

LONGWALL
**PRESHIFT - ONSHIFT
and
DAILY REPORT**

Started
12-31-09

Full 1-14-10

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 Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-30-09 Shift 3-2 Area or Section well

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Row 1: Face, Non 665m - 2, Reported. Rows 2-8: S-Paces, Truck, Truveling, Chair, Power cables, Berriede cv.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Row 1: Face, 4:10am, 0%. Rows 2-10: Empty. Rows 11-20: Faint handwritten notes.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Row 1: RT, 4:30am, 0%. Rows 2-10: Empty.

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

38429 Certificate No.

T. Moore Mine Foreman-Mine Manager

39989 Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-30-67 Section or Area Examined Longwood
Time of Examination: from 4:00 a.m. or p.m. to 4:50 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom L. Brown Time 5:40 A.M. P.M.
Report received by Jui Oau (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, and Action Taken. Rows include: 1. Face 20.8% CO2, 2. Roof support, 3. Track, 4. Travelway, 5. Pic, 6. Chaper, 7. Barricade station. All violations are marked as 'None' and 'Observed'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Measurements include: Intake (144,880), #9 (1230), #160 (985), M.P.P. (12,200), M.P.B. (20,410).

Remarks: 0% CH4 0% CO 20.8% CO2

All clear at time of exam

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

Signed By [Signature] Certificate No. 35222
Countersigned [Signature] Mine Manager, Mine Foreman, Assistant Foreman

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 12-30-09 Shift Day Area or Section Lower wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face 20.87m Etc</u>	<u>None</u>	<u>Observed</u>
2. <u>Roof support</u>		
3. <u>Track</u>		
4. <u>Tr. structure</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>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. 14

Jim Dan
Assistant Mine

38321
Certificate No.

T. Moore
Mine Foreman-Mine Manager

33384
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-30-9 20____ Section or Area Examined Long Wall
 Time of Examination: from 1:45 a.m. or p.m. to 2:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Tim Davis Time 2:50 A.M. P.M.
 Report received by Richard Rann 1357 A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u> <u>CH₄ 0%</u>	<u>None obs</u>	<u>Reported</u>
2. <u>Roof Support</u>	<u>" "</u>	<u>" "</u>
3. <u>Chargers</u>	<u>" "</u>	<u>" "</u>
4. <u>Power Center</u>	<u>" "</u>	<u>" "</u>
5. <u>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>140,710</u>	_____	_____
<u>#9</u>	<u>1,187</u>	_____	_____
<u>#160</u>	<u>840</u>	_____	_____
<u>MPA</u>	<u>10,160</u>	_____	_____
<u>MPB</u>	<u>21,070</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH₄ 20.8% O₂ OppmCO

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

Signed By Tim Davis 38322 Richard Rann 1357 A
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned T. Moore 33359
 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 12-30-9 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, Roof Support, Power Center, Chargers, Track, Travelways, Barricade Station.

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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 pg 20 of RCP

Assistant Mine signature

1357-A Certificate No.

Mine Foreman-Mine Manager signature

3759 Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-30-09 Section or Area Examined Langwall
Time of Examination: from 9:10 a.m. or p.m. to 10:10 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Rocks Lane Time A.M. 10:55 P.M.
Report received by Daniel K Stanley 39218 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face 0.0% ch ⁴ 20.8% O ₂	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	136,821		
#9	1,086		
#160	791		
MPA	10,320		
MPB	20,280		

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

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

Signed By Richard Lane Preshift-Mine Examiner Certificate No. 137-A
Countersigned T. Moore Mine Manager-Mine Foreman Certificate No. 39218
Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-31-09 Shift 3rd

Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	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	3:30 AM	0 1/2	11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

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

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

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

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

J B
Assistant Mine

38928
Certificate No.

T. Williams
Mine Foreman-Mine Manager

39359
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-31 Section or Area Examined Long wall
 Time of Examination: from 3:15 a.m. or p.m. to 4:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Larry Brown Time 5:30 A.M. P.M.
 Report received by Sam Jones (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face 20.8% or 0% 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>Charge</u>		
7. <u>Barricade station</u>		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>1090 cfm</u>		
<u>#9</u>	<u>1,199</u>		
<u>#160</u>	<u>6,055</u>		
<u>MPA</u>	<u>12,810</u>		
<u>MPB</u>	<u>21,700</u>		

Remarks: 0% CH₄ 0% or 20.8% or

All clear at time of exam

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

Signed By [Signature] 38928 Certificate No. [Signature] 38322 Certificate No.
 Countersigned [Signature] 3959 Certificate No.
 Mine Manager—Mine Foreman
 Assistant Foreman
 Superintendent of Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-31-09 Shift DAY Area or Section Uwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	10' bcha none find	Report
2. Roof Support	" "	"
3. Track	" "	"
4. Travelway	" "	"
5. P.C.	" "	"
6. Changer	" "	"
7. Barricade st.	" "	"
8.		

Examinations for Methane in Working Places

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Visual checked shields 1-176. Bailed men on roof 4:16 PM. 4:20 Discussed dust control plan.
Jim Owens Assistant Mine 38,322 Certificate No. T. Moore Mine Foreman-Mine Manager 3889 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 12-31-9 20 Section or Area Examined Long Wall
Time of Examination: from 1:30 a.m. or p.m. to 2:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Tim Davis Time A.M. 2:45 P.M.
Report received by Richard Ram 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 (CH4 .0%, water face, pumping), Roof Support, Power Center, Chargers, Tracks, Travel ways, Barricade Station.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows include Intake (142,820), #9 (1,147), #160 (964), MPA (11,740), MPB (21,320).

Remarks: 0% CH4 20.8% O2 0 ppm CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Tim Davis Preshift-Mine Examiner Certificate No. 38322
Countersigned Jay Moore Mine Manager - Mine Foreman Certificate No. 33359
Richard Ram Assistant Foreman Certificate No. 1357-A
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-31-9 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	Report None obs
2. Roof Support	" "	" "
3. Tracks	" "	" "
4. Travelways	" "	" "
5. Power Center	" "	" "
6. Chargers	" "	" "
7. Barricade Station	" "	" "
8.		

Examinations for Methane in Working Places

Location	O ₂	Time	Methane Content	Location	Time	Methane Content
1. Face	20.5%	5:00 PM	.0%	11.		
2.	20.8%	7:00 PM	.0%	12.		
3.	20.8%	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	O ₂	Time	Methane Content	Location	Time	Methane Content
1. Return	20.8%	5:40 PM	.0%	6.		
2.	20.8%	9:30 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) Discussed pg 20 of RCF

Visual check of Shields 1-126
Richard Lamm Assistant Mine Certificate No. 1357-A
T. Moore Mine Foreman-Mine Manager Certificate No. 3538
 Superintendent or Assistant _____

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 12-31-69 Section or Area Examined Langwall
Time of Examination: from 5:00 a.m. or p.m. to 10:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Rick Love Time 11:10 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 <u>0.07% CH₄ 20.89% O₂</u>	<u>None Observed</u>	<u>Reported</u>
2. Roof Support		
3. Barricade Station		
4. Power Center		
5. Chargers		
6. Track		
7. Travelways		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>141,030</u>		
<u>#9</u>	<u>1,112</u>		
<u>#160</u>	<u>969</u>		
<u>MPA</u>	<u>11,885</u>		
<u>MPB</u>	<u>20,930</u>		

Remarks: 0.07% CH₄ 20.89% O₂ 0ppm CO
All clear at time of exam

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

Signed By Richard Lam Certificate No. 1357A
Preshift-Mine Examiner
Countersigned T. Moore Certificate No. 33359
Mine Manager—Mine Foreman
Assistant Foreman
Donell K. Staley 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 1-1-10 Shift 3rd Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face <u>20.8% O₂ 0.0% CH₄</u>	<u>None Observed</u>	<u>Reported</u>
2. <u>Roof Support</u>		
3. <u>Barricade Station</u>		
4. <u>Power Center</u>		
5. <u>Chargers</u>		
6. <u>Track</u>		
7. <u>Travelways</u>		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>4:00AM</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) Read pg 20th roof control plan to crew & discussed.

