

PORTAL SECTION

# PRESHIFT - ONSHIFT and DAILY REPORT

Started 2-23-10

Company Performance Coal

Mine UBB

SECTION #3 Portal Section

LOCATION Naoma Raleigh WV  
Post Office County State

Finished 3-12-10

Form 6-1489  
(March 1970)

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 2-23-10 Shift Day Area or Section Portal Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>3</u>	<u>Scrap cut</u>	<u>Corrected</u>
2. <u>5</u>	<u>Scrap cut</u>	<u>Corrected</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>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) West end project Paragraph 12 & 13 of Roof control plan with entire crew at end of track

[Signature] Assistant Mine 1664-A Certificate No. [Signature] 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 2-23 2010 Section or Area Examined 3 Section  
Time of Examination: from 100 a.m. or 6:00 p.m. to 230 a.m. or 6:00 p.m.  
Was this report phoned to outside: Yes no  
By whom Shannon Peck Time AM 250 P.M.  
Report received by Bobby Baker  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	CH <sub>4</sub> Location	O <sub>2</sub>	Violation or Hazardous Condition	Action Taken
1.	1 O <sub>2</sub>	20.8%	N/O	Reported
2.	2 O <sub>2</sub>	20.8	N/O	Reported
3.	2L O <sub>2</sub>	20.8	Wide	Dangered off
4.	3 O <sub>2</sub>	20.8	Scrap	Reflectors
5.	4R O <sub>2</sub>	20.8	P/B	Reflectors
6.	5 O <sub>2</sub>	20.8	Scrap	Reflectors
7.	6 O <sub>2</sub>	20.8	N/O	Reported
8.	7 O <sub>2</sub>	20.8	N C/O	Reported
9.	8 O <sub>2</sub>	20.8	N/O	Reported
10.				

Air Measurements

Location	CFM	Location	CFM
LT LOB	20,320		
RT LOB	24,180		

Remarks: PC, 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-A  
Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 38699  
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 2-23-10 Shift Eve Area or Section 3 section

Table with 5 columns: CH4 Location, O2, Violation or Hazardous Condition, Action taken. Rows 1-8.

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-5.

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, Certificate No. 38699, Mine Foreman-Mine Manager, Certificate No. 28736, Superintendent or Assistant



Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-23 Section or Area Examined Potter section
Time of Examination: from 1000 a.m. or p.m. to 1035 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom BOBBY Baker Time A.M. 10:55 P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: #, CH4 Location, Violation or Hazardous Condition, and Action Taken. Contains 8 rows of data with measurements like 0% CH4 and 20.8% O2.

Air Measurements

Table for Air Measurements with columns for Location, CFM, Location, and CFM. Includes handwritten entries for 'LcB' with CFM values of 22,740 and 21,876.

Remarks: Pc, travelways, ENKAKE phone, outBY chamber, OK AT 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 [Signature] Preshift-Mine Examiner Certificate No. 38699
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 23736
Assistant Foreman [Signature] Certificate No. 1947-A
Superintendent or Assistant

Use Indefinible  
Pencil or Ink  
Date 2-24

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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 IDle</u>	_____	_____
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>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-8</u>	<u>3:15-3:45</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) \_\_\_\_\_

Grey Col  
Assistant Mine

1947A  
Certificate No.

Rob Fisher  
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 2-24-10 Section or Area Examined Portal Section
Time of Examination: from a.m. or p.m. to 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 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: Powerscatter Travelways out by chamber Ols at time of exam. Intake phone Not working.

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] 1947A [Signature] 1664-A
Countersigned [Signature] 245736
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 2-24-10 Shift Day Area or Section Portal Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>2</u>	<u>Part Bolted</u>	<u>Corrected</u>
2. <u>3R</u>	<u>Scrap cut</u>	<u>corrected</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>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. <u>L Ret</u>	<u>11:00</u>	<u>0%</u>	8. _____	_____	_____
4. <u>R Ret</u>	<u>11:30</u>	<u>0%</u>	9. _____	_____	_____
5. _____	_____	_____	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 at end of Track

[Signature]  
Assistant Mine

1664-A  
Certificate No.

[Signature]  
Mine Foreman-Mine Manager

28231  
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-24 2010 Section or Area Examined 3 Section
Time of Examination: from 100 a.m. or p.m. to 230 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Shannon Keider Time A.M. 300 P.M.
Report received by Bobby Baker (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: CH# Location O2, Violation or Hazardous Condition, Action Taken. Rows 1-10 listing violations like 'Needs Add. Cleaning', 'PIB', 'Scrap' and actions like 'Reported', 'Replacers'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows for LT LOB (24,210) and RT LOB (24,500).

Remarks: PC, travelways, intake place, authy chambers - 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 [Signature] Preshift-Mine Examiner Certificate No. 1664-A
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 26736
Assistant Foreman [Signature] Assistant Foreman Certificate No. 38699
Superintendent or Assistant [Signature]

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-24-10 Shift Even Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

	CH <sub>4</sub> Location	D <sub>2</sub>	Violation or Hazardous Condition	Action taken
1.	<u>Z 0%</u>	<u>20.8%</u>	<u>Needs Add. Clearing</u>	<u>Corrected</u>
2.	<u>3L 0%</u>	<u>20.8</u>	<u>P/B</u>	<u>Bolted</u>
3.	<u>Y 0%</u>	<u>20.8</u>	<u>Needs Add. Clearing</u>	<u>Corrected</u>
4.	<u>5R 0%</u>	<u>20.8</u>	<u>Scrap</u>	<u>Bolted</u>
5.				
6.				
7.				
8.				

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
<u>1-8</u>	<u>430-505</u>	<u>0%</u>			
<u>1-8</u>	<u>630-705</u>	<u>0%</u>			
<u>1-8</u>	<u>830-905</u>	<u>0%</u>			
<u>1-8</u>	<u>1030-1105</u>	<u>0%</u>			

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
<u>Lt Return</u>	<u>425</u>	<u>0%</u>			
<u>Rt Return</u>	<u>510</u>	<u>0%</u>			
<u>Lt Return</u>	<u>825</u>	<u>0%</u>			
<u>Rt Return</u>	<u>910</u>	<u>0%</u>			

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 RCP. to entire crews at start of shift

[Signature] Assistant Mine Foreman Certificate No. 38699  
[Signature] Mine Foreman-Mine Manager Certificate No. 28730  
 Superintendent or Assistant



Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

2-24

Partial section

Date of Examination 20<sup>th</sup> Section or Area Examined

Time of Examination: from 10:00 a.m. or p.m. to 10:30 a.m. or p.m.

Was this report phoned to outside: Yes no

By whom BOBBY Baker Time 10:05 A.M. P.M.

Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

	CH <sub>4</sub> Location	O <sub>2</sub>	Violation or Hazardous Condition	Action Taken
1.	#1 0%	20.8%	None observed	Reported
2.	#2 0%	20.8%	None observed	Reported
3.	#3 0%	20.8%	None observed	Reported
4.	#4 0%	20.8%	None observed	Reported
5.	#5 0%	20.9%	<del>None observed</del> Needs cleaned and dusted	Reported
6.	#6 R 0%	20.8%	Scrap cut	Reflectors hung
7.	#7 0%	20.8%	None observed	Reported
8.	#8 0%	20.8%	None observed	Reported
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
LoB Lt	22,460		
Rt	21,940		

Remarks: PC, Travelways, Intake Phone, OutBy Chamber, OK A TIME OF EXTM

0% CH<sub>4</sub>, 20.8% O<sub>2</sub>, 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 Bobby Baker 38699 Rick Foster 25736 Assistant Foreman Certificate No. 1947-A

Countersigned Rick Foster Mine Manager 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 2-25-60 Shift owl

Area or Section Port 91 Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. _____	_____	_____
2. <u>Section</u>	_____	_____
3. <u>Idle</u>	_____	_____
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>	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) \_\_\_\_\_

G. W. Cole  
Assistant Mine

1947-A  
Certificate No.

Resk Peter  
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 2-25 2010 Section or Area Examined Portal 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 [X] no
By whom Greg Cole Time 5:50 A.M. P.M.
Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

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

Remarks: Powercenter Trunkways outby chamber OK at time of exam
Intake Phone Not working

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 [Signature] 1664-A
Counter signed [Signature] 25734
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 2-25-10 Shift Day 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 'GR' and '7' with violations like 'Needs cleaned + dusted' and 'Needs additional cleaning'.

Examinations for Methane in Working Places

Table with 5 columns: Location, Time, Methane Content. Contains handwritten entries for '1-8' at various times (7:00-7:30, 9:00-9:30, 11:00-11:30, 14:00-14:30) with 0% methane content.

