

Started 3-20-10

# PRESHIFT - ONSHIFT and DAILY REPORT

Company Performance Coal

Mine Upper Big Branch

SECTION TG 22

LOCATION Naoma Raleigh WV  
Post Office County State

Form 6-1489  
(March 1970)

Budget Bureau No. 42-R1589

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

REORDER FROM CHAPMAN PRINTING COMPANY • (800) 824-6620

FORM# MS-014

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3-20 2010 Section or Area Examined TG 22

Time of Examination: from 1240 a.m. or PM to 110 a.m. or PM

Was this report phoned to outside: Yes  no

By whom John Neely Time          A.M.          P.M.

Report received by Jay Stamat 39199  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>42,840</u>		
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			

Remarks: 09 CH<sub>4</sub> 09 CO<sub>2</sub> 20.8%  
Air Chamber, Intake Phone, PC, charger, Pump  
Clear AT exam.

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

Signed By John Neely Preshift-Mine Examiner Certificate No. 33472 Assistant Foreman \_\_\_\_\_ Certificate No. \_\_\_\_\_

Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 33357 Assistant Foreman \_\_\_\_\_ Superintendent or Assistant \_\_\_\_\_

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

Number of Bolts Tested \_\_\_\_\_

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3-20-10 20\_\_\_\_ Section or Area Examined T.C. 22  
 Time of Examination: from \_\_\_\_\_ a.m. or p.m. to \_\_\_\_\_ a.m. or p.m.  
 Was this report phoned to outside: Yes \_\_\_\_\_ no \_\_\_\_\_  
 By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by \_\_\_\_\_  
 (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. _____	_____	_____
2. _____	_____	_____
3. _____	<u>Section</u>	_____
4. _____	<u>Idle</u>	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	<u>No Power</u>	_____
9. _____	_____	_____
10. _____	_____	_____

### Air Measurements

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

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Signed By \_\_\_\_\_ Preshift-Mine Examiner Certificate No. \_\_\_\_\_ Assistant Foreman Certificate No. \_\_\_\_\_  
 Countersigned Troy Marshall Mine Manager—Mine Foreman 33359  
 \_\_\_\_\_ Assistant Foreman  
 \_\_\_\_\_ Superintendent or Assistant



Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3-27-10 20\_\_\_ Section or Area Examined T.C. 22  
 Time of Examination: from \_\_\_ a.m. or p.m. to \_\_\_ a.m. or p.m.  
 Was this report phoned to outside: Yes \_\_\_ no \_\_\_  
 By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by \_\_\_\_\_  
 (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. _____	<u>Section</u>	
2. _____	<u>Idle</u>	
3. _____		
4. _____		
5. _____		
6. _____	<u>No Power</u>	
7. _____		
8. _____		
9. _____		
10. _____		

#### Air Measurements

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

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Signed By [Signature] 33309 Assistant Foreman Certificate No. \_\_\_\_\_  
 Countersigned [Signature] Mine Manager—Mine Foreman 33359  
 Assistant Foreman  
 Superintendent or Assistant \_\_\_\_\_

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3-21 2010 Section or Area Examined TG 22  
 Time of Examination: from 1240 a.m. or pm to 110 a.m. or pm  
 Was this report phoned to outside: Yes  no   
 By whom John Neely Time          A.M.          P.M.  
 Report received by Jerry Stewart 39199  
 (Signed)

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

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

#### Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>41,380</u>		
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			

Remarks: 0% CH4, 0% CO, 20.8% O2  
Air Chamber, Intake Phone, PC, Changer, Pump OK At exam.

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

Signed By Johnny Neely 33472 Assistant Foreman Certificate No. \_\_\_\_\_  
 Preshift-Mine Examiner  
 Countersigned T. Stewart 33357 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) \_\_\_\_\_

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-21 2010 Section or Area Examined T-G 22  
 Time of Examination: from 835 a.m. or 910 a.m. or 910 p.m.  
 Was this report phoned to outside: Yes no  
 By whom John Scagas Time 1100 A.M. P.M.  
 Report received by John Scagas 1479-A  
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face Ochu 20.87002	None observed	
2. Face " "	Not Bolted	Reported
3. Face " "	None observed	
4. Right X cut " "	Not Bolted	Not Bolted
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
LAST OPEN BRACK	38,335		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: P. center, Travel ways Intake phone  
Strata Air Bay, charges } clear at time of exam

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

Signed By John Scagas 32476 Assistant Foreman  
 Countersigned T. Moore 3357 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) \_\_\_\_\_

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant



Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-22 2010 Section or Area Examined Tail Gate 22  
Time of Examination: from 4:35 a.m. or p.m. to 5:00 a.m. or p.m.  
Was this report phoned to outside: Yes [checked] no  
By whom [Signature] Time 5:50 A.M. P.M.  
Report received by [Signature] 1664-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH4	O2	Violation or Hazardous Condition	Action Taken
1.	1 Entry	0%	20.8	None Observed	Reflector Hung
2.	1R Xcut	0%	20.8	Water	Reported
3.	2 Entry	0%	20.8	Scrapcut	Reflector Hung
4.	2R-Xcut	0%	20.8	Water	Reported
5.	3 Entry	0%	20.8	None Observed	Reflector Hung
6.					
7.					
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
HOB	38549		

Remarks: Powercable Trunkways 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 [Signature] Preshift Mine Examiner  
Countersigned [Signature] Mine Manager - Mine Foreman  
[Signature] Assistant Foreman  
Certificate No. 33354  
Assistant Foreman  
Certificate No. 1664-A  
Superintendent or Assistant

Use Indefinible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-22-10 Shift DAY Area or Section Tail Gate 22

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #1 R cut #2 R lane	water in Road way	Reported
2. #2F	Scrap cut	Finish cut
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. #1 & 3	7:35-7:50	0%	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. 1-3	9:35-7:50	0%	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. 1-3	11:35-11:50	0%	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. 1-3	1:30-1:45	0%	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. #7	07:35	0%	6. _____	_____	_____
2. #1	11:35	0%	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. #7	8:75	0%	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 10  
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  
Check for gas CH4 watch top & ribs

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

Jankwa  
Assistant Mine

37383  
Certificate No.

T. Moore  
Mine Foreman-Mine Manager

33359  
Certificate No.

Superintendent of Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-22-10 Section or Area Examined Tailgate 22  
Time of Examination: from 130 a.m. or p.m. to 230 a.m. or p.m.  
Was this report phoned to outside: Yes no  
By whom James Woods Time A.M. 235 P.M.  
Report received by Brian Collins 1543-A (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%	muck cleaned & dusted	Reported
2.	2R	20.8 0%	nut latched	Reported
3.	3	20.8 0%	muck cleaned & dusted	Reported
4.				
5.	1R & 2R	20.8 0%	water	Reported
6.				
7.				
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
LOB	34575		

Remarks: 20.8% CH<sub>4</sub> 0% CH<sub>4</sub> 0ppm CO at time of exam  
Roadways clear at time of exam  
Tunnels, walkways, haulageways, powerlines and  
cutting shelter clear at time of exam

Intake Phone ok at Exam time

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.  
Signed By James L. Woods 37383 Preshift-Mine Examiner Certificate No.  
Countersigned T. Moore 33359 Mine Manager - Mine Foreman Assistant Foreman  
Brian Collins 1543-A Assistant Foreman Certificate No.  
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-22-10 Shift Eve Area or Section Tailgate 22

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains handwritten entries for items 1 through 5.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Contains handwritten entries for items 1 through 10.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Contains handwritten entries for items 1 through 10.

