

~~Portal Section~~
Portal Section
PRESHIFT - ONSHIFT
and
DAILY REPORT

Started 3-13-10

Company PERFORMANCE

Mine UBB

SECTION Portal Section

LOCATION WAONA Raleigh WV
Post Office County State

Finished 3-29-10

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 _____ 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

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 Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 3-13-10 Shift Day Area or Section Portal

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1.	No Work	
2.	Section Idle	
3.		
4.		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. LWB Left	19,841		11.		
Right	20,732		12.		
2.			13.		
3.			14.		
4.			15.		
5.			16.		
6.			17.		
7.			18.		
8.			19.		
9.			20.		

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-13 Section or Area Examined Portn Sec
 Time of Examination: from 1200 a.m. or (p.m.) to 300 a.m. or (p.m.)
 Was this report phoned to outside: Yes no Time A.M. P.M.
 By whom
 Report received by Brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u> </u>	<u>Section Idle</u>	<u> </u>
2. <u> </u>	<u>No Work</u>	<u> </u>
3. <u> </u>	<u> </u>	<u> </u>
4. <u> </u>	<u> </u>	<u> </u>
5. <u> </u>	<u> </u>	<u> </u>
6. <u> </u>	<u> </u>	<u> </u>
7. <u> </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>LOB Right</u>	<u>20732</u>	<u> </u>	<u> </u>
<u>Left</u>	<u>19841</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>	<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, 0% CO, 20.8 O₂, track travelways, rails
charges clear at elev

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 George Curry 27479 Assistant Foreman Certificate No.
 Countersigned Rich Foster 28736 Mine Manager—Mine Foreman Certificate No.
 Assistant Foreman

 1659-A

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 3-15 2010 Section or Area Examined Portal Sec

Time of Examination: from 8:00 a.m. or (p.m.) to 11:00 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

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: Sector 104, No work.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: LOB R, 20,195. Row 2: LOB L, 19,650.

Remarks: OBCH 0700 20x20 R. T-reck, Trainers pcs changed clear 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. 5274 Assistant Foreman. Countersigned [Signature] Mine Manager-Mine Foreman. Certificate No. 2823L. 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

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Rows 1-8.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-20.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-10.

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 3-14 2010 Section or Area Examined Portal Sec.
 Time of Examination: from 3:00 a.m. or p.m. to 5:15 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Bruce Burt Time A.M. P.M.
 Report received by Bruce Burt
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u> </u>	<u>Sectored Area</u>	<u> </u>
2. <u> </u>	<u>no work</u>	<u> </u>
3. <u> </u>	<u> </u>	<u> </u>
4. <u> </u>	<u> </u>	<u> </u>
5. <u> </u>	<u> </u>	<u> </u>
6. <u> </u>	<u> </u>	<u> </u>
7. <u> </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>LOB A</u>	<u>20,640</u>	<u> </u>	<u> </u>
<u>LOB L</u>	<u>19,385</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>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

Remarks: 0% CH₄ 0% CO 20.88 O₂
Track, Travelways pc's charges 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 Bruce Burt 37074
 Freshift-Mine Examiner Certificate No.
 Countersigned Rick Foster 28236
 Mine Manager—Mine Foreman Assistant Foreman Certificate No.
 Assistant Foreman
 Superintendent or Assistant

George Curry 27429

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-14 2010 Section or Area Examined Portal Section
Time of Examination: from 1:00 a.m. or p.m. to 4:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Time A.M. P.M.
Report received by Brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported.

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1 contains handwritten text: 'No Work Section etc'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1 contains handwritten data: LUB, Left 19727, Right 20533.

Remarks: % CH4 - % CO, 20.8% O2, Track, Travelways, pct's, Chargers clear 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 George Curry Preshift-Mine Examiner Certificate No. 27429
Countersigned Rick Foster Mine Manager-Mine Foreman Certificate No. 2873
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 _____ 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 3-14 2010 Section or Area Examined Portal Section
Time of Examination: from 6:30 a.m. or p.m. to 7:20 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Brought outside Time A.M. P.M.
Report received by (Signed)

Table with 4 columns: Location, Chy, Violation or Hazardous Condition, Action Taken. Contains 10 rows of inspection data.

Table for Air Measurements with columns: Location, CFM, Location, CFM. Contains data for Lt Lob and Rt Lob.

Remarks: Outby chamber OK, but needs moved, not enough clearance for test to deploy
0% Chy, 20.8% O2, 0% Co
Broke rail at 31 belt on 3 section #1 Belt, Dangled off.
Power meters, charges, travelways pump clear at T.O.F.

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. 1659-A
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 28236
Assistant Foreman [Signature] Certificate No. 1947-A
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-15

Shift 0W1

Area or Section Portal section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Lt Return	1:00	0%	6. -----	-----	-----
2. Rt Return	1:30	0%	7. -----	-----	-----
3. -----	-----	-----	8. -----	-----	-----
4. Lt Return	5:00	0%	9. -----	-----	-----
5. Rt Return	5:30	0%	10. -----	-----	-----

Number of Bolts Tested -----

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

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

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

D. J. ...
Assistant Mine

1947A
Certificate No.

Rick Foster
Mine Foreman-Mine Manager
Certificate No. 2823

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-15 2010 Section or Area Examined Portal
Time of Examination: from 540 a.m. or p.m. to 610 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Greg Cole Time 620 A.M P.M.
Report received by Bobby Baker (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with columns: CH4 Location, O2, Violation or Hazardous Condition, Action Taken. Rows 1-10 listing measurements and conditions like 'N/D', 'Scrap', 'Reflectors'.

Table for Air Measurements with columns: Location, CFM. Rows for LT LOB (20,320) and RT LOB (22,920).

Remarks: PG, travelways, intake phone, outby chamber - OK 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 Greg Cole Preshift Mine Examiner Certificate No. 1947-A
Countersigned Rick Foster Mine Manager - Mine Foreman Certificate No. 28236
Assistant Foreman Certificate No. 38699
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-15-10 Shift Day Area or Section Portal

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: CH4 Location, O2, Violation or Hazardous Condition, Action taken. Contains 5 entries with violations like 'N C/D' and 'Scrap'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains 4 entries for O2 readings at various times.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains 5 entries for O2 readings in return aircourses.

Number of Bolts Tested 13 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 4 of R.C.P. to entire crew at start of shift

Assistant Mine, Certificate No. 38677, Mine Foreman-Mine Manager, Certificate No. 2836, Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-15 2010 Section or Area Examined Portal Section
Time of Examination: from 11:00 a.m. or p.m. to 11:40 a.m. or p.m.
Was this report phoned to outside? Yes no
By whom Bobby Baker Time 2:55 P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 10 rows of inspection data for entries 0-8 and SR cut.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains measurements for L HOB and R HOB.

Remarks: Powercenter Trussways intake phone chargers & Outby chamber ok at time of exam

CH4 0% O2 20.8 CO 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 Bobby Baker Preshift-Mine Examiner 38699 Certificate No.
Countersigned Rick Baker Mine Manager-Mine Foreman 38736 Certificate No. 1664-A
Assistant Foreman
Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 3-15-10 Shift Ev Area or Section Portal Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>Part Bolted,</u>	<u>Corrected</u>
2. <u>2</u>	<u>Scrap cut</u>	<u>Corrected</u>
3. <u>3</u>	<u>Needs cleaned & dusted</u>	<u>Corrected</u>
4. <u>4</u>	<u>Scrap cut</u>	<u>Corrected</u>
5. <u>SR cut</u>	<u>Needs cleaned & dusted</u>	<u>Corrected</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>L Ret</u>	<u>4:30</u>	<u>0%</u>	6. _____	_____	_____
2. <u>R Ret</u>	<u>5:00</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>L Ret</u>	<u>8:30</u>	<u>0%</u>	9. _____	_____	_____
5. <u>R Ret</u>	<u>9:00</u>	<u>0%</u>	10. _____	_____	_____

Number of Bolts Tested 15
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 _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 12 of Roof control Plan with entire crew at end of Track. Set 3 jacks in #7 in L.C.S.

