

BARRIER SECTION PRESHIFT - ONSHIFT and DAILY REPORT

Started 3-16-10

Company Performance Coal Company

Mine Upper big branch

SECTION Barrier Section

LOCATION _____

Post Office

County

State

Finished 4-2-10

Form 6-1489
(March 1970)

Budget Bureau No. 42-R1589

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

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FORM# MS-014

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-16-10 Shift DAY Area or Section BARRIES

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains handwritten entries for violations observed and actions taken.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains handwritten entries for methane examinations in working places.

Examinations for Methane in Return Aircourses

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

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 out at 8:00 AM

Signatures and titles: Jack Manda (Assistant Mine), Rick Ester (Mine Foreman-Mine Manager), and Superintendent or Assistant.

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 3-16-10 20- Section or Area Examined Backler section
Time of Examination: from 1:40 a.m. or pm to 2:10 a.m. or pm
Was this report phoned to outside: Yes no
By whom Jack Martin Time 7:00 A.M. P.M.
Report received by Brandon Davis
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>07.16¹</u> <u>20.8⁰²</u>	<u>needs cleaned</u>	<u>reported</u>
2. <u>07.16²</u> <u>20.8⁰²</u>	<u>scrap cut</u>	<u>reflected</u>
3. <u>07.16^{3L}</u> <u>20.8⁰²</u>	<u>scrap cut</u>	<u>reflected</u>
4. <u>07.16⁴</u> <u>20.8⁰²</u>	<u>none observed</u>	<u>none</u>
5. <u>07.16⁵</u> <u>20.8⁰²</u>	<u>none observed</u>	<u>none</u>
6. <u>07.16⁶</u> <u>20.8⁰²</u>	<u>needs cleaned</u>	<u>reported</u>
7. <u>07.16^{6R}</u> <u>20.8⁰²</u>	<u>fact bolted</u>	<u>reflected</u>
8. <u>07.16⁷</u> <u>20.8⁰²</u>	<u>needs cleaned & dusted</u>	<u>reported</u>
9. <u>NO CO Found</u>		
10. <u>rescue chamber / traverse</u>	<u>none observed</u>	

Air Measurements

Location	CFM	Location	CFM
<u>LOR LT</u>	<u>31920 CFM</u>		
<u>sweeping Air right to left</u>			
<u>Air traveling in the right direction</u>			

Remarks: roadways / Powercenter
clear at time of exam

section has soft 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 Jack Martin 37793 Certificate No. 170-A
Preshift Mine Examiner Assistant Foreman
Countersigned Brandon Davis 28736 Certificate No.
Mine Manager—Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-16-10 Shift Even Area or Section Barrel Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>07W1 20.8⁰²</u>	<u>needs cleaned</u>	<u>cleaned</u>
2. <u>07W2 20.8⁰²</u>	<u>scrap cut</u>	<u>Finished & Bolted</u>
3. <u>07W3L 20.8⁰²</u>	<u>scrap cut</u>	<u>Finished & Bolted</u>
4. <u>07W6 20.8⁰²</u>	<u>needs cleaned</u>	<u>cleaned</u>
5. <u>07WR 20.8⁰²</u>	<u>Part bolted</u>	<u>bolted</u>
6. <u>07W7 20.8⁰²</u>	<u>needs cleaned & dusted</u>	<u>cleaned & dusted</u>
7. <u>NO CO Found</u>		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>4:30-5:00</u>	<u>0% CH₄</u>	11.		
2. <u>1-7</u>	<u>6:30-7:00</u>	<u>0% CH₄</u>	12.		
3. <u>1-7</u>	<u>8:30-9:00</u>	<u>0% CH₄</u>	13.		
4. <u>1-7</u>	<u>10:00-10:30</u>	<u>0% CH₄</u>	14.		
5. <u>1-7</u>	<u>12:00-12:30</u>	<u>0% CH₄</u>	15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>return air</u>	<u>5:10</u>	<u>0% CH₄</u>	6.		
2. <u>return air</u>	<u>9:10</u>	<u>0% CH₄</u>	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) see pg 5 pr 15 of RCP

examined 4:20pm

[Signature]
Assistant Mine

[Signature]
Certificate No.