Daniel K. Slaby
Assistant Mine

39218
Certificate No.

T. Moore
Mine Foreman-Mine Manager

33358
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1/11 Section or Area Examined Longwall
 Time of Examination: from 4:00 a.m. or p.m. to 5:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Keith Stanley Time 5:30 A.M. P.M.
 Report received by Jim Davis (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face 20.8% O₂ 9% 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>142,183</u>		
<u>#9</u>	<u>1321</u>		
<u>#160</u>	<u>994</u>		
<u>MPA</u>	<u>11,979</u>		
<u>MPB</u>	<u>21,218</u>		

Remarks: 9% CH₄ 9% CO 20.8% O₂

All clear at time of exam

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

Signed By Keith Stanley Preshift-Mine Examiner Certificate No. 39218
 Countersigned Jim Davis Mine Manager—Mine Foreman Assistant Foreman Certificate No. 38322
 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 1-1-10 Shift EVE 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 observed</u>	<u>Reported</u>
2. <u>Roof Support</u>	<u>u u</u>	<u>u</u>
3. <u>Power Center</u>	<u>u u</u>	<u>u</u>
4. <u>Chargers</u>	<u>u u</u>	<u>u</u>
5. <u>Track</u>	<u>u u</u>	<u>u</u>
6. <u>Travelways</u>	<u>u u</u>	<u>u</u>
7. <u>Barricade Station</u>	<u>u u</u>	<u>u</u>
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>8:50 AM</u>	<u>0.90</u>	6. _____	_____	_____
2. <u>Return</u>	<u>12:50 PM</u>	<u>0.90</u>	7. _____	_____	_____
3. <u>Return</u>	<u>2:30 PM</u>	<u>0.90</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 control P 15

Jim Davis
Assistant Mine

38377
Certificate No.

T. Moore
Mine Foreman-Mine Manager

33359
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-1-10 20 Section or Area Examined Longwall
Time of Examination: from 11:45 a.m. or p.m. to 2:10 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Tim Davis Time A.M. 2:51 P.M.
Report received by Richard Rame 1357-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
Intake 20% ch ₄	148,190		
#9	1114		
#160	917		
MPA	11,420		
MPB	12,110		

Remarks: .0% CH₄ 20.8% O₂ 0ppm CO

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

Signed By Tim Davis Preshift-Mine Examiner Certificate No. 38322
Countersigned T. Moore Mine Manager-Mine Foreman Certificate No. 33359
Richard Rame Assistant Foreman Certificate No. 1357-A
V.D. Lilly Superintendent or Assistant Certificate No. 28045

Date 1-10-80 Shift EVE Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Roof Support</u>		
2. <u>Face</u>		
3. <u>Track</u>		
4. <u>Travelways</u>		
5. <u>Power Center</u>		
6. <u>Chargers</u>		
7. <u>Barricade Station</u>		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>20820</u>	<u>515 PM</u>			<u>.01</u>
2.	<u>20810</u>	<u>775 PM</u>			<u>.01</u>
3.	<u>20820</u>	<u>9:00 PM</u>			<u>.01</u>
4.	<u>20820</u>	<u>11:00 PM</u>			<u>.01</u>
5.					
6.					
7.					
8.					
9.					
10.					

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>550</u>	<u>.01</u>			
2.	<u>945 PM</u>	<u>.01</u>			
3.					
4.					
5.					

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety Meeting on Pg 19 of RCP Visual check of Shields 1-176

Richard Lane
Assistant Mine

1357A
Certificate No.

T. Moore
Mine Foreman-Mine Manager

33359
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-1-10 Section or Area Examined Longwall
 Time of Examination: from 9:00 a.m. or p.m. to 10:50 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Rick Lane Time A.M. 10:50 P.M.
 Report received by Samuel K Stanley 39218
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face <u>0.0%CH₄ 20.8%O₂</u>	<u>None Observed</u>	<u>Reported</u>
2. Roof Supports		
3. Barricade Station		
4. Power Center		
5. Chargers		
6. Track		
7. Travelways		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>146,480</u>		
<u>#9</u>	<u>1,128</u>		
<u>#160</u>	<u>905</u>		
<u>MPA</u>	<u>12,240</u>		
<u>MPB</u>	<u>12,370</u>		

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

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

Signed By Richard L... Preshift-Mine Examiner Certificate No. 1357-A
 Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 39218
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-2-10 Shift 3rd Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	4:00AM	0.0%	6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety meeting on Roof Control Plan Pg.15

Daniel R. Stanley
Assistant Mine

39218
Certificate No.

T. Moore
Mine Foreman-Mine Manager

33359
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 11/21 2009 Section or Area Examined Longwall 11
Time of Examination: from 4:20 a.m. or p.m. to 5:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Keith Stanley Time 5:30 A.M. P.M.
Report received by [Signature] (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% O2, Roof support, Track, Traversway, P.C., Charger, Barricade Station.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Measurements include Intake (134,296, 4,347, 982), MPB (12,762), and another MPB (13,433).

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] 39218 Certificate No. Assistant Foreman [Signature] 38322 Certificate No.
Countersigned: [Signature] Mine Manager - Mine Foreman 37559
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 1-2- ¹⁰09 Section or Area Examined L/WALL
 Time of Examination: from 1:05 a.m. or p.m. to 2:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Tim Davis Time 2:15 P.M.
 Report received by Mark Kelly (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face	Roche none found	None
2. Roof Support	"	"
3. Power Center	"	"
4. Chargers	"	"
5. Track	"	"
6. Travelways	"	"
7. Barricade str.	"	"
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Roche Intake	134,796		
#9	1347		
#160	982		
MBA	12,762		
MPB	13,433		

Remarks: 2.0% 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 _____ Preshift-Mine Examiner Certificate No. _____
 Countersigned _____ Mine Manager—Mine Foreman Certificate No. 28041
 _____ Assistant Foreman Certificate No. 39117
 _____ Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-2-10 Shift AFT Area or Section LW

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Rows 1-8 contain handwritten entries: 1. Face, 2. Roof Support, 3. Power Center, 4. Charger, 5. Track, 6. Travelways, 7. Bars.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-20 are mostly blank with a large handwritten scribble over the right side.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-10 are mostly blank with a large handwritten scribble over the left side.

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 1-2 2010 Section or Area Examined LC
 Time of Examination: from 145 a.m. or p.m. to 230 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Davis Time 2:45 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>Changers</u>		
5. <u>Track</u>		
6. <u>Travelways</u>		
7. <u>Barbed wire station</u>		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>139,470</u>		
<u>29</u>	<u>1249</u>		
<u>2160</u>	<u>850</u>		
<u>MPA</u>	<u>11,173</u>		
<u>MTB</u>	<u>movement into gob</u>		
Remarks: <u>02-20.8 CH4 0%</u>			

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

Signed By [Signature] 38322 Certificate No. [Signature] Assistant Foreman 39117 Certificate No.
 Countersigned [Signature] Mine Manager—Mine Foreman 33353 [Signature] Assistant Foreman 28040
 _____ 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 _____ 20____ Section or Area Examined _____
 Time of Examination: from _____ a.m. or p.m. to _____ a.m. or p.m.
 Was this report phoned to outside: Yes _____ no _____
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by _____
 (Signed)

Violations and other Hazardous Conditions Observed and Reported
Violation or Hazardous Condition

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

Air Measurements

<i>Location</i>	<i>CFM</i>	<i>Location</i>	<i>CFM</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: _____

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

Signed By _____ Preshift-Mine Examiner Certificate No. _____ Assistant Foreman Certificate No. _____
 Countersigned _____ Mine Manager—Mine Foreman _____
 _____ Assistant Foreman _____
 _____ Superintendent or Assistant _____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-2-10 Shift DAY Area or Section Longwell

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action taken. Rows include Face 20.8% O2, Roof support, Tracks, Travelway, P.C., Charger, Barricade station.