[Signature] Assistant Mine 1664A Certificate No. [Signature] Mine Foreman-Mine Manager 28736 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 3-15 2010 Section or Area Examined Portal Section

Time of Examination: from 10:40 a.m. or p.m. to 10:50 a.m. or p.m.

Was this report phoned to outside: Yes [checked] no

By whom Shannon Perdue Time A.M. 10:55 P.M.

Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CFM	Violation or Hazardous Condition	Action Taken	
1.	0	0%	20.8% O2	None observed	Reported
2.	1	0%	20.8%	None observed	Reported
3.	1L	0%	20.8%	None observed	Reported
4.	2	0%	20.8%	None observed	Reported
5.	3	0%	20.8%	None observed	Reported
6.	3R	0%	20.6%	None observed	Reported
7.	4	0%	20.8%	scrap cut	Reflectors hung
8.	5	0%	20.8%	None observed	Reported
9.	5R	0%	20.8%	Needs cleaned	Reported
10.	6	0%	20.8%	Needs Add cleaning	Reported
	7	0%	20.6%	None observed	Reported
	8	0%	20.8%	Air Measurements	Reported
			CFM GOB IN Face	Location	CFM

LOB	LT	21,000	
	RT	21,350	

Remarks: Powercenter, travelways, Intake Phone, chargers, outBy chamber, OK AT TIME OF EXAM

0% KH4, 20.8% O2, 0ppm C.O. Detected

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] 1661-A [Signature] 1947-A

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

Assistant Foreman Superintendent or Assistant

Use Indefilble Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-16-10 Shift owl Area or Section Fort G Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Lt Return</u>	<u>1:00</u>	<u>0%</u>	6. _____	_____	_____
2. <u>Rt Return</u>	<u>1:30</u>	_____	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>Lt Return</u>	<u>5:00</u>	<u>0%</u>	9. _____	_____	_____
5. <u>Rt Return</u>	<u>5:30</u>	<u>0%</u>	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) walked intake out

Myra Cole Assistant Mine 1947A Certificate No. Rick Foster Mine Foreman-Mine Manager 2872 Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-16 2010 Section or Area Examined Portal
Time of Examination: from 500 a.m. or p.m. to 545 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Greg Cole Time 605 A.M. P.M.
Report received by Bobby Baker (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: CH4 Location O2, Violation or Hazardous Condition, Action Taken. Rows 1-10 listing various measurements and actions like 'N/D', 'Scrap', 'Needs Add. Cleaning', 'Reported'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows for LT LOB (19,080) and RT LOB (21,360).

Remarks: PL, travelways, intake phone, outby chamber - DIC 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 Greg Cole 1947A Certificate No. Assistant Foreman 38679 Certificate No.
Countersigned Rick Foster 28736 Certificate No. Mine Manager - Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-16-10 Shift Day Area or Section Postal

Violations and other Hazardous Conditions Observed and Reported

	CH ₄ Location	O ₂	Violation or Hazardous Condition	Action taken
1.	1L O ₂	20.8%	Scrap	Bolled
2.	4 O ₂	20.8%	N C/P	Corrected
3.	6 O ₂	20.8%	Needs Add. Cleaning	Corrected
4.				
5.				
6.				
7.				
8.				

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. O-8	700-740	0%	11.		
2. O-8	800-840	0%	12.		
3. O-8	1100-1140	0%	13.		
4. O-8	100-140	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. Lt Return	655	0%	6.		
2. Rt Return	745	0%	7.		
3.			8.		
4. Lt Return	1055	0%	9.		
5. Rt Return	1145	0%	10.		

Number of Bolts Tested 13
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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 5 of R.C.P. to entire crew at start of shift

Billy L. [Signature] Assistant Mine Foreman Certificate No. 38699
Rick [Signature] Mine Foreman-Mine Manager Certificate No. 1872
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-16 2010 Section or Area Examined Portal Section
Time of Examination: from 1:00 a.m. or p.m. to 1:40 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Bobby Baker Time 9:55 P.M.
Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4 %, O2 %, Violation or Hazardous Condition, Action Taken. Contains 10 rows of data for entries 0-9.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains 2 rows of data for L HOB and R HOB.

Remarks: Powercenter Trussways intake prior outby chamber + chargers ok at time of exam
CH4 0% O2 20.8 CO 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 Bobby Baker Preshift-Mine Examiner Certificate No. 38699
Countersigned Rick Baker Mine Manager - Mine Foreman Certificate No. 28236
Assistant Foreman [Signature] Certificate No. 1664-A
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-16-10 Shift EUC Area or Section Portal

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains 3 entries: 1. O, Pant Beltd, Corrected; 2. 3R, Scrapcut, Corrected; 3. GR, Scrapcut, Corrected.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Contains 7 entries with 0-8 locations and 0% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Contains 5 entries with L Rrt and R Rrt locations and 0% methane content.

Number of Bolts Tested 15 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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 14 of Roof control plan with entire crew at end of Tract

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-16 20 10 Section or Area Examined Portal section
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 Shannon Peirce Time 10:55 P.M.
Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: CH4 Location, O2, Violation or Hazardous Condition, Action Taken. Contains 9 rows of data.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains 2 rows of data.

Remarks: Powercenter, Travelways, Intake Phone, outBy chamber, Chargers, OK At Time of Exam
0% CH4, 20.8% O2, 0 PPM CO2 Detected

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. 1044-A
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 28736
Assistant Foreman Certificate No. 1947-A
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 03-17 Shift owl Area or Section Portal Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Section		
2. Under		
3. Construction		
4. Moving Section		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Lt Return	1:00	0%	6.		
2. Rt Return	1:30	0%	7.		
3.			8.		
4. Lt Return	5:00	0%	9.		
5. Rt Return	5:30	0%	10.		

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

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

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

W. H. G. C.
Assistant Mine

1947-A
Certificate No.

Rick Foster
Mine Foreman-Mine Manager

28736
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-17 2010 Section or Area Examined Portal
Time of Examination: from 500 a.m. or p.m. to 545 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Greg Cole Time 610 A.M. P.M.
Report received by Bobby Baker (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Chy Location, O2, Violation or Hazardous Condition, Action Taken. Contains 10 rows of data with handwritten entries like 'Needs Add. Dust' and 'Needs Add. Cleaning'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Handwritten entry: Intake, 60,720.

Remarks: PC, travelways, entry chamber - OK at time of exam

Intake phone is not working - Reported

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. 1947A Assistant Foreman 38879
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 28732
Assistant Foreman

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-17-10 Shift Day Area or Section Portal

Violations and other Hazardous Conditions Observed and Reported

	Qty	Location	O ₂	Violation or Hazardous Condition	Action taken
1.	12	O ₂	20.8%	Needs Add. Dust	Corrected
2.	2	O ₂	20.8%	Needs Add. Cleaning	Corrected
3.	30	O ₂	20.8%	N/D	Corrected
4.					
5.					
6.					
7.					
8.					

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-7	700-730	0%	11.			
2.	1-7	900-930	0%	12.			
3.	1-7	1100-1130	0%	13.			
4.	1-7	1000-130	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.	LT Return	655	0%	6.			
2.	RT Return	735	0%	7.			
3.				8.			
4.	LT Return	1055	0%	9.			
5.	RT Return	1135	0%	10.			

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4 of R.C.P. to entire crew at start of shift

[Signature] Assistant Mine Foreman Certificate No. 38689
[Signature] Mine Foreman/Mine Manager Certificate No. 29736
 Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 3-17 Section or Area Examined Portal Section
 Time of Examination: from 11:00 a.m. or 1:30 p.m. to 1:30 a.m. or 4:00 p.m.
 Was this report phoned to outside: Yes no
 By whom Bobby Baker Time A.M. 2:55 P.M.
 Report received by [Signature] 1664-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Section Moving</u>	<u>Work area Clear</u>	
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>62300</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: EH Powercenter Travelways chargers ok at time of exam
Intake phone Not working Denny mound
CH4 0% O2 20.8 CO 0

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

Signed By [Signature] Certificate No. 38699 Assistant Foreman [Signature] Certificate No. 1664-A
 Countersigned [Signature] Mine Manager—Mine Foreman [Signature] Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-17 Shift Eve Area or Section 3 Port 1

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Section 14k moving Station	Work area Clear	
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Workarea	4:30-5:00	0%	11.		
2. Travelways			12.		
3.			13.		
4. Workarea	8:30-9:00		14.		
5. Travelways			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. Intake	4:30 48000	0%	6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

Number of Bolts Tested SP 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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 14 of Roof control plan with entire crew at end of Track.

