

Longwall

PRESHIFT - ONSHIFT and DAILY REPORT

Started 12-11-09
Day Shift

Company Performance Coal

Mine UBB

SECTION Longwall

LOCATION NAoma Raleigh WV
Post Office County State

Form 6-1489
(March 1970)

Budget Bureau No. 42-R1589

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

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FORM# MS-014

Use Indelible
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DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-11 2009 Section or Area Examined L10
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 X no _____
By whom Stanley 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>Face</u>	<u>None observed</u>	<u>Reported</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>Barricade Station</u>		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>intake</u>	<u>58,621</u>		
<u>#9</u>	<u>730</u>		
<u>#160</u>	<u>507</u>		
<u>MPA</u>	<u>into gob</u>		
<u>MPB</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 Stanley Certificate No. 39218
 Preshift-Mine Examiner
 Countersigned Stephenson Certificate No. 39117
 Mine Manager - Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-11-09 Shift Day 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, Track, Travelways, Charger, Power Center, Barricade Station. Violations are listed as 'None observed'. Action taken is 'None'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Locations include Face. Times range from 9:00 to 3:00. Methane content is 0% for all entries.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Location is Return. Times range from 9:40 to 3:30. Methane content is 0% for all entries.

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 key at Mide tower

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

Assistant Mine Foreman signature

32117 Certificate No.

Mine Foreman-Mine Manager signature

26241 Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-11-9 20 Section or Area Examined Long Wall
Time of Examination: from 100 a.m. or p.m. to 200 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Lewrance Stevenson Time A.M. 4:45 P.M.
Report received by Richard Ramon 1357-A
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
Intake	57,910		
#79	733		
#160	505		
MPA	movement to Gob		
MPB	19,010		

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] 35117 Richard Ramon 1357-A
Preshift Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned [Signature] 20241
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 12-11-09 Shift EVE Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-5 showing methane readings in Return Aircourses.

Number of Bolts Tested

Number of Bolts Torqued Above Range Below Range

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety meeting went over pg 19

of PCP

Signature of Assistant Mine Foreman

12574 Certificate No.

Signature of Mine Foreman-Mine Manager

26211 Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-11 2009 Section or Area Examined wall
Time of Examination: from 9 a.m. or p.m. to 10:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom R Lee Time A.M. P.M.
Report received by LB (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Fire</u>	<u>None observed</u>	<u>Reported</u>
2. <u>Supports</u>		
3. <u>Poor air</u>		
4. <u>Ch...</u>		
5. <u>Truck</u>		
6. <u>Traveling</u>		
7. <u>Buried air</u>		
8. <u> </u>		
9. <u> </u>		
10. <u> </u>		

Location	CFM	Location	CFM
<u>Intake</u>	<u>56320</u>		
<u>9</u>	<u>726</u>		
<u>160</u>	<u>488</u>		
<u>MPA</u>	<u>Air to Lub</u>		
<u>MPB</u>	<u>18477</u>		

Remarks: 0% CH4 0% CO 20.8% O2 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 R Lee Preshift-Mine Examiner Certificate No. 1357-A
Countersigned Ch... Mine Manager—Mine Foreman Z R Assistant Foreman Certificate No. 32927
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-12-08 Shift 3rd Area or Section well

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>None observed</u>	<u>Reported</u>
2. <u>Supports</u>		
3. <u>Track</u>		
4. <u>Travely</u>		
5. <u>Power cabs</u>		
6. <u>Ch...</u>		
7. <u>Barricade ca</u>		
8. _____		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

PJ 17 Roof Control plan

[Signature]
Assistant Mine

38127
Certificate No.

[Signature]
Mine Foreman-Mine Manager

24011
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12/12 Section or Area Examined longwall
 Time of Examination: from 3:15 a.m. or p.m. to 4:20 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Harry Brown Time 5:30 A.M. P.M.
 Report received by Jim Owen (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face	20.8% O ₂ CH ₄ none observed	None
2. Roof support		
3. Track		
4. Travel way		
5. P.C.		
6. Charger		
7. Barricade station		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	55,420		
#9	711		
#160	382		
MPIA	Movement To Gob		
MPIB	18,160		

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. 300728
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 26041
[Signature] Assistant Foreman Certificate No. 38322
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-12-09 Shift Day Area or Section LARGWA II

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Row 1: Face, 28% CH4%, None observed, None.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-4 show Face at 8.50, 10.00, 12.00, 2.00 with 0% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-2 show Ret at 9.30 and 1.30 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 control Page 17

Signature of Assistant Mine Foreman

38322 Certificate No.

Signature of Mine Foreman-Mine Manager

26001 Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-12-9 20... Section or Area Examined Long Wall
Time of Examination: from 2:15 a.m. or p.m. to 2:50 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Tim Davis Time _____ A.M. _____ P.M.
Report received by Richard Ram 1357-A
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>62,740</u>		
<u>#19</u>	<u>828</u>		
<u>#160</u>	<u>510</u>		
<u>MPA</u>	<u>Movement to Gob</u>		
<u>MPB</u>	<u>17,361</u>		

Remarks: .0% CH₄ 20.8% O₂ 0.7 ppm CO

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

Signed By Tim Davis 38322 Richard Ram 1357-A
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned Chage 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 12-12-9 Shift EVE Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action taken. Includes entries for Face, Roof Support, Power Center, Chargers, Track, Trussways, Barncock Station.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Includes entries for Face at various times (5:15 PM, 7:05 PM, 9:00 PM, 11:05 PM).

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Includes entries for Return at 5:45 PM and 9:30 PM.

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 went over Pg 18

Signatures and Certificates: Assistant Mine, Certificate No. 1357-D, Mine Foreman-Mine Manager, Certificate No. 262211, Superintendent or Assistant.

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-2-12 20.01 Section or Area Examined W.I.I.
Time of Examination: from 9:15 a.m. or p.m. to 10:19 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom R. Lane Time A.M. 10:40 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 2-7: S-ppnts, Truck, Traveling, ch... , Power cut... , Barricade cur. Rows 8-10: Empty.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows: Intake (60370), 9 (812), 160 (498), MPA (Air to Gob), MPB (17554).