[Signature]
Mine Foreman-Mine Manager

2873
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 7-16-10 Section or Area Examined Barrier Section
Time of Examination: from 10:00 a.m. to 10:00 a.m.
Was this report phoned to outside: Yes
By whom Brenda Deards 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. Contains 6 rows of handwritten entries regarding ventilation and safety issues.

Reserve chamber ok
Fire valve ok

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains one entry for 'LOBLT Sweeping Air' with a CFM of 29,460.

Remarks: power carbon strands very clean 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. 11764 Joe Coon Assistant Foreman Certificate No. 34170
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 28234
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-17 Shift at Area or Section Barren Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>92</u>	<u>Scum</u>	<u>comple</u>
2. <u>2</u>	<u>Scum</u>	<u>comple</u>
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. _____	_____	_____

Section
D.W.

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) _____

Jac Coon Assistant Mine
34143 Certificate No.
Paul Tate Mine Foreman-Mine Manager
28736 Certificate No.
 Superintendent or Assistant

Use Indellible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 3-17- 2010 Section or Area Examined Barrier section
 Time of Examination: from 500 a.m. or p.m. to 530 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Joe Coon Time 620 A.M. P.M.
 Report received by Jack Martin (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1-2-3-3L 0.0% ch ₄	None observed	Rep
2. 4- 0.0% ch ₄	w/ dusted	Rep
3. 5 + 6R - 0.0% ch ₄	None observed	Rep
4. 7 0.0% ch ₄	Not Bolted	Tagged
5. _____	_____	_____
6. _____	_____	_____
7. Resurf Chamber	Clear	_____
8. Intake Frame	OK	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
LOB	28680		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Power center - chargers - travel ways - haulage ways
20.8 O₂
0.0% ch₄
0% CO
all clear 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 Joe Coon Certificate No. 34147 Assistant Foreman Jack Martin Certificate No. 37793
 Countersigned Rich Foster Mine Manager / Mine Foreman Certificate No. 28736
 Assistant Foreman _____
 Superintendent or Assistant _____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-17-10 Shift DAY Area or Section BARRIER

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	1-2-3-3L	None observed	None
2.	4	n/dusted	Dusted
3.	5-6R-	None observed	None
4.	7-	Not Bolted	Bolted up
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-7-	700-730A	0%	11.			
2.				12.			
3.	1-7-	900-930A	0%	13.			
4.				14.			
5.	1-7-	1100-1130A	0%	15.			
6.				16.			
7.	1-7-	100-130Pm	0%	17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	LT Return	655A	0%	6.			
2.	LT Return	1055A	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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over RCP Pg 4-1-2 w/c few at start of shift

Jack Martin Assistant Mine Certificate No. 37793 Rick Foster Mine Foreman-Mine Manager Certificate No. 28735 Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 3-17-40 20 Section or Area Examined Barrier section
Time of Examination: from 2:00 a.m. or p.m. to 2:40 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Jack Martin Time 3:10 P.M.
Report received by Brandon Davis
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. O.T. No 1	20.803% ch ₄ none observed	none
2. O.T. No 2	20.8020% ch ₄ none observed	none
3. O.T. No 3	20.8020% ch ₄ needs cleaned & dusted	reported
4. O.T. No 4	20.8020% ch ₄ none observed	none
5. O.T. No 5	20.8020% ch ₄ scrap cut	reported reported
6. O.T. No 6	20.8020% ch ₄ none observed	none
7. O.T. No 6R	20.8020% ch ₄ none observed	none
8. O.T. No 7	20.8020% ch ₄ none observed	none
9.	NO CO Found	
10.	rescue chamber / fire valve	none observed

Air Measurements

Location	CFM	Location	CFM
LOR	15		30,812 CFM
sweeping	Air	right to left	

Air moving in the right Direction

Remarks: road ways / power center

clear at time of exam
20.802
0.0% ch₄
0% CO

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

Signed By Jack Martin 37793 [Signature] Assistant Foreman
Preshift Mine Examiner Certificate No. 1176-A
Countersigned Rick Foster 2823
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 3.17.10 Shift EOE Area or Section Barrier Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	<u>O/W 3 20-8⁰⁰</u>	<u>needs cleaned & dusted</u>	<u>cleaned & dusted</u>
2.	<u>O/W 5 20-8⁰⁰</u>	<u>scrap cut</u>	<u>Finished & bolted</u>
3.	<u>NO CO Found</u>		
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>return</u>	<u>5:10</u>	<u>O/W</u>	6.			
2.	<u>return</u>	<u>9:10</u>	<u>O/W</u>	7.			
3.				8.			
4.				9.			
5.				10.			