SP Assistant Mine 1661-A Certificate No. Reed Mine Foreman-Mine Manager 28236 Certificate No. Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 8-17 2010 Section or Area Examined Partial section
 Time of Examination: from 10:00 a.m. or pm to 10:50 a.m. or pm.
 Was this report phoned to outside: Yes Positive no _____
 By whom Shannon Time 10:55 A.M. P.M.
 Report received by Greg G (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Section IDle under construction	Work Area cleq	
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
Intake	48,000		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Powercenter, Travelways, Chargers, OK At Time of Exam
Intake Phone Not Working,
0% ch4, 20.8% O2, 0ppm C.O. Detected

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 Shannon Preshift Mine Examiner Certificate No. 1064-A
 Countersigned Rick Foster Mine Manager—Mine Foreman Certificate No. 28734
 Assistant Foreman Greg G Certificate No. 1947-A
 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

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

Examinations for Methane in Working Places

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

*No work on 3rd shift
Ten down*

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 3-18-70 20 Section or Area Examined Portal
 Time of Examination: from 645 a.m. or p.m. to 715 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Brought out Time A.M. P.M.
 Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Section Idle</u>	<u>Work Area Clear</u>	
2. <u>Under Construction</u>		
3. <u> </u>		
4. <u> </u>		
5. <u> </u>		
6. <u> </u>		
7. <u> </u>		
8. <u> </u>		
9. <u> </u>		
10. <u> </u>		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>58,630</u>		
<u> </u>			
<u> </u>			
<u> </u>			
<u> </u>			
<u> </u>			
<u> </u>			
<u> </u>			
<u> </u>			

Remarks: PC, travelways, chutes - OK at time of exam

Intake phone not working

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 Billy A. [Signature] 38699 Certificate No. Assistant Foreman
 Countersigned Rick [Signature] 28736 Certificate No. Mine Manager—Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-18-10 Shift Day Area or Section Portal

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Row 1: Section Idle Moving Section, Work Area Clear.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-2: Work Area - 900-930, 0% Methane. Rows 3-4: Travelways. Rows 5-6: Work Area - 100-130, 0% Methane. Rows 7-10: Travelways.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Row 1: Intake, 57,860. 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) Read page 4 of R.C.P. to entire crew at start of shift

Assistant Mine: [Signature] Certificate No. 38659 Mine Foreman-Mine Manager: [Signature] Certificate No. 2872 Superintendent or Assistant: _____

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 3-18 2010 Section or Area Examined Portal
 Time of Examination: from 10:00 a.m. or 1:30 p.m. to 1:30 a.m. or 4:00 p.m.
 Was this report phoned to outside: Yes no
 By whom Bobby Baker Time 3:00 P.M.
 Report received by [Signature] 1664-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Section 1elle</u>	<u>Work Area clear</u>	
2. <u>Under construction</u>		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>58200</u>		

Remarks: Powercenter Travelways intake phone outby chamber Scoop chargers ok
at time of exam
CH4 0% O2 20.8 CO 0

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

Signed By [Signature] 38699 [Signature] 1664-A
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned [Signature] 28234
 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 3-18-10 Shift EUC Area or Section Portal Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Section 1dlk	Workarea clear	
2. Under construction		
3.		
4.		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. L Rot	4:30	0%	6.		
2. R Rot	5:00	0%	7.		
3.			8.		
4. L Rot	8:30	0%	9.		
5. R Rot	9:00	0%	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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 4 Paragraph 2 of Roof control

St. P. Assistant Mine 1661-A Certificate No. Reed Foster Mine Foreman-Mine Manager 28726 Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-18 2010 Section or Area Examined Partial section
Time of Examination: from 10:00 a.m. or 6:00 a.m. to 10:50 a.m. or 6:00 a.m.
Was this report phoned to outside: Yes no
By whom Shannon Perdue Time 6:55 P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action Taken. Rows 1-10 showing CH4 measurements (0%, 20.8%) and actions like 'Not started' and 'Reflector's Hung'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Entries include 'LoB Lt 26,580' and 'Lt 22,350'.

Remarks: Powercenter, Travelways, Intake Phone, Outby Chamber, Scoop charger, OK At Time of exqm

0% CH4, 20.8% O2, 0 PPM C.O. Detected

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. 1664-A
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 2873
Assistant Foreman Certificate No. 194-A
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-19 Shift owl Area or Section Partial Section

Violations and other Hazardous Conditions Observed and Reported

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

Section
Idle

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Lt Return	1:00	0%	6.		
2. Rt Return	1:30	0%	7.		
3.			8.		
4. Lt Return	5:00	0%	9.		
5. Rt Return	5:30	0%	10.		

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

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

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

[Signature]
Assistant Mine

1997A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

2823E
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-19 20 10 Section or Area Examined Portal
Time of Examination: from 500 a.m. or p.m. to 530 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Greg Cole Time 600 A.M. P.M.
Report received by Bobby Baker (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 6 columns: #, CHY, Location, O2, Violation or Hazardous Condition, Action Taken. Contains 8 rows of data with O2 readings and actions like 'N/D' or 'Reported'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains two rows of data for LT LOB (21,120) and RT LOB (17,800).

Remarks: PL, travelways, intake phase, chargers, outby chamber - OK 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 Greg Cole 1947A Bobby Baker 38679
Certificate No. 2572
Assistant Foreman
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 3-19-10 Shift Day Area or Section Park 1

Violations and other Hazardous Conditions Observed and Reported

	CH ₄ Location	O ₂	Violation or Hazardous Condition	Action taken
1.	4 0%	20.8%	Scrap	Bolted
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Examinations for Methane in Working Places

1.	Location	Time	Methane Content	11.	Location	Time	Methane Content
1.	1-8	700-735	0%	11.			
2.	1-8	900-935	0%	12.			
3.	1-8	1100-1135	0%	13.			
4.	1-8	100-135	0%	14.			
5.				15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

1.	Location	Time	Methane Content	6.	Location	Time	Methane Content
1.	Lt Return	655	0%	6.			
2.	Rt Return	740	0%	7.			
3.				8.			
4.	Lt Return	1055	0%	9.			
5.	Rt Return	1140	0%	10.			

Number of Bolts Tested 13
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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 5 of R.C.P. to entire crew at start of shift

Bobby L. Ash
Assistant Mine

38699
Certificate No.

Rich Zita
Mine Foreman-Mine Manager

24730
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 3-A- 20 Section or Area Examined Portal Section
 Time of Examination: from 1:00 a.m. or p.m. to 1:45 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Robby Barker Time 3:00 P.M.
 Report received by [Signature] 1664-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH ₄	O ₂	Violation or Hazardous Condition	Action Taken
1.	Entry	0%	20.8	None Observed	Reflector Hung
2.	Entry	0%	20.8	None Observed	Reflector Hung
3.	Entry	0%	20.8	None Observed	Reflector Hung
4.	Entry	0%	20.8	Scoop cut	Reflector Hung
5.	Entry	0%	20.8	Paint Bolted	Reflector Hung
6.	Entry	0%	20.8	None Observed	Reflector Hung
7.	Entry	0%	20.8	None Observed	Reflector Hung
8.	Entry	0%	20.8	None Observed	Reflector Hung
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
L LOB	21670		
R LOB	22230		

Remarks: Passenger Trunkways intake phone cutby chamber scoop changers ok
at time of exam
CH₄ 0% O₂ 20.8 CO 0

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

Signed By [Signature] 38699 [Signature] 1664-A
 Pre-shift Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned [Signature] 2372
 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 3-19-10 Shift EVI Area or Section Portal Section

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains handwritten entries for items 1 and 2.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Contains handwritten entries for items 1 through 7.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Contains handwritten entries for items 1 through 5.

