

Long Wall
PRESHIFT - ONSHIFT
and
DAILY REPORT

FW

Company *Performance coal*

Mine *UBB*

SECTION *LONG WALL*

LOCATION *WAOMA* *Raleigh* *WVA*
Post Office County State

Form 6-1489
(March 1970)

Budget Bureau No. 42-R1589

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

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Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-25-01 Shift 3-2

Area or Section wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	None observed	Reported
2. Supports		
3. Tracle		
4. Tray		
5. Percent		
6. Ch		
7. Barricade car		
8. 53 brlc	Bed Top	D-72j GFI

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	5:16 AM	0%			
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. RT	5:30 AM	0%			
2.					
3.					
4.					
5.					

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

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

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

 Assistant Mine Foreman
 Certificate No. 38928
 Mine Foreman-Mine Manager
 Certificate No. 51060
 Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11/25 2009 Section or Area Examined LONGWALK
Time of Examination: from 6:00 a.m. or p.m. to 8:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Larry DeGwin Time 5:45 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 Face, Roof support, Track, TraveLway, PC, Charger, Barricade station, Jo Brk 2 entry, #2 entry Belt.

Air Measurements

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

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] 38928 [Signature] 38322
Countersigned [Signature] Mine Manager-Mine Foreman [Signature] Assistant Foreman [Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11/25/02 Shift Day Area or Section Lanzwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	0.02 CH ₄ None obs	None
2. Roof support		
3. Track		
4. Travelway		
5. P.C		
6. Charger		
7. Barricade Station		
8. 50 Brk 2 entry #2 entry Belt		Roof fall Gate Box To Crusher

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.			7.		
3.	1.30	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 Roof & Ribs

General Safety
Jim Davis
Assistant Mine

38322
Certificate No.

[Signature]
Mine Foreman-Mine Manager

390000
Certificate No.

Superintendent or Assistant

Date of Examination 11-24- 2009 Section or Area Examined Hwall
 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 Tim Davis Time 2:30 A.M. P.M.
 Report received by Shel Cully 28045
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>020cht Face</u>	<u>None found</u>	<u>Reported</u>
2. <u>Roof Supports</u>	<u>" "</u>	<u>"</u>
3. <u>Power Cords</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 St.</u>	<u>" "</u>	<u>"</u>
8. <u>500k #2 entry</u>	<u>Roof Fall</u>	<u>DANGER OFF</u>
9. <u>#1 entry Belt</u>	<u>Gate Box Area</u>	<u>Cleaning Walkway</u>
10.		

Air Measurements

Location	CFM	Location	CFM
<u>020cht Intake</u>	<u>58,247</u>		
<u>#9</u>	<u>652</u>		
<u>#160</u>	<u>541</u>		
<u>MPA</u>	<u>into gob</u>		
<u>MPB</u>	<u>18,343</u>		

Remarks: 020cht, 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 Richard Ramo 1357A Certificate No.
 Preshift-Mine Examiner
 Countersigned Tim Davis 38322 Certificate No. 28045
 Mine Manager - Mint Foreman
Shel Cully 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 11-25-09 Shift 2nd. Area or Section LWALL

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	none found	Repairs
2. ROOF supports	" "	"
3. Power center	" "	"
4. Chargers	" "	"
5. Track	" "	"
6. Travelways	" "	"
7. Barricade St.	" "	"
8. 50 BK #2 entry #1 entry Belt	Gate Box ^{ROOF fall} AREA Gate Box Area Examinations for Methane in Working Places	Dangered off strawing ^{walkway} cleaning walkway

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	5:15pm	1.0%	6.		
2. Return	9:15pm	1.0%	7.		
3. Return	11:35pm	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) British men on ROOF to do plan.
11:20. Visual check shields 1-176. Discussed Rock Fall plan.

W.D. Mills Assistant Mine 2800 Certificate No. [Signature] Mine Foreman-Mine Manager 3900 Certificate No. _____ Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 11-25 2007 Section or Area Examined Wall
 Time of Examination: from 9 a.m. or p.m. to 9:58 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom R. L. ... Time AM 10:51 PM
 Report received by L. B. ... (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face	None observed	Reported
2. Supports		
3. Power center		
4. Churner		
5. Truck		
6. Trailing		
7. Breakdown car		
8. SO ₂ vic #2 entry		
9. #2 entry	Gate Box Any	clean walking
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	57622		
9	658		
160	533		
MPA	Air to 60b		
MPB	18551		

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

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1357-A
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 38928
[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 11-26-09 Shift 3rd Area or Section well

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Fice</u>	<u>None observed</u>	<u>Reported</u>
2. <u>S.P.P. 43</u>		
3. <u>Power circuit</u>		
4. <u>Ch...</u>		
5. <u>Track</u>		
6. <u>Trolley</u>		
7. <u>Barroide circuit</u>		
8. <u>S3 brick Fall</u>	<u>Fall</u>	<u>Spot B. H. ...</u>

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>RT</u>	<u>3:40am</u>	<u>0 %</u>			
2. _____					
3. _____					
4. _____					
5. _____					

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

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

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

ZB
Assistant Mine

30928
Certificate No.

[Signature]
Mine Foreman-Mine Manager

320000
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 11-26-61 20 09 Section or Area Examined LONG WALL
Time of Examination: from 3:25 a.m. or p.m. to 4:15 a.m. or p.m.
Was this report phoned to outside: Yes 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. <u>Face</u>	<u>none observed</u>	<u>none</u>		
2. <u>Roof support</u>	↓	↓		
3. <u>Track</u>				
4. <u>Travelway</u>				
5. <u>P.C.</u>				
6. <u>Charger</u>				
7. <u>Comrade Station</u>				
8. <u>50 Brk Entry</u>			<u>Roof fall</u>	<u>Danger off</u>
9. <u>#1 entry</u>			<u>Gate Box To Crusher</u>	<u>walk way</u>
10.				

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>			
<u>#9</u>			
<u>#160</u>			
<u>MPP</u>			
<u>MPO</u>	<u>movement To Gob</u>		
	<u>18,112</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] Freshift-Mine Examiner. Certificate No. 32928
Countersigned [Signature] Mine Manager—Mine Foreman. Certificate No. 38322
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11/26/09 Shift Day Area or Section Long wall

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action taken. Rows include Face (0% CH4), Roof Support, Track, Trajectory, P.C., Charger, Barricade Station (Roof fall), and 50 Bsk #2 Entry (Bolting completed).

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 showing Face location with 0% methane content at various times (8:00, 10:00, 12:00, 2:00).

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 showing Ret location with 0% methane content at 9:30 and 1:30.

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

Signature of Assistant Mine Foreman

38322 Certificate No.

Signature of Mine Foreman-Mine Manager

39000-08 Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-26-9 Section or Area Examined Long Wall

Time of Examination: from 150 a.m. or p.m. to 230 a.m. or p.m.

Was this report phoned to outside: Yes no

By whom Tim Dugis Time 2:47 P.M.