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

If majority of bolts tested in any working place falls outside approved torque range, state what action was taken brought men out early due to South Fan motor down.

Remarks (Statement as to General Conditions of Mine or Area of Mine) run by 5/16 of 1/16 west

run at 4:30pm
[Signature]
Assistant Mine

1176-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

2823
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-17 20. 10 Section or Area Examined Barrum Seabro
Time of Examination: from 10:00 a.m. or p.m. to 10:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Brandy Daniels Time A.M. 11:00 P.M.
Report received by Joe Leon (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Open Scrap 2085m	Scrap	Report
2. Open 26-34 2085m	Need chut + Duff	Report
3. Open 5 2086	Not Bolted	Down off
4. Open 6 2086	iron bar	
5. Open 7 2086	Need chut + Duff	Report
6.		
7.		
8. FEPE valve		
9. Resonance chamber		
10. Ribs need add support on RT side 5-7		

Air Measurements

Location	CFM	Location	CFM
SOB	LT 29170		
Swaptics	air gassy rough way		
A + A	Atia		

Remarks: power center charge track
clean tunnel

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. 1176-A
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 28734
Assistant Foreman [Signature] Certificate No. 39193
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. _____	<i>No work on 3rd shift for down</i>				_____	_____
4. _____	_____	_____	_____	_____	_____	
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.

Rich Foster
Mine Foreman-Mine Manager

2872
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-18-70 20 Section or Area Examined Barrier
Time of Examination: from 6:30 a.m. or p.m. to 7:00 a.m. or p.m.
Was this report phoned to outside: Yes [] No []
By whom Jack Martin Time 7:01 A.M. P.M.
Report received by Rick Foster (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 10 rows of handwritten entries regarding O2 levels and reflectors.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains one handwritten entry: L.O.X. cut, 21.73L.

Remarks: 20.8% O2, 0% CO2, track, travelways, power sentry, sweep charger 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 Jack Martin Certificate No. 37793 Assistant Foreman
Countersigned Rick Foster Certificate No. 28736 Mine Manager - Mine Foreman
Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-18-10 Shift DAY Area or Section Barrier

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #1	Port Bolted	Bolted up
2. 2h-2, 3-	None observed	None
3. 4-	Not cleaned & dusted	Ref
4. 5	Not Bolted	Bolted
5. 647-	None observed	Ref
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	840-910 AM	0%	11.		
2.			12.		
3. 1-7-	1040-1110A	0%	13.		
4.			14.		
5. 1-7	1240-110 PM	0%	15.		
6.			16.		
7. 1-7-	140-210 PM	0%	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Lt Ret	835 AM	0%	6.		
2. Lt Ret	1235 PM	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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over RCP. Pg 5-16-17 w/ crew at start of shift

Jack Martin
Assistant Mine

37293
Certificate No.

Rick Zata
Mine Foreman-Mine Manager

23734
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 3-18-10 20 Section or Area Examined Barrier Section
Time of Examination: from 1:30 a.m. or 2:10 a.m. to 2:10 a.m. or 2:10 a.m.
Was this report phoned to outside: Yes no
By whom Jack Martin Time 3:00 A.M. P.M.
Report received by Brandon Davis
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. O7.ck4 1	20.8 ⁰² %ch4 scrap cut	reflected
2. O7.ck4 2L	20.8 ⁰² %ch4 none observed	none
3. O7.ck4 2	20.8 ⁰² %ch4 none observed	none
4. O7.ck4 3	20.8 ⁰² %ch4 none observed	none
5. O7.ck4 4	20.8 ⁰² %ch4 Part Bolted	reflected
6. O7.ck4 5	20.8 ⁰² %ch4 needs cleaned & dusted	reported
7. O7.ck4 6	20.8 ⁰² %ch4 none observed	none
8. O7.ck4 7	20.8 ⁰² %ch4 none observed	none
9.	NO CO Found	
10.	rescue chamber / Errolake	none observed