Number of Bolts Tested 10 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, part 1 of R.C. with check at start of shift at end of TR. Signed by Assistant Mine, Certificate No. 1543-A, Mine Foreman-Mine Manager, Certificate No. 33359, Superintendent or Assistant.

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3-22-10 Section or Area Examined T-F 22  
 Time of Examination: from 10 a.m. or 10:55 a.m. or 10 p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Brian Collins Time 11:13 A.M. P.M.  
 Report received by [Signature] 1479-A  
(Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. Face och4 20.8%o2	Scrap cut	Reported
2. Face och4 1111	part Bolted	Reported
3. 2Right -3Face och4 1111	needs cleaned Dusted	Reported
4. _____	_____	_____
5. 1Right out BY <del>L.O.B</del>	H2O	Reported
6. 2Right L.O.B	H2O	Reported
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### Air Measurements

Location	CFM	Location	CFM
L.O.B	32,119		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: p. center, charger's, Intake phone,  
STRATA Air Bay, Travel ways 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 Brian Collins Preshift-Mine Examiner Certificate No. 1543-A  
 Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 1479-A  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-23-10 Shift 3rd Area or Section T-F 22

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. _____	_____	_____
2. _____	_____	_____
3. <u>Section</u>	_____	_____
4. <u>Idol</u>	_____	_____
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. _____	_____	_____

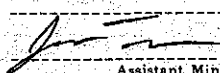
Examinations for Methane in Return Aircourses

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 Foreman  
 Mine Foreman-Mine Manager  
 Superintendent or Assistant

1499A  
Certificate No.

33357  
Certificate No.

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-23 20. Section or Area Examined T622  
 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 S. Thomas Time 5:55 A.M. P.M.  
 Report received by S. Thomas (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1 CH<sub>4</sub> 0.2208%</u>	<u>Needs cleaned/dusted</u>	<u>Rep</u>
2. <u>1 RCH<sub>4</sub> 0.2208%</u>	<u>WATER</u>	<u>Rep</u>
3. <u>2 CH<sub>4</sub> 0.2208%</u>	<u>NOT Bolted</u>	<u>Rep</u>
4. <u>3 CH<sub>4</sub> 0.22</u>	<u>none observ</u>	
5. _____		
6. _____		
7. _____		
8. _____		
9. <u>2 R 1 Xcut in by PC</u>	<u>WATER</u>	<u>Rep</u>
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>35330</u>		
_____			
_____			
_____			
_____			
_____			
_____			
_____			

Remarks: Power center And CHARGERS Clear AT time OF EXAM  
CH<sub>4</sub> 0.2208%  
Roadways Clear AT time OF EXAM.  
Out by Shelter Clear AT time OF EXAM.

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1479-A  
 Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 33357  
[Signature] Assistant Foreman Certificate No. 39058-08  
 Superintendent or Assistant



Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 5/22 Shift DAY Area or Section T622

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>needs cleaned - dust</u>	<u>Corrected</u>
2. <u>1R</u>	<u>water</u>	<u>//</u>
3. <u>2</u>	<u>NOT Bolted</u>	
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-3</u>	<u>7:10-8:00</u>	<u>0</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-3</u>	<u>9:20-10:00</u>	<u>0</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-3</u>	<u>11:30-12:00</u>	<u>0</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-3</u>	<u>1:30-2:00</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>Return</u>	<u>7:35</u>	<u>0</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Rev</u>	<u>11:25</u>	<u>0</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 6  
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 corner bolting with crew at 6:30A

[Signature] Assistant Mine 39058-08 Certificate No. T. Mann Mine Foreman-Mine Manager 33359 Certificate No. [Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-23-10 Section or Area Examined Tailgate 22
Time of Examination: from 1 a.m. or 9 a.m. to 2:15 a.m. or 6 a.m.
Was this report phoned to outside: Yes no
By whom Steve Thomas Time 2:25 P.M.
Report received by Brian Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations 1-5 with violations like 'No', 'muds cleaned & dusted', 'scrap cut', 'water' and actions like 'none', 'Reported', 'Refractars'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry: LOB, 28000.

Remarks: 20.8% O2 0% CH4 Oppm CO at time of exam.
Roadway track to section clear at TOE
tunnelways, walkways, haulageways, pavementeds and
cutty shelter clear at time of exam

Intake Phone ok at Exam time

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

Signed By [Signature] Freshift-Mine Examiner Certificate No. 33098-08
Brian Collins Assistant Foreman Certificate No. 1543-A
Countersigned [Signature] Mine Manager-- Mine Foreman Certificate No. 33357
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 3-23-10 Shift Even Area or Section Tartgate 22

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	<u>1</u>	<u>n/a</u>	<u>None</u>
2.	<u>2</u>	<u>needs cleaned &amp; dusted</u>	<u>cleaned &amp; dusted</u>
3.	<u>3</u>	<u>scrap cut</u>	<u>mined out</u>
4.			
5.	<u>3 authy</u>	<u>water</u>	<u>bet pump</u>
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>1-3</u>	<u>500-530</u>	<u>0%</u>	11.			
2.				12.			
3.	<u>1-3</u>	<u>630-700</u>	<u>0%</u>	13.			
4.				14.			
5.	<u>1-3</u>	<u>830-900</u>	<u>0%</u>	15.			
6.				16.			
7.	<u>1-3</u>	<u>1000-1055</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>Return</u>	<u>630</u>	<u>0%</u>	6.			
2.				7.			
3.	<u>Return</u>	<u>1028</u>	<u>0%</u>	8.			
4.				9.			
5.				10.			

Number of Bolts Tested 8  
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 2 of RGL with  
clear at start of shift at end of TK

Brian Collins  
Assistant Mine

1543-A  
Certificate No.

T. Mane  
Mine Foreman-Mine Manager

33359  
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-23- 2010 Section or Area Examined T-6 22  
 Time of Examination: from 10 a.m. or p.m. to 1055 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Brian Collins Time 11:10 A.M. P.M.  
 Report received by [Signature] 1479-A  
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face och4 20.8%02	None Observed	Reported
2. Face och4 20.8%02	Needs Cleaned Dusted	Reported
3. Face och4 20.8%02	Scrap cut	Reported
4. _____	_____	_____
5. _____	_____	_____
6. 3 outby	water	Reported
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
Last open Break	31,460		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: p. center, chargers, travel ways, Intake phone, Strata Air bay - 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 Brian Collins Preshift-Mine Examiner Certificate No. 1543A  
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 3335  
 Assistant Foreman [Signature] Certificate No. 1479A  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-24-10 Shift 3rd

Area or Section T-6 22

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. _____	_____	_____
2. <u>Section</u>	_____	_____
3. _____	_____	_____
4. <u>Idol</u>	_____	_____
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) Safety talk went over  
Pinch points around scoops.

[Signature]  
Assistant Mine

1478-A  
Certificate No.