Examinations for Methane in Return Aircourses

Table with 5 columns: Location, Time, Methane Content. Contains handwritten entries for 'L Ret' and 'R Ret' at various times (7:00, 7:30, 11:00, 11:30) with 0% methane content.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over page 6 of Roof control Plan with entire crew at end of track

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 2-25 2010 Section or Area Examined 3 Section  
 Time of Examination: from 100 a.m. or 10 p.m. to 255 a.m. or 10 p.m.  
 Was this report phoned to outside: Yes no  
 By whom Shannon Peck Time 300 A.M. P.M.  
 Report received by Bobby Baker  
 (Signed)

CH <sub>4</sub>		O <sub>2</sub>		Violations and other Hazardous Conditions Observed and Reported		Action Taken
1.	Location	%	%	Violation or Hazardous Condition		
	Work Area		20.8%	Clear	None	
2.						
3.	612	0%	20.8%		N CID	Reported
4.	7	0%	20.8%		Needs Add. Clearing	Reported
5.						
6.						
7.						
8.						
9.						
10.						

Air Measurements		Air Measurements	
Location	CFM	Location	CFM
Intake - Good air movement			

Remarks: PC, 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 Shannon Peck Preshift Mine Examiner Certificate No. 1681-A  
 Countersigned Bobby Baker Mine Manager - Mine Foreman Certificate No. 38699  
Bobby 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 2-25-10 Shift Eve Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

	City Location	O <sub>2</sub>	Violation or Hazardous Condition	Action taken
1.	6/2 O <sub>2</sub>	20.8%	N C/D	Corrected
2.	7 O <sub>2</sub>	20.8%	Needs Add. Clearing	Corrected
3.				
4.				
5.				
6.				
7.				
8.				

Examinations for Methane in Working Places

	Location	Time	Methane Content		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

	Location	Time	Methane Content		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 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) Send page 4 of R.C.P. to entire crew at start of shift

Billy J. Baker Assistant Mine Foreman Certificate No. 38699  
Paul Baker Mine Foreman-Mine Manager Certificate No. 28734  
Superintendent or Assistant



Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 2-25 Section or Area Examined Portal Section  
 Time of Examination: from 10:00 a.m. or P.M. to 10:30 a.m. or P.M.  
 Was this report phoned to outside: Yes no  
 By whom Bobby Baker Time 11:00 A.M. PM  
 Report received by J. H. Col (Signed)

#### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>work Area</u>	<u>Clear</u>	<u>None</u>
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>Good Air movement</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: PC, Travelways, Intake Phone, outBy Chamber,  
OK AT TIME OF exam

CH4 0%, O2 20.8%, 0 PPM CO 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 P. Baker 38699 J. H. Col 1947-A  
 Preshift Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned Rich [Signature] 29736  
 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

Location	Violation or Hazardous Condition	Action taken
1.		
2.	Moving Section	
3.		
4.	0% CH <sub>4</sub>	
5.	20.8% O <sub>2</sub>	
6.	0 PPM C.O. Detected	
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1.			11.		
2.			12.		
3.			13.		
4.		Good Air movement	14.		
5.		22,470 CFM	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) \_\_\_\_\_

*[Signature]*  
Assistant Mine

1947-A  
Certificate No.

*[Signature]*  
Mine Foreman-Mine Manager

25134  
Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 2-26 20: 10 Section or Area Examined Portal 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 ✓ no \_\_\_\_\_  
 By whom Gang Cole Time 6:00 A.M. \_\_\_\_\_ P.M.  
 Report received by \_\_\_\_\_ (Signed) 1664-A

#### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>work area clear</u>	<u>None</u>	<u>None</u>
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### Air Measurements

Location	CFM	Location	CFM
<u>Intake Good Air Movement</u>	<u>1</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Powercenter Travelway Intake phone & 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 Gang Cole Certificate No. 1947-A Assistant Foreman 1664-A  
 Countersigned Rush Fosh Mine Manager—Mine Foreman Certificate No. 29736  
 \_\_\_\_\_ 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 2-26-10 Shift Day Area or Section Portal Section

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Row 1: Mewing Section, None, None.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-7 show methane content of 0% at various times and locations.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-5 show methane content of 0% at various times and locations.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Want our page 2 paragraph 2 of Roof control plan with entire crawl end of Trac k

Signatures and Certificate Numbers: Assistant Mine, Certificate No. 1441-A, Mine Foreman-Mine Manager, Certificate No. 29734, Superintendent or Assistant.

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-26 2014 Section or Area Examined Portal Section
Time of Examination: from 2:00 a.m. or (p.m) to 2:30 a.m. or (a.m.)
Was this report phoned to outside: Yes no
By whom Shannon Archer 1664-A Time A.M 3:00 (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: Work area clear, None Observed, None.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: Intake Good air measurement, 24570.

Remarks: Powercable Trussways cut by chamber OK at time of exam

Intake phase 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 [Signature] Freshift-Mine Examiner Certificate No. 1664-A
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 25730
Assistant Foreman [Signature] Certificate No. 38699
Superintendent or Assistant [Signature]

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-26-10 Shift Even Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

	CH <sub>4</sub> Location	O <sub>2</sub>	Violation or Hazardous Condition	Action taken
1.	<u>1 0%</u>	<u>20.8%</u>	<u>Scrap</u>	<u>Reflectors</u>
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>LT Return</u>	<u>425</u>	<u>0%</u>	6.			
2.	<u>RT Return</u>	<u>510</u>	<u>0%</u>	7.			
3.				8.			
4.	<u>LT Return</u>	<u>825</u>	<u>0%</u>	9.			
5.	<u>RT Return</u>	<u>910</u>	<u>0%</u>	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 4 of R.C.P. to entire crew at start of shift

[Signature] Assistant Mine Certificate No. 38699  
[Signature] Mine Foreman-Mine Manager Certificate No. 23734  
Superintendent or Assistant



PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2-20 2010 Section or Area Examined Partial 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 \_\_\_\_\_ 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>Sectio Idle - no work</u>	<u>none observed</u>	<u>none</u>
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>9000 Air movement</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Power cables, chargers, track & equipment off at TOE

0% CH<sub>4</sub>, 20.8% O<sub>2</sub>, 0% CO

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

Signed By [Signature] 1659-A Assistant Foreman Certificate No. \_\_\_\_\_  
 Countersigned [Signature] 29734 Mine Manager—Mine Foreman  
 Assistant Foreman \_\_\_\_\_ Superintendent or Assistant \_\_\_\_\_

Joe Skurat 39199

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) \_\_\_\_\_

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2-27 2010 Section or Area Examined Panel Section  
 Time of Examination: from 1 a.m. or 6 p.m. to 4 a.m. or 0 p.m.  
 Was this report phoned to outside: Yes no  
 By whom Brought outside 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 Idle</u>	<u>NONE observed</u>	<u>NONE</u>
2. <u>NO Work</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>Good Air Movement</u>			
<u>        </u>			
<u>        </u>			
<u>        </u>			
<u>        </u>			
<u>        </u>			
<u>        </u>			
<u>        </u>			

Remarks:

0% CH<sub>4</sub>, 0% CO, 20.8% O<sub>2</sub>  
Track, Travelway, Chargers, Clean at exam  
Air Chamber, Clean at 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 Jay Stuard Preshift-Mine Examiner Certificate No. 39199  
 Countersigned Rick Smith Mine Manager - Mine Foreman Certificate No. 28724  
Jim Williams Assistant Foreman Certificate No. 1659A  
 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 2-27 Section or Area Examined Portal Section  
 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 X Time      A.M.      P.M.  
 By whom       
 Report received by Brought out (Signed)

Violations and other Hazardous Conditions Observed and Reported		
Location	Violation or Hazardous Condition	Action Taken
1. Section Idle	none observed	none
2. NO WORK		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements			
Location	CFM	Location	CFM
good air movement			

Remarks: 0% CH<sub>4</sub>, 20.8% O<sub>2</sub>, 0% CO  
TRAVELWAY, POWERCENTERS, CHARGERS ON AT T.O.E.  
Outby chamber needs moved, does not have the required 37' clearance

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. 2873  
 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 2-28 2010 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
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: Section Idle, none observed. Row 2: NO WORK.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: good AIR MOVEMENT.