Number of Bolts Tested 15 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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 13 of Roof control plan with entire crew at end of Track

Assistant Mine, Certificate No. 1669-A, Mine Foreman-Mine Manager, Certificate No. 28236, Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 3-19 20 10 Section or Area Examined Postal Section
Time of Examination: from 1000 a.m. or p.m. to 1050 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Shannon Powell Time 1115 A.M. (P.M.)
Report received by Bruce Buelter
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1 Entry CH4 0% O2 20.88%	none observed	Reported
2. #2 Entry CH4 0% O2 20.88%	none observed	Reported
3. #3 Entry CH4 0% O2 20.88%	none observed	Reported
4. #4 R Entry CH4 0% O2 20.88%	scoop cut	Ref. off
5. #5 Entry CH4 0% O2 20.88%	none observed	none Reported
6. #6 Entry CH4 0% O2 20.88%	part pulled	Ref. off
7. #7 Entry CH4 0% O2 20.88%	needs add clearing	Reported
8. #8 Entry CH4 0% O2 20.88%	needs add clearing	Reported
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
L LOB	21,000		
R LOB	22,750		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Power cuts, Travelways, intake phone out by chomler, scoop change
all OK at time of exam
CH4 0% O2 20.88% (O) (O)

Out by comm in #4 Needs 2 sand sacks where Bib fall off.

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 Shannon Powell Preshift-Mine Examiner Certificate No. 1664-A
Countersigned Bruce Buelter Assistant Foreman Certificate No. 37074
Rick Foster Mine Manager—Mine Foreman Certificate No. 2923
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 _____ 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 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 3-20-2010 Section or Area Examined Portal Section

Time of Examination: from 12:00 a.m. or p.m. to 3:00 a.m. or p.m.

Was this report phoned to outside: Yes no

By whom Report received by (Signed) Time A.M. P.M.

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: Section Idle - no power reported. Row 2: Dangerous off at mouth of section.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: Road Air Movement.

Remarks: 0% CH4, 0% CO, 20.8% O2

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

Signed By: George Curry, Preshift-Mine Examiner, Certificate No. 27429. Countersigned: Mine Manager - Mine Foreman, Certificate No. 23736. 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

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 3-20 2010 Section or Area Examined Partial Section

Time of Examination: from 8:00 a.m. or pm to 11:00 a.m. or pm.

Was this report phoned to outside: Yes no X

By whom _____ Time 11:10 A.M. / P.M.

Report received by Brought Outside
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. _____	_____	_____
2. _____	<u>Section side</u>	_____
3. _____	<u>Drum off at mouth</u>	<u>Reported</u>
4. _____	<u>of section</u>	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Good air movement</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks CH4 0% O2 20.8% CO2

Track: power down going up to section: pumps out by Kottling gear

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 Gene Bunkle 37074 Preshift-Mine Examiner Certificate No.

Countersigned Rick Foster 28736 Mine Manager—Mine Foreman Assistant Foreman Certificate No.

Assistant Foreman Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-21 20 16 Section or Area Examined Portal Section
Time of Examination: from 300 a.m. or p.m. to 600 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Time AM P.M.
Report received by (Signed) Brought Outside

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 2 contains handwritten entry: Section Idle, Danger off at mouth of section, Reported.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1 contains handwritten entry: Good air movement.

Remarks: CH4 0% CO2 0% O2 20.8%
Track, power cables, pump outly section & 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] 37074 Certificate No.
Countersigned [Signature] 28736 Certificate No.
Assistant Foreman
Superintendent or Assistant

George Curry 27429

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 3-21 Section or Area Examined Portal Section

Time of Examination: from 1200 a.m. or (p.m.) to 300 a.m. or (p.m.)

Was this report phoned to outside: Yes no

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

Report received by Brought outside
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. _____	<u>Section 101e - No power</u>	_____
2. _____	<u>Dangered off at mouth of</u>	<u>Reported</u>
3. _____	<u>section</u>	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Local Air Movement</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH₄, 0% CO, 20.8% O₂, tracks, travelways clear at
exam. No power on PCs

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 George Curry Certificate No. 27429

Countersigned Rick Tate Mine Manager - Mine Foreman Certificate No. 28734

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 3-21-20 Section or Area Examined Portal
Time of Examination: from 8:00 a.m. or p.m. to 8:50 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Time A.M. P.M.
Report received by (Signed) Brought out side

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 10 rows of inspection data.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains 2 rows of air measurement data.

Remarks: No CH4 detect. O2 20.8 or 20.0
Power Center Clean
Haulage + travelways clean at exam
Fresh air bay + intake plane clean 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. 29611
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 28736
Assistant Foreman [Signature] Certificate No. 1947A
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-22 Shift Owl Area or Section Portal Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Lt Return</u>	<u>1:00</u>	<u>0%</u>	6. _____	_____	_____
2. <u>Rt Return</u>	<u>1:30</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>Lt Return</u>	<u>5:00</u>	<u>0%</u>	9. _____	_____	_____
5. <u>Rt Return</u>	<u>5:30</u>	<u>0%</u>	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 1947-A Certificate No. [Signature] Mine Foreman-Mine Manager 0973 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 3-22-20 Section or Area Examined Portal
Time of Examination from 5:00 a.m. or p.m. to 5:40 p.m.
Was this report phoned to outside: Yes
By whom Gray Cap Time 5:50 A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4, O2, Violation or Hazardous Condition, Action Taken. Contains 10 rows of inspection data.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains two rows of air measurement data.

Remarks: Powercenter Trailways intake phone outby chamber ok at time of exam
CH4 0% O2 20.8 CO2 0

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

Signed By (Signature) Certificate No. 1947A
Countersigned (Signature) Mine Manager - Mine Foreman Certificate No. 1664-A
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 8-22-10 Shift Day Area or Section Portal

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains handwritten entries for items 1-6.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Contains handwritten entries for items 1-7.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Contains handwritten entries for items 1-5.

Number of Bolts Tested 15 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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over pages of Roof Control Plan with entire crew ahead of Truck

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

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 3-22 2010 Section or Area Examined Portal
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 Shannon Perdue Time 3:00 A.M. P.M.
Report received by Bobby Baker
(Signed)

Violations and other Hazardous Conditions Observed and Reported				
CH#	Location	O ₂	Violation or Hazardous Condition	Action Taken
1.	0%	20.8%	N/D	Reported
2.	0%	20.8	N/D	Reported
3.	0%	20.8	N/D	Reported
4.	4L 0%	20.8	P/B	Reflectors
5.	5 0%	20.8	N/D	Reported
6.	6R 0%	20.8	Scrap	Reflectors
7.	7 0%	20.8	N/D	Reported
8.	8 0%	20.8	N/D	Reported
9.				
10.				

Air Measurements			
Location	CFM	Location	CFM
LT LOB	25,480		
RT LOB	21,210		

Remarks: PC, travelways, intake phone, chargers, outby chamber - OK at time of exam

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

Signed By [Signature] Preshift Mine Examiner Certificate No. 1684-A
 Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 28736
[Signature] Assistant Foreman Certificate No. 38699
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-22-10 Shift Euc Area or Section Portal

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Includes handwritten entries for O2 levels and PIB/Scrap.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Lists examination times and locations (1-8).

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Lists return air course examinations.

Number of Bolts Tested 13 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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 5 of R.C.P. to entire crew at start of shift

Assistant Mine Foreman signatures and certificate numbers.

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-22-10 Section or Area Examined Pot/91 Section
Time of Examination: from 10:00 a.m. or 4:00 p.m. to 10:45 a.m. or 4:00 p.m.
Was this report phoned to outside: Yes [checked] no
By whom Bobby Baker Time A.M. 10:55 P.M.
Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: C4 Location, O2, Violation or Hazardous Condition, Action Taken. Contains 8 rows of data including percentages and observations like 'None observed', 'Scrap cut', and 'Needs All cleaning'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains two rows of air measurement data for locations LOB Lt and Rt.

Remarks: Powercenter, Travelways, Intake Phone, outby chamber, OK At time of exam

0% C4, 20.8% O2, 0ppm CO2 Detected

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. 58699
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 28736
Assistant Foreman [Signature] Certificate No. 1947-A
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-23-10 Shift owl Area or Section portal Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-8	1:00-1:30	0%	11.		
2. 1-8	3:06-3:30	0%	12.		
3.			13.		
4.			14.		
5. 1-8	5:00-5:30	0%	15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Lt Return	1:00	0%	6.		
2. Rt Return	1:30	0%	7.		
3.			8.		
4. Lt Return	5:00	0%	9.		
5. Rt Return	5:30	0%	10.		