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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 P17

General Safety

Tin O'Connell Assistant Mine

38322 Certificate No.

T. Moore Mine Foreman-Mine Manager

38357 Certificate No.

Supervisor or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination _____ 20____ Section or Area Examined _____

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

Was this report phoned to outside: Yes _____ no _____

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

Report received by _____
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: _____

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

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

Countersigned _____ Mine Manager—Mine Foreman _____

_____ Assistant Foreman _____

_____ Superintendent or Assistant _____

Use Indefilible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-2-10 Shift 2nd Area or Section Lwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	no rocks none found	none
2. Roof supports	" "	"
3. Power Center	" "	"
4. Chargers	" "	"
5. Truck	" "	"
6. Trenchways	" "	"
7. Barricade St.	" "	"
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	4:15pm	0.9%	11.		
2. "	6:15pm	0.9%	12.		
3. "	8:15pm	0.9%	13.		
4. "	10:15pm	0.9%	14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	5:00pm	0.9%	6.		
2. "	9:00pm	0.9%	7.		
3. "	12:15pm	0.9%	8.		
4.			9.		
5.			10.		

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

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

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

Visual checked shields 1-176.
Bry Ed new on roof 4th place py 18. Discussed dust control plan 4:00pm

Jam
Assistant Mine

3947
Certificate No.

T. Moore
Mine Foreman-Mine Manager

33259
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-2-10 Section or Area Examined Langwell
Time of Examination: from 9:00 a.m. or p.m. to 10:10 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Lawrence Stephenson Time A.M. 11:00 P.M.
Report received by Samuel K Stanley 39218 (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, Barricade Station, Power Center, Chargers, Track, Travelways.

Air Measurements

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

Remarks:

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

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

Signed By Lawrence Stephenson Preshift-Mine Examiner Certificate No. 39117
Countersigned T. Moore Mine Manager-Mine Foreman Certificate No. 33327
Assistant Foreman Samuel K Stanley 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 1-3-10 Shift 3rd Area or Section Logwall

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	4:05AM	0.0%	6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Discussed roof control plan pg 19

Donald K. Stucky
Assistant Mine

39218
Certificate No.

T. Moore
Mine Foreman-Mine Manager

33359
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1/3 Jan 2009 Section or Area Examined LONGWALL
Time of Examination: from 4:00 a.m. or p.m. to 5:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Keith Stanley Time 5:15 A.M. P.M.
Report received by Jim Oars (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>FACE 208% O₂ 0% 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>144,021</u>		
<u>#9</u>	<u>1317</u>		
<u>#160</u>	<u>1036</u>		
<u>MPIA</u>	<u>12631</u>		
<u>MPIB</u>	<u>movement into Gobbs</u>		

Remarks: 0% CH₄ 0% CO 208% 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 Certificate No. 37218
 Preshift-Mine Examiner Assistant Foreman
 Countersigned T. Moore Certificate No. 38,322
 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 1/3/09 Shift DAY Area or Section LONGWALL

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face 20.8% CH ₄	None observed	None
2. Roof support		
3. Tracks		
4. Travelway		
5. P.C		
6. Charger		
7. Barricade Station		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety meeting on Roof control P. 17

Jim Owen Assistant Mine 38327 Certificate No. T. Moon Mine Foreman-Mine Manager 3559 Certificate No. Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 1-3- 2008 Section or Area Examined L/ush
 Time of Examination: from _____ a.m. or p.m. to _____ a.m. or p.m.
 Was this report phoned to outside: Yes no _____
 By whom Tim Davis Time _____ A.M. _____ P.M.
 Report received by W.D. Lilly 28045 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>Rock none found</u>	<u>none</u>
2. <u>Roof Support</u>		
3. <u>Power Center</u>		
4. <u>Charger</u>		
5. <u>Track</u>		
6. <u>Travelways</u>		
7. <u>Barricade Str.</u>		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>140,260</u>		
<u>#9</u>	<u>1,099</u>		
<u>#160</u>	<u>9,60</u>		
<u>MAA</u>	<u>12,020</u>		
<u>MPB</u>	<u>into gob</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 Tim Davis Preshift-Mine Examiner Certificate No. 38322
 Countersigned W.D. Lilly Mine Manager—Mine Foreman Certificate No. 33359
John [Signature] Assistant Foreman Certificate No. 39117
W.D. Lilly Superintendent or Assistant Certificate No. 28045

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-3-09 Shift _____ Area or Section LW

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>430</u>	<u>0%</u>	11. _____	_____	_____
2. _____	<u>630</u>	<u>0%</u>	12. _____	_____	_____
3. _____	<u>830</u>	<u>0%</u>	13. _____	_____	_____
4. _____	<u>1030</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>515</u>	<u>0%</u>	6. _____	_____	_____
2. _____	<u>721</u>	<u>0%</u>	7. _____	_____	_____
3. _____	<u>910</u>	<u>0%</u>	8. _____	_____	_____
4. _____	<u>11:00</u>	<u>0%</u>	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

went over Rep at mine train

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

[Signature]
Assistant Mine

Certificate No.

[Signature]
Mine Foreman-Mine Manager

33359
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-3 2000 Section or Area Examined well
 Time of Examination: from 9 a.m. or p.m. to 10 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom L. Stephaer Time 10:20 A.M. P.M.
 Report received by L. Stephaer (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>S.P.P.A.s</u>		
3. <u>Power center</u>		
4. <u>Charger</u>		
5. <u>Trucks</u>		
6. <u>Travelling</u>		
7. <u>Barricade cur</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>140884</u>		
<u>9</u>	<u>1190</u>		
<u>160</u>	<u>1005</u>		
<u>MPA</u>	<u>11541</u>		
<u>MPB</u>	<u>16370</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 L. Stephaer Preshift-Mine Examiner Certificate No. 39117
 Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 38359
J. B. Assistant Foreman Certificate No. 30928
 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 1-4-40 Shift 3rd Area or Section W 911

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Frc ^{0.2} 20.8% ^{0.4} 0.0%	None Observed	Reported
2.	S-ppro-fs		
3.	Power center		
4.	Chung-		
5.	Truck		
6.	Travely		
7.	Bonizak cr		
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. RT	4:15AM	0.0%	6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

David H. Stork
Assistant Mine

39218
Certificate No.

T. Moore
Mine Foreman-Mine Manager

33359
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1/4 2009 Section or Area Examined 6019 well

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

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face 20.8% 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>Baricade station</u>		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>144,390</u>		
<u>#9</u>	<u>1,227</u>		
<u>#160</u>	<u>974</u>		
<u>MBA</u>	<u>12,314</u>		
<u>MFB</u>	<u>movement to Gob</u>		

Remarks: 0% CH₄ 0% CO 20.8% O₂
ALL CLEAR AT TIME OF EXAM

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

Signed By Keith Stanley Preshift-Mine Examiner Certificate No. 39218 Jim Davis Assistant Foreman Certificate No. 38322

Countersigned T. Moore Mine Manager—Mine Foreman

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 11/1/09 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Row 1: Face 20.8% O2 0% CH4, None observed, None. Rows 2-7: Roof support, Track, Travelway, P.C, Charge, Barricade station. Arrows point down from row 1 to rows 2-7.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-4: FACE, 8:00, 0%, 16:00, 0%, 12:00, 0%, 2:00, 0%.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Row 1: Ret, 9:30, 0%. Row 2: 1:30, 0%.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety meeting on Tail Gate Blockage

Roof control P. 19

Jim Durr Assistant Mine

38322 Certificate No.

T. Moore Mine Foreman-Mine Manager

33359 Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-4 2010 Section or Area Examined 6/10
Time of Examination: from 115 a.m. or p.m. to 205 a.m. or p.m.
Was this report phoned to outside: Yes X 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>Fane</u>	<u>none observed</u>	<u>NONE</u>
2. <u>Roof Support</u>		
3. <u>Track</u>		
4. <u>Travelways</u>		
5. <u>Power Center</u>		
6. <u>Chargers</u>		
7. <u>Barricade Station</u>		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>144,290</u>		
<u>#9</u>	<u>1085</u>		
<u>#160</u>	<u>909</u>		
<u>MPA</u>	<u>12,680</u>		
<u>MFB</u>	<u>into gob</u>		
Remarks: <u>CH4 - 0%</u>	<u>02 - 20.8</u>		