Air Measurements

Location CFM Location CFM

LOPS LT 22,800 CFM
Sweeping Air right to Left
Air traveling in the right direction

Remarks: roadways / Power center
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 Jack Martin Certificate No. 37793
Preshift-Mine Examiner
Countersigned Rick Foster Certificate No. 2872
Mine Manager—Mine Foreman
Assistant Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-18-10 Shift EUR Area or Section Barrier Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. O.V. #4 20.800	scrap cut	Finished & Bolted
2. O.V. #4 20.802	part bolted	bolted
3. O.V. #4 20.800	reads cleaned & dusted	cleaned & dusted
4. NO CO Found		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	4:30-5:00	0% CH4	11.		
2. 1-7	6:30-7:00	0% CH4	12.		
3. 1-7	8:30-9:00	0% CH4	13.		
4. 1-7	10:00-10:30	0% CH4	14.		
5. 1-7	12:00-12:30	0% CH4	15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. return	5:10	0% CH4	6.		
2. return	9:10	0% CH4	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) much gas 5-18 of RCP unit

was at 4:20 pm

Bushnell
Assistant Mine

1176 A
Certificate No.

Rick Zota
Mine Foreman-Mine Manager

28731
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3/18/2010 Section or Area Examined Barrier Section
Time of Examination: from 1000 a.m. or p.m. to 1030 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Bragha Daniels Time A.M. 11:15 P.M.
Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for methane levels (1-6) and other conditions like 'Need Clean Dist. Pipes' and 'part Batter'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry: 'LOB LF 25,750 air going right direction Sweeping Air Right Left'.

Remarks: power center closed 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. 1176-A
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 28226
Assistant Foreman Certificate No. 34112
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3/19 Shift owl Area or Section Burman

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. _____	_____	_____
2. <u>22</u>	<u>port bolts</u>	<u>inspect</u>
3. <u>?</u>	<u>scraper</u>	<u>complete</u>
4. <u>WR</u>	<u>port bolts</u>	<u>cut off</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. _____	_____	_____

Section
d d a l

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) _____

J. J. [Signature] Assistant Mine
[Signature] Certificate No.
[Signature] Mine Foreman-Mine Manager
[Signature] Certificate No. 2873
 Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-19-10 Section or Area Examined BARRICK
Time of Examination: from 5:00 a.m. or p.m. to 5:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom JOE COON Time 5:50 A.M. P.M.
Report received by Jack Martin (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
#1 0.0% ch4	N/Cleaned	Rep
2h 0.0% ch4	Post Bolted	TAGGED
3 0.0% ch4	None observed	Rep
4 RT 0.0% ch4	Not Bolted	TAGGED
5-6, 7, 0.0% ch4	None observed	
6		
7		
8 INTAKE Phone	OK	
9 Air Chamber	Clear	
10		

Air Measurements

Location	CFM	Location	CFM
LOB	31820		
Air moving in Right direction			

Remarks: Power cables - chargers - travel ways - haulage ways

All clear + fine of exam

20.802
0.0% ch4
0% CO

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

Signed By [Signature] Preshift Mine Examiner Certificate No. 34197
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 28736
Assistant Foreman [Signature] Assistant Foreman Certificate No. 37793
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-19-10 Shift DAY Area or Section Barrier

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #1	need cleaned	Cleaned + dusted
2. 2h	P/Bolted	Bolted UP - C/DUSTED
3. 3-	none observed	none
4. 4RT	Not Bolted	Bolted UP
5. 5-6-7	none observed	none
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7-	700-730A	0%	11.		
2.			12.		
3. 1-7-	900-930A	0%	13.		
4.			14.		
5. 1-7	1100-1130A	0%	15.		
6.			16.		
7. 1-7	100-130Pm	0%	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested 10 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 RCP Pg 4-1-2-3- w/ crew out start of shift

Jack Martin
Assistant Mine

37793
Certificate No.

Rick Foster
Mine Foreman-Mine Manager

28236
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-19-10 20 Section or Area Examined Barries
Time of Examination: from 2:00 a.m. or (p.m.) to 2:50 a.m. or (p.m.)
Was this report phoned to outside: Yes [checked] no
By whom Jack Martin Time A.M. 2:40 P.M.
Report received by Russ Foster (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 7 rows of handwritten entries regarding air quality and equipment in various entries.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains one handwritten entry: L.O.X. cut, 26,741.