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

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

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

Mary Cole
Assistant Mine

1947A
Certificate No.

Paul Foster
Mine Foreman-Mine Manager

2823
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-23 2010 Section or Area Examined Pentel Section
Time of Examination: from 5:00 a.m. or p.m. to 5:30 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Greg Cole Time 5:50 A.M. P.M.
Report received by [Signature] 1664-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 9 entries for various entries and cuts, mostly noting 'None Observed' and 'Reflector Hung'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains two entries for 'L HOB' and 'R HOB' with CFM values of 25200 and 20480.

Remarks: Powermeter Translways intake phone charger outby chamber ok at time of exam

CH4 0% O2 20.8 CO 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 Greg Cole Preshift Mine Examiner Certificate No. 1947A
Countersigned Rick Foster Mine Manager - Mine Foreman Certificate No. 28236
Assistant Foreman [Signature] Certificate No. 1664-A
Superintendent or Assistant

Date 3-23-10 Shift Day Area or Section Porter

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. _____	_____	_____
2. _____	_____	_____
3. <u>3</u>	<u>Needs cleaned</u>	<u>Corrected</u>
4. <u>4L</u>	<u>Scrap out</u>	<u>Corrected</u>
5. <u>8</u>	<u>Needs cleaned</u>	<u>Corrected</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>L Ret</u>	<u>7:00-7:30^{5P}</u>	<u>0%</u>	6. _____	_____	_____
2. <u>R Ret</u>	<u>7:30</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>L Ret</u>	<u>11:00</u>	<u>0%</u>	9. _____	_____	_____
5. <u>R Ret</u>	<u>11:30</u>	<u>0%</u>	10. _____	_____	_____

Number of Bolts Tested 15
 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 _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 4 paragraph 5-8 of Roof Control Plan with entire crew at end of Truck

[Signature] Assistant Mine 1664-A Certificate No. [Signature] Mine Foreman-Mine Manager 25734 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 3-23 2010 Section or Area Examined Postal
Time of Examination: from 100 a.m. or p.m. to 230 a.m. or p.m.
Was this report phoned to outside: Yes Shannon Perdue no
By whom Bobby Baker Time A.M. 255 P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: CHY Location O2, Violation or Hazardous Condition, Action Taken. Contains 10 rows of inspection data including locations like 1 O2, 2L O2, etc., and actions like 'Scrap', 'N/C', 'PIP', 'N/D', 'Reported', 'Reflectors'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains two rows of air measurement data: LT LOB (20,350) and RT LOB (18,000).

Remarks: PC, travelways, intake phase, chargers, outby chamber - OK at time of exam

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

Signed By [Signature] Preshift Mine Examiner Certificate No. 2973
Countersigned [Signature] Mine Manager - Mine Foreman
Assistant Foreman [Signature] Certificate No. 38699
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-23-10 Shift Eve Area or Section Portal

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: CH4 Location, O2, Violation or Hazardous Condition, Action taken. Contains 5 rows of handwritten entries.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains 10 rows of handwritten entries.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains 5 rows of handwritten entries.

Number of Bolts Tested 13 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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4 of R.C.P. to entire crew at start of shift

Assistant Mine, Certificate No. 38699, Mine Foreman-Mine Manager, Certificate No. 2873, Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-23 20 10 Section or Area Examined Pottery section
Time of Examination: from 10:00 a.m. or 6 p.m. to 10:40 a.m. or 6 p.m.
Was this report phoned to outside: Yes no
By whom Bobby Baker Time A.M. 11:00 P.M.
Report received by Mary Cole (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4, O2, Violation or Hazardous Condition, Action Taken. Contains 10 rows of inspection data.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains air measurement data for LOB at Lt and Rt.

Remarks: Power center, Intake Phone, OUTBY chamber, Travelways OK AT TIME OF EXAM

0% CH4, 20.8% O2, OPP C.O. Detected

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 Bobby Baker Preshift Mine Examiner Certificate No. 38699
Countersigned Rick Foster Mine Manager-Mine Foreman Certificate No. 28736
Assistant Foreman Mary Cole Certificate No. 1947-A
Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 3-24 Shift 0001 Area or Section 201791 Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Lt Return</u>	<u>1:00</u>	<u>0%</u>	6. _____	_____	_____
2. <u>Rt Return</u>	<u>1:30</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>Lt Return</u>	<u>5:00</u>	<u>0%</u>	9. _____	_____	_____
5. <u>Rt Return</u>	<u>5:30</u>	<u>0%</u>	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 1947-A Certificate No. [Signature] Mine Foreman-Mine Manager 2823 Certificate No. Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 3-24-10 20. Section or Area Examined Portal
Time of Examination: from 5:15 a.m. or p.m. to 5:55 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Greg Cole Time 6:05 A.M. P.M.
Report received by Rick Foster
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1 entry 0% ch ₄ - 20.8% O ₂	needs cleaned & dusted	reported
2. #2 entry 0% ch ₄ - 20.8% O ₂	none observed	none
3. #3 entry 0% ch ₄ - 20.8% O ₂	needs cleaned & dusted	reported
4. #4 entry 0% ch ₄ - 20.8% O ₂	none observed	none
5. #5 entry 0% ch ₄ - 20.8% O ₂	sweep cut	reflector
6. #6 entry 0% ch ₄ - 20.8% O ₂	needs cleaned & dusted	reported
7. #7 entry 0% ch ₄ - 20.8% O ₂	needs cleaned & dusted	reported
8. #8 entry 0% ch ₄ - 20.8% O ₂	needs cleaned & dusted	reported
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
left 10 X cut	17,920		
right 10 X cut	11,420		

Remarks: 20.8% O₂, 0% ch₄, 0% CO, track, trackway, power center
scoop chager, clear at time of exam

Intake phone clear at time of exam
Outby chamber 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 Greg Cole 1947-A
Preshift Mine Examiner Certificate No. 2923
Countersigned Rick Foster Assistant Foreman Certificate No. 2973
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 3-24-10 Shift Day Area or Section Postel

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #1, #3, #6, #7, & #8	needed closer distance	corrected
2. #5 entry	scrap out	cut, bolted, shored
3. -----	-----	-----
4. -----	-----	-----
5. -----	-----	-----
6. -----	-----	-----
7. -----	-----	-----
8. -----	-----	-----

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-8	7:45-9:00	0%	11. -----	-----	-----
2. 1-8	9:00-11:00	0%	12. -----	-----	-----
3. 1-8	11:00-1:00	0%	13. -----	-----	-----
4. 1-8	1:00-3:00	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. #1 ret	7:50	0%	6. #8 ret	3:10	0%
2. #8 ret	8:00	0%	7. -----	-----	-----
3. #1 ret	11:50	0%	8. -----	-----	-----
4. #8 ret	12:00	0%	9. -----	-----	-----
5. #1 ret	3:00	0%	10. -----	-----	-----

Number of Bolts Tested 15
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

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

Read article 4, PP 4 of roof control plan at 7:00 AM.