Remarks: 0% CH4 20.82 O2 0 ppm CO

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1357-A
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 26241
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 12-13-09 Shift 3rd Area or Section Wall

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>RT</u>	<u>3:35am</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) _____

discussed by WOA 12/13

[Signature]
Assistant Mine

30928
Certificate No.

[Signature]
Mine Foreman-Mine Manager

26001
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12/13 2007 Section or Area Examined Wall
 Time of Examination: from 3:10 a.m. or p.m. to 3:31 a.m. or p.m.
 Was this report phoned to outside: Yes no X
 By whom Broughton Time A.M. 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>0% ch</u> <u>None observed</u>	<u>Reported</u>
2. <u>SUPPORTS</u>		
3. <u>Track</u>		
4. <u>Traveling</u>		
5. <u>chamber</u>		
6. <u>power center</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>60210</u>		
<u>9</u>	<u>797</u>		
<u>160</u>	<u>483</u>		
<u>MPA</u>	<u>Air to Gob</u>		
<u>MPB</u>	<u>Air to Gob</u>		

Remarks: 0% CH 20.8% O₂ 0% CO at exam

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

Signed By [Signature] 38129 [Signature] 38322
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned [Signature] 26041 [Signature] 28045
 Mine Manager—Mine Foreman Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-13-69 Shift Day Area or Section LWall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. FACE 20' x 20' 10' che	None found	Report
2. ROOF Support	" "	"
3. Track	" "	"
4. Travelways	" "	"
5. Changer	" "	"
6. Power Centers	" "	"
7. Barricade St.	" "	"
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. FACE	8:00 AM	10%	11.		
2. FACE	10:00 AM	10%	12.		
3. "	12:00 PM	10%	13.		
4. "	2:00 PM	10%	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 AM	10%	6.		
2. Return	12:50 PM	10%	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)

Briedo new on ROOF + 2' by plan - Pg. 20
Visual check shields 1-176. Disposed dust control plan. 7:40 AM

Jim Davis
Assistant Mine

38322
Certificate No.

[Signature]
Mine Foreman-Mine Manager

26001
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-13-9 20. Section or Area Examined Langhwa 11
Time of Examination: from 155 a.m. or p.m. to 225 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Tom Davis Time 248 A.M. P.M.
Report received by Richard Ram 1357-A
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face <u>CH₄ 20.8% O₂ 0%</u>	<u>None obs</u>	<u>Reported</u>
2. Roof Support	" "	" "
3. Power Center	" "	" "
4. Chargers	" "	" "
5. Tracks	" "	" "
6. Travelways	" "	" "
7. Barricade Station	" "	" "
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>57,140</u>		
<u>#9</u>	<u>793</u>		
<u>#100</u>	<u>515</u>		
<u>MPA</u>	<u>Movement to Gob</u>		
<u>MPB</u>	<u>18,040</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 Tom Davis Preshift-Mine Examiner Certificate No. 38322
Countersigned Richard Ram Mine Manager - Mine Foreman Assistant Foreman Certificate No. 1357-A
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12/13-09 Shift EVE Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	2087.0 ² 4:45 PM	0%	11.		
2.	2087.0 ² 6:45 PM	0%	12.		
3.	2087.0 ² 8:40 PM	0%	13.		
4.	2087.0 ² 10:30 PM	0%	14.		
5.	2087.0 ² 12:15 PM	0%	15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	2087 5:20 PM	0%	6.		
2.	2087 9:15 PM	0%	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety Meeting on Roof & Ri's plan is 20 p.p.RCP visual check of Shields 1-76 discussed dust control plan 355th

R. L. Khan Assistant Mine Certificate No. 1357 E. Hagan Mine Foreman-Mine Manager Certificate No. 26015 _____ Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-13 2007 Section or Area Examined wall
 Time of Examination: from 8:40 a.m. or p.m. to 9:45 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom R Lane Time 11:00 A.M. P.M.
 Report received by LB (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Fals</u>	<u>None observed</u>	<u>Reported</u>
2. <u>Supports</u>		
3. <u>power cut-</u>		
4. <u>charger</u>		
5. <u>Truck</u>		
6. <u>Traveling</u>		
7. <u>Barricade cur</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>58285</u>		
<u>1</u>	<u>785</u>		
<u>160</u>	<u>505</u>		
<u>MPA</u>	<u>Movement to Gob</u>		
<u>MPB</u>	<u>17410</u>		

Remarks: 0% CH 20.9% O₂ 0% CO 9+ ex

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

Signed By Richard Lane 13572A Certificate No. 37927
 Preshift-Mine Examiner Assistant Foreman
 Countersigned [Signature] 30221 Certificate No.
 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 12-14-09 Shift 3rd Area or Section W 11

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Fare</u>	<u>None observed</u>	<u>Reported</u>
2. <u>Supports</u>		↑
3. <u>Power cuds</u>		
4. <u>Chairs</u>		
5. <u>Track</u>		
6. <u>Travels</u>		
7. <u>Beyond cur</u>		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>AT</u>	<u>3:50am</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) discussed p. 17 OK

[Signature]
Assistant Mine

30123
Certificate No.

[Signature]
Mine Foreman-Mine Manager

26001
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-14 2009 Section or Area Examined Longwall
Time of Examination: from 3:15 a.m. or p.m. to 4:05 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Larry Owen Time 5:35 A.M. P.M.
Report received by Larry Owen (Signed)

Location	Violation or Hazardous Condition	Action Taken
1. Face 20.8% O ₂ CH ₄	None	None
2. Roof support		
3. Track		
4. Traversing		
5. PC		
6. Charges		
7. Barricade station		
8.		
9.		
10.		

Air Measurements		Air Measurements	
Location	CFM	Location	CFM
Intake	58,148		
#9	708		
#160	417		
MPA	Movement	To Gob	
MFB	16,812		

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] 30128 Larry Owen 38222
Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned [Signature] 20041
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 12-14-69 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 208% LCHC</u>	<u>None observed</u>	<u>None</u>
2. <u>Roof support</u>		
3. <u>Track</u>		
4. <u>Travelway</u>		
5. <u>PC</u>		
6. <u>Charger</u>		
7. <u>Brucade 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>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 Roof control P. 18

Visual check of Shields 2-126

Jiri Denis
Assistant Mine

38322
Certificate No.

[Signature]
Mine Foreman-Mine Manager

2644
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-14-9 20. Section or Area Examined Long Wall
 Time of Examination: from 50 a.m. or p.m. to 225 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Tim Davis Time 2:47 P.M.
 Report received by Richard Lane 1357-A
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
Intake	59,740		
#9	855		
#160	563		
MPA	Movement to Gob		
MPB	17,425		

Remarks: 0% CH₄ 20.8% O₂ Opp MCO

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

Signed By Tim Davis Preshift-Mine Examiner
 Countersigned Richard Lane Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

38322 Certificate No.
20041
1357-A Certificate No.

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-14-9 Shift EVE Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	20.8%	4:35 ^{pm}	0%	11.	
2.	20.8%	6:30 ^{pm}	0%	12.	
3.	20.8%	8:30 ^{pm}	0%	13.	
4.	20.8%	10:30 ^{pm}	0%	14.	
5.				15.	
6.				16.	
7.				17.	
8.				18.	
9.				19.	
10.				20.	

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	20.8%	5:10 ^{pm}	0%	6.	
2.	20.8%	9:15 ^{pm}	0%	7.	
3.				8.	
4.				9.	
5.				10.	

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety Meeting on last shift went over pg 20 of RCP Visual checks of shields 1-176 -
D. Henderson 1357 Ch. [Signature] 2641
 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 12-14-09 Section or Area Examined Longwall
 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 Rick Lane Time 10:50 A.M. P.M.
 Report received by Danell K Stanley 39218
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken	
1. Face	0.0% ch ₄ 20.8% O ₂	None Observed	Reported
2. Power Center			
3. Roof Supports			
4. Barricade Station			
5. Chargers			
6. Track			
7. Travelways			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Intake	61,824		
#9	905		
#160	514		
MPA	movement into job		
MPB	17,025		

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

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

Signed By [Signature] Preshift-Mine Examiner. Certificate No. 1357
 Countersigned [Signature] Mine Manager—Mine Foreman. Assistant Foreman Danell K Stanley 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 12-15-09 Shift 3rd Area or Section Longwell

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Face	0% CH ₄	No re-observed
2.	Power cut		
3.	Change		
4.	Track		
5.	Travel by		
6.	Barricade air		
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Face	4:10A	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	4:00A	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) _____

ZB
Assistant Mine

30127
Certificate No.

Etager
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 12-15-2007 Section or Area Examined Hoagwall

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 5:30 A.M P.M.

Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include Face (20.8% % CH4), Roof support, Tracks, Travelway, PC, Charger, Services station.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows include Intake (57,420), A9 (932), #160 (397), MPA (Movement To Cols), MPB (18,040).

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] 73 32929 [Signature] 38322
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned [Signature] Mine Manager-Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-15-07 Shift Day Area or Section L Wall

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, Tracks, Tramways, PL, Changer, and Powered status.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 showing methane readings at various locations and times.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-5 showing methane readings in return aircourses.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety Meeting, Roof Control P. 18

General Safety when over with crew down the belt with life line cross over at 352

Signatures and Certificates: Assistant Mine, Certificate No. 38722, 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 12-15 2009 Section or Area Examined 410
 Time of Examination: from 150 a.m. or p.m. to 225 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom 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>Travelways</u>		
5. <u>Chargers</u>		
6. <u>P.C.</u>		
7. <u>Barricade station</u>		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>intake</u>	<u>69,960</u>		
<u>#9</u>	<u>898</u>		
<u>#160</u>	<u>510</u>		
<u>MPA</u>	<u>into gob</u>		
<u>MPB</u>	<u>into gob</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 Jim Davis Preshift-Mine Examiner Certificate No. 38322
 Countersigned Elstager Mine Manager—Mine Foreman Certificate No. 26411
James [Signature] 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 12-15-09 Shift Aft Area or Section 4

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, Travelways, Chargers, P.C., 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) with 0% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Includes handwritten entries for Return at various times (7:10, 9:30, 11:40, 12:30) with 0% methane content.

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-15-09 Section or Area Examined _____
 Time of Examination: from 9:00 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 A.M. 10:53 P.M.
 Report received by Donell K Staley 39218
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face	0.07% ^{CH4} 20.87% ^{O2} None Observed	Reported
2. Roof Supports		
3. Barricade Station		
4. Power Center		
5. Chargers		
6. Track		
7. Travelways		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	65,943		
#9	796		
#160	530		
MPA	movement into gob		
MPB	18,440		

Remarks: 0.07%CH4 20.87%O2 0ppm CO
All clear at time of exam

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

Signed By [Signature] Freshift-Mine Examiner Certificate No. 38117
 Countersigned [Signature] 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 12-16-09 Shift 3rd Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	20.8% O ₂ 0.0% CH ₄ None Observed	Reported
2. Roof Supports		
3. Barricade Station		
4. Power Center		
5. Chargers		
6. Track		
7. Travelways		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	4:27 AM	0.0%	11.		
2.		0.0% 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	4:45 AM	0.0%	6.		
2.		0.0% 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) Went over with crew about crosscuts and crosscuts

David K. Stanley
Assistant Mine

39218
Certificate No.

[Signature]
Mine Foreman-Mine Manager

26241
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-16 2009 Section or Area Examined long wall
Time of Examination: from 4:15 a.m. or p.m. to 5:10 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Keith Spivey 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 20.8% O₂ CH₄</u>	<u>None observed</u>	<u>None</u>
2. <u>Roof support</u>		
3. <u>Tracks</u>		
4. <u>Travelway</u>		
5. <u>Pc</u>		
6. <u>Charger</u>		
7. <u>Barricade Station</u>		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>60,118</u>		
<u>#9</u>	<u>787</u>		
<u>#160</u>	<u>549</u>		
<u>MPIA</u>	<u>movement</u>	<u>To Gob</u>	
<u>MPIB</u>	<u>18,862</u>		

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

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Keith Spivey Preshift-Mine Examiner Certificate No. 39218
Countersigned Jim Davis Mine Manager—Mine Foreman Assistant Foreman Certificate No. 38,322
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 12-16-09 Shift Day Area or Section L. ONZ WALL

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Rows include Face (20.8% O2, 0% CH4), Roof support, Track, Travelway, Pc, Charger, Barricade Station.

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 1-5 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 Roof control P.17

Jim Davis Assistant Mine

Certificate No.

Chlager 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 12-16-09 2009 Section or Area Examined Longwall
 Time of Examination: from 1:30 a.m. or 6:00 p.m. to 2:25 a.m. or 6:00 p.m.
 Was this report phoned to outside: Yes no
 By whom Tim Davis Time A.M. 2:30 P.M.
 Report received by M. P. White 39068
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Free</u> <u>0.0% CH₄/20.8% O₂</u>	<u>None Observed</u>	<u>None</u>
2. <u>Track</u>	↓	↓
3. <u>Travelway</u>		
4. <u>Roof Support</u>		
5. <u>Charger</u>		
6. <u>Power Center</u>		
7. <u>Barricade Station</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>86,140</u>		
<u>#9</u>	<u>830</u>		
<u>#160</u>	<u>515</u>		
<u>MPA</u>	<u>Movement to 600</u>		
<u>MPB</u>	<u>18,230</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 Tim Davis 38322 M. P. White 39068
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned E. Hagan 444 Lawrence Styer
 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 12-16-09 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, Truck, Travelways, Roof Support, Charger, Power Center, Barometer Station. Violation: NONE observed. Action: NONE.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Locations include Face. Times: 5:00, 7:00, 9:00, 11:00. Methane Content: 0%.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Location: Return. Times: 6:10, 8:30, 10, 11:45. Methane Content: 0%.

Number of Bolts Tested 0 Number of Bolts Torqued Above Range 4 Below Range 4

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 signature

3217 Certificate No.

Mine Foreman-Mine Manager signature

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 12-16 2009 Section or Area Examined Longwall
Time of Examination: from 9:00 a.m. or p.m. to 10:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Lawrence Stephenson Time A.M. P.M.
Report received by Daniel K. Steady 39218 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: Face, CH4 0.0%, O2 20.8%, None Observed, Reported. Rows 2-10: Roof Supports, Barricade Station, Power Center, Chargers, Tracks, Travelways.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows include Intake #9 (67,150 CFM), #160 (697 CFM), MPA (movement into gob), MPB (17,480 CFM).

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

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 39117
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 26241
Assistant Foreman Certificate No. 39218
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-17-09 Shift 3rd Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face <u>0.02%⁴ 20.8%</u>	<u>None Observed</u>	<u>Reported</u>
2. <u>Roof Supports</u>		
3. <u>Barricade Station</u>		
4. <u>Power Center</u>		
5. <u>Chagers</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>12:50AM</u>	<u>0.07%</u>	11.		
2.	<u>4:15AM</u>	<u>0.07%</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>3:50AM</u>	<u>0.07%</u>	6.		
2.	<u>1:05AM</u>	<u>0.07%</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) _____

Russell K. Stanley
Assistant Mine

39218
Certificate No.

Elsteg
Mine Foreman-Mine Manager

260411
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-17 2007 Section or Area Examined WONG WALL
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 5:30 A.M. P.M.
Report received by Jim Davis (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include Face 20.8% CH4, Roof support, Track, Travelway, P.C., Charger, Barricade Station.