Report received by Richard Rans 1357-A
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face	None obs	Reported
2. Roof Support	" "	"
3. Track	" "	"
4. Travelways	" "	"
5. Power Center	" "	"
6. Chargers	" "	"
7. Barricade Station	" "	"
8. 50 bk	Roof fall	Bolting Completed
9. #1 entry	Gate box to crusher	Walkway
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	6,520		
#19	663		
#160	521		
MPA	None		
MBB	18,143		

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 Tim Dugis Preshift-Mine Examiner Certificate No. 38372
 Countersigned Richard Rans Mine Manager—Mine Foreman Certificate No. 1357-A
And Billy Assistant Foreman Certificate No. 28095
 Superintendent or Assistant

Use Indefinite Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-26-09 Shift 2nd Area or Section L/Wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	None	None
2. Roof Support	" "	"
3. Power Center	" "	"
4. Changer	" "	"
5. Track	" "	"
6. Travelways	" "	"
7. Barricade st.	" "	"
8. 50 BK #1 entry	Roof fall Gate box to crusher	Needs crib cleaning walkway

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	5:15 pm	10.20	11.		
2. Face	7:15 pm	10.90	12.		
3. Face	9:15 pm	10.90	13.		
4. Face	10:30 pm	10.90	14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	6:00 pm	10.90	6.		
2. Return	10:00 pm	10.90	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) Dr. to man on roof for 1/2 roof fall. Visual check shield 1-176.

Ken Lally
Assistant Mine

2801
Certificate No.

Calvin
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 11-26 2009 Section or Area Examined W911
Time of Examination: from 10:45 a.m. or p.m. to 11:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Hickley Time A.M. P.M.
Report received by Libby (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Fair</u>	<u>None observed</u>	<u>Reported</u>
2. <u>Supports</u>		
3. <u>Truck</u>		
4. <u>Tramby</u>		
5. <u>Power cables</u>		
6. <u>Chairs</u>		
7. <u>Barricade air</u>		
8. <u>50 BK</u>		
9. <u>#1 entry</u>	<u>Gate Box too Crashed</u>	<u>Clearing walkway</u>
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake Pocha</u>	<u>60760</u>		
<u>9</u>	<u>647</u>		
<u>160</u>	<u>518</u>		
<u>MFA</u>	<u>Air to Gob</u>		
<u>MPB</u>	<u>18240</u>		

Remarks: 20% O₂ 20% CO₂ 0% CO at exit

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 Neil Liddle 28045 Certificate No. Assistant Foreman Z R 38928 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 11-27-09 Shift 3-d Area or Section Wall

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Face	None observed	Reported
2.	Supports	[Vertical lines]	[Vertical line]
3.	Trails		
4.	Traveling		
5.	Power center		
6.	Chairs		
7.	Barricaded air		
8.	Subsidiary Fall		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

[Signature] Assistant Mine 30928 Certificate No. [Signature] Mine Foreman-Mine Manager 3986101 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 11/27 2009 Section or Area Examined Long wall

Time of Examination: from 3:25 a.m. or p.m. to 4:15 a.m. or p.m.

Was this report phoned to outside: Yes 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. <u>Face</u>	<u>None observed</u>	<u>Reported</u>
2. <u>Roof support</u>		
3. <u>Track</u>		
4. <u>Travelway</u>		
5. <u>P.C</u>		
6. <u>Charger</u>		
7. <u>Barricade station</u>		
8. <u>To Bk 2 Entry</u>	<u>Roof fall</u>	<u>Batted</u>
9. <u>#1 Entry</u>	<u>Gate Bar To Cracker</u>	<u>walk way</u>
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>59247</u>		
<u>#9</u>	<u>602</u>		
<u>#160</u>	<u>511</u>		
<u>MMA</u>	<u>INTO</u>	<u>COLD</u>	
<u>MPB</u>	<u>17982</u>		

Remarks: 0% CH4 0% CO 20.16 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 Certificate No. 38928 Assistant Foreman Jim Davis Certificate No. 38322

Countersigned [Signature] Mine Manager—Mine Foreman [Signature] Assistant Foreman

Assistant Foreman

Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 11/27/09 Shift DAY Area or Section Langwall

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>Track</u>		
4. <u>Travelway</u>		
5. <u>P.C</u>		
6. <u>Charger</u>		
7. <u>Barricade Bait</u>		
8. <u>50 Bk #2 Entry</u>	<u>Bolted Top Between</u>	<u>2 To 1 support Top</u>

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Jim Davis
Assistant Mine

38522
Certificate No.

Charles East
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 11-27-2009 Section or Area Examined H/W
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 Tim Davis Time A.M. 2:30 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>Track</u>		
4. <u>Travelway</u>		
5. <u>Power Center</u>		
6. <u>Charger</u>		
7. <u>Barricade Station</u>		
8. <u>50 Break</u>	<u>Roof Fall</u>	<u>Bolted</u>
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>58,713</u>		
<u>#9</u>	<u>749</u>		
<u>#160</u>	<u>487</u>		
<u>MPA</u>	<u>into gob</u>		
<u>MPB</u>	<u>18,467</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 Tim Davis Preshift-Mine Examiner Certificate No. 38322
Countersigned Carl Cook Mine Manager—Mine Foreman Certificate No. 53060-04
Sammy Steph Assistant Foreman Certificate No. 39117
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-27-09 Shift 2nd Area or Section Lwall

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Entries include Face, Roof Supports, Tracks, Travelways, Power Cables, Chargers, Barmade st., and 50 Blk.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Entries show Face locations at 6:15 PM, 8:15 PM, and 10:15 PM with 10% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Entries show Return locations at 6:35 PM and 9:35 PM with 10% methane content.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Briefed men on roof & rib plan. Roof fall bolting. Visual checked 1-176.

Signatures and Certificates: Assistant Mine (V. D. Kelly), 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 11-27 2009 Section or Area Examined Wall
 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 H Lilly Time 10:30 A.M. P.M.
 Report received by L Brer (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Free rock	None observed	Reported
2. Supports		
3. Truck		
4. Traveling		
5. Power center		
6. Churner		
7. Benzene Car		
8. S.O. brick		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake rock	58971		
9	737		
160	460		
M.P.A	Av. to 606		
M.P.B	18520		

Remarks: 20-8% O₂ 0% CH₄ 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 H Lilly 28045 Certificate No. Z B Assistant Foreman 32928 Certificate No.
 Countersigned John Smith Mine Manager—Mine Foreman 39062 Certificate No.
 Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-28-09 Shift 3-2 Area or Section Wall

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>3:46 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>AT</u>	<u>3:55 AM</u>	<u>0 %</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

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

[Signature]
Assistant Mine

38928
Certificate No.

[Signature]
Mine Foreman-Mine Manager

38928
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11/28 2009 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 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 Face, Roof support, Track, Travelway, P.C., Charger, Barricade Station, #1 Entry.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows include Intake #9, #160, MPA, MPA13.

Remarks: %CH4 %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. 38928 Assistant Foreman [Signature] Certificate No. 38322
Countersigned [Signature] Mine Manager-Mine Foreman [Signature] Certificate No. 3506027
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 11/28/09 Shift DAY Area or Section LONGWALK

Violations and other Hazardous Conditions Observed and Reported

Table with 5 columns: Location, Violation or Hazardous Condition, and Action taken. Rows include Face (0% CH4), Roof support, Track, Travelway, P.C., Charger, Barricade Station, and I-Entry (Gate Box To #1 Shield, working on walkway).

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 show Face examinations at 8:00, 10:00, 12:00, and 2:00, all with 0% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 show Return Airway (Ret) examinations at 9:30 and 1:30, all with 0% methane content.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety meeting on Roof L.R. lbs

Signatures and titles: Assistant Mine, Certificate No. 38322, 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 11-28 2009 Section or Area Examined L/W
Time of Examination: from 1:45 a.m. or p.m. to 2:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Davis Time A.M. 2:40 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, Root Support, Track, Traveling, Power Center, Charger, Barricade Station.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows include LOB (59,447), H6 #9 (782), TG #160 (540), MPA (into gpb), MPB (18,197).