Remarks: 20.8% O2, 0% CH4, 0% CO, track, trackways, power cables, scoop chaper clear at time of exam
Intake phone O.K. at time of exam
Refuge chamber OK at time of exam

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

Signed By Jack Martin, Freshift-Mine Examiner, Certificate No. 37793
Countersigned Russ Foster, Mine Manager-Mine Foreman, Certificate No. 25732
Assistant Foreman [Signature], Certificate No. 11767
Superintendent or Assistant [Signature]

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-19-10 Shift Eve Area or Section 002

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Contains handwritten entries for items 1-2.

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 set sandjacks on corner in #4 & #5 IBK liby feeder.

Remarks (Statement as to General Conditions of Mine or Area of Mine) ready pgs 16 of RCP and

Assistant Mine Superintendent or Assistant Mine Foreman-Mine Manager

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-19 2010 Section or Area Examined Barris Section
Time of Examination: from 1000 a.m. or p.m. to 1030 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Brandon Davis Time A.M. 11:20 P.M.
Report received by Bruce Barrett (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains entries for Enty #1-7 with details on oxygen levels, CH4 percentages, and actions like 'scrap cut', 'needs clean/dust', 'pent battled', 'none observed'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains one entry for LOB with CFM 26,260.

Remarks: 20.8% O2 % CH4 0% CO Trace, Travelways, power center
Scoop changer all clean at lowest edge
Refuse Chamber & intake phone OK at low level

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. 117674
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 28736
Assistant Foreman [Signature] Certificate No. 37074
Superintendent or Assistant [Signature] Certificate No. 27429

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-20 2010 Section or Area Examined Connie Section
Time of Examination: from 3:00 p.m. or p.m. to 6:05 p.m. or p.m.
Was this report phoned to outside: Yes no
By whom
Report received by (Signed) Brought to Outside

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 7 rows of handwritten entries regarding CH4 and O2 levels and actions like 'none observed' or 'Repaired'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains one handwritten entry: LOB 26150.

Remarks: 0% CH4 O2 20.8% CO2
Tredy, travelway powder blown charge 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 Lane Brath Preshift Mine Examiner Certificate No. 39074
Countersigned Rick Baker Mine Manager - Mine Foreman Certificate No. 28734
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-20 2010 Section or Area Examined Barrier Section
Time of Examination: from 1200 a.m. or (p.m.) to 300 a.m. or (p.m.)
Was this report phoned to outside: Yes none
By whom Report outside (Signed)
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: #, Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for items 1 through 7.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry for location LCB with CFM 25.233.

Remarks: % CH4, % CO, 20.8% O2, tracks, travelways, pct's, chargers clean at rear

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

Signed By George Currie Preshift-Mine Examiner Certificate No. 27429
Countersigned Mine Manager—Mine Foreman Certificate No. 28236
Assistant Foreman
Superintendent or Assistant

Use Indefinible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-20-10 Section or Area Examined Barries Section
Time of Examination: from 8:00 a.m. or p.m. to 11:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Time A.M. 11:19 P.M.
Report received by Brown & Ostrade (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 7 rows of handwritten entries regarding CH4 percentages and observations.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains one handwritten entry for LOB with CFM 28,735.

Remarks: CH4 0% CO 0% O2 20.8%
Track, power entry, travelway, changes direct limit open

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 Brubaker Preshift-Mine Examiner Certificate No. 37074
Countersigned Rick J. J... Mine Manager-Mine Foreman Certificate No. 28736
Assistant Foreman Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

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

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-21 20 10 Section or Area Examined Barrier Station
Time of Examination: from 300 a.m. or p.m. to 600 a.m. or p.m.
Was this report phoned to outside: Yes no X
By whom Time PM 610 P.M.
Report received by Brought Outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 7 rows of data for CH4 measurements.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains one row of data for LOB with CFM 25260.