Air Measurements

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

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

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Keith Stanley Preshift-Mine Examiner
Countersigned Jim Davis Mine Manager—Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-17-09 Shift DAY Area or Section Longwell

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face 20.8% O₂ CH₄</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. _____		

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>Pct</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 control P. 20
Visual check of Shields 2-126

Jim Conner Assistant Mine 3832 Certificate No. [Signature] Mine Foreman-Mine Manager 26041 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 12-17-2009 Section or Area Examined L1W
 Time of Examination: from 150 a.m. or p.m. to 230 a.m. or p.m.
 Was this report phoned to outside: Yes X no _____
 By whom Davis Time 3:40 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>Reported</u>
2. <u>Roof Support</u>		
3. <u>Track</u>		
4. <u>Travelways</u>		
5. <u>Changers</u>		
6. <u>P.C.</u>		
7. <u>Barricade Station</u>		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>intake</u>	<u>90,315</u>		
<u>#9</u>	<u>879</u>		
<u>#160</u>	<u>518</u>		
<u>MPA</u>	<u>into job</u>		
<u>MPB</u>	<u>18,670</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 [Signature] 38322 [Signature] 39/17
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned [Signature] [Signature]
Mine Manager—Mine Foreman Assistant Foreman
Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-17-09 Shift AM Area or Section 4W

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Rows include Face, Roof Support, Tract, Travelways, Changers, P.C., Barricade Station.

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.

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested 0 Number of Bolts Torqued Above Range 2 Below Range 0

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

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

Signatures and names: Assistant Mine, Certificate No. 3117, Mine Foreman-Mine Manager, Certificate No. 26211, Superintendent or Assistant.

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-17 2009 Section or Area Examined Lengwa 11
Time of Examination: from 9:00 a.m. or p.m. to 10:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Lawrence Stephenson Time A.M. 10:55 P.M.
Report received by Samuel K. Stuby 39218 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: Face, 0.5% CO2, 20.8% O2, None Observed, Reported.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows include Intake #9 (61,991), #160 (563), MPA (movement intagob), MPB (19,014).

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] Preshift-Mine Examiner Certificate No. 39218
Countersigned [Signature] 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 12-18-09 Shift 3rd Area or Section Lengwall

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Face ^{CH₄} 0.0% 20.8% O ₂	None Observed	Reported
2.	Roof Support		
3.	Barricade Station		
4.	Power Center		
5.	Chargers		
6.	Track		
7.	Travelway		
8.			

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	1:15AM	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	1:30AM	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)

Safety meeting on roof control plan on
Page 17

Daniel K. Staley
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 12-18 2009 Section or Area Examined Longwall

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

Was this report phoned to outside: Yes no

By whom Ke Time A.M P.M.

Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

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

Remarks: 0% CH4 20.8% O2 0 ppm CO

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 39218
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 28045
Assistant Foreman [Signature] Certificate No. 38810
Superintendent or Assistant [Signature] Certificate No. 28045

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 12-18-09 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	O ₂	Violation or Hazardous Condition		Action taken
1. Face	0%	20.8%	None	Observed	None
2. Roof Supports	"	"	"	"	"
3. Power Center	"	"	"	"	"
4. Chargers	"	"	"	"	"
5. Track	"	"	"	"	"
6. Travelways	"	"	"	"	"
7. Barricade Station	"	"	"	"	"
8.					

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	7:00 AM	0%	6.		
2.	9:00 AM	0%	7.		
3.	11:00 AM	0%	8.		
4.	1:00 PM	0%	9.		
5.	3:00 PM	0%	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) Covered page 20 in roof control plan

Kevin W. Medley
Assistant Mine

38810
Certificate No.

[Signature]
Mine Foreman-Mine Manager

26244
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12.18 2009 Section or Area Examined Longwall
Time of Examination: from 1:15 a.m. or p.m. to 2:15 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Kenneth W. Medley Time A.M. 2:30 P.M.
Report received by MPA, MPB 39068 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: Face, 0.0% CH4 / 20.8% O2, None Observed, Reported. Rows 2-10: Roof Support, Barricade Station, Power Center, Charger, Track, Travelways.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows: Intake (62,520), #9 (739), #160 (525), MPA (Movement to Gob), MPB (18,315).

Remarks: 0.0% CH4, 20.8% O2, 0 ppm CO
All Clear at time of exam.

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

Signed By Kenneth W. Medley 38812 Certificate No.
Countersigned [Signature] 26061 Assistant Foreman
Assistant Foreman 39068 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 12-18-09 Shift *AM* Area or Section *4W*

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	None observed	None
2. Roof Support		
3. Barricade Station		
4. Power Center		
5. Charger		
6. Track		
7. Traversing		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	6:50	0%	6.		
2.	9:30	0%	7.		
3.	11:20	0%	8.		
4.	12:10	0%	9.		
5.			10.		

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

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

went over top of P.C.

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

[Signature]
Assistant Mine

32117
Certificate No.

[Signature]
Mine Foreman-Mine Manager

26024
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-18-09 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 Lawrence Stephenson Time 10:43 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 0% CH4 / 20.8oz, Row 2: Roof Support, None observed.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows include Intake (64,000), H6 (785), TG (509), MPA (10 to The Gob), MPB (17,520).

Remarks:

Dress Center Clean
Barricade Chamber - OK
Chargers - Clean
Haulway & Travelways Clean at time of exam
0% CH4 / 20.8oz / 0 PPM CO

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 39117
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 26041
Assistant Foreman
Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-21 2009 Section or Area Examined W911
 Time of Examination: from 4:50 a.m. or p.m. to 6:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Nick Mc Time 6:05 P.M.
 Report received by LB (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>None observed</u>	<u>Reported</u>
2. <u>Supports</u>		
3. <u>Track</u>		
4. <u>Travelway</u>		
5. <u>Power cab</u>		
6. <u>Chassis</u>		
7. <u>Traveling</u>		
8. <u>Barricade on</u>		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake 10'0" ch</u>	<u>66220</u>		
<u>9</u>	<u>880</u>		
<u>160</u>			

Remarks: 0% CH-1 20.8% O² 0% CO at rx

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. 38928
 Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman Certificate No. 28045
[Signature] Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date 12-25-09 Shift Even Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-21 2009 Section or Area Examined King Hill
Time of Examination: from 3:00 a.m. or p.m. to 3:25 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Rick Lewis Time 3:30 A.M. P.M.
Report received by Jim Owens (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face 208% O₂ 2% CH₄</u>	<u>None observed</u>	<u>None</u>
2. <u>Roof support</u>		
3. <u>Track</u>		
4. <u>Travelway</u>		
5. <u>P.C</u>		
6. <u>Charger</u>		
7. <u>Barricade Station</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>79,192</u>		
<u>#9</u>	<u>861</u>		
<u>#160</u>	<u>water to Deep setting Pump</u>		
<u>MPA</u>	<u>movement to Gob</u>		
	<u>movement to Gob</u>		