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 [Signature] Preshift-Mine Examiner Certificate No. 38,322
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 3911.7
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 11-28-09 Shift AFT Area or Section 41

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. _____		
9. _____		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>7:00</u>	<u>0%</u>	6. _____	_____	_____
2. _____	<u>9:00</u>	<u>0%</u>	7. _____	_____	_____
3. _____	<u>11:00</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 Rep at mule train

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

Lawrence Styh
Assistant Mine

39117
Certificate No.

[Signature]
Mine Foreman-Mine Manager

[Signature]
Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 11-28 2009 Section or Area Examined W 11

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 Stephson Time A.M 10:20 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>Travelling</u>		
5. <u>pass center</u>		
6. <u>Chin</u>		
7. <u>Barricade air</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Lob</u>	<u>58104</u>		
<u>7</u>	<u>790</u>		
<u>160</u>	<u>587</u>		
<u>MPA</u>	<u>Air movement job</u>		
<u>MPB</u>	<u>18410</u>		

Remarks: 0% CH4 0% CO 20.5% O2 at exam time

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

Signed By [Signature] Certificate No. 3917
Preshift-Mine Examiner

Countersigned [Signature] Certificate No. 38929
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 11-29-01 Shift 3-2 Area or Section Wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	no c obs	Reported
2. S-PPV to		
3. Track		
4. Trolley		
5. Pow - center		
6. Ch...		
7. Boarder de Car		
8.		

Examinations for Methane in Working Places

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

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

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

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

[Signature]
Assistant Mine

38827
Certificate No.

[Signature]
Mine Foreman-Mine Manager

3906001
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 11/29 2009 Section or Area Examined LONG WALL

Time of Examination: from 4:20 a.m. or p.m. to 5:00 a.m. or p.m.

Was this report phoned to outside: Yes no

By whom LARRY BROWN Time 5:30 A.M. P.M.

Report received by Jim Davis
(Signed)

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. Tracks		
4. Trauelway		
5. P.C		
6. Charger		
7. Barricade Station		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	58,680		
#9	714		
#160	320		
M.P.A	movement	To Gob	
M.P.B	18,120		

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. 38927
Assistant Foreman Jim Davis Certificate No. 38322

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 11/29/07 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Jim Davis
Assistant Mine

38322
Certificate No.

Carl [Signature]
Mine Foreman-Mine Manager

38300
Certificate No.

Superintendent or Asslt

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-29 2009 Section or Area Examined 410
Time of Examination: from a.m. or p.m. to 2:30 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 (Signed)

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. Row 2: Roof Support. Row 3: Track. Row 4: Travelways. Row 5: Power Center. Row 6: Charger. Row 7: Barricade Station.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows include Intake (58,178), #9 (804), #160 (542), MPA (movement to COB), MPB (18,219).

Remarks: 20.8% O2 - CH4 - 1/2 CO2

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 T. Davis Preshift-Mine Examiner Certificate No. 38322
Assistant Foreman Certificate No. 39117
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 50000
Assistant Foreman Certificate No. 28075
Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 11-29-09 Shift Aft Area or Section 4w

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>None observed</u>	<u>None</u>
2. <u>Roof Support</u>		
3. <u>Track</u>		
4. <u>Tranwalkways</u>		
5. <u>Power Center</u>		
6. <u>Charger</u>		
7. <u>Barricade Station</u>		
8. _____		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>5:50</u>	<u>0%</u>	6. _____	_____	_____
2. _____	<u>8:10</u>	<u>0%</u>	7. _____	_____	_____
3. _____	<u>10:00</u>	<u>0%</u>	8. _____	_____	_____
4. _____	<u>11:20</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 safety def. of Ribs at mule Train

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

[Signature]
Assistant Min

39117
Certificate No.

[Signature]
Mine Foreman-Mine Manager

386050
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-29-09 Section or Area Examined L1WMM
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 [checked] no
By whom Lawrence Stephens Time A.M. 10:58 P.M.
Report received by [Signature] 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, Chargers, Track, Travelways, Barricade st.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows include Intake #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 [Signature] Preshift-Mine Examiner Certificate No. 39117
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 39218
Assistant Foreman
Supervisor or Assistant

Use Indefilible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 11-30-09 Shift 3rd Area or Section Langwall

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	2:30 AM	0.0%	11.		
2. "	5:30 AM	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	2:40 AM	0.0%	6.		
2. "	5:40 AM	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 H. Staley
Assistant Mine

39218
Certificate No.

[Signature]
Mine Foreman-Mine Manager

3881
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11-30-9 20 Section or Area Examined Long Wall
Time of Examination: from 3:30 a.m. or p.m. to 7:20 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 Richard Rame 1357-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

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

Remarks: 0% CH4 20.8% O2 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, Richard Rame Assistant Foreman, 1357-A Certificate No.

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11-30-9 Shift Day Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Locations include Face. Times include 8:00, 11:40, 1:00. Methane Content is 0%.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Locations include Return. Times include 8:50, 11:00, 1:45. Methane Content is 0%.

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

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

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

Richard Rame Assistant Mine

1357-A Certificate No.

Mine Foreman-Mine Manager

33200 Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11/30 2009 Section or Area Examined Long Wall
Time of Examination: from 1:00 or p.m. to 1:45 or p.m.
Was this report phoned to outside: Yes no
By whom R Lane Time A.M 2:00 P.M.
Report received by J Polus 35881 (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

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

Remarks: 0% CH4 0% CO 20.89 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 Richard Rame Preshift-Mine Examiner Certificate No. 1357-A
Countersigned Mine Manager-Mine Foreman Assistant Foreman Certificate No. 39117
Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 11-30-09 Shift AFT Area or Section L/W

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>5:36</u>	<u>0%</u>	6. _____	_____	_____
2. _____	<u>8:10</u>	<u>0%</u>	7. _____	_____	_____
3. _____	<u>10:00</u>	<u>0%</u>	8. _____	_____	_____
4. _____	<u>11:30</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

wait over rep at P.C.

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

[Signature]
Assistant Mine

39117
Certificate No.

[Signature]
Mine Foreman-Mine Manager

39117
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 11-30-09 Section or Area Examined Langwell
 Time of Examination: from 9:00 a.m. or p.m. to 10:10 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Lawrence Stephenson Time 11:00 A.M. P.M.
 Report received by Donald K. Staley 39218
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken	
1. <u>Face</u>	<u>0.07% CH₄</u>	<u>None Observed</u>	<u>Reported</u>
2. <u>Power Center</u>			
3. <u>Barricade Station</u>			
4. <u>Chargers</u>			
5. <u>Roof Supports</u>			
6. <u>Track</u>			
7. <u>Travelways</u>			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>59,416</u>		
<u>#9</u>	<u>710</u>		
<u>#160</u>	<u>511</u>		
<u>MPA</u>	<u>movement into gob</u>		
<u>MPB</u>	<u>19,000</u>		

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

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

Signed By Lawrence Stephenson 39117 Donald K. Staley 39218
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned Donald K. Staley 39218
 Mine Manager—Mine Foreman Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-1-09 Shift 3rd Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	1:30AM	0.0%	11.		
11	4:40AM	0.0%	12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	1:45AM	0.0%	6.		
11	4:55AM	0.0%	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

Daniel K Stanley
Assistant Mine

39218
Certificate No.

Carl Cook
Mine Foreman-Mine Manager

35060-08
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-1-9 20. Section or Area Examined Longwall
Time of Examination: from 430 a.m. or p.m. to 530 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Keith Stanley Time 530 AM P.M.
Report received by Richard Rame 1357-A
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
Intake	58,843		
#9	687		
#160	483		
MPA	Movement into Gob		
MPB	18761		

Remarks: .0% CH4 20.8% O2 Appx 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 Donell K Stanley Preshift-Mine Examiner Certificate No. 39218
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 39260-01
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 12-1-9 Shift Day Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	None obs	Reported
2. Roof Support		
3. Power Center		
4. Chargers		
5. Tracks		
6. Travelways		
7. Barricade Station		
8. Between 51 & 52 bk	Bad Top	built cribs

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	8:05 AM		11.		
2.	10:12 AM		12.		
3.	1:15 PM		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	8:45 AM	.0%	6.		
2.	10:05 AM	.0%	7.		
3.	1:50 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 Lane
Assistant Mine

1357-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

32061-08
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-1 2009 Section or Area Examined 4W

Time of Examination: from 11.5 a.m. or p.m. to 20.5 a.m. or p.m.

