevenson Time 240 A.M. P.M.
Report received by Richard Roman 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>Tracks</u>	<u>" "</u>	<u>" "</u>
6. <u>Travelways</u>	<u>" "</u>	<u>" "</u>
7. <u>Barricade Station</u>	<u>" "</u>	<u>" "</u>
8. <u>BKSK</u>	<u>Dangered off</u>	<u>Moved Past</u>
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>59702</u>		
<u>#9</u>	<u>712</u>		
<u>#160</u>	<u>460</u>		
<u>MPA</u>	<u>Moving to Gub</u>		
<u>MPB</u>	<u>18988</u>		

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

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Lawrence Stevenson Preshift-Mine Examiner Certificate No. 39117
Countersigned Richard Roman Mine Manager--Mine Foreman Assistant Foreman Certificate No. 1357-A
Assistant Foreman
Superintendent or Assistant

Use Indefinible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-22-9 Shift EVE Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face <u>CH₄ 0%</u>	<u>None obs</u>	<u>Reported</u>
2. <u>Roof Support</u>	<u>" "</u>	<u>" "</u>
3. <u>Power Center</u>	<u>" "</u>	<u>" "</u>
4. <u>Chargers</u>	<u>" "</u>	<u>" "</u>
5. <u>Tracks</u>	<u>" "</u>	<u>" "</u>
6. <u>Travelways</u>	<u>" "</u>	<u>" "</u>
7. <u>Barricade Station</u>	<u>" "</u>	<u>" "</u>
8. <u>Between 51+52 2 Entry</u>	<u>Set Props</u>	<u>Add support</u>

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>4:45 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>11:30 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>5:15 PM</u>	<u>0%</u>	6.		
2.	<u>8:45 PM</u>	<u>0%</u>	7.		
3.	<u>10:00 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 Rib

General Safety

Richard Pan
Assistant Mine

1357-A
Certificate No.

Carl [Signature]
Mine Foreman-Mine Manager

87900
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-22-09 Section or Area Examined Longsight
Time of Examination: from 9:45 a.m. or p.m. to 10:50 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Rick Lane Time A.M. 10:55 P.M.
Report received by Daniel K. Stuby 39218 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: Face, 0.0% ch4, None Observed, Reported. Row 8: 53 bck between #1 & #2, Bad Top, Dangered off.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows include Intake (#9, #160), MPA, MPB, and movement intagob.

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 Rame Preshift-Mine Examiner Certificate No. 1357-A
Countersigned Andrew Cook Mine Manager-Mine Foreman Certificate No. 39218 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 11-23-09 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. Roof Supports		
3. Barricade Station		
4. Power Center		
5. Chargers		
6. Track		
7. Travelways		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	11:30AM	0.0%	11.		
2. "	3:30PM	0.0%	12.		
3. "	5:30PM	0.0%	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	2:30AM	0.0%	6.		
2. "	5:40AM	0.0%	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

Donell M. [Signature]
Assistant Mine

39218
Certificate No.

[Signature]
Mine Foreman-Mine Manager

32000
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-23 2009 Section or Area Examined Hw
Time of Examination: from 430 a.m. or p.m. to 520 a.m. or p.m.
Was this report phoned to outside: Yes X no
By whom Stucky Time 5:20 A.M. P.M.
Report received by Stephenson (Signed)

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, Barroverde Station, Chargers, Track, Travelways. Action Taken is Reported.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Measurements include Intake #9 (58,632), #160 (708), MPA (415), MPB (18,219).

Remarks: O2 - 20.8 CH4 0%
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 Stucky 39218 Certificate No. Assistant Foreman
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 11-23-09 Shift Day Area or Section 410

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. _____		

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>Return</u>	<u>8:45</u>	<u>0%</u>	6. _____	_____	_____
2. _____	<u>10:30</u>	<u>0%</u>	7. _____	_____	_____
3. _____	<u>12:50</u>	<u>0%</u>	8. _____	_____	_____
4. _____	<u>2:20</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 rep at P.C.

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

James Style
Assistant Mine

37077
Certificate No.

Conrad Lamb
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 11-23-9 20 Section or Area Examined Lang Mt II
 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 2:37 A.M. P.M.
 Report received by Richard Rose 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. Barricade Station		" "	"
6. Track		" "	"
7. Travelways		" "	"
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Intake	58,273		
#9	680		
#160	405		
MPA	Air into Gob		
MPB	18,460		

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. 3917
 Preshift-Mine Examiner
 Countersigned Richard Rose Certificate No. 1357-A
 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 11-23-9 Shift EVE Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	Nine obs	Reported
2. Roof Support	" "	" "
3. Power Center	" "	" "
4. Chargers	" "	" "
5. Track	" "	" "
6. Travelways	Rock in walkway beside head drive	Cleaning up
7. Barricade Station	" "	" "
8. 506k between 1+2 Belt entry 51 to 52 bk	Stopping Gell Set Props	Building Add support

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	4:45 PM	0%	11.		
2.	6:30 PM	0%	12.		
3.	8:30 PM	0%	13.		
4.	9:00 PM	0%	14.		
5.	11:00 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	5:15 PM	0%	6.		
2.	8:45 PM	0%	7.		
3.	9:30 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 @ At Roof

+ R. 5

Richard Thomas
Assistant Mine

1357-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

3000
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 11-23-09 Section or Area Examined Longwall
Time of Examination: from 9:10 a.m. or p.m. to 10:10 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Rick Lee Time 11:00 A.M. P.M.
Report received by Daniel K Stealy 39218
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
Intake	56,562		
#9	710		
#160	412		
MPA	movement into job		
MPB	18,108		

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 [Signature] Preshift-Mine Examiner Certificate No. 1357
Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 39218
[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 11-24-09 Shift 3rd 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. Roof Support	" "	"
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	4:45 am	0%			
2.	6:30 am	0%			
3.	8:30 am	0%			
4.	9:10 am	0%			
5.	11:00 am	0%			
6.					
7.					
8.					
9.					
10.					