Remarks: 0% CH₄ 0% CO 208 0% O₂

All clear at time of exam

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

Signed By Rick Lewis Preshift-Mine Examiner
Countersigned Jim Owens Mine Manager—Mine Foreman
Certificate No. 1357-A
2122
Assistant Foreman
Certificate No. 35322
Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 12-21-09 Shift EVE Area or Section LONGWALL

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>FACE 20.8% O₂ O₂CH₄</u>	<u>NONE observed</u>	<u>NONE</u>
2. <u>Roof support</u>		
3. <u>Tracks</u>		
4. <u>Travel way</u>		
5. <u>PC</u>		
6. <u>Charger</u>		
7. <u>Barrier Station</u>		
8. <u>Working EN</u>	<u>VENT</u>	

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>FACE</u>	<u>4:30</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.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>RET</u>	<u>6:20</u>	<u>0%</u>	6.		
2.	<u>10:20</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 Control P. 19

Jim Davis
Assistant Mine

38022
Certificate No.

E. Stager
Mine Foreman-Mine Manager

2624
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-21 2009 Section or Area Examined wall
Time of Examination: from 10:00 a.m. or p.m. to 11:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom T. Davis Time 11:00 P.M.
Report received by L.B. Row (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include: 1. Fire, None observed, Reported; 2. Supports; 3. Track; 4. Traveling; 5. Power center; 6. Changer; 7. Barricade car; 8. Pump; 9. Pumping water, Pumping.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: Intake, 9, Working on Vent Mose, 160. Other locations listed: MPA, MPB.

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

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 E. Hagan Mine Manager - Mine Foreman Certificate No. 26261
Assistant Foreman Certificate No. 38928
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-22-09 Shift 3rd Area or Section well

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>None observed with</u>	<u>inspect</u>
2. <u>supports</u>	<u>none observed</u>	<u>inspect</u>
3. <u>Track</u>	/	/
4. <u>Traveling</u>		
5. <u>power-cable</u>		
6. <u>chairs</u>		
7. <u>Barbed wire</u>		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>4:18 PM</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>R1</u>	<u>4:30 PM</u>	<u>0%</u>	6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

[Signature]
Assistant Mine

32923
Certificate No.

[Signature]
Mine Foreman-Mine Manager

2604
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-22-9 20 Section or Area Examined Long Wall
Time of Examination: from 3:30 a.m. or p.m. to 4:15 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Larry Brown Time 5:20 P.M.
Report received by Richard Ham 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, Track, Travelways, Barricade Station, Pump.

Air Measurements

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

Remarks: 0% CH4 20.8% O2 0ppm CO

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

Signed By [Signature] 38928 Richard Ham 1357-A
Countersigned [Signature] 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 12-22-9 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>	
2. <u>Roof Support</u>	<u>"</u>	<u>"</u>
3. <u>Track</u>	<u>"</u>	<u>"</u>
4. <u>Chargers</u>	<u>"</u>	<u>"</u>
5. <u>Power Center</u>	<u>"</u>	<u>"</u>
6. <u>Travelways</u>	<u>"</u>	<u>"</u>
7. <u>Barricade Station</u>	<u>"</u>	<u>"</u>
8. _____		

CH₄ .0%
↓

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>208% 7:30 AM</u>	<u>.0%</u>	11. _____		
2. _____	<u>208% 11:30 AM</u>	<u>.0%</u>	12. _____		
3. _____	<u>208% 1:30 PM</u>	<u>.0%</u>	13. _____		
4. _____			14. _____		
5. _____			15. _____		
6. _____			16. _____		
7. _____			17. _____		
8. _____			18. _____		
9. _____			19. _____		
10. _____			20. _____		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>208% 8:10 AM</u>	<u>.0%</u>	6. _____		
2. _____	<u>208% 12:15 PM</u>	<u>.0%</u>	7. _____		
3. _____	<u>208% 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
plan by 18

R. Lundham
Assistant Mine

1357-A
Certificate No.

E. Hagan
Mine Foreman-Mine Manager

2604
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-22 2009 Section or Area Examined long wall
Time of Examination: from 1:30 a.m. or p.m. to 2:15 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Rick Lane Time 2:50 A.M. P.M.
Report received by Jim Owen (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face 20.8% O2 %COH4</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>CHARGE</u>		
7. <u>BARRIKADE STATION</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake working on</u>	<u>ventilation</u>		
<u>#9</u>			
<u>#160</u>			
<u>MPI4</u>			
<u>MPI3</u>			

Remarks: 0% COH4 0% CO 20.8% O2
All clear at time of exam

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

Signed By Richard Kern 1357-A Jim Owen 38322
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned Charger 26021
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 12-22-09 Shift Area or Section

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Includes handwritten entries like 'Face 2086 or 20814', 'None observed', 'None'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Includes handwritten entries for 'Face' at times 4:30, 6:30, 8:30, 10:30 with 0% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Includes handwritten entries for 'Ret' at times 6:15 and 10:10 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 Control P.20

Signatures and Certificates: Assistant Mine, Certificate No. 38322, 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 12-22 2007 Section or Area Examined Wall

Time of Examination: from 9:50 a.m. or p.m. to 11:00 a.m. or p.m.

Was this report phoned to outside: Yes no

By whom T. Davis Time A.M. P.M.

Report received by L. [unclear]
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>None observed</u>	<u>Reported</u>
2. <u>SUPPORTS</u>		
3. <u>TRUCK</u>		
4. <u>TRAVELING</u>		
5. <u>POWER CABLE</u>		
6. <u>CHAINS</u>		
7. <u>BARRIER & CUR</u>		
8. <u> </u>		
9. <u> </u>		
10. <u> </u>		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>			
<u>9</u>			
<u>160</u>		<u>Working outlet</u>	
<u>MPA</u>			
<u>MPS</u>			

Remarks: 0% CH₄ 0% CO 20-8% O₂ after

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

38322
Certificate No.

[Signature]
Assistant Foreman

38129
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 12-23-07 Shift 3-2 Area or Section W411

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	None observed	Reported
2. S-PPuts		
3. Truck		
4. Traveling		
5. power cables		
6. Ch...		
7. Buried car		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	3:11 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	3:20 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
 Certificate No. 32020 Certificate No. 2004
 Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-23-9 20 Section or Area Examined Long Wall
 Time of Examination: from 3:00 a.m. or p.m. to 3:40 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Larry Brown Time 5:30 A.M. P.M.
 Report received by Richard Ham 1357-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>			
<u># 5</u>			
<u># 160</u>			
<u>MPA</u>	<u>Working on Vent</u>		
<u>MPB</u>			

Remarks: 0% CH₄ 20.8% O₂ Oppm CO

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 32928
 Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman [Signature] Assistant Foreman Certificate No. 1357-A
[Signature] 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 _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-23 2009 Section or Area Examined Long Wall
Time of Examination: from 10:15 a.m. or p.m. to 11:10 a.m. or p.m.
Was this report prepared to outside: Yes no
By whom Richard Lane Time 11:10 A.M. P.M.
Report received by Danny Lavery (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include Face (0% CH4, None Observed, Reported), Roof Support, Track, Travelways, Power Center, Chargers, Barricade Station.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows include Intake (153,216), 9 shld (1,524), 160 shld (1,090), mp A (11,411), mp B (21,679).