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

Signed By [Signature] Certificate No. 38322
Preshift-Mine Examiner
Countersigned [Signature] Certificate No. 35357
Mine Manager - Mine Foreman
Assistant Foreman
[Signature] Certificate No. 38117
Assistant Foreman
[Signature] Certificate No. 24735
Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 1-4-10 Shift Aft. Area or Section L/W

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested 0
Number of Bolts Torqued Above Range 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 Mule train

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

Sam Doherty
Assistant Mine

39157
Certificate No.

T. Moore
Mine Foreman-Mine Manager

33359
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-4 2000 Section or Area Examined W911
 Time of Examination: from 9 a.m. or p.m. to 10:15 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom L. Stephenson Time A.M. P.M.
 Report received by L. Brown (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>None observed</u>	<u>Reported</u>
2. <u>Supports</u>		
3. <u>Track</u>		
4. <u>Tramway</u>		
5. <u>Power cables</u>		
6. <u>Chairs</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>142207</u>		
<u>9</u>	<u>1133</u>		
<u>160</u>	<u>981</u>		
<u>MPA</u>	<u>10982</u>		
<u>MPB</u>	<u>906</u>		

Remarks: 0% CH₄ 20.8% O₂ 0% CO at ex. m

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 39117
 Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman Certificate No. 39359
[Signature] Assistant Foreman Certificate No. 3928
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-5-80 Shift 3rd Area or Section W11

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>None observed</u>	<u>Reported</u>
2. <u>Supports</u>		
3. <u>Track</u>		
4. <u>Traveling</u>		
5. <u>Power center</u>		
6. <u>Ch...</u>		
7. <u>Bounded cu</u>		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>RT</u>	<u>4:15 AM</u>	<u>0%</u>	6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

[Signature] Assistant Mine 38128 Certificate No. [Signature] Mine Foreman/Mine Manager 33589 Certificate No. _____ Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-5-9 20. Section or Area Examined Long Wall
Time of Examination: from 3:40 a.m. or p.m. to 4:20 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Larry Brown Time 5:44 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 .0%</u>	<u>None obs</u>	<u>None</u>
2. Roof Support	" "	"
3. Chargers	" "	"
4. Power Centers	" "	"
5. Tracks	" "	"
6. Travelways	" "	"
7. Barricade Station	" "	"
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>147,265</u>		
<u>#9</u>	<u>1,117</u>		
<u>#160</u>	<u>987</u>		
<u>MPA</u>	<u>12,470</u>		
<u>MPB</u>	<u>19,183</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 Z B 38928 Richard Ram 1357-A
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned O T Moore 3328
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 1-5-9 Shift Day Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	20820 ² 7:15 ^{am}	.0%	11.		
2.	20820 ² 9:15 ^{am}	.0%	12.		
3.	20820 ² 11:15 ^{am}	.0%	13.		
4.	20820 ² 1:15 ^{am}	.0%	14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	20820 ² 7:50 ^{am}	.0%	6.		
2.	20820 ² 10:05 ^{am}	.0%	7.		
3.	20820 ² 1:50 ^{am}	.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 PG 19 of RCP
Visual check of Shields 1-176

Richardham Assistant Mine 1357A Certificate No. T. J. Moore Mine Foreman-Mine Manager 33359 Certificate No. Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 1-5 2010 Section or Area Examined L/W
 Time of Examination: from 110 a.m. or p.m. to 215 a.m. or p.m.
 Was this report phoned to outside: Yes X no _____
 By whom _____ Time _____ A.M. 240 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>Charger</u>		
4. <u>Power Center</u>		
5. <u>Track</u>		
6. <u>Travelways</u>		
7. <u>Barricade station</u>		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>143,380</u>		
<u>#9</u>	<u>1,123</u>		
<u>#160</u>	<u>968</u>		
<u>MPA</u>	<u>12,310</u>		
<u>MPB</u>	<u>19,345</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 Richard Lunn 1357-A Certificate No. 39117 Assistant Foreman
 Countersigned T. Moore 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 1-5-09 Shift APL Area or Section 410

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>6:30</u>	<u>0%</u>	6.		
2.	<u>8:30</u>	<u>0%</u>	7.		
3.	<u>10:30</u>	<u>0%</u>	8.		
4.	<u>12:30</u>	<u>0%</u>	9.		
5.			10.		

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

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

Went over RSP at mule train

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

[Signature]
Assistant Mine

59117
Certificate No.

[Signature]
Mine Foreman-Mine Manager

33389
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-5 2080 Section or Area Examined W 911
 Time of Examination: from 9:15 a.m. or p.m. to 10:45 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Stepenson Time A.M. P.M.
 Report received by L. Bener
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>140372</u>		
<u>9</u>	<u>1108</u>		
<u>160</u>	<u>1010</u>		
<u>MPA</u>	<u>11744</u>		
<u>MPB</u>	<u>18909</u>		

Remarks: 0% CH4 20.9% O2 0% CO at intake

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. 32259
[Signature] Assistant Foreman Certificate No. 32928
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-6-10 Shift 3rd Area or Section Wall

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Face	No observations	Reported
2.	Supports		
3.	Chairs		
4.	Track		
5.	Traveling		
6.	Power center		
7.	Battery car		
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

J. B.
Assistant Mine

30928
Certificate No.

T. Moore
Mine Foreman-Mine Manager

33358
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-6 2010 Section or Area Examined Longwall
Time of Examination: from 4:00 a.m. or p.m. to 5:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Harry Brown Time 5:40 A.M. P.M.
Report received by Kevin W. Medley
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violations and other Hazardous Condition		Action Taken
	CH ₄	O ₂	
1. Face	0% 09%	20.8%	None Observed Reported
2. Roof Supports	"	"	" "
3. Charger	"	"	" "
4. Power Center	"	"	" "
5. Track	"	"	" "
6. Travelways	"	"	" "
7. Barricade Station	"	"	" "
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Intake	144,280		
#9	11,870		
#160	927		
M.P.A	11,942		
M.P.B	Air to Gob		

Remarks: 20.8% O₂ 0% CH₄ 0 ppm CO

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

Signed By [Signature] 32927 Richard Lane 1357-A
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned [Signature] 3333 Kevin W. Medley 38810
Mine Manager - Mine Foreman Assistant Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-6-9 Shift Day Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>20.8% 7:15A</u>	<u>.0%</u>	11. _____	_____	_____
2. _____	<u>20.8% 9:15A</u>	<u>.0%</u>	12. _____	_____	_____
3. _____	<u>20.8% 11:10A</u>	<u>.0%</u>	13. _____	_____	_____
4. _____	<u>20.8% 1:00 PM</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>7:50A</u>	<u>.0%</u>	6. _____	_____	_____
2. _____	<u>10:00A</u>	<u>.0%</u>	7. _____	_____	_____
3. _____	<u>1:40 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 talk on pg 20 of the RCP. Visual check of shields 1-176

Rubendrom
Assistant Mine

1357
Certificate No.

T. Moore
Mine Foreman-Mine Manager

33359
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-6-10 20 Section or Area Examined Longwall
Time of Examination: from 1 a.m. or pm to 2 a.m. or pm
Was this report phoned to outside: Yes no
By whom Rick Lane Time 2:35 A.M. P.M.
Report received by M. P. Wink 39068
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>141,840</u>		
<u>#9</u>	<u>1123</u>		
<u>#160</u>	<u>904</u>		
<u>MPA</u>	<u>11,631</u>		
<u>MPB</u>	<u>Air to Gob</u>		