Remarks: 0% CH4, 20.8% O2, 0% CO
Track, travelway, power center, pumps, chargers, d-boxes clear at TOR.
Outby chamber needs moved, does not have the required 37' to deploy tent,
Intake phone at section 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 Jim [Signature] Preshift-Mine Examiner Certificate No. 1659-A
Countersigned Rich [Signature] Mine Manager-Mine Foreman Certificate No. 29724
Assistant Foreman
Superintendent or Assistant

Jay Stewart 39199

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*

<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 2-28 Section or Area Examined Portal Section

Time of Examination: from 10 a.m. or 10 p.m. to 400 a.m. or 10 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>No Work Section Idle</u>	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

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

Remarks: 0% CH<sub>4</sub>, 0% CO, 20.8% O<sub>2</sub> Tracks, travelways, p.c.s, chargers  
observed clear at clear

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 Curran Certificate No. 77429  
 Preshift Mine Examiner  
 Countersigned [Signature] Certificate No. 26734  
 Mine Manager - Mine Foreman  
[Signature] Assistant Foreman Certificate No. 16591  
[Signature] 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 2-28 Section or Area Examined Portal Section  
 Time of Examination: from 800 a.m. or 6 p.m. to 1100 a.m. or 6 p.m.  
 Was this report phoned to outside: Yes \_\_\_\_\_ no X  
 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>WORK AREA</u> <u>Ch 0%</u>	<u>None observed</u>	<u>None</u>
2. <u>CHARGERS</u> <u>0%</u>	<u>None observed</u>	<u>None</u>
3. <u>POWERCENTERS</u> <u>0%</u>	<u>None observed</u>	<u>None</u>
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>INTAKE AIR</u>	<u>25,996</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% Ch<sub>4</sub>, 20.8% O<sub>2</sub>, 0% CO  
TRACK AND TRAVELWAYS CLEAR AT TOE.

Outby chamber wheels moved, DOES NOT HAVE 37" CLEARANCE FOR Vent to Dept 9  
INTAKE phone NOT WORKING AT TOE.

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. 16590  
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 28734  
 Assistant Foreman [Signature] Assistant Foreman 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 3-1 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. _____	_____	_____	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) \_\_\_\_\_

M. J. Cole Assistant Mine 1947-A Certificate No. Rick Zsch 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 3-1-10 2010 Section or Area Examined Portal Section  
 Time of Examination: from 5:00 a.m. or p.m. to 5:40 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Greg Cole Time 6:00 A.M. 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.	Entry CH <sub>4</sub> 0% O <sub>2</sub> 20.8	Not Bolted	Reflector Hung
2.	2 Entry 0% 20.8	None Observed	Reflector Hung
3.	3 Entry 0% 20.8	Needs cleaned & dusted	Reported
4.	4 Entry 0% 20.8	Scrap cut	Reflector Hung
5.	5 Entry 0% 20.8	None Observed	Reflector Hung
6.	6 Entry 0% 20.8	None Observed	Reflector Hung
7.	7 Entry 0% 20.8	None Observed	Reflector Hung
8.			
9.			
10.			

#### Air Measurements

Location	CFM	Location	CFM
L HOB	20700		
R HOB	22540		

Remarks: Powercenter Traxlways OK at Time of exam  
Outby Chamber Needs pulled out man  
Intake phone Net working  
CH<sub>4</sub> 0% O<sub>2</sub> 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. 1947A Assistant Foreman [Signature] Certificate No. 1664-A  
 Countersigned [Signature] Mine Manager—Mine Foreman 28732  
 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 3-1-10 Shift Day 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>Not Bolted</u>	<u>Reported Reflector id off</u>
2. <u>3</u>	<u>Needs cleaned + dusted</u>	<u>Corrected, cleaned + dusted</u>
3. <u>4</u>	<u>Scrap cut</u>	<u>Corrected finished cut</u>
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>7:00-7:30</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>9:00-9:30</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-7</u>	<u>11:00-11:30</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-7</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 3 of RecRcontrol plan with entire crew at end of Truck

Sh Ph Assistant Mine 1664-A Certificate No. Resh Tator 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 3-1 Section or Area Examined 3 Section
Time of Examination: from 200 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 300 P.M.
Report received by Bobby Baker (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: City Location, O2, Violation or Hazardous Condition, Action Taken. Contains 7 rows of data including O2 percentages and violations like 'Nitch Not Bolted' and 'N/C/D'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains 2 rows of data for 'LT LOB' (20,350 CFM) and 'RT LOB' (23,270 CFM).

Remarks: RC, 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] 1664-A Certificate No. 38699
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 3-1-10 Shift Eve Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

	Location	O <sub>2</sub>	Violation or Hazardous Condition	Action taken
1.	<u>CH<sub>4</sub> 0%</u>	<u>20.8%</u>	<u>Nick N/B</u>	<u>Bolled</u>
2.	<u>3 0%</u>	<u>20.8%</u>	<u>N C/D</u>	<u>Corrected</u>
3.	<u>4 0%</u>	<u>20.8%</u>	<u>P/B</u>	<u>Bolled</u>
4.	<u>5 0%</u>	<u>20.8%</u>	<u>Scrap</u>	<u>Bolled</u>
5.				
6.				
7.				
8.				

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
<u>1-7</u>	<u>430-500</u>	<u>0%</u>			
<u>1-7</u>	<u>630-700</u>	<u>0%</u>			
<u>1-7</u>	<u>830-900</u>	<u>0%</u>			
<u>1-7</u>	<u>1000-1030</u>	<u>0%</u>			

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
<u>Lt Return</u>	<u>425</u>	<u>0%</u>			
<u>Rt Return</u>	<u>505</u>	<u>0%</u>			
<u>Lt Return</u>	<u>825</u>	<u>0%</u>			
<u>Rt Return</u>	<u>905</u>	<u>0%</u>			

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) at start of shift Read page 4 of R.R.P. to return crew

Bobby J. Baker Assistant Mine 38699 Certificate No. Reed Foster 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 3-1 Section or Area Examined Post #10 Section  
 Time of Examination: from 10:00 a.m. or h to 10:30 a.m. or h  
 Was this report phoned to outside? Yes no  
 By whom Bobby Baker Time 11:00 A.M. P.M.  
 Report received by Jerry Sh (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	#1 <u>CH<sub>4</sub> 0%</u>	<u>02</u>	<u>None observed</u>	<u>Reported</u>
2.	#2 <u>0%</u>	<u>20.8%</u>	<u>None observed</u>	<u>Reported</u>
3.	#3R <u>0%</u>	<u>20.8%</u>	<u>Part Bolted</u>	<u>Reflectors Hung</u>
4.	#4 <u>0%</u>	<u>20.8%</u>	<u>None observed</u>	<u>Reported</u>
5.	#5 <u>0%</u>	<u>20.8%</u>	<u>scal cut</u>	<u>Reflectors Hung</u>
6.	#6 <u>0%</u>	<u>20.8%</u>	<u>None observed</u>	<u>Reported</u>
7.	#7 <u>0%</u>	<u>20.8%</u>	<u>None observed</u>	<u>Reported</u>
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>Lt 20,290</u>		
	<u>Rt 24,220</u>		

Remarks: PC, Travel Ways, Intake Phone, Outby Chamber, OK At Time of exam  
0% CH<sub>4</sub>, 20.8% O<sub>2</sub>, 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  
 Preshift-Mine Examiner Assistant Foreman  
 Countersigned Rick Foster Certificate No. 2872  
 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 3-2

Shift owl

Area or Section Potters 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. 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

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 3-2 2010 Section or Area Examined Portal Section
Time of Examination: from 5:00 a.m. or p.m. to 5:46 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Greg Cole Time 6:00 A.M. P.M.
Report received by (Signed) 1664-A

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location (Entry, % CH4, % O2), Violation or Hazardous Condition, and Action Taken. Entries include 'Nitch - Not Bolted', 'Needs additional cleaning', and 'None Observed'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Measurements for L KOB (20740) and R KOB (23520).

Remarks: Percussor Truvelways intake phone 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 1947-A Assistant Foreman 1664-A
Countersigned Rick Foster 28134 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 3-2-10 Shift Day 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 5 entries regarding bolted nuts and clearing.

Examinations for Methane in Working Places

Table with 5 columns: Location, Time, Methane Content. Contains 10 entries showing 0% methane content at various times and locations.

Examinations for Methane in Return Aircourses

Table with 5 columns: Location, Time, Methane Content. Contains 5 entries showing 0% methane content in return aircourses.

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 of Roof control Plan paragraph 4 of Roof control plan with entire crew at end of Track.