Rick Foster
Assistant Mine

2823
Certificate No.

Rick Foster
Mine Foreman-Mine Manager

2823
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 3-24 2010 Section or Area Examined Portal
 Time of Examination: from 2:00 a.m. or (p.m.) to 2:30 a.m. or (p.m.)
 Was this report phoned to outside: Yes no
 By whom Rick Foster Time 2:45 A.M. P.M.
 Report received by Bobby Baker (Signed)

Violations and other Hazardous Conditions Observed and Reported

	CH ₄	Location	O ₂	Violation or Hazardous Condition	Action Taken
1.		<u>0%</u>	<u>20.8%</u>	<u>N/A</u>	<u>Reported</u>
2.		<u>0%</u>	<u>20.8%</u>	<u>N/A</u>	<u>Reported</u>
3.		<u>0%</u>	<u>20.8%</u>	<u>N/A</u>	<u>Reported</u>
4.		<u>0%</u>	<u>20.8%</u>	<u>N/A</u>	<u>Reported</u>
5.		<u>0%</u>	<u>20.8%</u>	<u>N/A</u>	<u>Reported</u>
6.		<u>0%</u>	<u>20.8%</u>	<u>N/A</u>	<u>Reported</u>
7.		<u>0%</u>	<u>20.8%</u>	<u>Scrap</u>	<u>Reported</u>
8.		<u>0%</u>	<u>20.8%</u>	<u>N/A</u>	<u>Reported</u>
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
<u>LK LOB</u>	<u>21,250</u>		
<u>RF LOB</u>	<u>20,150</u>		

Remarks: PL, travelways, intake phone, chargers, outby chamber — OK 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 Foster Certificate No. 28236
 Preshift Mine Examiner
 Countersigned Rick Foster Certificate No. 38699
 Mine Manager—Mine Foreman
Bobby L. Baker 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 3-24-10 Shift Eve Area or Section Portal

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: CH4 Location, O2, Violation or Hazardous Condition, Action taken. Row 1: 7 O2, 20.8%, Scrap, Bolted.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-4: 1-8, 430-505, 0%, 1-8, 630-705, 0%, 1-8, 830-905, 0%, 1-8, 1000-1045, 0%.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-5: LT Return, 425, 0%, RT Return, 510, 0%, LT Return, 825, 0%, RT Return, 910, 0%.

Number of Bolts Tested 13 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 pgs 4 of R.C.P. to entire area at start of shift

Assistant Mine 38695 Certificate No. Mine Foreman-Mine Manager 2873 Certificate No. Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 3-24 20 60 Section or Area Examined Postal Section
Time of Examination: from 10:00 a.m. or 5:00 p.m. to 10:45 a.m. or 5:00 p.m.
Was this report phoned to outside? Yes 1 no 0
By whom B. B. By Baker Time 11:00 P.M.
Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	CH ₄ Location	O ₂	Violation or Hazardous Condition	Action Taken
1.	0%	20.8%	None observed	Reported
2.	0%	20.5%	Needs cleaned and dusted	Reported
3.	0%	20.8%	Scrap cut	Reflectors hung
4.	0%	20.8%	None observed	Reported
5.	0%	20.8%	None observed	Reported
6.	0%	20.8%	None observed	Reported
7.	0%	20.8%	Part. Bolted	Reflectors hung
8.	0%	20.8%	None observed	Reported
9.	0%	20.8%	Scrap cut	Reflectors hung
10.				

Air Measurements

Location	CFM	Location	CFM
LOB	Lt 22,610		
	Rt 20,870		

Remarks: power centers, travel ways, Intake Phone, chargers, Intake Phone OK At time of exam

0% CH₄, 20.8% O₂, 0.1 ppm C.O. Detected

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] 38699 Certificate No. 1947A
Preshift Mine Examiner Assistant Foreman
Countersigned [Signature] 28736 Certificate No.
Mine Manager - Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-25-10

Shift owl

Area or Section Portal Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-8	1:00-1:30	0%	11.		
2. 1-8	3:00-3:30	0%	12.		
3. 1-8	5:00-5:30	0%	13.		
4. 1-8			14.		
5. 1-8			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. LT Return	1:00	0%	6.		
2. RT Return	1:30	0%	7.		
3.			8.		
4. LT Return	5:00	0%	9.		
5. RT Return	5:30	0%	10.		

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

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

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

Assistant Mine Foreman: *[Signature]*
 Certificate No. 1947A
 Mine Foreman-Mine Manager: *[Signature]*
 Certificate No. 2936
 Superintendent or Assistant: _____

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-25 2010 Section or Area Examined Portal

Time of Examination: from 5:00 a.m. or p.m. to 5:55 a.m. or p.m.

Was this report phoned to outside: Yes no

By whom Greg Cole Time 5:55 (A.M) P.M.

Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 1 Entry CH4 0% O2 20.8	None Observed	Reflector Hung
2. 2 Entry 0% 20.8	Needs cleaned + dusted	Reported
3. 2R xcut 0% 20.8	Needs cleaned + dusted	Reported,
4. 3 Entry 0% 20.8	Not Bolted	Reflector Hung
5. 4 Entry 0% 20.8	None Observed	Reflector Hung
6. 5 Entry 0% 20.8	None observed	Reflector Hung
7. 6 Entry 0% 20.8	None Observed	Reflector Hung
8. 7 Entry 0% 20.8	None Observed	Reflector Hung
9. 8 Entry 0% 20.8	Needs cleaned & dusted	Reported
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
L HOB	19680		
R HOB	13640		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Powercenter Tractorwys Intake phos. outby chamber & Scoop chargers ok at

Time of exam
CH4 0% O2 20.8 COO

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 Greg Cole Preshift-Mine Examiner Certificate No. 1947A
 Countersigned [Signature] Mine Manager - Mine Foreman Assistant Foreman Certificate No. 1664-A

Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-25-10 Shift Day Area or Section Portul

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>2</u>	<u>Needs cleaned & dusted,</u>	<u>Corrected</u>
2. <u>2R</u>	<u>Needs cleaned & dusted,</u>	<u>Corrected</u>
3. <u>3</u>	<u>Mat Bolted</u>	<u>Corrected</u>
4. <u>8</u>	<u>Needs cleaned & dusted,</u>	<u>Corrected</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>L Ret</u>	<u>7:00</u>	<u>0%</u>	6. _____	_____	_____
2. <u>RRet</u>	<u>7:30</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>L Ret</u>	<u>11:00</u>	<u>0%</u>	9. _____	_____	_____
5. <u>RRet</u>	<u>11:30</u>	<u>0%</u>	10. _____	_____	_____

Number of Bolts Tested 15
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 _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 5 of Roof control Plan with entire crew and of Truck Set sandjacks in #4 @ Bolts in By Center

Sh Ph
Assistant Mine

1664-A
Certificate No.

Rich Foster
Mine Foreman-Mine Manager

2223
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 3-25 ²⁰¹⁰ Section or Area Examined Portal
 Time of Examination: from 100 a.m. or PM to 230 a.m. or PM
 Was this report phoned to outside: Yes no
 By whom Shannon Perdur Time AM 300 P.M.
 Report received by Bobby Baker
 (Signed)

CH ₄ Location		O ₂	Violations and other Hazardous Conditions Observed and Reported	Action Taken
			Violation or Hazardous Condition	
1.	<u>1</u> <u>0%</u>	<u>20.8%</u>	<u>N C/D</u>	<u>Reported</u>
2.	<u>2L</u> <u>0%</u>	<u>20.8</u>	<u>Scrap</u>	<u>Replaced</u>
3.	<u>3</u> <u>0%</u>	<u>20.8</u>	<u>N/D</u>	<u>Repaired</u>
4.	<u>4</u> <u>0%</u>	<u>20.8</u>	<u>N/D</u>	<u>Repaired</u>
5.	<u>5</u> <u>0%</u>	<u>20.8</u>	<u>N/D</u>	<u>Reported</u>
6.	<u>6</u> <u>0%</u>	<u>20.8</u>	<u>N/D</u>	<u>Reported</u>
7.	<u>7</u> <u>0%</u>	<u>20.8</u>	<u>N C/D</u>	<u>Reported</u>
8.	<u>7R</u> <u>0%</u>	<u>20.8</u>	<u>N C/D</u>	<u>Reported</u>
9.	<u>8</u> <u>0%</u>	<u>20.8</u>	<u>Scrap</u>	<u>Replaced</u>
10.				

Air Measurements			
Location	CFM	Location	CFM
<u>LT LOB</u>	<u>17,580</u>		
<u>RT LOB</u>	<u>11,560</u>		

Remarks: PC, trawl ways, intake phone, outby chamber - OK at time of exam

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 11664-A
 Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 28736
[Signature] Assistant Foreman Certificate No. 58699
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-25-10 Shift Eve Area or Section Portal

Violations and other Hazardous Conditions Observed and Reported

Table with 5 columns: Chy, Location, O2, Violation or Hazardous Condition, Action taken. Contains 5 entries with violations like 'N C/D' and 'Scrap'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Contains 10 entries for methane examinations at location '1-8'.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Contains 5 entries for methane examinations in return aircourses.