Remarks: CH4 0% CO 0% O2 20.8%
Tracking, Trenching, power centre change, 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 Bruce Brunette Preshift-Mine Examiner Certificate No. 37074
Countersigned Rick Jahn Mine Manager-Mine Foreman Certificate No. 29734
Assistant Foreman Superintendent or Assistant

Tacy Stewart 39199 George Curry 29429

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 Barrier Section
Time of Examination: from 12 a.m. or am to 3 a.m. or pm
Was this report phoned to outside: Yes no ✓
By whom _____ Time _____ A.M. _____ P.M.
Report received by Brought Out
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>23,410</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: _____
0% CH4, 0% CO2, 20.8% O2
Track, Travelway, Air Chamber, Intake Phase clean at exam

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

Signed By Jacq Stewart 39199
Preshift-Mine Examiner Certificate No.
Countersigned Rick Jeter 28736
Mine Manager—Mine Foreman Assistant Foreman Certificate No.
Assistant Foreman
Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 3-21 2010 Section or Area Examined Boonie Section
 Time of Examination: from 8:00 a.m. or 11:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by Bryant Osterle
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1	none observed	none
2. #2	none observed	none
3. #3	needs clean dust	none
4. #4	none observed	none
5. #5	none observed	none
6. #6	scrap at	Reflector off
7. #7	none observed	none
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
LOB	23,670		

Remarks: 07049 0090 022058
Tread, Trawlway powerents changed 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 Bryant Osterle 37074 Certificate No. 23234
 Assistant Foreman [Signature] Certificate No. 94193
 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 3-22 Shift car Area or Section Barnier's Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. _____	_____	_____
2. <u>3</u>	<u>no safety boots</u>	<u>Report</u>
3. <u>6</u>	<u>SCRIP</u>	<u>complete</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. _____	_____	_____

Section 4

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) _____

Ja Con Assistant Mine Foreman
34197 Certificate No.
Rick J. [Signature] Mine Foreman-Mine Manager
23735 Certificate No.
 Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-22-10 Section or Area Examined Barrier Section
Time of Examination: from 5:00 a.m. or p.m. to 5:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Joe Goon Time 6:00 A.M. P.M.
Report received by Brandon Davis (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 10 rows of handwritten observations such as 'O7 Mt 1 20.802 none observed none observed'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten notes: 'LOB 28,980 CFM Sweeping air right to left Air going right way'.

Remarks: roadways / Powercenter 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. 24111 Assistant Foreman [Signature] Certificate No. 1176-A
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 28232
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 3-22-10 Shift Day Area or Section Barrier section

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains handwritten entries for violations like 'needs cleaned' and 'scrap out'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains handwritten entries for methane examinations at location 1-7.

Examinations for Methane in Return Aircourses

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

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

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

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

Handwritten signatures and names: 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 Barrier
 Time of Examination: from 2:15 a.m. or p.m. to 2:45 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Brandon Davis Time AM 2:55 PM
 Report received by Gary May (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. $0\%CH_4$ 1 20.87% O_2	$0\%CH_4$ Needs Clean and Dusted	Reported
2. $0\%CH_4$ 2 20.87% O_2	$0\%CH_4$ NONE observed	NONE
3. $0\%CH_4$ 3 20.87% O_2	$0\%CH_4$ NONE observed	NONE
4. $0\%CH_4$ 4 20.87% O_2	Scrap	reflected
5. $0\%CH_4$ 4L 20.87% O_2	Needs Cleaned	Reported
6. $0\%CH_4$ 5R 20.87% O_2	Not Bolted	Reflected
7. $0\%CH_4$ 6 20.87% O_2	NONE observed	NONE
8. $0\%CH_4$ 7 20.87% O_2	NONE observed	NONE
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
LOB	22,575		
Air moving in Right Direction			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks:

Roadways, Powercenters clear at exam
 Air Chamber clear at exam

20.87% O_2
 0.0% CH_4
 0% CO

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

Signed By Brandon Davis Preshift-Mine Examiner
 Countersigned Brandon Davis Mine Manager—Mine Foreman
11764 Certificate No.
28792 Certificate No.
Earl Martin Assistant Foreman
32793 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 3-22-10 Shift EVE Area or Section BARRIER