Remarks: CH₄ 0%, O₂ 20.8%, 0 ppm 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] 1357-A [Signature] 39117
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned T. Moore 39989 [Signature] 39068
 Mine Manager—Mine Foreman Assistant Foreman Certificate No.
[Signature] 28075
 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 1-6-60 Shift AFH Area or Section LW

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	5:15pm	.00%	11.		
2. "	7:15pm	.00%	12.		
3. "	9:15pm	.00%	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	6:00pm	.00%	6.		
2. "	10:00pm	.00%	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Visual checked shields 1-17k.
briefed men on Roof 10:15 pm. 11:20 Discussed dust control plan. 11:30 pm

Kid Cully Assistant Mine 28045 Certificate No. T. Moore Mine Foreman-Mine Manager 3357 Certificate No. Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-6 2010 Section or Area Examined Wall
Time of Examination: from 10:10 a.m. or p.m. to 11:05 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom L. Stephens H. Lilly Time A.M. 11:05 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>0% CH₄ None observed</u>	<u>reported</u>
2. <u>Supports</u>		
3. <u>Charger</u>		
4. <u>Power cables</u>		
5. <u>Track</u>		
6. <u>Travels</u>		
7. <u>Barriade car</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>131870</u>		
<u>9</u>	<u>1195</u>		
<u>160</u>	<u>870</u>		
<u>mPA</u>	<u>12240</u>		
<u>mPB</u>	<u>11010</u>		

Remarks: 0% CH₄ 2.48% CO₂ 0% CO at exam

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

Signed By Ned Lilly 28095 Certificate No.
Preshift-Mine Examiner
Countersigned T. Moore 33359 Certificate No.
Mine Manager—Mine Foreman
L. B. Assistant Foreman
38927 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 1-7-10 Shift 3rd Area or Section Wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>None observed</u>	<u>Report</u>
2. <u>Supports</u>		
3. <u>Charger</u>		
4. <u>Track</u>		
5. <u>Traveling</u>		
6. <u>power cut</u>		
7. <u>Barricade car</u>		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

J.P.
Assistant Mine

38928
Certificate No.

T. Moore
Mine Foreman-Mine Manager

33359
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 1-7-9 20. Section or Area Examined Long Wall
 Time of Examination: from 4:00 a.m. or p.m. to 5:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Larry Brown Time 5:43 AM P.M.
 Report received by Richard Lane 1357-A
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>144,118</u>		
<u>#9</u>	<u>1140</u>		
<u>#160</u>	<u>927</u>		
<u>MPA</u>	<u>11,985</u>		
<u>MPB</u>	<u>19,260</u>		

Remarks: .0% CH 20.8% O₂ 0 ppm CO

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

Signed By [Signature] 38928 Richard Lane 1357-A
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.

Countersigned [Signature] 33399
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 1-7-9 Shift Day Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action taken. Rows include Face, Roof Support, Charges, Powercenter, Track, Traslways, 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 talk on pg 20 of RCP Visual check of Shield 1-176

Richardson 1357 Assistant Mine Certificate No. T. Moore 35359 Mine Foreman-Mine Manager Certificate No. Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 11/9 Section or Area Examined Longwall
 Time of Examination: from 6:00 a.m. or p.m. to 2:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Rick Lane Time 2:30 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 20.8% O₂ 0% CH₄</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>Chaper</u>		
7. <u>Barricade station</u>		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>146,314</u>		
<u># 9</u>	<u>1191</u>		
<u># 160</u>	<u>940</u>		
<u>MPIA</u>	<u>11,371</u>		
<u>MPIB</u>	<u>16,742</u>		

Remarks: 0% CH₄ 0% CO 20.8% O₂

All clear at time of exam

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

Signed By Rick Lane Preshift-Mine Examiner Certificate No. 1357-A
 Countersigned T. Moore Mine Manager - Mine Foreman
Jim Owens Assistant Foreman Certificate No. 39117
Jim Owens Superintendent or Assistant Certificate No. 38222

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-7-09 Shift AFT Area or Section Hw

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-10: Face, 6:00, 0%, 8:00, 0%, 10:00, 0%, 12:00, 0%.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-5: Return, 7:10, 0%, 8:25, 0%, 11:05, 0%, 1:10, 0%.

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

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

Went over R.C.P. at P.C.

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

Signature of Assistant Mine Foreman

39167 Certificate No.

T. Moore Mine Foreman-Mine Manager

53259 Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-7 2010 Section or Area Examined Wall
Time of Examination: from 9 a.m. or p.m. to 10 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom L. Steedman Time A.M. 11:10 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: Free, None observed. Rows 2-10: Supports, Track, Traveling power center, Churn, B. r. c. u. d. c. w.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows: Intake (139953), 9 (1105), 160 (906), MPA (11870), MFB (17909).

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

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

Signed By [Signature] Preshift Mine Examiner Certificate No. 38117
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 38727
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 1-8-10 Shift 3rd Area or Section wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>None observed</u>	<u>None</u>
2. <u>Supports</u>		
3. <u>Track</u>		
4. <u>Traveling</u>		
5. <u>Pour center</u>		
6. <u>Charges</u>		
7. <u>Borrowed car</u>		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>3:40 PM</u>	<u>6 %</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>RJ</u>	<u>4:00 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

30928
Certificate No.

[Signature]
Mine Foreman-Mine Manager

33359
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-8-9 20. Section or Area Examined Long Wall
 Time of Examination: from 320 a.m. or p.m. to 430 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Larry Brown Time 544 P.M.
 Report received by Richard Rame (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
Intake	142,110		
#9	1123		
#160	970		
MPA	12,260		
MPB	17,647		

Remarks: 0% CH4 20.8% O2 0 ppm CO

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

Signed By [Signature] 38928 Richard Rame 1357-A
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned [Signature] 5338
 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 1-8-10 Shift Day Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Includes handwritten entries for Face at various times (7:30, 8:20, 11:20, 1:00, 2:45).

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Includes handwritten entries for Return at 8:00, 11:50, and 11:45.

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 talk on pg 20 of RCP Visual check of Shields 1-176

Signatures and Certificates: Assistant Mine (1357A), Mine Foreman-Mine Manager (T. Moore), Superintendent or Assistant (33359)

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 11/8 2009 Section or Area Examined Longwall
 Time of Examination: from 1:00 a.m. or p.m. to 2:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Rick Lane Time A.M. 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% O₂ 0% 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>Charge</u>		
7. <u>Barricade Station</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>193,340</u>		
<u>#9</u>	<u>4,011</u>		
<u>#160</u>	<u>852</u>		
<u>MPA</u>	<u>12,480</u>		
<u>MPB</u>	<u>18,130</u>		

Remarks: 0% CH₄ 0% CO 20.8% O₂

All Clear at Time of exam

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

Signed By Rick Lane 1352A Certificate No. Jim Davis Assistant Foreman Certificate No. 38322
 Countersigned Tom Moore Mine Manager - Mine Foreman Certificate No. 37389
 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 1/8/09 Shift EVE Area or Section LONGWALL

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Includes entries for Face 20.8% O2 %CH4, Roof Support, Tracks, Travelway, P.C, Charger, Barricade station.

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Lists methane readings in Return Aircourses at Ret at 6:30 and 10:30.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety meeting on Roof control 1/19

MM Trip speed + Track

Jim Davis Assistant Mine

38322 Certificate No.

T. Moore Mine Foreman-Mine Manager

39251 Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-8-10 Section or Area Examined Longwall
Time of Examination: from 10:15 a.m. or p.m. to 11:05 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Tim Davis Time A.M. 11:10 P.M.
Report received by Darrell K. Stanley 39218 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: Face, 20.8% O2 0.07% CH4, None Observed, Reported.

Air Measurements

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

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 Tim Davis Preshift-Mine Examiner 38322 Certificate No.
Countersigned T. Moore Mine Manager-Mine Foreman 39218 Assistant Foreman Darrell K. Stanley Assistant Foreman 39218 Certificate No.