Number of Bolts Tested 13 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 5 of R.C.P. to entire crew at start of shift

Assistant Mine 38699 Certificate No. Mine Foreman-Mine Manager 2324 Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-25 Section or Area Examined Pastor Section
 Time of Examination: from 8:30 a.m. or 4:05 p.m. to 4:05 a.m. or 4:05 p.m.
 Was this report phoned to outside: Yes no
 By whom Bobby Baker Time 10:55 P.M.
 Report received by ymg/ed (Signed)

Violations and other Hazardous Conditions Observed and Reported

	CH ₄ Location	O ₂	Violation or Hazardous Condition	Action Taken
1.	0%	20.8%	scrap cut	REFLECTORS HUNG
2.	0%	20.8%	none observed	REFLECTORS HUNG
3.	0%	20.8%	Needs cleaned and Dusted	Reported
4.	0%	20.8%	none observed	REFLECTORS HUNG
5.	0%	20.8%	scrap cut	REFLECTORS HUNG
6.	0%	20.8%	none observed	REFLECTORS HUNG
7.	0%	20.8%	none observed	REFLECTORS HUNG
8.	0%	20.8%	none observed	REFLECTORS HUNG
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
LOB	L+ 21,740		
	R+ 18,900		

Remarks: Power center, Travelways, Intake Phone, out BY REFLECTORS
OK A+ time of exam

0% CH₄, 20.8% O₂, 0PPM C.O. Detected

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 Bobby Baker Certificate No. 38699
 Countersigned Resh Foster Mine Manager - Mine Foreman Certificate No. 28732
ymg/ed Assistant Foreman Certificate No. 1947-A
Adam Eraley Assistant Foreman Certificate No. 38922-08
 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 3-26-10 Shift 3rd Area or Section Portal #3

Violations and other Hazardous Conditions Observed and Reported

	Location	Time	Violation or Hazardous Condition	Action taken
1.	<u>CH4 07°</u>	<u>20.87°</u>	<u>Scrap cut</u>	<u>reflectors hung</u>
2.	<u>07°</u>	<u>20.87°</u>	<u>none observed</u>	<u>reported</u>
3.	<u>07°</u>	<u>20.87°</u>	<u>needs cleaned and dusted</u>	<u>reported</u>
4.	<u>07°</u>	<u>20.87°</u>	<u>none observed</u>	<u>reported</u>
5.	<u>5L 07°</u>	<u>20.87°</u>	<u>Scrap cut</u>	<u>reflectors hung</u>
6.	<u>6 07°</u>	<u>20.87°</u>	<u>none observed</u>	<u>reported</u>
7.	<u>7 07°</u>	<u>20.87°</u>	<u>none observed</u>	<u>reported</u>
8.	<u>8 07°</u>	<u>20.87°</u>	<u>none observed</u>	<u>reported</u>

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
<u>1-8</u>	<u>1:00-1:26</u>	<u>07°</u>	<u>11</u>	<u>8:00</u>	<u>20</u>
<u>2</u>			<u>12</u>	<u>8:05</u>	<u>20</u>
<u>3</u>	<u>3:00-3:25</u>	<u>07°</u>	<u>13</u>	<u>8:05</u>	<u>20</u>
<u>4</u>			<u>14</u>		
<u>5</u>	<u>5:00-5:26</u>	<u>07°</u>	<u>15</u>	<u>8:05</u>	<u>20</u>
<u>6</u>			<u>16</u>		
<u>7</u>			<u>17</u>		
<u>8</u>			<u>18</u>		
<u>9</u>			<u>19</u>		
<u>10</u>			<u>20</u>		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
<u>L Return</u>	<u>1:00</u>	<u>07°</u>	<u>6</u>	<u>8:05</u>	<u>20</u>
<u>R Return</u>	<u>1:26</u>	<u>07°</u>	<u>7</u>	<u>8:05</u>	<u>20</u>
<u>3</u>			<u>8</u>		
<u>L Return</u>	<u>5:00</u>	<u>07°</u>	<u>9</u>		
<u>R Return</u>	<u>5:26</u>	<u>07°</u>	<u>10</u>		

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) Powercenter, travelways, intake phone
outby refuge ok at time of exam. 07° CH4, 20.87° O.P.P.M.C.O. Detected

Adam Farley Assistant Mine 38922-08 Certificate No. T. J. [Signature] Mine Foreman-Mine Manager 33359 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 3-26 2010 Section or Area Examined Portal Section
Time of Examination: from 5:00 a.m. or p.m. to 5:55 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Adam Frealey Time 6:00 A.M. P.M.
Report received by [Signature] 1664-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location (CH4, O2), Violation or Hazardous Condition, and Action Taken. Contains 10 entries regarding CH4 and O2 levels and actions like 'Scrap cut' and 'Reflector Hung'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains measurements for L LOR (22560) and R LOR (11700).

Remarks: Powercenter Truclumps intake phone outby chamber + scarp changes ok

at time of exam
CH4 0% O2 20.8 CO 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 Adam Frealey Preshift-Mine Examiner Certificate No. 38822-09
Countersigned T. Moore Mine Manager-Mine Foreman Certificate No. 33359
Assistant Foreman
Superintendent or Assistant

Date 3-26-10 Shift Day Area or Section Portul

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>Scrap cut</u>	<u>Corrected</u>
2. <u>2</u>	<u>Needs Additional cleaning</u>	<u>Corrected</u>
3. <u>2L</u>	<u>Needs cleaned & dusted</u>	<u>Corrected</u>
4. <u>3</u>	<u>Needs cleaned & dusted</u>	<u>Corrected</u>
5. <u>5</u>	<u>Needs additional cleaning</u>	<u>Corrected</u>
6. <u>SL</u>	<u>Scrap cut</u>	<u>Corrected</u>
7. <u>7R</u>	<u>Needs cleaned & dusted</u>	<u>Corrected</u>
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>L Ret</u>	<u>7:00</u>	<u>0%</u>	6. _____	_____	_____
2. <u>R Ret</u>	<u>7:30</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>L Ret</u>	<u>11:00</u>	<u>0%</u>	9. _____	_____	_____
5. <u>R Ret</u>	<u>11:30</u>	<u>0%</u>	10. _____	_____	_____

Number of Bolts Tested 15
 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 _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 5 paragraphs 23-25 of Roof Control Plan with entire crew at end of Trunk

St. P. Assistant Mine 1664-A Certificate No. T. Moore Mine Foreman-Mine Manager 33309 Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-26 2010 Section or Area Examined Pochl
Time of Examination: from 10.0 a.m. or p.m. to 2.30 a.m. or p.m.
Was this report phoned to outside: Yes [X] no
By whom Shannon Pochl Time 300 P.M.
Report received by Bobby Baker (Signed)

Violations and other Hazardous Conditions Observed and Reported

CH#	Location	Oz	Violation or Hazardous Condition	Action Taken
1	O%	20.8%	N/D	Reported
2	O%	20.8%	N/D	Reported
3	O%	20.8%	N/D	Reported
4	O%	20.8%	P/B	Reflectors
5	O%	20.8%	N/B	Reflectors
6	O%	20.8%	N C/D	Reported
7	O%	20.8%	N/D	Reported
8	O%	20.8%	N/D	Reported
9	O%	20.8%	N/D	Reported
10	7R O%	20.8%	N/B	Reflectors
	8 O%	20.8%	N A/C	Reported

Air Measurements

Location	CFM	Location	CFM
LT LOB	18,800		
RT LOB	11,900		

Remarks: P, travelways, intake phone, outby chamber - OK at time of exam

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1664-18
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 33259
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 3-26-10 Shift Ev Area or Section Portal

Violations and other Hazardous Conditions Observed and Reported

	CH ₄ Location	O ₂	Violation or Hazardous Condition	Action taken
1.	3R O ₂	20.8%	P/B	Bulld
2.	4 O ₂	20.8%	N/B	Bulld
3.	5L O ₂	20.8%	N C/D	Corrected
4.	7R O ₂	20.8%	N/B	Bulld
5.	8 O ₂	20.8%	N A/C	Corrected
6.				
7.				
8.				