Signatures and Certificates: Assistant Mine, Certificate No. 1664-A, 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 3-2 2010 Section or Area Examined 3 Section
Time of Examination: from 100 a.m. or p.m. to 230 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Shannon Perdue Time A.M. 250 P.M.
Report received by Bobby Baker (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: CH4 Location, CH4 %, Violation or Hazardous Condition, Action Taken. Contains 7 rows of data including locations like 1 O2, 2 O2, 3L O2, 4 O2, 5 SR O2, 6 O2, 7 O2 with corresponding violations like N/O, N/B, Scrap, P/B, Needs Add. Cleaning, N C/D and actions like Reported, No Pleckors.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains 2 rows of data: LT LOB 20,180 and RT LOB 23,700.

Remarks: PL, 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] Certificate No. 1664-A
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 29736
Assistant Foreman [Signature] Certificate No. 38699
Superintendent or Assistant [Signature]

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-2-10 Shift Ev Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-7	430-500	0%	11.			
2.	1-7	630-700	0%	12.			
3.	1-7	830-900	0%	13.			
4.	1-7	1000-1030	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	425	0%	6.			
2.	Rt Return	505	0%	7.			
3.				8.			
4.	Lt Return	825	0%	9.			
5.	Rt Return	905	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 Certificate No. 38699  
Rick [Signature] Mine Foreman-Mine Manager Certificate No. 28734  
 Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-2 to Section or Area Examined Partial section  
 Time of Examination: from 10:00 a.m. or 10:30 a.m. or PM  
 Was this report phoned to outside: Yes no  
 By whom Bobby Baker Time 10:55 A.M. P.M.  
 Report received by M. W. G. G. (Signed)

Violations and other Hazardous Conditions Observed and Reported

	CH <sub>4</sub> Location	O <sub>2</sub>	Violation or Hazardous Condition	Action Taken
1.	#1 0%	20.8%	None observed	Reported
2.	#2 0%	20.8%	None observed	Reported
3.	#3L 0%	20.8%	SCRAP CUT	Reflectors Hung
4.	#4 0%	20.8%	Needs cleaned and Dusted	Reported
5.	#5 0%	20.8%	None observed	Reported
6.	#6 0%	20.8%	Needs cleaned and Dusted	Reported
7.	#6R 0%	20.8%	Needs cleaned and Dusted	Reported
8.	#7 0%	20.8%	SCRAP CUT	Reported Reflectors
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
LOB Lt	21,640		
Rt	23,490		

Remarks: PC, Travelways, Intake Phone, Out By chamber, OK AT TIME OF EXAM

0% CH<sub>4</sub>, 20.8% O<sub>2</sub>, 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 Assistant Foreman M. W. G. G. Certificate No. 1947A  
 Countersigned Richard Baker Mine Manager-Mine Foreman Certificate No. 2873C  
 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 3-3-10 Shift 0W1 Area or Section Portal section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-3 show 0% methane content at 1:00-1:30, 3:00-3:30, and 5:00-5:30.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-5 show 0% methane content at various return air locations.

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

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

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

Assistant Mine, Certificate No. 1947-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 3-3 2010 Section or Area Examined Pental Section  
Time of Examination: from 5:00 a.m. or p.m. to 5:40 a.m. or p.m.  
Was this report phoned to outside: Yes  no   
By whom Eng Cole Time 6:00 A.M. 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.	Entry CH <sub>4</sub> 0% O <sub>2</sub> 20.8	None observed	Reflector Hung
2.	Entry CH <sub>4</sub> 0% O <sub>2</sub> 20.8	Needs Additional cleaning	Reported
3.	3L xcut CH <sub>4</sub> 0% O <sub>2</sub> 20.8	Part Beltrud	Reflector Hung
4.	4 Entry CH <sub>4</sub> 0% O <sub>2</sub> 20.8	None Observed	Reflector Hung
5.	5 Entry CH <sub>4</sub> 0% O <sub>2</sub> 20.8	None Observed	Reflector Hung
6.	6R xcut CH <sub>4</sub> 0% O <sub>2</sub> 20.8	None Observed	Reflector Hung
7.	7 Entry CH <sub>4</sub> 0% O <sub>2</sub> 20.8	Scrap cut	Reflector Hung
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
L LOB	26720		
R LOB	23660		

Remarks: Powercenter Travelways intake phone chargers + Outby chamber OK at Time of exam  
CH<sub>4</sub> 0% O<sub>2</sub> 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. 19472  
Preshift-Mine Examiner Assistant Foreman  
Countersigned [Signature] Certificate No. 1664-A  
Mine Manager—Mine Foreman  
Assistant Foreman  
Superintendent or Assistant

Use Indelible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. _____	_____	_____
2. <u>2</u>	<u>Needs additional cleaning</u>	<u>Corrected</u>
3. <u>3L x cut</u>	<u>Part Beltd</u>	<u>Corrected,</u>
4. <u>7</u>	<u>Scrap cut</u>	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>7:00-7:30</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>9:00-9:30</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-7</u>	<u>11:00-11:30</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-7</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 4 paragraph 445 of  
Roof control plan with entire crew at end of Track

SL PL Assistant Mine 1664-A Certificate No. Res Jata 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 3-3 2010 Section or Area Examined 3 Section  
Time of Examination: from 1:00 a.m. or 1:00 p.m. to 2:30 a.m. or 2:30 p.m.  
Was this report phoned to outside: Yes  no   
By whom Shannon Perdue Time 2:50 A.M. P.M.  
Report received by Bobby Baker  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Oz	Violation or Hazardous Condition	Action Taken
1. <u>1</u> <u>0%</u> <u>20.8%</u>		<u>Needs Add. Cleaning</u>	<u>Reported</u>
2. <u>2</u> <u>0%</u> <u>20.8</u>		<u>Scrap</u>	<u>Reflectors</u>
3. <u>2L</u> <u>0%</u> <u>20.8</u>		<u>P/B</u>	<u>Reflectors</u>
4. <u>3</u> <u>0%</u> <u>20.8</u>		<u>N CID</u>	<u>Reported</u>
5. <u>4</u> <u>0%</u> <u>20.8</u>		<u>N/D</u>	<u>Reported</u>
6. <u>5</u> <u>0%</u> <u>20.8</u>		<u>Scrap</u>	<u>Reflectors</u>
7. <u>6</u> <u>0%</u> <u>20.8</u>		<u>P/B</u>	<u>Reflectors</u>
8. <u>6R</u> <u>0%</u> <u>20.8</u>		<u>N CID</u>	<u>Reported</u>
9. <u>7</u> <u>0%</u> <u>20.8</u>		<u>N/D</u>	<u>Reported</u>
10.			

Air Measurements

Location	CFM	Location	CFM
<u>LT LOB</u>	<u>20,210</u>		
<u>RT LOB</u>	<u>23,400</u>		

Remarks: PL, 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] 1664-A [Signature] 58699  
Certificate No. Assistant Foreman Certificate No.  
Countersigned [Signature] 24736  
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 3.3.10 Shift Eve Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported				
Clty	Location	O <sub>2</sub>	Violation or Hazardous Condition	Action taken
1.	1 O <sub>2</sub>	20.8%	Needs Add. Clearing	Corrected
2.	2 O <sub>2</sub>	20.8	Scrap	Bolled
3.	2L O <sub>2</sub>	20.8	P/B	Bolled
4.	3 O <sub>2</sub>	20.8	N C/D	Corrected
5.	5 O <sub>2</sub>	20.8	Scrap	Bolled
6.	6 O <sub>2</sub>	20.8	P/B	Bolled
7.	6R O <sub>2</sub>	20.8	N C/D	Corrected
8.				

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	430-500	0%	11.		
2. 1-7	630-700	0%	12.		
3. 1-7	830-900	0%	13.		
4. 1-7	1000-1030	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	425	0%	6.		
2. RT Return	505	0%	7.		
3.			8.		
4. LT Return	825	0%	9.		
5. RT Return	905	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 r-hie crew at start of shift

[Signature] Assistant Mine 38699 Certificate No. [Signature] Mine Foreman-Mine Manager 28734 Certificate No. [Signature] Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Partial Section

Date of Examination 3-3 20 10 Section or Area Examined \_\_\_\_\_  
 Time of Examination: from 10:00 a.m. or 10:30 a.m. or 10:30 p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Bobby Baker Time 10:55 A.M. P.M.  
 Report received by Myron Cole (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH <sub>4</sub>	Violation or Hazardous Condition	Action Taken
1.	#1 20.8%	0%	SCRAP CUT	REFLECTORS HUNG
2.	#2 20.8%	0%	Needs cleaned and Dusted	Reported
3.	#3 20.8%	0%	Needs cleaned and Dusted	Reported
4.	#4R 20.8%	0%	SCRAP CUT	REFLECTORS HUNG
5.	#5 20.8%	0%	Needs cleaned and Dusted	Reported
6.	#6 20.8%	0%	Part Bolted	REFLECTORS HUNG
7.	#7 20.8%	0%	Needs cleaned and Dusted	Reported
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
LOB	LT 22,236		
	RT 23,640		

Remarks: pg, Travelways, Intake Phone, Out By Chamber, Clear  
At Time of Exam  
0% CH<sub>4</sub>, 20.8% O<sub>2</sub>, 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 Myron Cole Mine Foreman Certificate No. 28732  
 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 3-4-10 Shift owl Area or Section Partial

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1.	1-7	100-130	0%	11.	
2.	1-7	300 330	0%	12.	
3.	1-7	500 530	0%	13.	
4.				14.	
5.				15.	
6.				16.	
7.				17.	
8.				18.	
9.				19.	
10.				20.	