Was this report phoned to outside: Yes X no

By whom R. Lane 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>Faxe</u>	<u>None observed</u>	<u>Reported</u>		
2. <u>Roof Support</u>				
3. <u>Travelways</u>				
4. <u>Barricade station</u>				
5. <u>Track</u>				
6. <u>Power Center</u>				
7. <u>Chargers</u>				
8.				
9.				
10. <u>51-52 Break</u>			<u>Bad Top</u>	<u>extra Support Crib</u>

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>54,285</u>		
<u>#9</u>	<u>711</u>		
<u>#160</u>	<u>536</u>		
<u>MPT</u>	<u>into gob</u>		
<u>MFB</u>	<u>18,142</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 Ronald Lane
Preshift Mine Examiner

1357-A
Certificate No.

Samuel Stephenson
Assistant Foreman

39117
Certificate No.

Countersigned John Lane
Mine Manager—Mine Foreman

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-1-09 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. Locations include Face, Roof Support, Travelways, Bridge Station, Track, Power Center, Chargers.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Locations include Face. Methane content recorded as 0% at various times.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Location includes Return. Methane content recorded as 0% at various times.

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

Wait over Rlp at make firm

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

Signature of Assistant Mine Foreman

39117 Certificate No.

Signature of Mine Foreman-Mine Manager

3800-108 Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-2-69 Section or Area Examined Longwall
Time of Examination: from 9:30 a.m. or p.m. to 10:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Lawrence Stephenson Time AM 11:00 P.M.
Report received by Donald K. Stanley 39218
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>56,712</u>		
<u>#9</u>	<u>704</u>		
<u>#160</u>	<u>412</u>		
<u>MPA</u>	<u>movement into gob</u>		
<u>MPB</u>	<u>17,391</u>		

Remarks: 0.07% CH₄ 20.80² Oppm CO
All clear at time of exam

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

Signed By Lawrence Stephenson 39117 Donald K. Stanley 39218
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.

Countersigned Donald K. Stanley 39218
Mine Manager—Mine Foreman Certificate No.

Assistant Foreman
Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 12-2-09 Shift 3rd Area or Section Largerall

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Face	2:00AM	0.0%	11.			
2.		5:00AM	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	2:15AM	0.0%	6.			
2.		5:15AM	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) _____

Danell K. Stanley
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 12-2-20 09 Section or Area Examined L/WALL
Time of Examination: from 400 a.m. or p.m. to 510 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Keith Stanley Time 540 A.M. P.M.
Report received by Richard Ram 1357A (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

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

Remarks: 0% CH4 20.8% O2 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 Daniel K Stanley Preshift-Mine Examiner Certificate No. 39218
Richard Ram Assistant Foreman Certificate No. 1357A
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 12-2-9 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	8:00 AM	.0%	11.		
2.	10:15 AM	.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	8:41 AM	.0%	6.		
2.	10:47 AM	.0%	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

General Safety
Rubackham
Assistant Mine

13570
Certificate No.

[Signature]
Mine Foreman-Mine Manager

[Signature]
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-2-20 09 Section or Area Examined H/W
Time of Examination: from 10:15 a.m. or p.m. to 11:41 a.m. or p.m.
Was this report phoned to outside: Yes X no
By whom Lane Time A.M. 2:50 P.M.
Report received by Stephenson Broughton (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

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

Remarks: 20.802- 0.614- 0.7p20

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] 1357-A Certificate No. [Signature] Assistant Foreman 39117 Certificate No.
Countersigned [Signature] Mine Manager-Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-2-09 Shift Apt Area or Section 410

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, Power Center, Charger, Track, Travelways, Barricade Station.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-10: Face, 6:00, 0%, 8:00, 0%, 10:00, 0%, 11:30, 0%.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-5: Return, 7:00, 0%, 9:00, 0%, 10:50, 0%, 12:00, 0%.

Number of Bolts Tested 6 6 Below Range 6

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-2-09 Section or Area Examined LL
Time of Examination: from 8:00 a.m. or p.m. to 5:21 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Lawrence Stevenson Time A.M. 5:21 P.M.
Report received by (signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Includes handwritten entries like 'Face none observed' and 'Report Reported'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Includes handwritten entries like 'Intake 57,152' and 'MPA into Gob'.

Remarks: CH4-0%, O2-20.9%, CO-0%
Clear at this operation

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. Assistant Foreman Certificate No.
Countersigned (Signature) Mine Manager-Mine Foreman
Assistant Foreman
Superintendent or Assistant (Signature) 37221

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-2-09 Section or Area Examined Longwall
Time of Examination: from 9:30 a.m. or p.m. to 10:15 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Lewrence Stevenson Time A.M. 10:50 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	0.07% CH ₄ None Observed	Reported
2. Roof Supports		
3. Power Center		
4. Barricade Station		
5. Chargers		
6. Track		
7. Travelways		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	58,601		
#9	750		
#160	432		
MPA	movement into job		
MPB	18,845		

Remarks: 0.07% CH₄ 20.89% O₂ 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 Lewrence Stevenson 39117 Daniel K Stanley 39218
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned [Signature] [Signature]
Mine Manager—Mine Foreman Assistant Foreman Superintendent or Assistant

Use Indefible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-3-09 Shift 3rd Area or Section Langwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>0.0% CH₄</u>	<u>None Observed</u>
2. <u>Roof Supports</u>		<u>Reported</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>1:30AM</u>	<u>0.0%</u>	11.		
2.	<u>4:30AM</u>	<u>0.0%</u>	12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

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

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

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

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

Danell K. Stanley
Assistant Mine

39218
Certificate No.

Carl Cook
Mine Foreman-Mine Manager

3900004
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-3-9 20. Section or Area Examined Long Wall
Time of Examination: from 8:40 a.m. or p.m. to 4:40 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Keith Stanley Time 5:30 P.M.
Report received by Richard Ramm 1357-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows include Intake, #9, #140, MPA, MPB.

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

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

Signed By Daniel K Stanley Preshift-Mine Examiner Certificate No. 39218
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 39262-08
Richard Ramm Assistant Foreman Certificate No. 1357-A
Assistant Foreman Certificate No. 28045
Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 12-3-9 Shift Day Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>9:00am</u>	<u>.0%</u>	6. _____	_____	_____
2. _____	<u>1:00pm</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 Meet on Roof + R.S

Richard Raman Assistant Mine Certificate No. 1357A
Charles [unclear] Mine Foreman-Mine Manager Certificate No. 3800-02
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-3-9 20 Section or Area Examined Long Wall
Time of Examination: from 1205 a.m. or p.m. to 1200 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Broughton Time A.M. P.M.
Report received by Schubert 1357A (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
Intake	55,468		
#9	705		
#160	429		
MPA	Movement into Cab		
MPB	17,911		

Remarks: 0% CH4 200% O2 Oppm

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 Robert Lane Preshift-Mine Examiner Certificate No. 1357A
Countersigned Mike Lane Mine Manager-Mine Foreman Certificate No. 38322
Assistant Foreman
Superintendent or Assistant

Use Indefinite Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-3-09 Shift EVE Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Includes handwritten entries for Face, Roof support, Track, Trave way, PC, Charger, and Barricade Station.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Includes handwritten entries for Face at various times (6:00, 8:00, 10:00, 12:00, 2:00) with 0% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Includes handwritten entries for Ret at 7:00 and 11:00 with 0% methane content.