T. Moore  
Mine Foreman-Mine Manager

33389  
Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3-24 20. Section or Area Examined T622  
 Time of Examination: from 6:00 a.m. or p.m. to 6:30 a.m. or p.m.  
 Was this report phoned to outside: Yes 5:00 no  
 By whom J. Thomas Time 5:05 A.M. P.M.  
 Report received by J. Havel (Signed)

## Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>CH<sub>4</sub> 0.2208%</u>	<u>none</u>	
2. <u>CH<sub>4</sub> 0.2208%</u>	<u>none</u>	
3. <u>2R CH<sub>4</sub> 0.2208%</u>	<u>scrap</u>	<u>REF!</u>
4. <u>3 CH<sub>4</sub> 0.2208%</u>	<u>NOT better</u>	<u>REF!</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Location	CFM	Location	CFM
<u>LOB</u>	<u>30461</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Power cables and roadways clear at time of exam  
CH<sub>4</sub> 0.2208%

Outby helper clear at time of exam.

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

Signed By [Signature] Certificate No. 1477A  
 Preshift-Mine Examiner  
 Countersigned T. Munn Certificate No. 33257  
 Mine Manager—Mine Foreman  
[Signature] Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-24 Shift Day Area or Section T622

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1.		
2. <u>2A</u>	<u>SCRAP</u>	<u>corrected</u>
3. <u>3</u>	<u>not bolted</u>	<u>11</u>
4.		
5.		
6.		
7. <u>Cable bolted</u>	<u>intersection in #3</u>	
8.	<u>FACE OF #102</u>	

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-3</u>	<u>7:10-8:00</u>	<u>0</u>	11.		
2.			12.		
3. <u>1-3</u>	<u>9:30-10:00</u>	<u>0</u>	13.		
4.			14.		
5. <u>1-3</u>	<u>11:30-12:00</u>	<u>0</u>	15.		
6.			16.		
7. <u>1-3</u>	<u>1:30-2:00</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>Ret</u>	<u>7:35</u>	<u>0</u>	6.		
2.			7.		
3. <u>Return</u>	<u>11:25</u>	<u>0</u>	8.		
4.			9.		
5.			10.		

Number of Bolts Tested 8  
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 part of cable bolts with crew at 6:30 AM

J. H. Hual Assistant Mine 33357 Certificate No. T. Moore Mine Foreman-Mine Manager 33357 Certificate No. Supervisor of Assistant



Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-24-10 Section or Area Examined Tailgate 22  
Time of Examination: from 1 a.m. or 9 a.m. to 2 1/2 a.m. or 6 a.m.  
Was this report phoned to outside: Yes no  
By whom Steve Hannon Time A.M. 2:35 P.M.  
Report received by Bruce Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action Taken. Rows 1-10. Row 1: IR, 20.8 0%, Part latted, Reflectors. Row 2: 2R, 20.8 0%, setup out, Reflectors. Row 3: 3, 20.8 0%, N/A, none.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: LOB, 29880.

Remarks: 20.89% O2 0% CH4 Oppm co at time of exam  
Travelways, walkways, haulways, powerlines and  
cutting shelter clear at time of exam  
Pumps O.K. at time of exam  
Intake phone ok at exam time

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 33857  
Countersigned [Signature] Mine Manager-Mine Foreman Assistant Foreman Certificate No. 1543-A

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-24-10 Shift Even Area or Section Tailgate 22

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	<u>1R</u>	<u>Post batted</u>	<u>batted surface</u>
2.	<u>2R</u>	<u>heap cut</u>	<u>mined cut</u>
3.	<u>3</u>	<u>No</u>	<u>none</u>
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>1-3</u>	<u>500-530</u>	<u>0%</u>	11.			
2.				12.			
3.	<u>1-3</u>	<u>630-700</u>	<u>0%</u>	13.			
4.				14.			
5.	<u>1-3</u>	<u>830-900</u>	<u>0%</u>	15.			
6.				16.			
7.	<u>1-3</u>	<u>1000-1055</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>Return</u>	<u>630</u>	<u>0%</u>	6.			
2.				7.			
3.	<u>Return</u>	<u>1017</u>	<u>0%</u>	8.			
4.				9.			
5.				10.			

Number of Bolts Tested 8  
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 part 3 of RCP with several sheets of spill at end of TR

Bruce Collins  
Assistant Mine

1543-A  
Certificate No.

T. Moore  
Mine Foreman-Mine Manager

33359  
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 3-24 Section or Area Examined T-G 22
Time of Examination: from 10 a.m. or p.m. to 1055 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Brian Collins Time 1109 P.M.
Report received by (Signed) 1477-A

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries: 1. Right X cut, H2O, Reported; 2. Face, none observed, Reported; 3. Face, Scrap cut, Reported.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry: Last open Break Between #1 - #2, 29,445.

Remarks: p.center, charges, Travelways, Intake phone, Strata Air Bay - 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 Brian Collins Preshift-Mine Examiner Certificate No. 1543A
Countersigned T. Moore Mine Manager - Mine Foreman Certificate No. 83387 Assistant Foreman
Assistant Foreman Superintendent or Assistant

Use Indefilible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 3-25-10 Shift Old Area or Section T-G 22

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. _____	_____	_____
2. _____	_____	_____
3. <u>Section</u>	_____	_____
4. <u>Ida</u>	_____	_____
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. _____	_____	_____

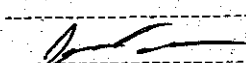
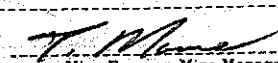

Examinations for Methane in Return Aircourses

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 Foreman  
 Mine Foreman-Mine Manager  
 Superintendent or Assistant

1479-A  
Certificate No.

33389  
Certificate No.

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-25 20   Section or Area Examined T622  
 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 S. Thomas Time 2:50 A.M. P.M.  
 Report received by S. Haller (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. CH40% 022086	WATER	Ref
2. IR SETAP CH40% 022086	SCRAP	Ref
3. 2 CH40% 022086	none observe	
4. 2R CH40% 022086	add'l cleaning	Ref
5. 3 CH40% 022086	PART Bolted	Ref
6. <u>  </u>	<u>  </u>	<u>  </u>
7. <u>  </u>	<u>  </u>	<u>  </u>
8. <u>  </u>	<u>  </u>	<u>  </u>
9. <u>  </u>	<u>  </u>	<u>  </u>
10. <u>  </u>	<u>  </u>	<u>  </u>

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>34368</u>		
<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>

Remarks: Powercenter And Roadways clear at time of exam  
CH40% 022086  
Pumps O.K.

Outby G. Hetter clear at time of exam

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 147A  
 Countersigned T. M. Moore Mine Manager—Mine Foreman Certificate No. 35387  
[Signature] Assistant Foreman Certificate No. 87883  
[Signature] Superintendent or Assistant Certificate No. 39008-08

Use Indelible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 3-25-10 Shift Day Area or Section T622

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #1	Water	Reported
2. #1 R	Scrap	Finish up
3. #2 R	Need add Clang	Check Gages
4. #3	Paint better	Better check E-date
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-3	0745-800	0%	11.		
2. 1-3	9:35-950	0%	12.		
3. 1-3	11:30-1145	0%	13.		
4. 1-3	1:35-150	0%	14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. #1	0740	0/0	6.		
2. #	11:00	0/0	7.		
3.			8.		
4.			9.		
5.			10.		