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1.	Lt Return	100	6%	6.	
2.	Rt Return	130	0%	7.	
3.				8.	
4.	Lt Return	500	0%	9.	
5.	Rt Return	530	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 G. Cole  
Assistant Mine

1947-A  
Certificate No.

Rock Wells  
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 3-4 20 10 Section or Area Examined Portal Section
Time of Examination: from 5:25 a.m. or p.m. to 5:45 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Adam Friley Time 555 A.M. P.M.
Report received by [Signature] 1664-A (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 2 rows of air measurement data.

Remarks: Powercenter Travelways 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 Adam Friley 38822-06 [Signature] Assistant Foreman
Countersigned Rich Foster 29736 Mine Manager - Mine Foreman
Assistant Foreman
Superintendent or Assistant

Date 3-4-10 Shift Day Area or Section Portal

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>2</u>	<u>Needs additional cleaning</u>	<u>Corrected Reported</u>
2. <u>2L xcut</u>	<u>Needs cleaned &amp; dusted</u>	<u>Corrected</u>
3. <u>3</u>	<u>Needs additional cleaning</u>	<u>Corrected</u>
4. <u>6</u>	<u>Not Bolted</u>	<u>Corrected</u>
5. <u>QR xcut</u>	<u>Needs cleaned &amp; dusted</u>	<u>Corrected</u>
6. <u>7</u>	<u>Needs additional cleaning</u>	<u>Corrected</u>
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>7:00-7:30</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>9:00-9:30</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-7</u>	<u>11:00-11:30</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-7</u>	<u>11:00-1:30</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 4 of R.R. Control Plan Paragraph 5 & 6 with entire crew at end of Time

[Signature]  
Assistant Mine

1664-A  
Certificate No.

[Signature]  
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 3-4-10 Section or Area Examined 3 Section
Time of Examination: from 100 a.m. or p.m. to 230 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Shannon Verdun Time A.M. 255 P.M.
Report received by Bobby Baker (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: City Location, O2, 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: PC, travelways, intake phone, 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-A
Assistant Foreman [Signature] Certificate No. 38699
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 28732
Assistant Foreman [Signature]
Superintendent or Assistant [Signature]



Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-4-10 Shift Even Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

	CH <sub>4</sub> Location	O <sub>2</sub>	Violation or Hazardous Condition	Action taken
1.	2L 0%	20.8%	Needs Add. Dust	Corrected
2.	2 0%	20.8	Needs Add. Cleaning	Corrected
3.	3 0%	20.8	Needs Add. Cleaning	Corrected
4.	3L 0%	20.8	Scrap	Bolted
5.	5 0%	20.8	P/B	Bolted
6.	5R 0%	20.8	Needs Add. Cleaning	Corrected
7.				
8.				

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-7	430-500	0%	11.			
2.	1-7	630-700	0%	12.			
3.	1-7	830-900	0%	13.			
4.	1-7	1000-1030	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	425	0%	6.			
2.	Rt Return	505	0%	7.			
3.				8.			
4.	Lt Return	825	0%	9.			
5.	Rt Return	905	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 4 of R.L.P. to entire extent at start of shift

Bobby L. [Signature]  
Assistant Mine

38699  
Certificate No.

Rick Foster  
Mine Foreman-Mine Manager

28734  
Certificate No.

Superintendent or Assistant



PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 3-4 2010 Section or Area Examined Porter section
Time of Examination: from 10:00 a.m. or 6 p.m. to 10:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom BOBBY BAKER Time A.M 11:00 P.M.
Report received by G. May Col (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: #, CH4 Location, Violation or Hazardous Condition, Action Taken. Contains 7 rows of data including CH4 percentages (0% to 20.8%) and actions like 'Needs cleaned and Dusted', 'none observed', 'scrap cut', and 'Reflectors Hung'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains two rows of data: LOB Lt 21,230 and Rt 22,570.

Remarks: Pc, 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 Bobby Baker 38699 Certificate No. 28732 Assistant Foreman G. May Col 1947A Certificate No.
Countersigned [Signature] Mine Manager—Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 5-5-10 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>IDIE</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. _____	_____	_____	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. _____	_____	_____	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) \_\_\_\_\_

Dreg Cole Assistant Mine 1947-A Certificate No. Resh Foster Mine Foreman/Mine Manager 2823C Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-5 20-10 Section or Area Examined Eagle Portal
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 Adam Fraley 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 (CH4, O2), Violation or Hazardous Condition, and 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 Travelways 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 Adam Fraley, Preshift-Mine Examiner, Certificate No. 39822-09
Countersigned Rick Foster, Mine Manager - Mine Foreman, Certificate No. 28234
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 3-5-10 Shift Day Area or Section Eagle Portal

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains 6 entries regarding bolted areas and cleaning needs.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Contains 7 entries showing 0% methane content at various times and locations.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Contains 5 entries showing 0% methane content in return aircourses.

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 of Road control plan paragraph 5, 6, 7 with entire crew at end of track

Signature of Assistant Mine Foreman

1664-A Certificate No.

Signature of Mine Foreman-Mine Manager

2973 Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-5 2010 Section or Area Examined 3 Section
Time of Examination: from 100 a.m. or 6:00 a.m. to 230 a.m. or 6:00 p.m.
Was this report phoned to outside: Yes no
By whom Shannon Perdue Time A.M. 250 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 7 rows of data with handwritten entries like 'N/D', 'Needs Add. Cleaning', 'Scrap', and 'Repaired'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for 'Lt LOB' (21,210) and 'Rt LOB' (23,000).

Remarks: PL, 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] Certificate No. 1664-A Assistant Foreman [Signature] Certificate No. 38699
Countersigned Rick Foster 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 3-5-10 Shift Eve Area or Section 3 Section

Table with 5 columns: CH4 Location, O2, Violation or Hazardous Condition, Action taken. Rows 1-5 contain data for CH4 levels and actions like 'Corrected' and 'Needs Add. Cleaning'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-4 show methane content of 0% at various times and locations.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-5 show methane content of 0% 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

Signatures and Certificate Numbers: 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 3-5 10 Section or Area Examined Portal Section
Time of Examination: from 10:00 a.m. or p.m. to 10:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Bobby Baker Time A.M. 10:55 P.M.
Report received by M. Gray Col (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: #, CH4 Location, Violation or Hazardous Condition, Action Taken. Contains 7 rows of data regarding CH4 levels and conditions.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains data for LOB at Lt (20,650) and Rt (21,310).

Remarks: PC, Travelways, Intake Phone, OutBy Chamber, 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 Bobby Baker Preshift-Mine Examiner Certificate No. 38679
Assistant Foreman M. Gray Col Certificate No. 1947-A
Countersigned R. Baker Mine Manager-Mine Foreman Certificate No. 28736
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 3-6-10 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.	Section	
4.	ID100	
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.			12.		
3. 1-8	3:00-3:30	0%	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) \_\_\_\_\_

[Signature]  
Assistant Mine

1947-A  
Certificate No.