Examinations for Methane in Working Places

1.	Location	Time	Methane Content	11.	Location	Time	Methane Content
1.	1-8	430-505	0%	11.			
2.	1-8	630-705	0%	12.			
3.	1-8	830-905	0%	13.			
4.	1-8	1030-1105	0%	14.			
5.				15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

1.	Location	Time	Methane Content	6.	Location	Time	Methane Content
1.	Lt Return	425	0%	6.			
2.	Rt Return	510	0%	7.			
3.				8.			
4.	Lt Return	825	0%	9.			
5.	Rt Return	910	0%	10.			

Number of Bolts Tested 23
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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 5 of R.C.P. to entire crew at start of shift

Billy L. Baker
Assistant Mine

38699
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 3-27-10 2010 Section or Area Examined Portal Section
 Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Brought out Time A.M. P.M.
 Report received by Brought out (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	No Power		
2.	No Preshift		
3.	No work		
4.			
5.	Dangered OFF		
6.	At mouth		
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 [Signature] Preshift-Mine Examiner Certificate No. 6949A
 Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 30309
 _____ 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) _____

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 327-10 20___ Section or Area Examined Portals #3
 Time of Examination: from ___ a.m. or p.m. to ___ a.m. or p.m.
 Was this report phoned to outside: Yes ___ no ___
 By whom ___ Time ___ A.M. ___ P.M.
 Report received by ___
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>no power</u>		
2. <u>no men working</u>		
3. <u>no preshift</u>		
4. <u>dangered off</u>		
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 [Signature] Preshift-Mine Examiner
 Countersigned [Signature] Mine Manager—Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Man ch 1947-A

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 3-27 2010 Section or Area Examined Partial section
 Time of Examination: from 4:30 a.m. or pm to 11:30 a.m. or pm
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by Brought out
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>No Power</u>		
2. <u>No Work</u>		
3. <u>No Preshift</u>		
4. <u>Dangeres off</u>		
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 [Signature] Freshift-Mine Examiner Certificate No. 1947A
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 52857
 _____ 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

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No. _____

Mine Foreman-Mine Manager

Certificate No. _____

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-28 2010 Section or Area Examined portal section
 Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Brought out Time A.M. P.M.
 Report received by Brought out (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	No Power		
2.	nd work		
3.	no preshift		
4.	Danged off		
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 [Signature] 1947A
 Preshift-Mine Examiner Certificate No. 33357
 Assistant Foreman Certificate No. _____
 Countersigned [Signature]
 Mine Manager--Mine Foreman
 Assistant Foreman

[Signature] 1659 George Curry 27429
 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 3-28 Section or Area Examined Portal Section
 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 X
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by Brought out
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>NO POWER</u>		
2. <u>NO WORK</u>		
3. <u>NO PRE-SHIFT</u>		
4. <u>DANGERED OFF AT 3 SEC #1 BELT (HEAD)</u>		
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 [Signature] Preshift-Mine Examiner Certificate No. 1659-A
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 28734
[Signature] Assistant Foreman Certificate No. 29611
 _____ 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 3-28 20 10 Section or Area Examined Portal See
Time of Examination: from 8:30 a.m. or p.m. to 8:40 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom
Report received by brought out only (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 10 rows of inspection data.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains air measurement data for LT and RT locations.

Remarks: NoCH4 det. 0% 20.500 CO2
Haulage & Trenchways clear at exam.
Power Center clear
Fresh Air Bay & intake throu clear 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] 29611 Certificate No. 3357 Assistant Foreman
Countersigned [Signature] Mine Manager--Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-29 Shift 0w1 Area or Section Pottal Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Section</u>		
2. <u>IDle</u>		
3.		
4.		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-8</u>	<u>1:00-1:30</u>	<u>0%</u>			
2.					
3. <u>1-8</u>	<u>3:00-3:30</u>	<u>0%</u>			
4.					
5. <u>1-8</u>	<u>5:00-5:30</u>	<u>0%</u>			
6.					
7.					
8.					
9.					
10.					

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Lt Return</u>	<u>1:00</u>	<u>0%</u>			
2. <u>Rt Return</u>	<u>1:30</u>	<u>0%</u>			
3.					
4. <u>Lt Return</u>	<u>5:00</u>	<u>0%</u>			
5. <u>Rt Return</u>	<u>5:30</u>	<u>0%</u>			
6.					
7.					
8.					
9.					
10.					

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

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

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

[Signature]
Assistant Mine

1947-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

2823
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-29-20.10 Section or Area Examined Portal Section
Time of Examination: from 5:00 a.m. or p.m. to 5:45 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Greg Cole Time 5:55 A.M. P.M.
Report received by [Signature] 1664-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location (CH4, O2), Violation or Hazardous Condition, and Action Taken. Contains 10 entries detailing observations like 'Water in face', 'None Observed', and 'Needs cleaned & dusted'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains entries for L LOB (16960) and R LOB (1120).

Remarks: Powercenter Traxlways intake phone out by chamber & Jscop chargers ok at time of exam

CH4 0% O2 20.8 CO 0.

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

Signed By [Signature] 1947-A Certificate No. 2323 Assistant Foreman
Countersigned [Signature] Mine Manager-Mine Foreman
Assistant Foreman
Superintendent or Assistant

Date 3-29-10 Shift Day Area or Section Parted Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>Water in face</u>	<u>Reported</u>
2. <u>3R</u>	<u>Needs cleaned & dusted</u>	<u>Corrected</u>
3. <u>4</u>	<u>Needs cleaned</u>	<u>Corrected</u>
4. <u>5</u>	<u>Not Bolted</u>	<u>corrected</u>
5. <u>7R</u>	<u>Needs cleaned</u>	<u>corrected</u>
6. <u>8</u>	<u>Part Bolted</u>	<u>Corrected</u>
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>L Ret</u>	<u>7:00</u>	<u>0%</u>	6. _____	_____	_____
2. <u>R Ret</u>	<u>7:30</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>L Ret</u>	<u>11:00</u>	<u>0%</u>	9. _____	_____	_____
5. <u>R Ret</u>	<u>11:30</u>	<u>0%</u>	10. _____	_____	_____

Number of Bolts Tested 15
 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 _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over pages of Roof control plan at end of Track with entire crew

[Signature]
Assistant Mine

1664-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

2873
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 3-29 Section or Area Examined Partial
 Time of Examination: from 200 a.m. or 6 p.m. to 250 a.m. or 10 p.m.
 Was this report phoned to outside: Yes no
 By whom Shannon Peck Time 300 A.M. 300 P.M.
 Report received by Bobby Baker
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	CH ₄	Location	O ₂	Violation or Hazardous Condition	Action Taken
1.				N/D	Reported
2.				N/D	Reported
3.				Needs Add. Cleaning	Reported
4.				Scrap	Reflectors
5.				P/B	Reflectors
6.				N/D	Reported
7.				N/D	Reported
8.				N/D	Reported
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
<u>LT LOB</u>	<u>16,570</u>		
<u>RT LOB</u>	<u>10,380</u>		

Remarks: PC, travelways, intake phone, chargers, outby chamber - DK 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. 1664-18
 Preshift Mine Examiner
 Countersigned [Signature] Certificate No. 38699
 Mine Manager - Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indefible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-29-10 Shift Eve Area or Section Portal

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action taken. Entries include CH4 0%, Needs Add. Cleaning, Scrap, PIB.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Entries include 1-8 at various times with 0% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Entries include Lt Return and Rt Return at various times with 0% methane content.

Number of Bolts Tested 13 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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4 of R.C.P. to entire crew at start of shift

Assistant Mine 38699 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 3-29 20 10 Section or Area Examined Puffal section
Time of Examination: from 10:00 a.m. or p.m. to 10:45 a.m. or p.m.
Was this report photed to outside: Yes no
By whom Bobby Baker Time A.M. 11:00 P.M.
Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: #, CH4 Location, Violation or Hazardous Condition, Action Taken. Contains 8 rows of inspection data.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains 2 rows of air measurement data.

Remarks: PG, Travel ways, Intake phone, chargers, out by phone

0% CH4, 20.8% O2, 0.1% CO

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 38679 Assistant Foreman [Signature] 1947-A Certificate No.
Countersigned [Signature] Mine Manager - Mine Foreman
Assistant Foreman
Superintendent or Assistant