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

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

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

Visual check of Shields 2-176

Staff meeting on Roof/Ribs

Signature of Assistant Mine Foreman

Certificate No. 3752

Signature of Mine Foreman-Mine Manager

Certificate No. 3940

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-3 2009 Section or Area Examined W911
Time of Examination: from 10:10 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.B. v (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>57140</u>		
<u>9</u>	<u>787</u>		
<u>160</u>	<u>510</u>		
<u>MPA</u>	<u>Ass to 606</u>		
<u>MPB</u>	<u>18240</u>		

Remarks: 0% ch 20.8% O₂ 0% CO at exm

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By T. Davis Preshift-Mine Examiner Certificate No. 38322
Countersigned L.B. v Mine Manager-Mine Foreman Certificate No. 390022A
Z. B. Assistant Foreman Certificate No. 30127
 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 12-4-07 Shift 3rd Area or Section W911

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Fire</u>	<u>None observed</u>	<u>Reported</u>
2. <u>Support</u>		
3. <u>Power cord</u>		
4. <u>Charger</u>		
5. <u>Track</u>		
6. <u>Traveling</u>		
7. <u>Barricade car</u>		
8. _____		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>RT</u>	<u>4:30</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

30127
Certificate No.

[Signature]
Mine Foreman-Mine Manager

390008
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-4- 20 09 Section or Area Examined L/wall
Time of Examination: from 3:20 a.m. or p.m. to 5:10 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Larry Brown Time 5:35 A.M. P.M.
Report received by Richard Lam 1357-A
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
Booth Intake	58,870		
#9	728		
#160	587		
M PA	Movement to Gob		
M PB	Movement to Gob		

Remarks: 0% CH4 20.8% O2 0 ppm CO

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

Signed By [Signature] 32927 Richard Lam 1357-A
Shift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned [Signature] 3700021
Mine Manager—Mine Foreman Assistant Foreman
[Signature] 28095
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-4-9 Shift Day Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	None obs	Reported
2. Roof Support	" "	"
3. Power Center	" "	"
4. Chargers	" "	"
5. Track	" "	"
6. Travelways	" "	"
7. Barricade Station	" "	"
8. Between 514526k #1	Bad Top Laminated to Fell	Setting Crib

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	8:05A	.0%	11.		
2.	10:00A	.0%	12.		
3.	11:55A	.0%	13.		
4.	1:00P	.0%	14.		
5.	3:00P	.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	8:49A	.0%	6.		
2.	11:50A	.0%	7.		
3.	1:40P	.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 Robt R. b

Richard R... Assistant Mine 1357A Certificate No. Charles... Mine Foreman-Mine Manager 39000-28 Certificate No. Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-4 2009 Section or Area Examined Longwall

Time of Examination: from 6:00 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 3:25 P.M.

Report received by Jimi Davis
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>None</u>	<u>None</u>
2. <u>Roof support</u>		
3. <u>Track</u>		
4. <u>Traveling</u>		
5. <u>P.C.</u>		
6. <u>Charger</u>		
7. <u>Barricad Station</u>		
8. <u>Between 5T+52bk #1</u>	<u>Bad Top</u>	<u>setting Crib</u>
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>58,330</u>		
<u>#9</u>	<u>605</u>		
<u>#160</u>	<u>390</u>		
<u>MIPA</u>	<u>MOVEMENT TO GOB</u>		
<u>MPB</u>	<u>11,030</u>		

Remarks: 0% CH4 0% CO 2.98% 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
Jimi Davis Assistant Foreman Certificate No. 38,322

Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 3900000

Ken Lilly Assistant Foreman Certificate No. 28045

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-1-09 Shift Even Area or Section Lampwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>FACE</u>	<u>0% CH₄</u>	<u>NONE</u>
2. <u>ROOFSUPPORT</u>	<u>NONE</u>	<u>observed</u>
3. <u>TRACK</u>		
4. <u>TRAVELWAY</u>		
5. <u>P.C</u>		
6. <u>CHARGE</u>		
7. <u>BARICAED STATION</u>		
8. <u>BETWEEN 51452 AL.</u>	<u>Bad TOP</u>	<u>se. King CRIBS</u>

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>FACE</u>	<u>5.30</u>	<u>0%</u>	11.		
2.	<u>7.30</u>	<u>0%</u>	12.		
3.	<u>9.30</u>	<u>0%</u>	13.		
4.	<u>11.30</u>	<u>0%</u>	14.		
5.	<u>1.30</u>	<u>0%</u>	15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>RET</u>	<u>6.45</u>	<u>0%</u>	6.		
2.	<u>10.45</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 Track +

Travelways Roof + Ribs

Jim Owen
Assistant Mine

38322
Certificate No.

[Signature]
Mine Foreman-Mine Manager

37000
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-4 2007 Section or Area Examined well
 Time of Examination: from 10:15 a.m. or p.m. to 10:45 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom L Davis Time 10:50 A.M. P.M.
 Report received by L Davis (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 cables</u>		
6. <u>Chaper</u>		
7. <u>Barricade cur</u>		
8. <u>Between 5145202</u>		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>58230</u>		
<u>9</u>	<u>812</u>		
<u>160</u>	<u>580</u>		
<u>MPA</u>	<u>Air to 606</u>		
<u>MPB</u>	<u>Air to 606</u>		

Remarks: 0% chd 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 _____ Preshift-Mine Examiner Certificate No. _____ Assistant Foreman Certificate No. 30929

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 12-5-09 Shift 3-2 Area or Section L1 wall

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>S-Posts</u>	<u> </u>	<u>n</u>
3. <u>Track</u>	<u> </u>	<u>n</u>
4. <u>Traveling</u>	<u> </u>	<u>n</u>
5. <u>power cuts</u>	<u> </u>	<u>n</u>
6. <u>ch</u>	<u> </u>	<u>n</u>
7. <u>Barriers de cur</u>	<u> </u>	<u> </u>
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>2:00AM</u>	<u>.070</u>	11.		
2. <u>"</u>	<u>4:00am</u>	<u>.070</u>	12.		
3. <u>"</u>	<u>5:30am</u>	<u>.070</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>2:35AM</u>	<u>.070</u>	6.		
2. <u>Rt.</u>	<u>5:45am</u>	<u>.070</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) Use of shield shields 1-176.

Brieto new on roof + rib plan pg. 20.