[Signature]  
Mine Foreman-Mine Manager

29236  
Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3-6- 2010 Section or Area Examined Eagle South Panel  
 Time of Examination: from 5:00 a.m. or p.m. to 5:45 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Craig Cole Time 6:00 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>CH4 0% O2 20.8</u> <u>1 Entry</u>	<u>Scrap cut</u>	<u>Reflector Hung</u>
2. <u>2L Xcut 0% O2 20.8</u>	<u>Noods cleaned &amp; dusted</u>	<u>Reported</u>
3. <u>3R Xcut 0% O2 20.8</u>	<u>Noods cleaned &amp; dusted</u>	<u>Reported</u>
4. <u>4 Entry 0% O2 20.8</u>	<u>Noods cleaned &amp; dusted</u>	<u>Reported</u>
5. <u>5 Entry 0% O2 20.8</u>	<u>None Observed</u>	<u>Reflector Hung</u>
6. <u>6R Xcut 0% O2 20.8</u>	<u>Scrap cut</u>	<u>Reflector Hung</u>
7. <u>7 Entry 0% O2 20.8</u>	<u>None Observed</u>	<u>Reflector Hung</u>
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### Air Measurements

Location	CFM	Location	CFM
<u>LLOB</u>	<u>18360</u>	_____	_____
<u>RLOB</u>	<u>22660</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Powercenter Traxways intake phone out by 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 Craig Cole Certificate No. 1947-A  
 Assistant Foreman \_\_\_\_\_ Certificate No. 1664-A  
 Countersigned Paul Foster 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 3-6-10 Shift Day 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>Scrap cut</u>	<u>Corrected</u>
2. <u>2L</u>	<u>Needs cleaned &amp; dusted</u>	<u>Corrected</u>
3. <u>3R</u>	<u>Needs cleaned &amp; dusted</u>	<u>Corrected</u>
4. <u>4</u>	<u>Needs cleaned &amp; dusted</u>	<u>Corrected</u>
5. <u>6R</u>	<u>Scrap cut</u>	<u>Corrected</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>7:00-7:30</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>9:00-9:30</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-7</u>	<u>11:00-11:30</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-7</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>LRet</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>LRet</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 18  
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 7 & 8 of Reef control plan with entire crew at end of track

SLP Assistant Mine 1664-A Certificate No. Rick Esten Mine Foreman-Mine Manager 23736 Certificate No. \_\_\_\_\_ Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3-6 20-10 Section or Area Examined 3 Section  
 Time of Examination: from 130 a.m. or pm to 230 a.m. or pm  
 Was this report phoned to outside: Yes no  
 By whom Shannon Perdue Time 250 A.M. P.M.  
 Report received by Bobby Butler (Signed)

#### Violations and other Hazardous Conditions Observed and Reported

CH <sub>4</sub>	Location	O <sub>2</sub>	Violation or Hazardous Condition	Action Taken
1. 1	0%	20.8%	N C/D	Reported
2. 2	0%	20.8%	N C/D	Reported
3. 2L	0%	20.8%	Scrap	Reflectors
4. 3	0%	20.8%	N/D	Reported
5. 4	0%	20.8%	Needs Add. Cleaning	Reported
6. 5R	0%	20.8%	Scrap	Reflectors
7. 6	0%	20.8%	N/D	Reported
8. 7	0%	20.8%	N/D	Reported
9.				
10.				

#### Air Measurements

Location	CFM	Location	CFM
LT LOB	20,100		
RT LOB	22,450		

Remarks: RC, 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] 1667-A Bobby L. Butler 38699  
 Certificate No. 2573 Assistant Foreman  
 Countersigned [Signature] Mine Manager—Mine Foreman  
[Signature] Assistant Foreman  
2611 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-6-10 Shift Even Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported				
	CH <sub>4</sub> Location	O <sub>2</sub>	Violation or Hazardous Condition	Action taken
1.	1 O%	20.8%	N CID	Corrected
2.	2 O%	20.8%	N CID	Corrected
3.	2L O%	20.8%	Scrap	Bolted
4.	4 O%	20.8%	Needs Add. Cleaning	Corrected
5.	5R O%	20.8%	Scrap	Bolted
6.				
7.				
8.				

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	430-500	0%	11.		
2. 1-7	630-700	0%	12.		
3. 1-7	830-900	0%	13.		
4. 1-7	1030-1100	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	425	0%	6.		
2. Rt Return	505	0%	7.		
3.			8.		
4. Lt Return	825	0%	9.		
5. Rt Return	905	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 4 of R.C.P. to entire crew at shift of shift

[Signature] Assistant Mine Foreman Certificate No. 38679  
[Signature] Mine Foreman-Mine Manager Certificate No. 28732  
 Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-7 2010 Section or Area Examined 3 section on 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 Report received by Brought Over (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 contains handwritten text: 'Section Idle - No Work'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Handwritten entries: LOB RT 20,220; LOB LT 18,870.

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

TRUCK, TRAILERS, POWERCENTERS, CHARGERS CLEAR AT TIME OF EXAM

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

Signed By Jim Mills Preshift-Mine Examiner Certificate No. 1659A
Countersigned Rick Foster Mine Manager-Mine Foreman Certificate No. 28706
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 3-7 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 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: Section Idle - No Work

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Data: LOB Right 20,983, LOB Left 19,444

Remarks: 0% CH4, 0% CO, 20.8 O2 tracks, travelways, pc's, changers clear at clear

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 Rusty Miller Mine Manager - Mine Foreman Certificate No. 28736
Assistant Foreman Superintendent or Assistant Certificate No. 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*

<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 3-7 Section or Area Examined Portal Section or 3rd on
Time of Examination: from 8:30 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 Brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Ch4, Violation or Hazardous Condition, Action Taken. Contains 10 rows of inspection data including locations like '1, 2 LEFT', '3, 4, 4R', '5, 6', '6R', '7F', 'LEFT Return', and 'Right Return'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains two rows of air measurement data for 'LT LOB' (19,608 CFM) and 'RT LOB' (13,800 CFM).

Remarks: % Ch4, 20.8% O2, 0% CO
Water in travel way? LEFT Return overboots
Track, travel ways, power cables, choppers clean AT TOE.
Outby chamber needs moved, does not have enough clearance for tent to deploy

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 Assistant Foreman [Signature] Certificate No. 1947-A
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 2872
Assistant Foreman
Superintendent or Assistant

Use Indefinible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-8 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.		
4.		
5.		
6.		
7.		
8.		

Section  
ID14

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>1:00-1:30</u>	<u>0%</u>	11.		
2.			12.		
3. <u>1-7</u>	<u>2:00-3:30</u>	<u>0%</u>	13.		
4.			14.		
5. <u>1-7</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) \_\_\_\_\_

Joe Cole Assistant Mine 1947-A Certificate No. Rush J. [Signature] 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 3-8 2010 Section or Area Examined 3 section  
 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 600 A.M. 1 P.M.  
 Report received by Bobby Baker  
 (Signed)

#### Violations and other Hazardous Conditions Observed and Reported

	CH <sub>4</sub> Location	O <sub>2</sub>	Violation or Hazardous Condition	Action Taken
1.	1L O <sub>2</sub>	20.8%	N/D	Reported
2.	2 O <sub>2</sub>	20.8%	N/C/D	Reported
3.	3 O <sub>2</sub>	20.8%	N/D	Reported
4.	4R O <sub>2</sub>	20.8%	N/D	Reported
5.	5 O <sub>2</sub>	20.8%	N/D	Reported
6.	6 O <sub>2</sub>	20.8%	P/B	Reflectors
7.	7 O <sub>2</sub>	20.8%	Scrap	Reflectors
8.				
9.				
10.				

#### Air Measurements

Location	CFM	Location	CFM
LT L0B	16,100		
RT L0B	21,200		

Remarks: PC, travelways, intake phase, 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] 1947A [Signature] 38699  
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned [Signature] 28236  
 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 3-8-10 Shift Day Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

	CH <sub>4</sub> Location	O <sub>2</sub>	Violation or Hazardous Condition	Action taken
1.	2 O <sub>2</sub>	20.8%	N C/D	Corrected
2.	6 O <sub>2</sub>	20.8%	P/B	Bolted
3.	7 O <sub>2</sub>	20.8%	Scrap	Bolted
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	100-130	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 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 pgs 4 of R.C.P. to entire crew at start of shift. SCSR buddy check

Bobby L. Bohn 38699 Assistant Mine Certificate No. Rick Foster 2872 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 3-8-20 Section or Area Examined Portal Section
Time of Examination: from 11:00 a.m. or p.m. to 1:30 a.m. or p.m.
Was this report phoned to outside: Yes [X] no
By whom Bobby Baber Time A.M. 2:50 P.M.
Report received by [Signature] (Signed) KGGH-A

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 9 rows of inspection data including CH4 percentages and observations like 'Scrap cut' and 'Needs cleaned & dusted'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains two rows of air flow measurements for L LoB (20180) and R LoB (21640).

Remarks: Powercenter Trunkways intake phone, outby chamber & chargers 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 Bobby F. Baber 38699 Assistant Foreman KGGH-A
Countersigned [Signature] 2577 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 3-8-10 Shift Ev Area or Section Portal Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1k xcut</u>	<u>Scrapcut</u>	<u>Corrected</u>
2. <u>3</u>	<u>Part Bolted</u>	<u>Corrected,</u>
3. <u>5</u>	<u>Scrapcut</u>	<u>Corrected,</u>
4. <u>6</u>	<u>Needs cleaned &amp; dusted</u>	<u>Corrected</u>
5. <u>7</u>	<u>Needs cleaned &amp; dusted</u>	<u>Corrected</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u><del>8-16-7R</del></u>	<u>4:30-5:00</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1k-7R</u>	<u>6:30-7:00</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1k-7R</u>	<u>8:30-9:00</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1k-7R</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 Trunk.