Number of Bolts Tested 10  
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  
Keep center up Check for chrt at next

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

Jamuk Womb  
Assistant Mine

32383  
Certificate No.

T.C. Mame  
Mine Foreman-Mine Manager

32389  
Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-25-10 Section or Area Examined Tailgate 22
Time of Examination: from 130 a.m. or 6am. to 200 a.m. or 6pm.
Was this report phoned to outside: Yes [X] no
By whom James Woods Time 235 P.M.
Report received by Brian Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4, Violation or Hazardous Condition, Action Taken. Contains 3 entries: 1. Location 02, CH4 0%, NOT Bolted, Reflectors; 2. Location 20.8, CH4 0%, needs cleaned + Dusted, Reported; 3. Location 20.8, CH4 0%, needs cleaned + Dusted, Reported.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains one entry: Location LOB, CFM 34750.

Remarks: 20.8% O2 0% CH4 Oppm at time of exam

Travelways, walkways, haulageways, passageways and outby shelter clear at time of exam

Intake Phone 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 James Woods (Preshift-Mine Examiner, Certificate No. 37383) and Brian Collins (Assistant Foreman, Certificate No. 1543-A)
Countersigned T. [Signature] (Mine Manager - Mine Foreman, Certificate No. 73359)
Assistant Foreman
Superintendent or Assistant



Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-25-10 Shift Eve Area or Section Tailgate 22

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains handwritten entries for locations 1-3 at various times.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains handwritten entries for 'Return' locations.

Number of Bolts Tested 10 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)

Handwritten remarks: 'Check at start of shift at end of TK' and 'Reul page 4 part 4 of RCL with'

Signatures and titles: Assistant Mine, Certificate No. 1543-A, Mine Foreman-Mine Manager, Certificate No. 3398-9, Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-25-10 Section or Area Examined T-F 22  
 Time of Examination: from 10 a.m. or 10:55 p.m. to 10:55 a.m. or 11:11 p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Brian Collins Time 11:11 A.M. P.M.  
 Report received by [Signature] 1477A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face ochy 2089002	part Bolted - Has H2O	Reported
2. Face 11 11	Scrap cut	11 11
3. Face 11 11	none observed	11 11
4.		
5. X cut in #2 entry	H2O	11 11
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Last open Break	32,420		

Remarks: Inby Right corner # 2 entry needs timbers tagged off.

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

Signed By Brian Collins 1543-A Certificate No. 33387 Assistant Foreman  
 Countersigned T. Moore Mine Manager—Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Use Indefible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-26-10 Shift 3<sup>rd</sup>

Area or Section 7-6-22

Violations and other Hazardous Conditions Observed and Reported

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

[Signature]  
Assistant Mine

147A-A  
Certificate No.

[Signature]  
Mine Foreman-Mine Manager

33359  
Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3-26 20      Section or Area Examined T622  
 Time of Examination: from 4:00 a.m. or p.m. to 4:40 a.m. or p.m.  
 Was this report phoned to outside: Yes      no       
 By whom J. Thomas Time 5:50 A.M. P.M.  
 Report received by J. Haller (Signed)

## Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>CH<sub>4</sub> 0% O<sub>2</sub> 20.8%</u>	<u>none observed</u>	
2. <u>CH<sub>4</sub> 0% O<sub>2</sub> 20.8%</u>	<u>not bottled</u>	<u>REFL.</u>
3. <u>CH<sub>4</sub> 0% O<sub>2</sub> 20.8%</u>	<u>none observed</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>LOB</u>	<u>23481</u>		

Remarks: Reconcenter and Roadways clear at time of exam  
CH<sub>4</sub> 0% O<sub>2</sub> 20.8%

Out by 5 Heftor 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 J. Thomas Preshift-Mine Examiner Certificate No. 147A-1  
 Countersigned T. Thomas Mine Manager—Mine Foreman Certificate No. 33359  
J. Haller Assistant Foreman Certificate No. 3906808  
     Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-26 Shift Day Area or Section TG22

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. _____	_____	_____
2. <u>2</u>	<u>NOT Bolted</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>1-3</u>	<u>7:40-8:00</u>	<u>Ø</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-3</u>	<u>9:30-10:00</u>	<u>Ø</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-3</u>	<u>11:30-12:00</u>	<u>Ø</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-3</u>	<u>1:30-2:00</u>	<u>Ø</u>	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>7:35</u>	<u>Ø</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Return</u>	<u>11:25</u>	<u>Ø</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 10  
Number of Bolts Torqued Above Range Ø Below Range Ø

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) Work over Exchange work area with

Area At 6:30 am  
J. Howard Assistant Mine 3208-08 Certificate No. T. M. ... Mine Foreman-Mine Manager 32259 Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-26-10 Section or Area Examined Tailgate 22
Time of Examination: from 1 a.m. or 9 a.m. to 2:15 a.m. or 4 p.m.
Was this report phoned to outside: Yes [checked] no
By whom Steve Hagan Time 2:30 P.M.
Report received by Brian Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations 20.8 0% with violations like 'No', 'Part Inlet', 'Setup out' and actions like 'none', 'Reflections'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry for 'LOB' with '28,200' CFM.

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

Travelways, walkways, haulageways, pneumatic and other shutes clear at time of exam

Intake phone ok at exam time

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

Signed By [Signature] Pre-shift-Mine Examiner Certificate No. 3058-08 Brian Collins Assistant Foreman Certificate No. 1543-A
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 33359
Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-26-10 Shift eve Area or Section Tailgate 22

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>N/A</u>	<u>none</u>
2. <u>2</u>	<u>Paint bolted</u>	<u>bolted to face</u>
3. <u>3</u>	<u>Setup cut</u>	<u>mined out</u>
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-3</u>	<u>500-530</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-3</u>	<u>630-700</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-3</u>	<u>830-900</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-3</u>	<u>1000-1055</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>Return</u>	<u>630</u>	<u>0%</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Return</u>	<u>1030</u>	<u>0%</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 8  
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 parts of RCP  
with crew at start of shift at end of IS

Bruno Collins Assistant Mine 1543-A Certificate No. T. Mann Mine Foreman-Mine Manager 33359 Certificate No. \_\_\_\_\_ Superintendent or Assistant



Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-26 2010 Section or Area Examined TG 22  
Time of Examination: from 10:00 a.m. or 6:00 p.m. to 10:56 a.m. or 6:02 p.m.  
Was this report phoned to outside: Yes no  
By whom Brian Collins Time A.M. 11:00 P.M.  
Report received by [Signature] (Signed) 1947A

Violations and other Hazardous Conditions Observed and Reported

	CH <sub>4</sub> Location	Violation or Hazardous Condition	Action Taken
1.	0% O <sub>2</sub>	None observed	Reported
2.	2R 0%	Part Belts	Reflectors Hung
3.	3 0%	None observed	Reported
4.	1-2 X cut	Water	Reported
5.			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	27,314		

Remarks: 20.8% O<sub>2</sub>, 0% CH<sub>4</sub>, 0 ppm C.O. Detected  
Travelways, walkways, Haulageways, Powercenter, outBy shelter, Intake Phone, OK AT TIME OF EXGM

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] 15431A Certificate No. Assistant Foreman Certificate No.  
Countersigned T. Moore Mine Manager - Mine Foreman 33354 [Signature] 1947A  
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 3-27-20 Section or Area Examined T622
Time of Examination: from 12:20 a.m. or p.m. 12:45 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Brought out Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1: LOC, 27450

Remarks: Power center, Pumps & Chargers clear at time of exam
CH4 0% O2 20.8%

Outby Shelter clear at time of Exam.