W.D. Kelly
Assistant Mine

28016
Certificate No.

Cal Lab
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 12-9-9 20... Section or Area Examined Long Wall
Time of Examination: from 5:00 a.m. or p.m. to 5:45 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Harold Lilly Time 5:50 AM P.M.
Report received by Richard Ram (Signed) 1387-A

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face	None obs	Reported
2. Reef Support	" "	" "
3. Chargers	" "	" "
4. Power Center	" "	" "
5. Tracle	" "	" "
6. Travelways	" "	" "
7. Barricade Station	" "	" "
8. Between 514526k	Fell over stage loader	Setting cribs Pushing through
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	88,310		
#9	620		
#160	355		
MPA	Armovement to Gob		
MPB	11,030		

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 Harold Lilly Certificate No. 28045
Preshift-Mine Examiner Assistant Foreman Certificate No.
Countersigned Richard Ram Certificate No. 39000-24
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 12-5-9 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>None obs</u>	<u>Reported</u>
2. <u>Roof Support</u>	<u>" "</u>	<u>" "</u>
3. <u>Charger</u>	<u>" "</u>	<u>" "</u>
4. <u>Powercenter</u>	<u>" "</u>	<u>" "</u>
5. <u>Track</u>	<u>" "</u>	<u>" "</u>
6. <u>Travelways</u>	<u>" "</u>	<u>" "</u>
7. <u>Barricade Station</u>	<u>" "</u>	<u>" "</u>
8. <u>Between S14526k</u>	<u>Fall over Stage loader</u>	<u>Cleaned Rock in walkway set jacks to make primary escape way passable</u>

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>8:05 AM</u>	<u>.0%</u>	6.		
2.	<u>10:00 AM</u>	<u>.0%</u>	7.		
3.	<u>2:15 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
talked to men about clean up plan by stage loader

Richard Lane
Assistant Mine

1357-A
Certificate No.

Merwin M. Miller
Mine Foreman-Mine Manager

38810
Certificate No.

Superintendent or Assistant

Arthur Lee 3906000

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-05 2009 Section or Area Examined Long Wall
Time of Examination: from 1:45 a.m. or p.m. to 2:40 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Richard Lane Time 2:50 A.M. P.M.
Report received by Danny Zarach (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face	0% CH4 None Observed	Reported
2. Roof Support	" "	"
3. Chargers	" "	"
4. Power Center	" "	"
5. Track	" "	"
6. Travel Ways	" "	"
7. Barricade Station	" "	"
8. Between 51452 Brk.	Fell over stage loader	Set Cribs/Pushing through
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	57,951		
#9 Shld.	769		
#160 Shld.	412		
MPA	Good Air Movement toward Gob		
MPB	13,880		

Remarks: 0% Chy 0ppm Co 20.8% O2 Reported at time of Exam

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

Signed By Richard Lane Preshift-Mine Examiner Certificate No. 1357-A
 Countersigned Danny Zarach Mine Manager--Mine Foreman Assistant Foreman Certificate No. 37070
Jim Owen Assistant Foreman Certificate No. 38322
W.D. Cully Superintendent or Assistant Certificate No. 28045

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-05-09 Shift 2nd. Area or Section L/wall

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Rows include Face, Roof Support, Chargers, Power Center, Track, Travelways, Barricade st., and Between 51452 Rk.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 showing Face locations and 10% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 showing Rt. and Return locations and 10% methane content.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Visual checked shields 1-176.

Signatures and Certificates: Assistant Mine, Certificate No. 38,322, 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 12-5 20 09 Section or Area Examined Wall
Time of Examination: from 10 a.m. or p.m. to 11 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom T. Davis Time A.M. 11:15 P.M.
Report received by L. Brewer (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include: 1. Fall None found Reports; 2. Supports n n; 3. Churner n; 4. Power center n; 5. Track n; 6. Trunking n; 7. Brackets on cur n; 8. Return 51+52 Fall on steel bolt Set crib pushing thru

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows include: Intake 57340; 9 740; 160 490; MPA Air to Gob; MPB Air to Gob

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

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. 38922
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 38928
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 12-6-09 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	Reported
2. Supports		
3. Churns		
4. Power center		
5. Track		
6. Traveling		
7. Berride car		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

[Signature] Assistant Mine Foreman
38928 Certificate No.
[Signature] Mine Foreman-Mine Manager
236600 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 12-6 2009 Section or Area Examined Longwall
 Time of Examination: from 4:00 (a.m.) or p.m. to 5:00 (a.m.) or p.m.
 Was this report phoned to outside: Yes no
 By whom Larry Brown Time 5:50 A.M. P.M.
 Report received by Kevin W. Medley (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	Violation or Hazardous Condition	Action Taken
1. Face	0%	None Observed	Reported
2. Roof Supports	0%	" "	"
3. Chargers	0%	" "	"
4. Power Center	0%	" "	"
5. Track	0%	" "	"
6. Travelways	0%	" "	"
7. Barricade Station	0%	" "	"
8. Between 51452 Ark		Fall on Stage loader	Cribbing walkway
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Intake	58,260		
#9	785		
#160	650		
MPA	Movement to Gob		
MPB	14,275		

Remarks: _____

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

Signed By [Signature] 38928 Certificate No. [Signature] Assistant Foreman 39117
 Countersigned [Signature] Mine Manager—Mine Foreman 370000 Kevin W. Medley 35810
 _____ 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 12-6-09 Shift 2nd Area or Section h/wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. FACE	NONE obs	NONE
2. ROOF SUPPORT		
3. CHANGES		
4. POWER CENTER		
5. TRACK		
6. TRAVELWAY		
7. BARRICADE ST.		
8. BETWEEN 51+52 BK.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. FACE	8:00	0.90	11.		
2. FACE	10:00	0.90	12.		
3. FACE	12:00	0.90	13.		
4. FACE	2:00	0.90	14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. RETURN	8:50	0.90	6.		
2. RETURN	11:10	0.90	7.		
3.	1:00	0.90	8.		
4.	2:55	0.90	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)

Lam Hyl Assistant Mine 39117 Certificate No. Chris Lee Mine Foreman-Mine Manager 330600 Certificate No. Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12/6/11 2011 Section or Area Examined Longwall 11
 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 L. Stepien Time 3:45 P.M.
 Report received by Ann Owen (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>None observed</u>	<u>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>Between 51-52</u>	<u>Fall on stage loader</u>	<u>Cribbing walk way</u>
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>1070 cfm</u>		
<u>#9</u>	<u>643</u>		
<u>#160</u>	<u>465</u>		
<u>MPA</u>	<u>Movement To Gob</u>		
<u>MPB</u>	<u>12,970</u>		

Remarks: 10.7% ch₄, 20.8% O₂ No Co found at time of Exam

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 33117
 Assistant Foreman [Signature] Certificate No. 38322
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 330000
 Assistant Foreman [Signature] Certificate No. 28045
 Superintendent or Assistant [Signature]

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 12-6-69 Shift 2nd 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 found</u>	<u>none</u>
2. <u>Roof Supports</u>	<u>u u</u>	<u>u</u>
3. <u>Track</u>	<u>u u</u>	<u>u</u>
4. <u>Travelway</u>	<u>u u</u>	<u>u</u>
5. <u>Lower Cuts</u>	<u>u u</u>	<u>u</u>
6. <u>Charger</u>	<u>u u</u>	<u>u</u>
7. <u>Barricade St.</u>	<u>u u</u>	<u>u</u>
8. <u>Between 51-52</u>	<u>Fall on stage ladder</u>	<u>crib walkway</u>

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>6:00 pm</u>	<u>.090</u>	6.		
2. <u>Return</u>	<u>10:00 pm</u>	<u>.090</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) Briety men on Roof ribs plan
11/19. Visual checked shields 1-176.

Jim Davis
Assistant Mine

38322
Certificate No.

[Signature]
Mine Foreman-Mine Manager

3800-01
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 12-6 20 01 Section or Area Examined Wall
Time of Examination: from 9:30 a.m. or p.m. to 11:15 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom T. Davis Time A.M. 10:35 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. Row 1: Face, None observed, Reported. Rows 2-10: Supports, Track, Traveling, Power cable, Chw, Barricade Car, Return 51 & 52.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Measurements include Intake, 9, 160, mpa, mpd with corresponding CFM values like 56920, 612, 395, 16020.