[Signature] Assistant Mine 16047A Certificate No. [Signature] Mine Foreman-Mine Manager 20732 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 3-8 2010 Section or Area Examined Part 91 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 [initials] no
By whom Shannon Perdue Time 10:55 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. Rows include items 0 through 10 with details on reflectors, cleaning, and dusting.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows show measurements for Lt (20,370) and Rt (23,210) at location LcB.

Remarks: Power center, Travelways, Intake phone, out by chamber, chargers OK At time of exam

0% CH4, 20.8% O2, 0ppm CO. 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 Foreman Certificate No. 28236
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 3-9-10 Shift OW Area or Section Portal Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 0-7	1:00-1:30	0%	11.		
2.			12.		
3. 0-7	3:00-3:30	0%	13.		
4.			14.		
5. 0-7	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      1947A Certificate No.      [Signature] Mine Foreman-Mine Manager      2823C Certificate No.      Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-9 2010 Section or Area Examined 3 Section
Time of Examination: from 8:00 a.m. or p.m. to 8:45 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Greg Cole Time 6:10 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. Contains 10 rows of data including O2 percentages and actions like 'Reported' and 'Relectors'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains entries for 'LT LOB' (19,860 CFM) and 'RT LOB' (21,600 CFM).

Remarks: PC, 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] 1947-A [Signature] 38679
Countersigned [Signature] 2872
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 3-9-10 Shift Day Area or Section 3 section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>0</u>	<u>Scrap</u>	<u>Bo 11/1</u>
2. <u>6</u>	<u>N CIP</u>	<u>Corrected</u>
3. <u>7R Lower</u>	<u>N CIP</u>	<u>Corrected</u>
4. <u>7R Upper</u>	<u>PIB</u>	<u>Bo 11/1</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>700-740</u>	<u>0%</u>	11. _____	_____	_____
2. <u>1-7</u>	<u>900-940</u>	<u>0%</u>	12. _____	_____	_____
3. <u>1-7</u>	<u>1100-1140</u>	<u>0%</u>	13. _____	_____	_____
4. <u>1-7</u>	<u>100-140</u>	<u>0%</u>	14. _____	_____	_____
5. _____	_____	_____	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Lt Return</u>	<u>655</u>	<u>0%</u>	6. _____	_____	_____
2. <u>Rt Return</u>	<u>745</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>Lt Return</u>	<u>1055</u>	<u>0%</u>	9. _____	_____	_____
5. <u>Rt Return</u>	<u>1145</u>	<u>0%</u>	10. _____	_____	_____

Number of Bolts Tested 13 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

B. M. [Signature] Assistant Mine Foreman Certificate No. 38697  
[Signature] Mine Foreman-Mine Manager Certificate No. 28736  
 Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-9 10 Section or Area Examined Pol/tal section
Time of Examination: from 10:00 a.m. or 6 p.m. to 10:30 a.m. or 6 p.m.
Was this report phoned to outside: Yes no
By whom S. LANNON Perdue Time A.M. 10:55 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 data including locations like 0, 1, 2, 2L, 3, 4, 5, 5R, 6, 7, 7R, 8 and actions like 'Need cleaned and dusted', 'Needs Additional cleaning', 'None observed', 'Scrap cut', 'Reflectors hung'.

Air Measurements

LOB Lt 22,750
Rt 21,660

Remarks: PC, Travelways, Intake Phone, outBy chamber, kva, chargers
OK At 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 [Signature] 1664-A [Signature] 1947-A
Preshift Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned [Signature] 22734
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*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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



Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-10 20.10 Section or Area Examined Port 91 Section

Time of Examination: from 3:30 a.m. or p.m. to 4:15 a.m. or p.m.

Was this report phoned to outside: Yes no

By whom Report received by Brought out Time A.M P.M.

(Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action Taken. Rows 1-10 listing observations like 'needs cleaned and dusted', 'needs add cleaning', 'none observed', 'scrub cut', and 'reflectors hung'.

Air Measurements

Table for Air Measurements with columns for Location, CFM, and Not Bolted. Values include 21,680 and 20,960.

Remarks: PC, Travelways, Intake phone, out by 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] 1947A Certificate No. 28736 Assistant Foreman [Signature] 38699 Certificate No.

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

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

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

Violations and other Hazardous Conditions Observed and Reported

	CH <sub>4</sub>	Location	O <sub>2</sub>	Violation or Hazardous Condition	Action taken
1.	0	O <sub>2</sub>	20.8%	N C/D	Corrected
2.	1	O <sub>2</sub>	20.8	Needs Add. Clearing	Corrected
3.	2L	O <sub>2</sub>	20.8	Scrap	Bolled
4.	4	O <sub>2</sub>	20.8	Scrap	Bolled
5.	5	O <sub>2</sub>	20.8	Needs Add. Clearing	Corrected
6.	5R	O <sub>2</sub>	20.8	Needs Add. Clearing	Corrected
7.	6	O <sub>2</sub>	20.8	N C/D	Corrected
8.	7R	O <sub>2</sub>	20.8	N C/D	Corrected
	8	O <sub>2</sub>	20.8	NIB	Bolled

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	0-8	700-740	0%	11.			
2.	0-8	900-940	0%	12.			
3.	0-8	1000-1140	0%	13.			
4.	0-8	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 pg 4 of R.C.P. to entire crew at start of shift

Billy L. Baker Assistant Mine 38697 Certificate No. Paul Foster Mine Foreman-Mine Manager 2372 Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-10 20-10 Section or Area Examined Partial 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 A.M. 2:55 P.M.
Report received by (Signed) 1664-A

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: Poor center Airways intake phone out by chamber & choppers also out

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 (Signature) Mine Manager-Mine Foreman Certificate No. 28734
Assistant Foreman 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 \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. 0	Needs cleaned & dusted	Corrected
2. 1	Scrap cut	Corrected
3. 4	Needs cleaned & dusted	Corrected
4. 5	Scrap cut	Corrected
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 0-8	4:30-5:00	0%	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. 0-8	6:30-7:00	0%	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. 0-8	8:30-9:00	0%	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. 0-8	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 Ret	4:30	0%	6. _____	_____	_____
2. R Ret	5:00	0%	7. _____	_____	_____
3. A	_____	_____	8. _____	_____	_____
4. L Ret	8:30	0%	9. _____	_____	_____
5. R Ret	9:00	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) Set 1 Sand Jack in #6 and 2 Sand Jacks in GR  
LOB was: went over page 5 of Rock Control Plan at end of Truck with entire crew

[Signature]  
Assistant Mine

1664-A  
Certificate No.

[Signature]  
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 3-10-60 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 J. Colby Time 10:55 P.M.
Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten air measurement data.

Remarks: Powercent, Travelsways, Intake Phone, Outby chamber chargers OK At Time of Exam

CH4 0%, O2 20.6%, C.O. 0ppm, 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] 1664A [Signature] 1947A
Certificate No. 28736 Assistant Foreman Certificate No.
Countersigned [Signature] Mine Manager - Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-11-10 Shift 0W1 Area or Section Portal Section

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Row 2 contains 'SECTION' and row 4 contains 'IDLE'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-5 contain handwritten data for locations 0-8 and times 1:00-1:30, 3:00-3:30, 5:00-5:30 with 0% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-5 contain handwritten data for Lt Return and Rt Return with 0% methane content.

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

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

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

Signature of Assistant Mine Foreman

1947A Certificate No.

Signature of Mine Foreman-Mine Manager

28736 Certificate No.

Signature of Superintendent or Assistant



Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-11 20 10 Section or Area Examined 3 Section
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 Stry Cole Time 555 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 inspection data.

Table for Air Measurements with columns: Location, CFM, Location, CFM. Contains two rows of data for LT LOB and RT LOB.