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 39058-08
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 33359
Assistant Foreman
Superintendent or Assistant

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

Date \_\_\_\_\_ Shift 2:30 Area or Section \_\_\_\_\_

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

Assistant Mine \_\_\_\_\_ Certificate No. \_\_\_\_\_ Mine Foreman-Mine Manager \_\_\_\_\_ Certificate No. \_\_\_\_\_ Superintendent or Assistant \_\_\_\_\_

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

TG 22

Use Indelible Pencil or Ink

Date of Examination 3-22 2010 Section or Area Examined \_\_\_\_\_  
 Time of Examination: from 8:30 a.m. or 8:30 a.m. to 11:30 a.m. or 11:30 a.m.  
 Was this report phoned to outside: Yes  no \_\_\_\_\_  
 By whom JACK MARTIN Time 11:15 A.M. P.M.  
 Report received by Mary G. 1947-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Section ID1e</u>		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

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

Remarks: Powercenter, pumps, charges OK AT TIME OF EXAM

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 Jack Martin Preshift-Mine Examiner Certificate No. 37793  
 Countersigned T. Mann Mine Manager—Mine Foreman Certificate No. 33389  
 Assistant Foreman Mary G. Certificate No. 1947-A  
 Superintendent or Assistant \_\_\_\_\_

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

Assistant Mine \_\_\_\_\_ Certificate No. \_\_\_\_\_ Mine Foreman-Mine Manager \_\_\_\_\_ Certificate No. \_\_\_\_\_ Superintendent or Assistant \_\_\_\_\_

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-28 20 68 Section or Area Examined TG 22  
 Time of Examination: from 3:00 a.m. or 6:00 p.m. to 6:00 a.m. or 6:00 p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Jack Martin Time 5:30 A.M. P.M.  
 Report received by Greg Cole 1947-8  
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

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

Remarks: P.2's, PUMPS, Chargers, OK AT TIME OF exam

0% ch4 20.8% O2, 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 Jack Martin Certificate No. 37793  
 Preshift-Mine Examiner  
 Countersigned T. Moore Certificate No. 33359  
 Mine Manager—Mine Foreman  
 Assistant Foreman [Signature] [Signature] Certificate No. 1947A  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date Shift Area or Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3/28 2010 Section or Area Examined TG 22  
Time of Examination: from 12:00 a.m. or 6:00 a.m. to 3:00 a.m. or 6:00 p.m.  
Was this report phoned to outside: Yes  no   
By whom Brought out Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
Report received by \_\_\_\_\_ (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>24,000</u>		
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			

Remarks: PC's Pumps, chargers, ok at Time of Exam.  
Shelter, Intake Phone ok at Time of Exam.

0% CH<sup>4</sup> 0% CO 20.8 O<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 Johnny Dady 33472 Assistant Foreman Certificate No.  
Countersigned T. Mann 33359 Mine Manager—Mine Foreman  
Assistant Foreman  
Superintendent or Assistant



Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

Number of Bolts Tested \_\_\_\_\_

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-28 2010 Section or Area Examined T-G 22  
Time of Examination: from 8:15 a.m. or 8:40 a.m. or 8:00 p.m.  
Was this report phoned to outside: Yes [checked] no  
By whom John Scagggs Time 9:45 A.M. P.M.  
Report received by [Signature] 1479-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face o ch4 20.8%o2	None observed	Reported
2. Face o ch4 20.8%o2	None observed	Reported
3. Face o ch4 20.8%o2	None observed	Reported
4. 2 Right X cut o ch4 20.8%o2	Scal cut	Reported
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
L.O.B.	37,460		

Remarks: p. center, pumps Travel ways, (chargers)  
Intake phone, Strata Air bay } clear at time of exam.

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

Signed By [Signature] Certificate No. 32476 Assistant Foreman  
Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 33359  
[Signature] Assistant Foreman  
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-24-10 Shift 3rd Area or Section T-6 22

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Section		
2. Idoh		
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) \_\_\_\_\_

[Signature]  
Assistant Mine

1479-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 3-29 20. Section or Area Examined T622  
 Time of Examination: from 5:25 a.m. or p.m. to 5:50 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom J. Thomas Time 5:50 A.M. P.M.  
 Report received by S. Hanna  
 (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. <u>1 CH40% Or 208%</u>	<u>none observe</u>	
2. <u>2 CH40% Or 208%</u>	<u>none observe</u>	
3. <u>2R CH40% Or 208%</u>	<u>5CAB</u>	<u>REF.</u>
4. <u>3 CH40% Or 208%</u>	<u>none observe</u>	
5.		
6. <u>1R</u>	<u>water</u>	
7.		
8.		
9.		
10.		

#### Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>35442</u>		

Remarks: Power center and roadways clear at time of exam  
CH40% Or 208%  
Out by shaft clear at time of exam.

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

Signed By [Signature] Preshift-Mine Examiner  
 Certificate No. 1479-A  
 Assistant Foreman  
 Countersigned T. [Signature] Mine Manager—Mine Foreman  
 Certificate No. 33359  
 Assistant Foreman  
[Signature] Superintendent or Assistant  
 Certificate No. 39058-08

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-29 Shift Day Area or Section T622

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-3</u>	<u>7:40-8:00</u>	<u>0</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-3</u>	<u>9:30-10:00</u>	<u>0</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-3</u>	<u>11:30-12:00</u>	<u>0</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-3</u>	<u>1:30-2:00</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>Retur</u>	<u>7:35</u>	<u>0</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Retur</u>	<u>11:25</u>	<u>0</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 8  
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 Ps 11 PAHA 1-9 6:30

Craig At 6:30 AM  
[Signature] Assistant Mine [Signature] Mine Foreman-Mine Manager  
Certificate No. 3905808 Certificate No. 33357  
Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 3-29-10 Section or Area Examined Tailgate 22  
 Time of Examination: from 1 a.m. or PM to 2:15 a.m. or PM  
 Was this report phoned to outside: Yes  no   
 By whom Steve Harrah Time 2:30 PM  
 Report received by Bruce Collins 1543-A  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH <sub>4</sub>	Violation or Hazardous Condition	Action Taken	
1.	<u>1</u>	<u>20.8</u>	<u>0%</u>	<u>muck cleaned &amp; dusted</u>	<u>Reported</u>
2.	<u>2R</u>	<u>20.8</u>	<u>0%</u>	<u>scrub cut</u>	<u>Reflected</u>
3.	<u>3</u>	<u>20.8</u>	<u>0%</u>	<u>muck cleaned</u>	<u>Reported</u>
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>22,735</u>		

Remarks: 20.8%<sup>02</sup> 0% CH<sub>4</sub> 0ppm CO at time of exam

Innardsways, walkways, haulageways, passageways and  
outby shelter clean at time of exam

Intake Phone ok at exam time

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

Signed By Steve Harrah Freshshift-Mine Examiner  
 Countersigned T. Moore Mine Manager—Mine Foreman  
Bruce Collins Assistant Foreman  
 Certificate No. 33327  
 Certificate No. 1543A  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-29-10 Shift Even Area or Section Tailgate 22