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

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

Signed By [Signature] 38322 Certificate No. Assistant Foreman [Signature] 32928 Certificate No.
Countersigned [Signature] 37000-02 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 12-7-09 Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	None observed	Reported
2. supports		
3. Track		
4. Traveling		
5. Power cut		
6. Choke		
7. Brack air		
8.		

Examinations for Methane in Working Places

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

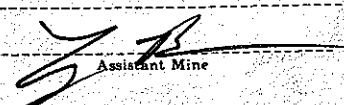
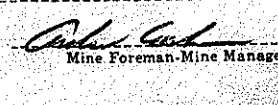
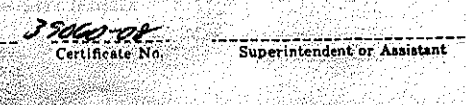
Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. AT	3:55 AM	0%	6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

 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 12-7 2009 Section or Area Examined 4/W
Time of Examination: from 3:55 a.m. or p.m. to 5:00 a.m. or p.m.
Was this report phoned to outside: Yes X no _____
By whom Stephenson Larry B Time 5:30 A.M. P.M.
Report received by Stephenson
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken		
1. <u>Fave</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>Chargers</u>				
7. <u>Barricade Station</u>				
8. _____				
9. _____				
10. <u>51-52 Break</u>			<u>Fall</u>	<u>Crib walkway</u>

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>58,240</u>		
<u>#9</u>	<u>618</u>		
<u>#160</u>	<u>405</u>		
<u>MPA</u>	<u>into gob</u>		
<u>MPB</u>	<u>14,165</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 [Signature] 37227 Larry B Stephenson 39117
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned [Signature] 37000-08
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 12-7-09 Shift Day Area or Section L/W

Violations and other Hazardous Conditions Observed and Reported

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

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>8:40</u>	<u>0%</u>	6. _____	_____	_____
2. _____	<u>11:30</u>	<u>0%</u>	7. _____	_____	_____
3. _____	<u>1:10</u>	<u>0%</u>	8. _____	_____	_____
4. _____	<u>3:30</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 RCP at P.C.

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

[Signature]
Assistant Mine

39117
Certificate No.

[Signature]
Mine Foreman-Mine Manager

3800000
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-7-09 Section or Area Examined Long Wall
Time of Examination: from 2:00 a.m. or p.m. to 3:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom L. Stephenson Time A.M. 3:45 P.M.
Report received by Jim Owen (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include Face, Roof support, Track, Travelway, P.C., Chances, Barnard Station.

Air Measurements

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

Remarks: % CH4 0.00 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. Stephenson 39117 Jim Owen 38322
Countersigned Charles Cook 310000
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 12-7-09 Shift 2nd Area or Section Hwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	Roche none find	Reported
2. Roof Supports	" "	"
3. Track	loose top LOB	Built 3 cribs.
4. Travelways	" "	"
5. Power Centers	" "	"
6. Charges	" "	"
7. Face Barricade st.	" "	"
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	5:10pm	.090	11.		
2. "	7:10pm	.090	12.		
3. "	9:10pm	.090	13.		
4. "	11:10pm	.090	14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	5:50pm	.090	6. 2806 Hwall		
2. "	9:50pm	.090	7. 2806 Hwall		
3. "	11:40pm	.090	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) Vital checked shields 1-176. Briefed men on Roof rib plan pg: 19+20.

Hub Lilly Assistant Mine 2806 Certificate No. [Signature] Mine Foreman-Mine Manager 33000 Certificate No. _____ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-7-09 Section or Area Examined Longwall
Time of Examination: from 9:40 a.m. or p.m. to 10:40 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Herald Lilly Time A.M. 11:00 P.M.
Report received by Donnell K Staley (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include Face (0.07% CH4), Roof Supports, Power Center, Barricade Station, Chargers, Track, Travelways.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows include Intake #9 (57,320 CFM), #160 (658 CFM), MPA (movement into gob), MPB (17,121 CFM).

Remarks: 0.07% 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 Herald Lilly (Preshift-Mine Examiner, Certificate No. 28075)
Countersigned Donnell K Staley (Assistant Foreman, Certificate No. 39218)
Assistant Foreman
Superintendent or Assistant

Date 12-8-09 Shift 3rd Area or Section Larguall

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	1:30AM	0.0%	11.		
11	4:30AM	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	1:45AM	0.0%	6.		
11	4:45AM	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) _____

Donnell K. Studly
Assistant Mine

39218
Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-8 2009 Section or Area Examined Lw
Time of Examination: from 4:00 a.m. or p.m. to 5:49 a.m. or p.m.
Was this report phoned to outside: Yes X no
By whom K. Stanley Time 5:30 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 Fave, Roof Support, Power Center, Chargers, Travelways, Track, Barricade Station.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Measurements include Intake (57,922), #9 (679), #160 (441), MPA (into gob), MPB (17,921).

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 Daniel K. Stanley (Preshift-Mine Examiner, Certificate No. 39218) Lawrence Stepha (Assistant Foreman, Certificate No. 39117)
Countersigned [Signature] (Mine Manager—Mine Foreman, Certificate No. 26021)
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 12-8-09 Shift Day Area or Section L/W

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>None observed</u>	<u>None</u>
2. <u>Roof Support</u>	/	/
3. <u>Power Center</u>		
4. <u>Chargers</u>		
5. <u>Travelways</u>		
6. <u>Track</u>		
7. <u>Baricade Station</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>8:50</u>	<u>0%</u>	6.		
2.	<u>11:20</u>	<u>0%</u>	7.		
3.	<u>1:30</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 dep at mule trail

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

[Signature] Assistant Mine 32117 Certificate No. [Signature] Mine Foreman-Mine Manager 26041 Certificate No. Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-8 2007 Section or Area Examined POWELL
Time of Examination: from 1:30 a.m. or p.m. to 2:45 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom L. Stephens Time 3:30 A.M. P.M.
Report received by Tom Davis (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face	20.8% O ₂ None	observed
2. Roof support		
3. Track		
4. Travelway		
5. PC		
6. Charges		
7. Benicock Station		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	56,410		
#9	705		
#160	488		
MPA	Movement	To Gob	
MPB	17,262		

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. Stephens Preshift-Mine Examiner Certificate No. 3917
Countersigned Tom Davis Mine Manager—Mine Foreman Assistant Foreman Certificate No. 26011
38,312 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 12/8/09 Shift Eve Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Row 1: Face, 20.8% O2CH4, NONE observed, NONE. Rows 2-8 are blank with vertical arrows pointing down.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Row 1: Face, 5.30, 0%, 11. Rows 2-10: blank. Rows 11-20: blank.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Row 1: Ret, 6.30, 0%, 6. Row 2: 10.30, 0%, 7. Rows 3-10: blank.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety Meeting on shield movement

Roof + Ribs

Jim Owen Assistant Mine

38322 Certificate No.

Chager Mine Foreman-Mine Manager

26041 Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-8-09 Section or Area Examined Longwall

Time of Examination: from 10:10 a.m. or p.m. to 11:10 a.m. or p.m.

Was this report phoned to outside: Yes no

By whom Tim Davis Time A.M. 11:25 P.M.