Remarks: PC, Airways, intake pipe, rubber chamber - OK at line 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 Stry Cole Preshift Mine Examiner Certificate No. 1947-A
Countersigned Bobby Baker Mine Manager - Mine Foreman Certificate No. 35698
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 3-11-10 Shift Day Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>0</u>	<u>Needs Add. Cleaning</u>	<u>Corrected</u>
2. <u>1L</u>	<u>N C/D</u>	<u>Corrected</u>
3. <u>1</u>	<u>Scrap</u>	<u>Bolted</u>
4. <u>2</u>	<u>N C/D</u>	<u>Corrected</u>
5. <u>3</u>	<u>Needs Add. Cleaning</u>	<u>Corrected</u>
6. <u>4</u>	<u>N/C</u>	<u>Corrected</u>
7. <u>6R</u>	<u>Needs Add. Cleaning</u>	<u>Corrected</u>
8. <u>8</u>	<u>N C/D</u>	<u>Corrected</u>

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>0-8</u>	<u>700-740</u>	<u>0%</u>	11. _____	_____	_____
2. <u>0-8</u>	<u>900-940</u>	<u>0%</u>	12. _____	_____	_____
3. <u>0-8</u>	<u>1100-1140</u>	<u>0%</u>	13. _____	_____	_____
4. <u>0-8</u>	<u>100-140</u>	<u>0%</u>	14. _____	_____	_____
5. _____	_____	_____	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Lt Return</u>	<u>655</u>	<u>0%</u>	6. _____	_____	_____
2. <u>Rt Return</u>	<u>745</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>Lt Return</u>	<u>1055</u>	<u>0%</u>	9. _____	_____	_____
5. <u>Rt Return</u>	<u>1145</u>	<u>0%</u>	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 T. Blah Assistant Mine 38699 Certificate No. Russ 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 3-11-2010 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 no By whom Bobby Baker Time A.M. 2:50 P.M. Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location (e.g., 0 Entry, O2 20.8), Violation or Hazardous Condition (e.g., Part Belted, Scrap cut), and Action Taken (e.g., Reflector Hung).

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Entries include L LOS (20680) and R LOS (21470).

Remarks: Powerentr Trunkways intake phase out by chamber changers ok at time of exam

CH4 0% O2 20.8 CO2

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

Signed By Bobby Baker, Preshift Mine Examiner, Certificate No. 38699; Assistant Foreman [Signature], Certificate No. 1664; Countersigned [Signature], Mine Manager—Mine Foreman, Certificate No. 28734.

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-11-10 Shift EUC Area or Section Partial Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>0</u>	<u>Part Bolted</u>	<u>Corrected</u>
2. <u>1</u>	<u>Scrap cut</u>	<u>Corrected</u>
3. <u>5</u>	<u>Scrap cut</u>	<u>Corrected</u>
4. _____	_____	_____
5. _____	_____	_____
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 pages 5 of Roof Control plan with entire crew at end of Truck.

[Signature] Assistant Mine      1664-A Certificate No.      [Signature] Mine Foreman-Mine Manager      2372 Certificate No.      Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-11 2010 Section or Area Examined Portal section
Time of Examination: from 10:00 a.m. or 6 p.m. to 10:50 a.m. or 6 p.m.
Was this report phoned to outside: Yes no
By whom Shannon Perdue Time 10:55 P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains measurements for LOB at Lt (19,800) and Rt (21,380).

Remarks: Pc, Travelways, Intake Phone, out By chamber, chargers OK At Time of exam 0% ch4, 20.5% O2, 0ppm CO2, Detect #

It has wide place Needs a few sand jacks set

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] 1664-A M Prof Cl 1947-A
Certificate No. 2376 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 3-12 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. IDIC		
3.		
4.		
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. 0-8	3:00-3:30	0%	12.		
3. 0-8	5:00-5:30	0%	13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. 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) \_\_\_\_\_

M. J. ...  
Assistant Mine

1947-A  
Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-12 2010 Section or Area Examined Parcel  
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 Cook Time 610 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. Contains 10 rows of data including locations like 0, 1, 2, 3, 4L, 4R, 5, 6, 7, 7R, 8 and actions like 'Reported', 'Needs Add. Cleaning', 'N/D', 'Reflector'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains two rows of data: LT 20B (18,720) and RT 20B (21,840).

Remarks: RC, travelways, intake phone, on by 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] 1947A [Signature] 38689  
Certificate No. 28736 Assistant Foreman Certificate No.  
Countersigned [Signature] Mine Manager - Mine Foreman  
Assistant Foreman  
Superintendent or Assistant



Date 3.12.10 Shift Day Area or Section Panel

Violations and other Hazardous Conditions Observed and Reported

	CH <sub>4</sub> Location	O <sub>2</sub>	Violation or Hazardous Condition	Action taken
1.	3 O <sub>2</sub>	20.8%	N C/D	Corrected
2.	4L O <sub>2</sub>	20.8	M/B	Boltd
3.	4R O <sub>2</sub>	20.8	N C/D	Corrected
4.	5 O <sub>2</sub>	20.8	Needs Add. Cleaning	Corrected
5.	6 O <sub>2</sub>	20.8	Needs Add. Cleaning	Corrected
6.	8 O <sub>2</sub>	20.8	P/B wide corner	Boltd
7.				
8.				

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 0-8	700-740	0%	11.		
2. 0-8	900-940	0%	12.		
3. 0-8	1100-1140	0%	13.		
4. 0-8	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 4 of R.G.P. to entire crew at start of shift

Abdoly & Bala  
Assistant Mine

38697  
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 8-12 2010 Section or Area Examined Portel Section  
Time of Examination: from 11:00 a.m. or 1:40 p.m. to 1:40 a.m. or 1:40 p.m.  
Was this report phoned to outside: Yes  no   
By whom Bobby Baker Time 2:20 A.M. 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.	0 Entry CH <sub>4</sub> 0% O <sub>2</sub> 20.8	None Observed	Reflector Hung
2.	1 Entry 0% 20.8	None Observed	Reflector Hung
3.	2 Entry 0% 20.8	None Observed	Reflector Hung
4.	3h cut 0% 20.8	Scrap cut	Reflector Hung
5.	4 Entry 0% 20.8	Woods cleaned	Reported
6.	5 Entry 0% 20.8	None Observed	Reflector Hung
7.	6 Entry 0% 20.8	Scrap cut	Reflector Hung
8.	7 Entry 0% 20.8	None Observed	Reflector Hung
9.	8 Entry 0% 20.8	None Observed	Reflector Hung
10.			

Air Measurements

Location	CFM	Location	CFM
<u>L Hob</u>	<u>20366</u>		
<u>R Hob</u>	<u>21240</u>		

Remarks: Powercenter Travelways intake phone chargers + outby chamber  
ok at time of exam  
CH<sub>4</sub> 0% O<sub>2</sub> 20.8 CO<sub>2</sub>

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 \_\_\_\_\_  
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 3-12-10 Shift EUC Area or Section Portel

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>3h</u>	<u>Scrap cut</u>	<u>Corrected</u>
2. <u>4</u>	<u>Woods closed</u>	<u>corrected</u>
3. <u>6</u>	<u>Scrap cut</u>	<u>Corrected,</u>
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>0-8</u>	<u>3:00-3:30</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>0-8</u>	<u>5:00-5:30</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>0-8</u>	<u>7:00-7:30</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>0-8</u>	<u>9:00-9:30</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>LRot</u>	<u>3:00</u>	<u>0%</u>	6. _____	_____	_____
2. <u>RRot</u>	<u>3:30</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>LRot</u>	<u>7:00</u>	<u>0%</u>	9. _____	_____	_____
5. <u>RRot</u>	<u>7:30</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 6 of Road control plan with entire crew at end of Truck

[Signature]  
Assistant Mine

[Signature]  
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 3-12 Section or Area Examined Portal 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 \_\_\_\_\_ Time 1110 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>Entry 1-0</u>	<u>none observed</u>	<u>Reported</u>
2. <u># 2L</u>	<u>scrap at</u>	<u>Ref. Hwy</u>
3. <u># 3</u>	<u>needs clear dust</u>	<u>Reported</u>
4. <u># 4</u>	<u>none observed</u>	<u>Reported</u>
5. <u># 5</u>	<u>none observed</u>	<u>Reported</u>
6. <u># 6</u>	<u>none observed</u>	<u>Reported</u>
7. <u># <del>7A</del> BB</u>	<u>none observed BB</u>	<u><del>Reported</del> BB</u>
8. <u># 7R</u>	<u>needs clear Dusty</u>	<u>Reported</u>
9. <u># 8</u>	<u>need clear dust</u>	<u>Reported</u>
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Lt LOB</u>	<u>20,850</u>	_____	_____
<u>R LOB</u>	<u>21,200</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Traveler power center, intake phone charger, outly chamber all  
clear at top of year  
CH4 0% O2 20.5% CO2 0%  
Wide place in #8 Needs 2 Jacks.

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. 16614  
Assistant Foreman Bruce Burt Certificate No. 37074  
Countersigned \_\_\_\_\_ Mine Manager—Mine Foreman  
Assistant Foreman  
Superintendent or Assistant