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-9-2010 Shift Area or Section Long wall

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Row 1: Face, 0.07% 20.07% 0.2, None Observed, Reported. Rows 2-7: Roof Supports, Barriade Station, Power Center, Chagers, Track, Travelways.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Row 1: Face, 4:30 AM, 0.07%. Rows 2-10 are blank.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Row 1: Return, 4:15 AM, 0.07%. Rows 2-5 are blank.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over roof control plan pg 19.

Signatures: Daniel K. Stanley (Assistant Mine), 39218 (Certificate No.), T. Mann (Mine Foreman-Mine Manager), 33357 (Certificate No.), Superintendent or Assistant.

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-9-10 20 Section or Area Examined Long Wall
Time of Examination: from 4:15 a.m. or p.m. to 5:15 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Keith Stanley Time 5:36 ~~A.M.~~ P.M.
Report received by Richard Lane 1357-A
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
Intake	134220		
#9	993		
#160	624		
MPA	11,872		
MPB	Movement to Bob		

Remarks: .0% CH₄ 20.8% O₂ Oppa CO

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

Signed By Keith Stanley Certificate No. 39218
Richard Lane Assistant Foreman Certificate No. 1357-A
Countersigned T. McLean Mine Manager - Mine Foreman Certificate No. 33359
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 1-9-10 Shift Day Area or Section Long Well

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>		
2. <u>Roof Support</u>		
3. <u>Chargers</u>		
4. <u>Power Center</u>		
5. <u>Track</u>		
6. <u>Travelways</u>		
7. <u>Barricade Station</u>		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face 20.41.0</u>	<u>7:30^{am}</u>	<u>.0%</u>	11.		
2. <u>20.82.0</u>	<u>9:25^{am}</u>	<u>.0%</u>	12.		
3. <u>20.42.0</u>	<u>11:25^{am}</u>	<u>.0%</u>	13.		
4. <u>20.83.0</u>	<u>1:15^{pm}</u>	<u>.0%</u>	14.		
5. <u>20.81.0</u>	<u>3:10^{pm}</u>	<u>.0%</u>	15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return 20.82.0</u>	<u>8:10^{am}</u>	<u>.0%</u>	6.		
2. <u>20.81.0</u>	<u>11:55^{am}</u>	<u>.0%</u>	7.		
3. <u>20.81.0</u>	<u>1:45^{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) Setty talk on Pg 19 of RCP
Visual check of Shields 1-176

Robert Zam
Assistant Mine

12574
Certificate No.

T. Moore
Mine Foreman-Mine Manager

33359
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1/9 2010 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 Rock Igwe Time 2:50 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>Track</u>		
4. <u>Travelway</u>		
5. <u>P.C.</u>		
6. <u>Charge</u>		
7. <u>Barricade station</u>		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>136,385</u>		
<u>#9</u>	<u>986</u>		
<u>#160</u>	<u>635</u>		
<u>MPA</u>	<u>11,160</u>		
<u>MPIB</u>	<u>movement to Gob</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 Richard Lane Certificate No. 1357-A
 Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 3339
Jim Davis Assistant Foreman Certificate No. 38322
Wm Lilly Superintendent or Assistant Certificate No. 28045

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-9-10 Shift 2nd Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	no rocks	none
2. Roof Support	"	"
3. Track	"	"
4. Travelways	"	"
5. Power Cables	"	"
6. Changers	"	"
7. Barricades	"	"
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	5:00pm	10%	11.		
2. Face	7:00pm	10%	12.		
3. Face	9:00pm	10%	13.		
4. Face	11:00pm	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	5:45pm	10%	6.		
2. Return	9:45pm	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) Visual checked shields 1-126, Brieco men on Roof Feb 9th, 1910. Discussed dust control plan. 4:00pm

Wud Cully Assistant Mine Certificate No. 2804 T. Moore Mine Foreman-Mine Manager Certificate No. 3359 Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-9-10 Section or Area Examined Longwall
 Time of Examination: from 10:00 a.m. or p.m. to 10:55 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Harold Gilly Time 11:05 A.M. P.M.
 Report received by Samuel K. Stanley 39218
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face <u>0.0% ^{ch4} 20.8% O₂</u>	<u>None Observed</u>	<u>Reported</u>
2. Roof Supports		
3. Barricade Station		
4. Power Center		
5. Chargers		
6. Track		
7. Travelways		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>146,050</u>		
<u>#9</u>	<u>1,195</u>		
<u>#160</u>	<u>980</u>		
<u>MPA</u>	<u>13,310</u>		
<u>MPB</u>	<u>movement intagob</u>		

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

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

Signed By Harold Gilly Preshift-Mine Examiner Certificate No. 28045
 Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 37759
Samuel K. Stanley 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 1-10-10 Shift 3rd Area or Section Long wall

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action taken. Row 1: Face, CH4 0.07% 20.8% O2, None Observed, Reported. Rows 2-7: Roof Supports, Barricade Station, Power Center, Chargers, Track, Travelways.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Row 1: Face, 4:45 AM, 0.07%. Rows 2-20 are empty.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Row 1: Return, 4:30 AM, 0.07%. Rows 2-10 are empty.

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 RCP pg 18 with crew

Assistant Mine Certificate No. Superintendent or Assistant Certificate No. 39218

Signature: Daniel K. Shady, Mine Foreman - Mine Manager. Certificate No. 53759

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-10-9 Section or Area Examined Long Wall
 Time of Examination: from 4:30 a.m. or p.m. to 5:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Keith Stanley Time 5:35 A.M. P.M.
 Report received by Richard Kern (Signed) 1357-A

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Roof Support</u>	<u>None obe</u>	<u>None</u>
2. <u>Power Center</u>	<u>" "</u>	<u>" "</u>
3. <u>Chargers</u>	<u>" "</u>	<u>" "</u>
4. <u>Face</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>138,460</u>		
<u>#9</u>	<u>1176</u>		
<u>#160</u>	<u>982</u>		
<u>MPA</u>	<u>12661</u>		
<u>MPB</u>	<u>Movement</u>		

Remarks: 0% CH⁴ 20.87% O₂ 0ppm CO

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

Signed By Keith Stanley 39218 Preshift-Mine Examiner Certificate No. Richard Kern Assistant Foreman Certificate No. 1357-A
 Countersigned T. Moore 33389 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 1-10-9 Shift Day Area or Section Long 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, Chargers, Power Center, Track, 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 talk on pg 20 of RCP

Visual check 5 Shields 1-176 [Signatures and Certificate Numbers for Assistant Mine Foreman, Mine Foreman-Mine Manager, and Superintendent or Assistant]

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1/10/10 20 Section or Area Examined Longwall
Time of Examination: from 1:10 a.m. or p.m. to 2:10 a.m. or p.m.
Was this report phoned to outside: Yes x no
By whom Rick Lane Time A.M. 2:43 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, Roof support, Track, Travelway, P.C., Charges, Barricade Station.

Air Measurements

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

Remarks: 0% CH4 0% CO2 20.8% 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 R. [Signature] Preshift-Mine Examiner Certificate No. 1357-A
Assistant Foreman Jim Davis Certificate No. 38322
Countersigned T. [Signature] Mine Manager-Mine Foreman Certificate No. 33259
Assistant Foreman [Signature] Certificate No. 28072
Superintendent or Assistant [Signature]

Date 1-10-10 Shift 2nd Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	Boards None found	Report
2. Roof supports	" "	"
3. Track	" "	"
4. Travelways	" "	"
5. Power Centers	" "	"
6. Chances	" "	"
7. Barricade st.	" "	"
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	5:05pm	.09%	11.		
2. Face	7:05pm	.09%	12.		
3. Face	9:05pm	.09%	13.		
4. Face	11:05pm	.09%	14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	5:50pm	.09%	6.		
2. Return	7:50pm	.09%	7.		
3. Return	11:50pm	.09%	8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Briefed men on roof & rib plan 12:15
Visual check shield 1-176. Discussed dust control plan. 4:30pm

Jim O... Assistant Mine 38322 Certificate No. T. Moore Mine Foreman-Mine Manager 33359 Certificate No. _____ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-10-10 Section or Area Examined Longwall
Time of Examination: from 10:00 a.m. or p.m. to 10:50 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Tim Davis Time A.M. 11:00 P.M.
Report received by Danell K. Stanley 39218 (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, Barricade Station, Power Center, Chargers, Track, Travelways.