Report received by Daniel K. Stuby (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
Intake	56,140		
#9	820		
#160	510		
MPA	movement into job		
MPB	17,462		

Remarks: 0.07% 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 Tim Davis Preshift-Mine Examiner Certificate No. 38322
 Countersigned Daniel K. Stuby Mine Manager—Mine Foreman Assistant Foreman Certificate No. 39218

Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-9-09 Shift 3rd Area or Section Langwell

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	0.09% CH ₄ None Observed	Reported
2. Roof Supports		
3. Power Center		
4. Barricade Station		
5. Chargers		
6. Tracks		
7. Travelways		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	1:30AM	0.09%	11.		
2.	4:15AM	0.09%	12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	1:45AM	0.09%	6.		
2.	4:30AM	0.09%	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.
Stager Mine Foreman-Mine Manager 26041 Certificate No.
 _____ Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-9 2009 Section or Area Examined 41
 Time of Examination: from 3:50 a.m. or p.m. to 4:50 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Keith Stanley Time 5:40 A.M. 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>Track</u>		
4. <u>Travelways</u>		
5. <u>Chargers</u>		
6. <u>Power Center</u>		
7. <u>Barriecade station</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>LDB</u>	<u>58,227</u>		
<u>49</u>	<u>738</u>		
<u>160</u>	<u>493</u>		
<u>M31</u>	<u>into gob</u>		
<u>MPB</u>	<u>18,344</u>		

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 Samuel K. Stanley Certificate No. 39218
 Preshift-Mine Examiner
 Countersigned E. Stagn Certificate No. 37117
 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 12-9-09 Shift Day Area or Section 41

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Includes entries for Face at 830, 1030, 1230, 230.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Includes entries for Return at 930, 11:30, 1:30, 3.

Number of Bolts Tested 0 Below Range 0

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

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

Signatures and Certificates: Assistant Mine Foreman, Certificate No. 39117, Mine Foreman-Mine Manager, Certificate No. 26041, Superintendent or Assistant.

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-9-9 20 Section or Area Examined Longwell
Time of Examination: from 1:30 a.m. or p.m. to 2:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Lawrence Stevenson Time A.M. 3:30 P.M.
Report received by Richard Rame 1352-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face 0% CH4	None obs	Reported
2. Roof Support	" "	" "
3. Track	" "	" "
4. Trussings	" "	" "
5. Chargers	" "	" "
6. Power Centers	" "	" "
7. Barricade Stations	" "	" "
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	58,107		
#9	711		
#160	493		
MPA	movement into Gob		
MPB	17,474		

Remarks: 0% CH4 20.8% O2 0 ppm CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] 3917 Certificate No. [Signature] 1352-A Assistant Foreman
Countersigned [Signature] 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 12-9-9 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 handwritten entries like 'Face', 'Roof Support', 'Chargers', 'Power Center', 'Track', 'Trowelways', 'Parricard Station' and 'None obs', 'Reported'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Includes handwritten entries for 'Face' at various times (5:30 PM, 7:30 PM, 9:30 PM, 11:05 PM) with 0% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Includes handwritten entries for 'Return' at 6:15 PM and 10:15 PM with 0% methane content.

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

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

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

Assistant Mine: [Signature] Certificate No. 1357-A Mine Foreman-Mine Manager: [Signature] Certificate No. 26241 Superintendent or Assistant: _____

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-9-09 Section or Area Examined Longwall
Time of Examination: from 9:30 a.m. or p.m. to 10:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Rick Long Time 11:01 A.M. 11:01 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. <u>Face</u> <u>0.0% ch₄</u>	<u>None Observed</u>	<u>Reported</u>
2. <u>Roof Supports</u>		
3. <u>Power Center</u>		
4. <u>Barricade Station</u>		
5. <u>Chargers</u>		
6. <u>Track</u>		
7. <u>Travelways</u>		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>59,432</u>		
<u>#9</u>	<u>751</u>		
<u>#160</u>	<u>449</u>		
<u>MPA</u>			
<u>MPB</u>	<u>17,420</u>		

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

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Richard Rann 1357-A Daniel K Stanley 39218
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned Chagan 26041
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 12-10-09 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% ^{CH₄} 20800 None Observed	Reported
2. Roof Supports		
3. Power Center		
4. Barricade Station		
5. Chargers		
6. Track		
7. Travelways		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	11:30AM	0.0%	11.		
2.	4:30AM	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	1:45AM	0.0%	6.		
2.	4:45AM	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. Steubly
Assistant Mine

39218
Certificate No.

[Signature]
Mine Foreman-Mine Manager

26041
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-10 2009 Section or Area Examined Longwall
Time of Examination: from 4:00 a.m. or p.m. to 5:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Keith Stanley Time 5:30 A.M. P.M.
Report received by Kevin W. Medley
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>59120</u>	_____	_____
<u>9</u>	<u>753</u>	_____	_____
<u>160</u>	<u>521</u>	_____	_____
<u>MP A</u>	<u>into Gob</u>	_____	_____
<u>MP B</u>	<u>18,735</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH₄ 20.8% O₂ 0 ppm CO

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

Signed By Keith Stanley 39218 Kevin W. Medley 38810
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned Chapman 26041
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 12-10-09 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 showing 'Face' location with times from 8:00 AM to 2:00 PM and 0% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-5 showing 'Return' location with times from 9:00 AM to 3:00 PM and 0% methane content.

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

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

Kevin W. Medley Assistant Mine

38810 Certificate No.

Elstner Mine Foreman-Mine Manager

26041 Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-10-9 20 Section or Area Examined Long Wall
Time of Examination: from 050 a.m. or p.m. to 120 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom ~~Leanna Stevenson~~ Kevin Medley Time 2:35 A.M. P.M.
Report received by Richard Rame 1357-A
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>50,987</u>		
<u>#9</u>	<u>765</u>		
<u>#160</u>	<u>547</u>		
<u>MPA</u>	<u>Movement</u>		
<u>MPB</u>	<u>18,258</u>		

Remarks: .0% CH₄ 20.8% O₂ 0ppm CO

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

Signed By Kevin W. Medley 38810 Richard Rame 1357-A
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned Eltagon 26041
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 12-10-9 Shift EVE Area or Section Langwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>None 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 Stations</u>	<u>" "</u>	<u>" "</u>
8. <u>506k between 1+2</u>	<u>Loose break workings</u>	<u>Built cribs Add support</u>

Examinations for Methane in Working Places

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety Meeting on Res Pt 2.5

Richard Law
Assistant Mine

1357-A
Certificate No.

Elvagn
Mine Foreman-Mine Manager

26041
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12 10 2009 Section or Area Examined Well
 Time of Examination: from 8:30 a.m. or p.m. to 9:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom R. Linn Time A.M. P.M.
 Report received by L.B. v
 (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>		
3. <u>Track</u>		
4. <u>Traveling</u>		
5. <u>Changin</u>		
6. <u>Power cut</u>		
7. <u>Burrocks car</u>		
8. <u> </u>		
9. <u> </u>		
10. <u> </u>		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>51523</u>		
<u>9</u>	<u>758</u>		
<u>160</u>	<u>544</u>		
<u>M.P.A</u>	<u>Movement to 606</u>		
<u>M.P.B</u>	<u>17855</u>		

Remarks: 0 % ch^v 20-8 % O² 0 % CO₂ at ex^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 Richard Linn Preshift-Mine Examiner Certificate No. 1357-A
 Countersigned Wagner Mine Manager—Mine Foreman Certificate No. 260441
Zo 72 Assistant Foreman Certificate No. 320929
 Assistant Foreman
 Superintendent or Assistant

Use Indefible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-11-09 Shift 3-2 Area or Section W41

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Face CH_4 0.07% 208702	None Observed	Reported
2.	Supports		
3.	Track		
4.	Traveling		
5.	Churn		
6.	Power cuts		
7.	Reentry		
8.			

Examinations for Methane in Working Places

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Donald K. Studer
Assistant Mine

39218
Certificate No.

Elstner
Mine Foreman-Mine Manager

26011
Certificate No.

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. _____	_____	_____

Air Measurements

Location	CFM	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 _____