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>needs cleaned &amp; dusted</u>	<u>cleaned &amp; dusted</u>
2. <u>2R</u>	<u>SCRAP cut</u>	<u>mined cut</u>
3. <u>3</u>	<u>Needs cleaned</u>	<u>cleaned &amp; dusted</u>
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-3</u>	<u>500-530</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-3</u>	<u>630-700</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-3</u>	<u>830-900</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-3</u>	<u>1000-1055</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>Return</u>	<u>630</u>	<u>0%</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Return</u>	<u>1011</u>	<u>0%</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 12  
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) Final page 4 part 6 of RLL with  
draw at start of shift at end of TR

Bruce Curtis Assistant Mine 1543-A Certificate No. T. Moore Mine Foreman-Mine Manager 3359 Certificate No. \_\_\_\_\_ Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 3-29 2010 Section or Area Examined 1G 22  
 Time of Examination: from 10:00 a.m. or p.m. to 10:35 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom B. Callina Time          A.M.          P.M.  
 Report received by T. Peterson (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1 entries O20CH4	need clean	Reflected
2. 2LT. O20CH4	part Bolts	Reflected
3. 3 O20CH4	SCRAP	Reflected
4. <u>        </u>	<u>        </u>	<u>        </u>
5. <u>        </u>	<u>        </u>	<u>        </u>
6. <u>        </u>	<u>        </u>	<u>        </u>
7. <u>        </u>	<u>        </u>	<u>        </u>
8. <u>        </u>	<u>        </u>	<u>        </u>
9. <u>        </u>	<u>        </u>	<u>        </u>
10. <u>        </u>	<u>        </u>	<u>        </u>

Air Measurements

Location	CFM	Location	CFM
<u>10B</u>	<u>20,216</u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>

Remarks: NoCH4 Sect. O2 20.80 CO2 0.20  
Travel & Haulage ways clean at exam.  
Fresh Air Bay & Phone clean  
Power Center clean

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 Brian Callina 1543-A Certificate No. 33357 Assistant Foreman          Certificate No. 1497A  
 Countersigned T. Peterson 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 3-30-10 Shift 3rd

Area or Section TF 22

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. _____	_____	_____
2. <u>Section</u>	_____	_____
3. <u>Idol</u>	_____	_____
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) Talk to crew about  
Loose Ribs, Pinch Points.

[Signature]  
Assistant Mine

1479A  
Certificate No.

[Signature]  
Mine Foreman-Mine Manager

33357  
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 3-30 20 Section or Area Examined T622
Time of Examination: from 4:30 a.m. or p.m. to 4:55 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom J. Thomas
Report received by S. Hallal (Signed) Time 6:50 A.M. P.M.

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for CH4 and O2 percentages and actions like 'none observe', 'NOT bolted', 'needs add'l cleaning'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry 'LOB' and '34367'.

Remarks: Powercenter and roadways clear at time of exam. CH4 0% O2 20.8%

Road Flaming

Outby shelter clear at time of exam

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1477A
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 33353
Assistant Foreman [Signature] Certificate No. 32058-08
Superintendent or Assistant [Signature]

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-30 Shift DAY Area or Section T622

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. _____	_____	_____
2. <u>2C</u>	<u>not potted</u>	<u>corrected</u>
3. <u>3</u>	<u>needs add'l cleams</u>	<u>  </u>
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-3</u>	<u>7:35-8:00</u>	<u>Ø</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-3</u>	<u>9:20-10:00</u>	<u>Ø</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-3</u>	<u>11:30-12:00</u>	<u>Ø</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-3</u>	<u>1:30-2:00</u>	<u>Ø</u>	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Retw</u>	<u>7:50</u>	<u>Ø</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Retw</u>	<u>11:25</u>	<u>Ø</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 6  
Number of Bolts Torqued Above Range Ø Below Range Ø

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 EXAMING ROOF Ribs with crew At 6:30 AM.

Harold 3225-08 Assistant Mine Certificate No. T. Moore Mine Foreman-Mine Manager Certificate No. 33359 Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-30-10 Section or Area Examined Tailgate 22  
 Time of Examination: from 1 a.m. or 9 a.m. to 2:15 a.m. or am.  
 Was this report phoned to outside: Yes no  
 By whom Steve Haggan Time 2:30 A.M.  
 Report received by William Collins 1543-A (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1</u> <u>20.8</u> <u>0%</u>	<u>n/a</u>	<u>none</u>
2. <u>2L</u> <u>20.8</u> <u>0%</u>	<u>cleanup cut</u>	<u>Reflected</u>
3. <u>3</u> <u>20.8</u> <u>0%</u>	<u>muds cleaned &amp; dusted</u>	<u>Reported</u>
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>31,375</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 20.8% O<sub>2</sub> 0% CH<sub>4</sub> 0ppm CO at time of exam

Tramways, walkways, haulageways, powerlines and  
cutting shelter clean at time of exam

Intake Phone OK at exam time

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

Signed By [Signature] Certificate No. 322808 Assistant Foreman William Collins Certificate No. 1543-A  
 Countersigned [Signature] Mine Manager—Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-30-10 Shift Even Area or Section Tailgate 22

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>n/a</u>	<u>none</u>
2. <u>2L</u>	<u>setup cut</u>	<u>mined cut</u>
3. <u>3</u>	<u>needs cleaned &amp; dusted</u>	<u>cleaned &amp; dusted</u>
4.		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-3</u>	<u>500-530</u>	<u>0%</u>	11.		
2.			12.		
3. <u>1-3</u>	<u>630-700</u>	<u>0%</u>	13.		
4.			14.		
5. <u>1-3</u>	<u>830-900</u>	<u>0%</u>	15.		
6.			16.		
7. <u>1-3</u>	<u>1000-1055</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>Return</u>	<u>0229</u>	<u>0%</u>	6.		
2.			7.		
3. <u>Return</u>	<u>1019</u>	<u>0%</u>	8.		
4.			9.		
5.			10.		

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) found page 4 part 7 of BCL would  
change at start of shift at end of T.R.

Bruce Collins Assistant Mine 1543A Certificate No. T. Moore Mine Foreman-Mine Manager 33357 Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-30 Section or Area Examined T-G 22  
 Time of Examination: from 10 a.m. or p.m. to 10:55 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Brian Collins Time 11:12 A.M. P.M.  
 Report received by [Signature] 1479-A (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face 0ch4 20.8902	Scrap cut	Reported
2. face 11 11	none observed	
3. Face 11 11	Part Bolted	Reported
4.		
5.		
6.		
7.		
8.		
9.		
10.		

### Air Measurements

Location	CFM	Location	CFM
L.O.B	29,852		

Remarks: P.Center, pumps, Travelways  
Intake phone strata Air Bay - clear at time of exam.  
Loose Fakey Ribs

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 Brian Collins Preshift-Mine Examiner  
 Countersigned T. Moore Mine Manager—Mine Foreman  
 Assistant Foreman [Signature] Certificate No. 1543-A  
 Assistant Foreman [Signature] Certificate No. 33387  
 Superintendent or Assistant [Signature] Certificate No. 1479-A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-31-10

Shift 3rd

Area or Section T-F22

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. _____	_____	_____
2. _____	_____	_____
3. Section Idol	_____	_____
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) Read page 4 Part 3 of Road control plan to crew at motor barn 11:30 PM

*[Signature]*  
Assistant Mine

1477A  
Certificate No.