Air Measurements

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

Remarks: 0.07% ch4 20.89% O2 Oppm CO
All clear at time of exam

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

Signed By Tim Davis Preshift-Mine Examiner Certificate No. 38322
Countersigned T. Pleasure Mine Manager - Mine Foreman Certificate No. 39218
Danell K. Stanley Assistant Foreman
Assistant Foreman Superintendent or Assistant

Use Indefinible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-11-10 Shift 3rd Area or Section Langwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face ¹⁴ 0.0% 20.5% ⁰⁰	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	4:15AM	0.0%	11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	4:00AM	0.0%	6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Discussed pg 20 of RCP with crew

David K. Study
Assistant Mine

39218
Certificate No.

F. McNamee
Mine Foreman-Mine Manager

33559
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-11-12 2012 Section or Area Examined Longwall
 Time of Examination: from 4:00 a.m. or p.m. to 4:50 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Keith Stanley Time 5:40 A.M. P.M.
 Report received by Kevin W. Medley
(Signed)

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		Reported
2. Roof Supports	"	"	"	"	"
3. Power Center	"	"	"	"	"
4. Chargers	"	"	"	"	"
5. Track	"	"	"	"	"
6. Travelways	"	"	"	"	"
7. Barricade Station	"	"	"	"	"
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
Intake	136,110		
# 9	962		
# 160	777		
M P A	11,391		
M P B	Movement to Gob		

Remarks: 0% CH₄ 20.8% O₂ 0ppm CO

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

Signed By Keith Stanley Preshift-Mine Examiner Certificate No. 39218
Kevin W. Medley Assistant Foreman Certificate No. 38810
 Countersigned T. Medley Mine Manager—Mine Foreman Certificate No. 38839
 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 1-11-10 Shift 1st Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>7:30 AM</u>	<u>0%</u>	11. _____		
2. _____	<u>9:30 AM</u>	<u>0%</u>	12. _____		
3. _____	<u>11:25 AM</u>	<u>0%</u>	13. _____		
4. _____	<u>1:23 PM</u>	<u>0%</u>	14. _____		
5. _____	<u>3:15 PM</u>	<u>0%</u>	15. _____		
6. _____			16. _____		
7. _____			17. _____		
8. _____			18. _____		
9. _____			19. _____		
10. _____			20. _____		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>8:05 AM</u>	<u>0%</u>	6. _____		
2. _____	<u>10:02 AM</u>	<u>0%</u>	7. _____		
3. _____	<u>12:00 PM</u>	<u>0%</u>	8. _____		
4. _____	<u>2:00 PM</u>	<u>0%</u>	9. _____		
5. _____			10. _____		

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

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

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

Kevin W. Medley
Assistant Mine

38810
Certificate No.

T. Moore
Mine Foreman-Mine Manager

73359
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 11/11 2010 Section or Area Examined LONGWALL
 Time of Examination: from 1:00 a.m. or p.m. to 1:20 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Kevin W. Medley Time 2:30 A.M. P.M.
 Report received by Jim Davis (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face 20.5% O ₂ 0% CH ₄	none observed	none
2. Roof Support		
3. Tracks		
4. Travelway		
5. P.C.		
6. Charger		
7. Barricade station		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
In Take	134,100		
F ₉	940		
#160	727		
MPA	14,350		
MPB	movement to Gob		

Remarks: 0% CH₄ 0% CO 20.8% O₂

All clear at time of exam

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

Signed By Kevin W. Medley 38810 Jim Davis 38322
 Preshift Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned J. Moore 33359
 Mine Manager - Mine Foreman Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 11/10 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 0% 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>Beetle Station</u>		
8. _____		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety meeting w/ Roof Control P. 19

Jim Davis
Assistant Mine

38322
Certificate No.

T. M. Moore
Mine Foreman-Mine Manager

33359
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-11 20. 10 Section or Area Examined W 911
Time of Examination: from 10 a.m. or p.m. to 11 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom T Davis Time A.M. 11:10 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. Rows include Face, Supports, Track, Traveling, Power Center, Changer, Barricade cur.

Air Measurements

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

Remarks: 0 % O2 20.8 % CO2 0 % CO at exam

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 38322
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 38328
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 1-12-10 Shift 3rd Area or Section W 11

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Z. B.
Assistant Mine

32928
Certificate No.

T. L. Moore
Mine Foreman-Mine Manager

33859
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-12 20.10 Section or Area Examined Longwall
Time of Examination: from 3:30 a.m. or p.m. to 4:20 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Larry Brown Time 5:25 A.M. P.M.
Report received by Kevin W. Madley
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	O ₂	Violation or Hazardous Condition	Action Taken
1. Face	09%	20.8%	None Observed	Reported
2. Roof Supports	11	11	11	11
3. Power Center	11	11	11	11
4. Chargers	11	11	11	11
5. Track	11	11	11	11
6. Travelways	11	11	11	11
7. Barricade Station	11	11	11	11
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Intake	136,380		
#9	1090		
#160	860		
MPA	11,285		
MPB	into Gob		

Remarks: 09% 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] 38829 Kevin W. Madley 38810
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned [Signature] 38829
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 1-12-10 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Table with columns: Location, CH4, O2, Violation or Hazardous Condition, Action taken. Rows include Face, Roof Supports, Power Center, Chargers, Tracks, Travelways, Barricade Station.

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Covered page 6 of Roof control plan

Signatures: Kevin W. Medley (Assistant Mine), T. Moore (Mine Foreman-Mine Manager), and Superintendent or Assistant.

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 11/12 2010 Section or Area Examined Lower level
 Time of Examination: from 1:15 a.m. or p.m. to 2:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Kevin W. Medley Time 2:30 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>Fine 20.8% O₂ 0% CH₄</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>Baricade</u>		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>137,280</u>	<u>090 ch</u>	
<u>#9</u>	<u>4095</u>		
<u>#160</u>	<u>870</u>		
<u>MPA</u>	<u>12,290</u>	<u>090 ch</u>	
<u>M.A.P.D</u>	<u>movement to Gob</u>		

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 Kevin W. Medley 38810 Certificate No. Jim Davis Assistant Foreman 38322 Certificate No.
 Countersigned T. Almer Mine Manager - Mine Foreman 39389
W.D. Lilly Superintendent or Assistant 28015

Date 1-12-10 Shift 2nd. Area or Section L/Wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	10 Patches none found	Reported
2. Roof Supports	" "	
3. Track	" "	
4. Travelways	" "	
5. Power Cables	" "	
6. Chargers	" "	
7. Barricade st.	" "	
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	5:00 pm	1.0%	11.		
"	7:00 pm	1.0%	12.		
"	9:00 pm	1.0%	13.		
"	11:00 pm	1.0%	14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	5:50 pm	1.0%	6.		
"	9:50 pm	1.0%	7.		
"	11:58 pm	1.0%	8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Visual checked shields 1-176. Brie to new on roof daily plan. pp: 20 Discussed dust Control plan. 4:00 pm

Hud Lally Assistant Mine 28015 Certificate No. T. M. Moore Mine Foreman-Mine Manager 33355 Certificate No. _____ Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 11/12 2010 Section or Area Examined Wall
 Time of Examination: from 10 a.m. or 7 p.m. to 10:55 a.m. or p.m.
 Was this report phoned to outside: Yes No
 By whom F. Davis H. Lilly Time 10:55 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>0% CH₄</u>	<u>None found</u>	<u>Reported</u>
2. <u>Supports</u>	<u>" "</u>	<u>" "</u>
3. <u>Track</u>	<u>" "</u>	<u>" "</u>
4. <u>Traveling</u>	<u>" "</u>	<u>" "</u>
5. <u>Power cables</u>	<u>" "</u>	<u>" "</u>
6. <u>Chairs</u>	<u>" "</u>	<u>" "</u>
7. <u>Roof cables</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>0% CH₄</u>	<u>142090</u>		
<u>9</u>	<u>1196</u>		
<u>160</u>	<u>995</u>		
<u>M.P.A</u>	<u>12630</u>		
<u>M.P.B</u>	<u>To 605</u>		
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </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 exm

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

Signed By Fred Lilly 28045 Z R 38920
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned To [Signature] 3828
 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 1-13-10 Shift 3-2 Area or Section W411

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	<u>F91C cote 208202</u>	<u>None Observed</u>	<u>Reported</u>
2.	<u>Supports</u>		
3.	<u>Track</u>		
4.	<u>Traveling</u>		
5.	<u>Power center</u>		
6.	<u>churn</u>		
7.	<u>Branched ce</u>		
8.			