Remarks: 0% CH4 0 ppm CO 20.8% O2

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

Signed By Richard Lane Preshift-Mine Examiner Certificate No. 1357-A
Countersigned Danny Lavery Assistant Foreman Certificate No. 37070
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 1223-9 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	Reported
2. Roof Support	"	"
3. Power Center	"	"
4. Chargers	"	"
5. Tracks	"	"
6. Travelways	"	"
7. Barricade Station	"	"
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	20870 ² 7:30 ^{am}	.0%	11.		
2.	20870 ² 10:15 ^{am}	.0%	12.		
3.	20870 ² 12:10 ^{pm}	.0%	13.		
4.	20870 ² 2:00 ^{pm}	.0%	14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	20870 ² 8:05 ^{am}	.0%	6.		
2.	20870 ² 10:50 ^{am}	.0%	7.		
3.	20870 ² 2:35 ^{pm}	.0%	8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety talk on pgs 20 of RCP

Visual check of Shields 1-76
Robudhan Assistant Mine Certificate No. 17574
El Hage Mine Foreman-Mine Manager Certificate No. 2604
 Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-23 2009 Section or Area Examined Longwell
 Time of Examination: from 7:00 a.m. or p.m. to 2:45 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Rich Lane Time 2:50 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 20.8% or 20.8%</u>	<u>None observed</u>	<u>None</u>
2. <u>Roof support</u>		
3. <u>Track</u>		
4. <u>Tranclway</u>		
5. <u>PC</u>		
6. <u>Charger</u>		
7. <u>Barricade station</u>		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>152,817</u>		
<u>#9</u>	<u>1,537</u>		
<u>#160</u>	<u>1,088</u>		
<u>MPA</u>	<u>10,388</u>		
<u>MPB</u>	<u>21,527</u>		

Remarks: COCH₄ 0% loco 20.8%
All clear at time of exam

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

Signed By Richard Lane 1357-A Jim Davis 38,222
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned Etapa 26241
 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 12-23-09 Shift EVE Area or Section Wingwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face 20.8 floor 0% CH₄</u>	<u>None observed</u>	<u>None</u>
2. <u>Roof support</u>		
3. <u>Tracks</u>		
4. <u>Troughway</u>		
5. <u>P.C</u>		
6. <u>Charge</u>		
7. <u>Barricade Station</u>		
8. _____		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>4.30</u>	<u>0%</u>	11. _____		
2. _____	<u>6.30</u>	<u>0%</u>	12. _____		
3. _____	<u>8.30</u>	<u>0%</u>	13. _____		
4. _____	<u>10.30</u>	<u>0%</u>	14. _____		
5. _____	<u>12.30</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>6.15</u>	<u>0%</u>	6. _____		
2. _____	<u>10.20</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 Control P. 21

Jim Davis
Assistant Mine

38322
Certificate No.

E. Hager
Mine Foreman-Mine Manager

8604
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-23 2059 Section or Area Examined Longwell

Time of Examination: from 11:5 a.m. or p.m. to 12:20 a.m. or p.m.

Was this report phoned to outside: Yes no

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

Report received by Jim Case
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face 20.8% O₂ CH₄</u>	<u>None observed</u>	<u>None</u>
2. <u>Roof support</u>		
3. <u>Track</u>		
4. <u>Travellers</u>		
5. <u>P.C.</u>		
6. <u>Charges</u>		
7. <u>Barricade Station</u>		
8. <u> </u>		
9. <u> </u>		
10. <u> </u>		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>142,647</u>		
<u>#9</u>	<u>1,653</u>		
<u>#160</u>	<u>1,240</u>		
<u>MPA</u>	<u>10,320</u>		
<u>MPB</u>	<u>22,190</u>		

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 Jim Case Preshift-Mine Examiner Certificate No. 38322
Countersigned Chapman Mine Manager—Mine Foreman Assistant Foreman Certificate No. 260411

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 12/24/09 Shift Day Area or Section Lengravell

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Section</u>	<u>Idle</u>	
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 Elmer Certificate No. 2604
 Superintendent or Assistant _____

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-24-09 20. Section or Area Examined Longwall

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
<u>Section</u>	<u>Idle</u>	
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 Chase Mine Manager—Mine Foreman 26014
 _____ 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 12-24-09 Shift Eve Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Section</u>	<u>Idle</u>	
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 Chaga 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 12-24-09 2009 Section or Area Examined Longwall

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
<u>Section</u>	<u>Idle</u>	
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
 Countersigned Chapman Mine Manager—Mine Foreman 26241 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 12-25-09 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Section</u>	<u>Idle</u>	
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.

[Signature]
Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-25-09 2009 Section or Area Examined Langwall
 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. <u>Section</u>	<u>Idle</u>	
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 _____ Freshift-Mine Examiner Certificate No. _____ Assistant Foreman Certificate No. _____
 Countersigned [Signature] Mine Manager—Mine Foreman 26022
 _____ 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 12-25-09 Shift Eve

Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Section</u>	<u>Idle</u>	
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.

[Signature]
Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-25-09 20 Section or Area Examined Lengua 11
Time of Examination: from 9:45 a.m. or p.m. to 11:15 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Brought out Time 11:15 P.M.
Report received by David K. Stealy 39218
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face <u>20.8%O₂ 0.07%CH₄</u>	<u>None Observed</u>	<u>Reported</u>
2. Power Center		
3. Barricade Station		
4. Roof Supports		
5. Chargers		
6. Track		
7. Travelways		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>147,621</u>		
<u>#9</u>	<u>1,271</u>		
<u>#160</u>	<u>1,022</u>		
<u>MPA</u>	<u>11,076</u>		
<u>MPB</u>	<u>21,310</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 David K. Stealy 39218 Preshift-Mine Examiner
Countersigned [Signature] 20041 Mine Manager—Mine Foreman
Assistant Foreman _____ 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 12-26-09 Shift 3rd 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, 20.87% CH4, 0.07% CO, None Observed, Reported.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Row 1: Face, 4:20 AM, 0.07%.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Row 1: Return, 4:00 AM, 0.0%.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety meeting on roof control plan Pg 20

Assistant Mine signature

39218 Certificate No.

Mine Foreman-Mine Manager signature

21011 Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-26-20 09 Section or Area Examined Hwall
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 [checked] no
By whom Keith Stawley Time 5:30 A.M. P.M.
Report received by W.D. Lully 28045 (signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. FACE	0 Plocha none found	Reported
2. ROOF Supports	" "	"
3. Power Center	" "	"
4. Changers	" "	"
5. TANK	" "	"
6. Travelways	" "	"
7. Barricade St.	" "	"
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
090 cha Intake	155,179		
49	1633		
#160	1202		
MPA	11,826		
MPB	21,810		

Remarks: 090 cha, 20, 90 02 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 Donald K. Stawley Preshift-Mine Examiner Certificate No. 39218
Countersigned W.D. Lully Mine Manager—Mine Foreman Certificate No. 39117
Assistant Foreman W.D. Lully 28045
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-26-09 Shift Day Area or Section L/W

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, Location, Time, Methane Content. Rows 1-4: Face, 8:30, 0%, 11:10, 0%, 1:00, 0%, 2:50, 0%.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-4: Return, 9:00, 0%, 11:25, 0%, 2:00, 0%, 3:30, 0%.