*T. M. Mone*  
Mine Foreman-Mine Manager

33359  
Certificate No.

Superintendent or Assistant



PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 3-31 20. Section or Area Examined T622  
 Time of Examination: from 5:00 a.m. or p.m. to 7:25 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom J. Thomas Time 6:50 A.M. P.M.  
 Report received by J. Harnan (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. CH4 0% O2 20.8%	None observe	
2. CH4 0% O2 20.8%	None observe	
3. CH4 .05% O2 20.8%	weeds cleaned dusted	Ref
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
L012	30778		

Remarks: Powercenter and roadways clear at time of exam  
 ribs rocky

Butby chamber clear at time of exam

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

Signed By [Signature] 1479A Certificate No. 33357 Assistant Foreman  
 Countersigned [Signature] Mine Manager—Mine Foreman  
[Signature] Assistant Foreman  
[Signature] Superintendent or Assistant  
 Certificate No. 39058-08



Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-31

Shift DAY

Area or Section T622

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1.		
2.		
3.	needs cleaned/dusted	Cleaned/dusted
4.		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-3	7:40-8:00	0	11.		
2.			12.		
3. 1-3	9:30-10:00	0	13.		
4.			14.		
5. 1-3	11:30-12:00	0	15.		
6.			16.		
7. 1-3	1:30-2:00	0	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	7:35	0	6.		
2.			7.		
3. Return	11:25	0	8.		
4.			9.		
5.			10.		

Number of Bolts Tested 10  
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 by Para 11-12

At 6:30 AM. with crew.

*[Signature]* Assistant Mine

39058-08 Certificate No.

*[Signature]* Mine Foreman-Mine Manager

33359 Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-31-10 20. Section or Area Examined Tailgate 22  
 Time of Examination: from 1 a.m. or 9 a.m. to 2:10 a.m. or PM  
 Was this report phoned to outside: Yes  no   
 By whom Steve Haysuk Time AM 2:30 PM  
 Report received by Benjamin Callis 1543-A  
 (Signed)

### Violations and other Hazardous Conditions Observed and Reported

	Location	Violations and other Hazardous Conditions Observed and Reported	Action Taken
1.	<u>20.8</u> <u>0%</u> <u>CH<sub>4</sub></u>	<u>N/A</u>	<u>none</u>
2.	<u>20.8</u> <u>0%</u>	<u>N/A</u>	<u>none</u>
3.	<u>20.8</u> <u>0.05%</u>	<u>scrub cut</u>	<u>Reflected</u>
4.			
5.			
6.			
7.			
8.			
9.			
10.			

### Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>29,380</u>		

Remarks: 20.89% O<sub>2</sub> 0% CH<sub>4</sub> 0 ppm at time of exam

travelways, walkways, haulageways, powered  
and other shelter clear at time of exam

Intake Phone 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. 3908-06 Assistant Foreman Benjamin Callis Certificate No. 1543-A  
 Countersigned [Signature] Mine Manager—Mine Foreman T. Moore Certificate No. 3330-7  
 Assistant Foreman \_\_\_\_\_ Superintendent or Assistant \_\_\_\_\_

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-31-10 Shift Eve Area or Section Tailgate 22

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Entries include 'N/A', 'N/A', and 'Swamp cut'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Multiple entries for location '1-3' with times ranging from 5:00-5:30 to 10:00-10:50.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Entries for 'Return' with times 6:30 and 10:16.

Number of Bolts Tested 8 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)

will crew at start of shift and at TK. Signed by Bruce Collins (Assistant Mine) and T. Moore (Mine Foreman-Mine Manager).

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-31-10 Section or Area Examined T-G-22  
 Time of Examination: from 10 a.m. or 10:50 p.m. to 10:50 a.m. or 11:10 p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Brian Collins Time 11:10 A.M. / P.M.  
 Report received by [Signature] (Signed) 1479A

## Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. face <u>och4 20.8%o2</u>	<u>port Bolted</u>	<u>Reported</u>
2. face <u>och4 20.8%o2</u>	<u>None observed</u>	<u>'' ''</u>
3. left X cut <u>0.05%och4 20.8%o2</u>	<u>Scrap cut</u>	<u>'' ''</u>
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

## Air Measurements

Location	CFM	Location	CFM
<u>L.O.B</u>	<u>28,970</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: p-center Travelways  
Intak phone, Strata Air Bay 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 Brian Collins Preshift-Mine Examiner Certificate No. 1543-A  
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 909A  
 \_\_\_\_\_ 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 4-1-10 Shift 3rd Area or Section T-R 22

Violations and other Hazardous Conditions Observed and Reported

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

*Section  
Idol*

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 Foreman  
1479-A Certificate No.  
 Superintendent or Assistant  
3357 Certificate No.

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 4-1-20 Section or Area Examined T622  
Time of Examination: from 5:00 a.m. or p.m. to 6:00 a.m. or p.m.  
Was this report phoned to outside: Yes  no   
By whom J. Thomas Time 5:45 A.M. P.M.  
Report received by E. Hanna (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. CH4 0% O2 20.8%	wedges cleaned & dusted	Ref
2. CH4 0% O2 20.8%	were observe	
3. CH4 0% O2 20.8%	were observe	
4. 3L CH4 0% O2 20.8%	SCAF	Ref.
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
LOP	31350		

Remarks: Powercenter and roadway clear At time OF EXAM  
CH4 0% O2 20.8%

Out by shelter clear At time OF EXAM

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1479A  
Countersigned T. Moore Mine Manager-Mine Foreman Certificate No. 35957  
E. Hanna Assistant Foreman Certificate No. 39068-08  
Superintendent or Assistant



Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 4-1 Shift DAY Area or Section T622

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. _____	_____	_____
2. _____	_____	_____
3. <u>3C</u>	<u>Scrap</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>1-2</u>	<u>7:40-8:00</u>	<u>0</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-2</u>	<u>9:30-10:00</u>	<u>0</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-2</u>	<u>11:30-12:00</u>	<u>0</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-2</u>	<u>1:30-2:00</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>Return</u>	<u>7:35</u>	<u>0</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Return</u>	<u>11:25</u>	<u>0</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 6  
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 Draney work Area with crew At 6:30 PM

[Signature] Assistant Mine 390845 Certificate No. [Signature] Mine Foreman-Mine Manager 33359 Certificate No. [Signature] Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 4-1-10 Section or Area Examined Tailgate 22  
 Time of Examination: from 1 a.m. or 9 to 2:05 a.m. or am.  
 Was this report phoned to outside: Yes no  
 By whom Steve Hannah Time 2:35 P.M.  
 Report received by Bruce Collins 1543-A  
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violations and other Hazardous Conditions Observed and Reported	Action Taken
1.	<u>22 CH4</u>	<u>hump cut</u>	<u>Reflectors</u>
2.	<u>20.8 0%</u>	<u>N/A</u>	<u>none</u>
3.	<u>20.8 0%</u>	<u>Paint balled</u>	<u>Reflectors</u>
4.			
5.			
6.			
7.			
8.			
9.			
10.	<u>SOFT Ribs ACROSS SECTION</u>		