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	5:15 pm	0%	6.		
2.	8:45 pm	0%	7.		
3.	9:30 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 Rawn Assistant Mine 357-d Certificate No. [Signature] Mine Foreman-Mine Manager 3700 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 _____ 20____ Section or Area Examined _____

Time of Examination: from _____ a.m. or p.m. to _____ a.m. or p.m.

Was this report phoned to outside: Yes _____ no _____

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

Report received by _____
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Location *Air Measurements* Location CFM

Remarks: _____

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

Signed By _____ Preshift-Mine Examiner Certificate No. _____ Assistant Foreman Certificate No. _____

Countersigned _____ Mine Manager—Mine Foreman _____

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-24-9 Shift 3rd Area or Section Long Wall

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. Track			
4. Power Center			
5. Changer			
6. Travelway			
7. Barricade Station			
8. 50 brk #2 entry intersection #1 Entry in by last open	Roof Fall Crusher to #1 shield	Rebarred and changed off cleaning on walkway	

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Daniel K. Stanley
Assistant Mine

39218
Certificate No.

[Signature]
Mine Foreman-Mine Manager

39018
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11/23 11:24 AM 2009 Section or Area Examined Long wall
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 5:40 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. Rows include Frack, Root Support, Track, Travelway, P.C, Charger, Barricade Station, 50 BxK #2 Entry, and 2 Entry Belt.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Includes entries for MPA and MPB with CFM values and notes on movement to cabs.

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; Jim Davis, Assistant Foreman; Certificate No. 38322; Countersigned by Mine Manager and Mine Foreman.

Date 11/24/09 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	None observed	Reported
2. Roof Supports	*35 #145 Shields downline	"
3. Power Center	None observed	"
4. Charger	" "	"
5. Track	" "	"
6. Trunkway	" "	"
7. Barricade Entry	" "	"
8. #50 Dr #1 Entry	Roof Fall Barricade to face	Bolting to fall Walkways cleaned

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	CTD 5:00 7:30 AM	0%	11.		
2.	CTD 7:00 7:30 AM	0%	12.		
3.	CTD 7:00 11:30 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. Ret	9:45	0%	6.		
2.	12:45	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 re cleaning roof fall

General Safety
Jim Davis

Assistant Mine

38322
Certificate No.

[Signature]
Mine Foreman-Mine Manager

390608
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-24-9 20 Section or Area Examined Long Wall
Time of Examination: from 150 a.m. or p.m. to 225 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Tim Davis Time A.M. 2:28 P.M.
Report received by Richard Rame 1357-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Includes entries for Face, Roof Support, Track, Travelways, P.C., Chargers, Barricade Station, SOBk #2 Entry, #1 Entry Belt.

Air Measurements

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

Remarks: #35 #145 Sheds down on pan
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
Countersigned [Signature] Mine Manager-Mine Foreman
Richard Rame 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 11-25-09 Shift 3rd Area or Section wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Fair</u>	<u>None obs</u>	<u>Reported</u>
2. <u>Supp. t</u>	<u>35 + 175 shield down on path</u>	<u>"</u>
3. <u>Track</u>	<u>" "</u>	<u>"</u>
4. <u>T-ravelly</u>	<u>walkway beside crusher needs cleaned</u>	<u>"</u>
5. <u>Pan cut</u>	<u>" "</u>	<u>"</u>
6. <u>Ch...</u>	<u>" "</u>	<u>"</u>
7. <u>Buried cur</u>	<u>" "</u>	<u>"</u>
8. <u>Sabk</u>	<u>Roof fall</u>	<u>finished bolting to fall</u>

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Fair</u>	<u>5:20 PM</u>	<u>.07 %</u>	11.		
2.	<u>7:15 PM</u>	<u>.0 %</u>	12.		
3.	<u>9:15 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>RT</u>	<u>5:50 PM</u>	<u>.0 %</u>	6.		
2.	<u>7:55 PM</u>	<u>.0 %</u>	7.		
3.	<u>9:45 PM</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 Fall

clean up
Richard L... Assistant Mine Certificate No. 1357 A
C. ... Mine Foreman-Mine Manager Certificate No. 390000
Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 11-24 2009 Section or Area Examined wall
 Time of Examination: from _____ a.m. or p.m. to _____ a.m. or p.m.
 Was this report phoned to outside: Yes _____ no _____
 By whom R. Lane Time _____ A.M. _____ P.M.
 Report received by L.B. [unclear]
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Fine</u>	<u>None observed</u>	<u>Retire</u>
2. <u>Supports</u>		
3. <u>Track</u>		
4. <u>Traveling</u>		
5. <u>Roof cut</u>		
6. <u>Chairs</u>		
7. <u>Barricade cut</u>		
8. <u>50 brick #2 entry</u>		
9. <u>#1 Entry</u>	<u>Gate box to crusher</u>	<u>cleaning walkway</u>
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>59040</u>		
<u>9</u>	<u>688</u>		
<u>160</u>	<u>532</u>		
<u>MPA</u>	<u>Air to lob</u>		
<u>MPB</u>	<u>18190</u>		

Remarks: 0% CH₄ 0% CO 20.86 O₂ at exam

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1357-A
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 32728
 Assistant Foreman Certificate No. _____
 Superintendent or Assistant _____