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

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

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

Assistant Mine Foreman signature

39117 Certificate No.

Mine Foreman signature

26024 Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-26 2009 Section or Area Examined Warp wall

Time of Examination: from 1:00 a.m. or p.m. to 2:50 a.m. or p.m.

Was this report phoned to outside: Yes no

By whom L. Stephenson Time 2:15 P.M.

Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>FACE 20.8% CH4%</u>	<u>None</u>	<u>Observed</u>
2. <u>Roof support</u>		
3. <u>Tracks</u>		
4. <u>Travelway</u>		
5. <u>P.C</u>		
6. <u>Charger</u>		
7. <u>Baricade Station</u>		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>143,710</u>		
<u>#9</u>	<u>1276</u>		
<u>#160</u>	<u>1059</u>		
<u>MPA</u>	<u>12,055</u>		
<u>MPB</u>	<u>21,270</u>		

Remarks: 0% CH4 0% CO 20.8% O2

All clear at time of exam

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

Signed By L. Stephenson
Preshift-Mine Examiner

39117
Certificate No.
26041

Jim Davis
Assistant Foreman

38,322
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 12-26-09 Shift Eve Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action taken. Rows include Face 20.8% or 20.8%, Root Support, Track, Travelway, P.C., Charge, Barricade Station.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 showing methane content of 0% at various times (4:30, 6:30, 8:30, 10:30, 12:30).

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 showing methane content of 0% at times 6:45 and 10:45.

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 Root control P. 14

Jim Davis Assistant Mine

38322 Certificate No.

Signature of Mine Foreman-Mine Manager

2544 Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-26-09 Section or Area Examined Longwall
 Time of Examination: from 10:10 a.m. or p.m. to 10:50 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Tim Dew's Time A.M. 11:05 P.M.
 Report received by Daniel K Stanley 39218
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face <u>20.89% O₂ 0.0% CH₄</u>	<u>None Observed</u>	<u>Reported</u>
2. Roof Supports		
3. Barricade Station		
4. Power Center		
5. Charger		
6. Track		
7. Travelways		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>139,470</u>		
<u>#9</u>	<u>1,249</u>		
<u>#160</u>	<u>947</u>		
<u>MPA</u>	<u>11,173</u>		
<u>MPB</u>	<u>movement into gob</u>		

Remarks: 20.89% O₂ Oppm CO 0.0% CH₄
All clear at time of exam

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 38322
 Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman Certificate No. 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 12-27-09 Shift 3rd Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken	
1. <u>Face</u>	<u>0.07% ch⁴ 20.8% CO₂</u>	<u>None Observed</u>	<u>Reported</u>
2. <u>Roof Supports</u>			
3. <u>Barricade Station</u>			
4. <u>Power Center</u>			
5. <u>Charger</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>3:40AM</u>	<u>0.0%</u>	11. _____		
2. _____			12. _____		
3. _____			13. _____		
4. _____			14. _____		
5. _____			15. _____		
6. _____			16. _____		
7. _____			17. _____		
8. _____			18. _____		
9. _____			19. _____		
10. _____			20. _____		

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety meeting roof control plan page 21

Arnold K. Stanley
Assistant Mine

39218
Certificate No.

[Signature]
Mine Foreman-Mine Manager

26024
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-27-1969 Section or Area Examined 4 wall
 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 Keith Stanley Time 5:24 A.M. P.M.
 Report received by W.D. Bully 28015 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>FACE</u>	<u>10% CH₄ none found</u>	<u>Reported</u>
2. <u>Roof Supports</u>	<u>n n</u>	<u>v</u>
3. <u>Power Centers</u>	<u>n n</u>	<u>n</u>
4. <u>Charger</u>	<u>n n</u>	<u>n</u>
5. <u>Track</u>	<u>n n</u>	<u>n</u>
6. <u>Travelways</u>	<u>n n</u>	<u>n</u>
7. <u>Barricade St.</u>	<u>n n</u>	<u>n</u>
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>10% CH₄ Intake</u>	<u>137,620</u>		
<u>#9</u>	<u>1,294</u>		
<u>#160</u>	<u>912</u>		
<u>MPA</u>	<u>11,626</u>		
<u>MPB</u>	<u>movement into gob.</u>		

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 Keith Stanley 39218 Preshift-Mine Examiner
 Countersigned W.D. Bully 28015 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 12-27-09 Shift Day Area or Section 4w

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Entries include Face, Roof Support, Power Center, Charges, Track, Trunkways, Barricade Station.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Entries include Face at 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. Entries include Return at 9:00, 11:00, 1:00, 3:00 with 0% methane content.

Number of Bolts Tested 4 Number of Bolts Torqued Above Range 0 Below Range 0

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

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

Signature of Assistant Mine Foreman

37117 Certificate No.

Signature of 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 12-27-09 20 Section or Area Examined LOB6 WA11
Time of Examination: from 1 a.m. or 9 p.m. to 2 a.m. or 9 p.m.
Was this report phoned to outside: Yes 9 no _____
By whom Stephenson Time _____ A.M. _____ P.M.
Report received by G. Steens
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>FACE</u>	<u>WATER in FACE</u>	<u>Pump Running</u>
2. <u>Roof Support</u>	<u>clear</u>	<u>none</u>
3. <u>Power Center</u>	<u>clear</u>	<u>"</u>
4. <u>changer</u>	<u>clear</u>	<u>"</u>
5. <u>track</u>	<u>clear</u>	<u>"</u>
6. <u>Travel ways</u>	<u>clear</u>	<u>"</u>
7. <u>Barricade st.</u>	<u>clear</u>	<u>"</u>
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>147,397</u>	_____	_____
<u>#9</u>	<u>1,199</u>	_____	_____
<u>Tail Gate</u>	<u>1,055</u>	_____	_____
<u>MPA</u>	<u>12,840</u>	_____	_____
<u>MPB</u>	<u>21,700</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: chk-0 02-20.8

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 35W7
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 26001
[Signature] Assistant Foreman Certificate No. 1357-A
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-27-09 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. Rows include Face, Roof Support, Power Center, Chargers, Tracks, Travelways, Barricade Stations.