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>29,830</u>		

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

Trusschamps, walkways, haulage ways, power cables and other shelter clear at TOE

Intake Phone clear at time of exam

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

Signed By [Signature] Certificate No. 570808  
 Preshift-Mine Examiner Assistant Foreman  
 Countersigned [Signature] Certificate No. 1543-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 4-1-10 Shift Even Area or Section Tailgate 22

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>Scrap cut</u>	<u>removed cut</u>
2. <u>2</u>	<u>mine abs</u>	<u>none</u>
3. <u>3L</u>	<u>Paint hatted</u>	<u>hatted to face</u>
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-3</u>	<u>500-530</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-3</u>	<u>630-700</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-3</u>	<u>830-910</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-3</u>	<u>1000-1055</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>Return</u>	<u>629</u>	<u>0%</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Return</u>	<u>1014</u>	<u>0%</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 10  
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 part 1 of RCP with

Clear at stand of shift at end of 1 hr  
Brian Collins Assistant Mine Certificate No. 1543A  
T. Moore Mine Foreman-Mine Manager Certificate No. 33389  
Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 4-1 2010 Section or Area Examined TG 22  
 Time of Examination: from 10:00 a.m. or p.m. to 10:55 a.m. or p.m.  
 Was this report phoned to outside? Yes  no   
 By whom B. Collins Time 11:32 A.M.  
 Report received by T. Peterson 29611 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1 entries 0%CH <sub>4</sub>	none observed	none
2. 2LT. 0%CH <sub>4</sub>	SCRAP cut	Reflection
3. 3 0%CH <sub>4</sub>	used clean dusted	Rep.
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
L.O.B.	28916		

Remarks: NoCH<sub>4</sub> det. 0% 20.8oz CO<sub>2</sub>  
 Power Center clear  
 Haulage & Travelways clear at exam.  
 Fresh Air Bay & Phone clear at exam.

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

Signed By Bruce Collins Certificate No. 1513A Assistant Foreman  
 Countersigned T. Peterson Mine Manager - Mine Foreman Certificate No. 33329  
T. Peterson Assistant Foreman 29611 Superintendent or Assistant

Use Indelible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

Violations and other Hazardous Conditions Observed and Reported

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 4/3 2010 Section or Area Examined TG 22  
 Time of Examination: from 12:57 a.m. or 6:00 p.m. to 1:30 a.m. or 6:00 p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Brought out Time          A.M.          P.M.  
 Report received by          (Signed)

## Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Section Idle</u>		
2. <u>No Power</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>LOB</u>	<u>40,560</u>		
<u>        </u>	<u>        </u>		
<u>        </u>	<u>        </u>		
<u>        </u>	<u>        </u>		
<u>        </u>	<u>        </u>		
<u>        </u>	<u>        </u>		
<u>        </u>	<u>        </u>		
<u>        </u>	<u>        </u>		
<u>        </u>	<u>        </u>		

Remarks: PC's, Pumps, Travelways, Chargers, Intake Phone,  
Outby shelter, walkways clear at time of exam.

0% CH<sup>4</sup> 0% CO 20.80<sup>2</sup>

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 Johnny Neely 33472  
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned          Mine Manager—Mine Foreman  
         Assistant Foreman  
         Superintendent or Assistant

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

*Violations and other Hazardous Conditions Observed and Reported*

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 4-4 2010 Section or Area Examined 7622  
Time of Examination: from 8:00 a.m. or p.m. to 10:00 a.m. or p.m.  
Was this report phoned to outside: Yes X no  
By whom JOHN SKAGGS Time A.M. 10:30 P.M.  
Report received by Bruce Bralits (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Entry CH4 0% O2 20.8% CO2 0%	none observed	Reported
2. Entry O2 20.8% O2	none observed	Reported
3. Entry O2 20.8% O2	none observed	Reported
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
LOB	39260		

Remarks: Powercenter, pumps, Travelways, chengens, Intake Phase Out by Shetter; walkways clear at time of exam. 0% CH4 0% 20.8% CO2 0% detected  
In front of power box area cover to return water is up to knees.

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. 32476  
Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman [Signature] Assistant Foreman  
Superintendent or Assistant

37074  
Certificate No. 1477A

Use Indelible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 4-5-10 Shift 3rd Area or Section T-6 22

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. _____	_____	_____
2. _____	_____	_____
3. <u>Section Idol</u>	_____	_____
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  
1479A 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 4-5 20. Section or Area Examined T6  
 Time of Examination: from 4:00 a.m. or p.m. to 4:20 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom J. Thomas Time 5:51 A.M. P.M.  
 Report received by S. Hoval (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1 CH<sub>4</sub>% Over 0.8%</u>	<u>none observed</u>	
2. <u>2 CH<sub>4</sub>% Over 0.8%</u>	<u>scrap</u>	<u>REF.</u>
3. <u>3 CH<sub>4</sub>% Over 0.8%</u>	<u>none observed</u>	
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>36800</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Power center and Roadways clear at time of exam  
CH<sub>4</sub>% Over 0.8%

Outby shelter clear at time of exam

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1479A  
 Countersigned \_\_\_\_\_ Mine Manager—Mine Foreman  
 \_\_\_\_\_ Assistant Foreman  
 \_\_\_\_\_ Superintendent or Assistant  
 Assistant Foreman [Signature] Certificate No. 30580



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 4-5-10 Section or Area Examined Tailgate 22
Time of Examination: from 1 a.m. or p.m. to 2:10 a.m. or p.m.
Was this report phoned to outside; Yes no
By whom Steve Haggard Time A.M. 2:38 P.M.
Report received by Bruce Collins 1543-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations 1, 2, 3, and 4 with conditions like 'N/A' and 'SCRAP cut'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry for 'LOB' with '37360' CFM.

Remarks: 20.8% O2 0% CH4 oppm at time of exam

Handwritten note: Tunnels, walkways, haulageways, powerlines and other chamber clear at time of exam

Handwritten note: Intake Phase ok at exam time

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Steve Haggard Preshift-Mine Examiner Certificate No. 1543-A Assistant Foreman
Countersigned Bruce Collins Mine Manager-Mine Foreman Certificate No.
Assistant Foreman
Superintendent or Assistant

Use Indelible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 4-5-10 Shift lve Area or Section Subjct 22

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>N/O</u>	
2. <u>2</u>	<u>N/O</u>	
3. <u>26</u>	<u>N/O</u>	
4. <u>3</u>	<u>SCRAP cut</u>	
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested \_\_\_\_\_

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

**PRESHIFT-MINE EXAMINER'S REPORT**

Report shall be  
signed when made

Use Indelible  
Pencil or Ink

Date of Examination \_\_\_\_\_ 20 \_\_\_\_\_ Section or Area Examined \_\_\_\_\_  
 Time of Examination: from \_\_\_\_\_ a.m. or p.m. to \_\_\_\_\_ a.m. or p.m.  
 Was this report phoned to outside: Yes \_\_\_\_\_ no \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 By whom \_\_\_\_\_  
 Report received by \_\_\_\_\_ (Signed)

*Violations and other Hazardous Conditions Observed and Reported*

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

*Air Measurements*

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

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

*Violations and other Hazardous Conditions Observed and Reported*

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