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
<u>F91C</u>	<u>4:20 AM</u>	<u>0.0 %</u>			
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
<u>RT</u>	<u>4:00 AM</u>	<u>0.0 %</u>			
2.					
3.					
4.					
5.					

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over with crew no one allowed to be in by knocked stopping for power move until it is repaired or restored.

David K. Stealy
Assistant Mine

37218
Certificate No.

T. M. Moore
Mine Foreman-Mine Manager

33359
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-13 2010 Section or Area Examined Longwall
 Time of Examination: from 4:00 a.m. or p.m. to 5:10 a.m. or p.m.
 Was this report phoned to outside: Yes X no _____
 By whom Keith Stanley Time 5:30 A.M. P.M.
 Report received by: Kevin W. Medley
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	O ₂	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>0%</u>	<u>20.8%</u>	<u>None Observed</u>	<u>Reported</u>
2. <u>Roof Supports</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
3. <u>Power Center</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
4. <u>Chargers</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
5. <u>Track</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
6. <u>Travelways</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
7. <u>Barricade Station</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
8. _____				
9. _____				
10. _____				

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>135 810</u>		
<u>#9</u>	<u>932</u>		
<u>#160</u>	<u>796</u>		
<u>M P A</u>	<u>11 835</u>		
<u>M P B</u>	<u>Movement to Gob</u>		

Remarks: 0% CH₄ 20.8% O₂ 0 ppm CO

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

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

Countersigned T. Medley 33887
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 1-13-09 Shift Day 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, Roof Supports, Power Center, Chargers, Track, Travelways, Barricade Station.

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) covered page 7 on roof control plan

Kevin W. Medley Assistant Mine

38810 Certificate No.

T. Moore Mine Foreman-Mine Manager

35359 Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-13 2060 Section or Area Examined Lower level
Time of Examination: from 110 a.m. or p.m. to 220 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Kevin W. Medley Time A.M. 2:30 P.M.
Report received by Tom O'Neil
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face 20.8% O ₂ Pockets	None found	Reported
2. Roof Supports	u	u
3. Power Cables	u	u
4. Chargers	u	u
5. Track	u	u
6. Travelways	u	u
7. Barricade str.	u	u
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	135,240		
#9	960		
#160	755		
MPA	14,460		
MPB	Movement To Cab		

Remarks: 0% 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 Kevin W. Medley Certificate No. 38810
 Preshift-Mine Examiner
 Countersigned Tom O'Neil Certificate No. 38322
 Mine Manager—Mine Foreman
Tom O'Neil 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 1-13-10 Shift 2nd Area or Section Lwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face 20-8 1/2 1070ch	None found	Report
2. Roof Supports	u	u
3. Power Centers	u	u
4. Chargers	u	u
5. Trench	u	u
6. Travelways	u	u
7. Barricade st.	u	u
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	4:50pm	10%	11.		
2. Face	6:50pm	10%	12.		
3. Face	8:50pm	10%	13.		
4. Face	10:50pm	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	5:30pm	10%	6.		
2. Return	9:30pm	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) Briefed men on Roof & Rib plan & ps:19
Visual checked shield 1-176. Discussed dust control plan 4:00pm

W.D. Lilly
Assistant Mine

28045
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 1-13-10 Section or Area Examined Longwall
Time of Examination: from 9:45 a.m. or p.m. to 10:20 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Harold Lilly Time A.M. 10:50 P.M.
Report received by Daniel K Stanley 39218 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face 0.0% ch ⁴ 20.8% O ₂	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 0.0% ch ⁴	134,290		
#9	1,205		
#160	930		
MPA	12,600		
MPB	movement into job		

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 Harold Lilly Preshift-Mine Examiner Certificate No. 2004
Daniel K Stanley Assistant Foreman Certificate No. 39218
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 1-14-10 Shift 3rd Area or Section Langevall

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Face ^{CH₄} 0.0% 20.9% O ₂	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	4:35 AM	0.0%	11.			
2.				12.			
3.				13.			
4.				14.			
5.				15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Return	4:20 AM	0.0%	6.			
2.				7.			
3.				8.			
4.				9.			
5.				10.			

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

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

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

Daniel K. Slady
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 1-14 2010 Section or Area Examined Longwall
Time of Examination: from 4:20 a.m. or p.m. to 5:20 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Keith Stanley Time 5:35 A.M. P.M.
Report received by Kevin W. Medley (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

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

Remarks: 0% CH4 20.8% O2 0 ppm CO2

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

Signed By Donald K. Stanley Preshift-Mine Examiner Certificate No. 39218
Kevin W. Medley Assistant Foreman Certificate No. 38810
Countersigned Mine Manager--Mine Foreman
Assistant Foreman
Superintendent or Assistant

Date 1-14-10 Shift Day Area or Section Langwall

Violations and other Hazardous Conditions Observed and Reported

Location	CH4	O2	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>0.9%</u>	<u>20.8%</u>	<u>None Observed</u>	<u>None</u>
2. <u>Roof Supports</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
3. <u>Power Center</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
4. <u>Chargers</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
5. <u>Track</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
6. <u>Travelways</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
7. <u>Barricade Station</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
8. _____				

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>7:50 AM</u>	<u>0.9%</u>	11. _____		
2. _____	<u>9:48 AM</u>	<u>0.9%</u>	12. _____		
3. _____	<u>11:48 AM</u>	<u>0.9%</u>	13. _____		
4. _____	<u>1:45 PM</u>	<u>0.9%</u>	14. _____		
5. _____	<u>3:40 PM</u>	<u>0.9%</u>	15. _____		
6. _____			16. _____		
7. _____			17. _____		
8. _____			18. _____		
9. _____			19. _____		
10. _____			20. _____		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>8:45 AM</u>	<u>0.9%</u>	6. _____		
2. _____	<u>10:42 AM</u>	<u>0.9%</u>	7. _____		
3. _____	<u>12:41 AM</u>	<u>0.9%</u>	8. _____		
4. _____	<u>2:39 PM</u>	<u>0.9%</u>	9. _____		
5. _____			10. _____		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 8 of Roof control plan

Kevin W. Medley 38810 Assistant Mine Superintendent or Assistant
 Certificate No. Mine Foreman-Mine Manager Certificate No.

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-14-9 20. Section or Area Examined Long Wall
Time of Examination: from 1245 a.m. or p.m. to 130 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Kevin Medley Time 2:47 A.M. P.M.
Report received by Richard Lane 1357-A
(Signed)

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	obs	None
2. Roof Support	"	"	"	"	"
3. Power Center	"	"	"	"	"
4. Chargers	"	"	"	"	"
5. Track	"	"	"	"	"
6. Travelways	"	"	"	"	"
7. Barricade Station	"	"	"	"	"
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
Intake	135,820		
#9	9994		
#160	864		
MPA	12,560		
MPB	Movement to Gob		

Remarks: .0% CH₄ 20.8% O₂ Opn CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Kevin W. Medley Preshift-Mine Examiner Certificate No. 38810
Richard Lane Assistant Foreman Certificate No. 1357-A
Countersigned _____ Mine Manager—Mine Foreman
Assistant Foreman
Superintendent or Assistant