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 showing methane readings in Return Aircourses, all 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 plan

PS 14 of RCP Assistant Mine, Certificate No. 1357, 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 12-27 2009 Section or Area Examined W911
 Time of Examination: from 9:40 a.m. or p.m. to 11:20 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom R Lane Time A.M. P.M.
 Report received by L Brown
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>None Observed</u>	<u>Reported</u>
2. <u>Supports</u>	<u>" "</u>	<u>" "</u>
3. <u>Power circuit</u>	<u>" "</u>	<u>" "</u>
4. <u>Chung-</u>	<u>" "</u>	<u>" "</u>
5. <u>Truck</u>	<u>" "</u>	<u>" "</u>
6. <u>Travelway</u>	<u>" "</u>	<u>" "</u>
7. <u>Barnside car</u>	<u>" "</u>	<u>" "</u>
8. <u> </u>	<u> </u>	<u> </u>
9. <u> </u>	<u> </u>	<u> </u>
10. <u> </u>	<u> </u>	<u> </u>

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>152,432</u>		
<u>9</u>	<u>1255</u>		
<u>160</u>	<u>1067</u>		
<u>MPA</u>	<u>12960</u>		
<u>MPB</u>	<u>20910</u>		
<u> </u>	<u> </u>		
<u> </u>	<u> </u>		
<u> </u>	<u> </u>		
<u> </u>	<u> </u>		

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

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1257-A
 Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman Certificate No. 37128
[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 12-28-09 Shift 3^d Area or Section W 911

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Face	None obs - 4	Reported
2.	Supports	/	/
3.	Power Center		
4.	Chin		
5.	Track		
6.	Traveling		
7.	Barricade car		
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. RT	4:00 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

38928
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 12-28 2009 Section or Area Examined 410
 Time of Examination: from 3:00 a.m. or p.m. to 4:30 a.m. or p.m.
 Was this report phoned to outside: Yes X no _____
 By whom John Stephenson Time _____ A.M. _____ P.M.
 Report received by _____
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Fault</u>	<u>None observed</u>	<u>NONE</u>
2. <u>Roof Support</u>		
3. <u>Power Center</u>		
4. <u>Chargers</u>		
5. <u>Track</u>		
6. <u>Travellers</u>		
7. <u>Barricade station</u>		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>177,165</u>		
<u>#9</u>	<u>1208</u>		
<u>#160</u>	<u>1018</u>		
<u>M17A</u>	<u>12,300</u>		
<u>M17B</u>	<u>21,465</u>		

Remarks: CH4 - 0% D2 - 20.8

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 38928
 Assistant Foreman Certificate No. 39117
 Countersigned _____ Mine Manager—Mine Foreman
 _____ Assistant Foreman
 _____ Superintendent or Assistant

Use Indefilible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 12-28-09 Shift Day Area or Section 142

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>Lower Center</u>		
4. <u>Track</u>		
5. <u>Traneways</u>		
6. <u>Basinade Station</u>		
7. <u>Chargers</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>11:10</u>	<u>0%</u>	7. _____		
3. _____	<u>1:30</u>	<u>0%</u>	8. _____		
4. _____	<u>3:15</u>	<u>0%</u>	9. _____		
5. _____			10. _____		

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

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken
went over top at Mide Trm't

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

[Signature] Assistant Mine
3917 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 12-28-9 20. Section or Area Examined Long Wall
Time of Examination: from 1:00 a.m. or p.m. to 2:15 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Lawrence Stevenson Time A.M. 2:35 P.M.
Report received by Richard Pann 1357-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

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

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

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 3817
Richard Pann Assistant Foreman Certificate No. 1357-A
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 12-28-9 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 for Face, Roof Support, Power Center, Chargers, Track, Travelways, and Barricade Station.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Contains handwritten data for Face at various times, all showing 0% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Contains handwritten data for Return at various times, all showing 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 Meetings on Roof + Rib

control plan p. 19 [Signature] 1357-D Assistant Mine Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-28 20-09 Section or Area Examined W911
Time of Examination: from 9:30 a.m. or p.m. to 4:30 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom R. L. [signature] Time A.M. P.M.
Report received by L.B. [signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: Fire, 0% CH4, none observed, Reported. Rows 2-7: supports, Power-center, chugger, Track, Traveling, Bumper car. All other rows are blank.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Data: Intake (151870), 9 (1195), 160 (1066), MPA (11502), MPB (20551).

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

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

Signed By [signature] Preshift-Mine Examiner Certificate No. 1357-0 [signature] Assistant Foreman Certificate No. 37928

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 12-29-09 Shift 3-d Area or Section well

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Free</u>	<u>None observed</u>	<u>Reported</u>
2. <u>supports</u>		
3. <u>Power cut-</u>		
4. <u>Chair</u>		
5. <u>Track</u>		
6. <u>Travely</u>		
7. <u>Be-side ca</u>		
8. _____		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Free</u>	<u>3:11Am</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>3:25Am</u>	<u>0%</u>	6. _____		
2. _____			7. _____		
3. _____			8. _____		
4. _____			9. _____		
5. _____			10. _____		

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

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

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

[Signature]
Assistant Mine

30928
Certificate No.

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 12-29 2009 Section or Area Examined LW
 Time of Examination: from 3:00 a.m. or p.m. to 4:00 a.m. or p.m.
 Was this report phoned to outside: Yes X no _____
 By whom L.B. Time _____ 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>Power Center</u>		
4.	<u>Trunk</u>		
5.	<u>Travellways</u>		
6.	<u>chargers</u>		
7.	<u>Barriade station</u>		
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>146,118</u>		
<u>#9</u>	<u>1242</u>		
<u>#160</u>	<u>1025</u>		
<u>MP15</u>	<u>12,060</u>		
<u>MP13</u>	<u>20,285</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 [Signature] 38928 [Signature] 39117
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.

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

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-29-09 Shift Day Area or Section LW

Violations and other Hazardous Conditions Observed and Reported

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

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

went over App at Mule Train

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

Assistant Mine Superintendent 3911-7 Certificate No. 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 12-29-9 20. Section or Area Examined Long Wall
 Time of Examination: from 1:00 a.m. or p.m. to 2:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Lawrence Stevenson Time A.M. 2:23 P.M.
 Report received by Richard Lane 1357-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>149,155</u>	_____	_____
<u>#9</u>	<u>1,107</u>	_____	_____
<u>#160</u>	<u>1088</u>	_____	_____
<u>MPA</u>	<u>11,210</u>	_____	_____
<u>MPB</u>	<u>20,461</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH₄ 20.8% O₂ 0 ppm CO

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

Signed By Lawrence Stevenson Preshift-Mine Examiner Certificate No. 39117
Richard Lane Assistant Foreman Certificate No. 1357-A

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 12-29-9 Shift EVE Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	20.8% 5:15 PM	0%	11.		
2.	20.8% 7:00 PM	0%	12.		
3.	20.9% 9:00 PM	0%	13.		
4.	20.8% 11:00 PM	0%	14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	6:05 PM	0%	6.		
2.	9:40 PM	0%	7.		
3.			8.		
4.			9.		
5.			10.		

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety Meeting on pg 14 of

RCP

Ronald Lamm
Assistant Mine

1357-A
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 12-29 2009 Section or Area Examined Wall
 Time of Examination: from 9 a.m. or p.m. to 10 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom R. L. G. R. Time AM P.M.
 Report received by L. B. G. (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Fine</u>	<u>0% CH</u> <u>Noce observed</u>	<u>reported</u>
2. <u>Supports</u>		
3. <u>Power cable</u>		
4. <u>Charger</u>		
5. <u>Track</u>		
6. <u>Traveling</u>		
7. <u>Barricade cur</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>146312</u>		
<u>9</u>	<u>1136</u>		
<u>160</u>	<u>1005</u>		
<u>MPA</u>	<u>10825</u>		
<u>MPB</u>	<u>20866</u>		

Remarks: 0% CH 0% O₂ 0% CO at rxn

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. 1352A
 Assistant Foreman Certificate No. 38928
 Countersigned [Signature] Mine Manager—Mine Foreman
 Assistant Foreman
 Superintendent or Assistant