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #1	needs cleaned & dusted	Ref
2. 2+3-	None observed	None
3. 4-	SCOP CUT	CUT & Bolted
4. #4L	NEEDS cleaned	cleaned
5. 5R	NOT Bolted	Bolted up
6. 6+7	None observed	None
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Lt Ret	4:25pm	0%	6. _____	_____	_____
2. Lt Return	8:25pm	0%	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 10 0 Below Range 0

Number of Bolts Torqued Above Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over RCP Pg 5-#19
w/ crew at start of shift

Jackman Assistant Mine 37793 Certificate No. Reck Foster Mine Foreman-Mine Manager 28236 Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-22-2010 Section or Area Examined Bunker & Siding
Time of Examination: from 1000 a.m. or p.m. to 1022 a.m. or p.m.
Was this report phoned to outside: Yes, no
By whom Jack Martin Time A.M. 1050 P.M.
Report received by Joe [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. O'Leary 1 208m	Need Check	Reported
2. O'Leary 2 208m	SCAP	Reported
3. O'Leary 3L 208m	SCAP	Reported
4. O'Leary 4-5 208m	none observed	
5. O'Leary 5A 208m	part B altered	Demoff
6. O'Leary 6-7 208m	none observed	
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
SOP W	22721		
Sweeping air are gain in right direction			

Remarks: power center charge tract
Clearer turn of air

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 Rich [Signature] Mine Manager—Mine Foreman Certificate No. 28736
Joe [Signature] Assistant Foreman Certificate No. 24117
Assistant Foreman
Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 3-19 Shift amb Area or Section Marion Sections

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. _____	_____	_____
2. <u>2</u>	<u>SSVCA</u>	<u>complete</u>
3. _____	<u>36.6cm</u>	<u>complete</u>
4. _____	_____	_____
5. <u>SR</u>	<u>port to ML</u>	<u>13/1/1</u>
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. _____	_____	_____

Section 1 & 2

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) _____

Joe [Signature]
Assistant Mine

24191
Certificate No.

[Signature]
Mine Foreman-Mine Manager

2822
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-23-10 20 Section or Area Examined Barrier Section
Time of Examination: from 5:20 a.m. or p.m. to 5:20 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Joe Coon Time 6:05 A.M. P.M.
Report received by Brandon Davis (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include locations like O7.dv4 1, 2, 3L, 4, 5, 5R, 6, 7 and actions like 'needs cleaned', 'reported', 'reflected', 'none observed', 'none', 'reported'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Entry: LOR 24180cfm, sweeping Air right to left, Air going right way.

Remarks: roadways / Power center 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 Joe Coon Preshift Mine Examiner Certificate No. 34142
Countersigned Brandon Davis Mine Manager - Mine Foreman Certificate No. 24731
Assistant Foreman Certificate No. 11762A
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 Day Area or Section Barrier Section

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, 3, 4, 5, 6, 7, 8.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Contains handwritten entries for locations 1-7 and 11-20.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Contains handwritten entries for locations 1-5 and 6-10.

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) none pg 5 pr 21 of All-Plan

Assistant Mine Foreman Mine Manager Superintendent or Assistant with handwritten signatures and certificate numbers.

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 Barrier
Time of Examination: from 2:15 a.m. or p.m. to 2:52 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Brandon Davis Time A.M. 3:00 P.M.
Report received by Jack Manna (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
# 1 + 2	0.0% ch ₄ 20.802 none observed	Ref
3L	0.0% ch ₄ 20.802 Part Bolted	Tagged
4	0.0% ch ₄ 20.802 SCR cut	Tagged
5 + SR	0.0% ch ₄ 20.802 none observed	Ref
6	0.0% ch ₄ 20.802 P. Bolted	Tagged
7	0.0% ch ₄ 20.802 none	Ref
8		
9		
10		

Air Measurements

Location	CFM	Location	CFM
LOB	23,476		
Sweep Air Right to Left			
air moving in Right Direction			

Remarks: Panel Carter-Chargess-Travel ways-haulageways
all cleared time of exam
20.802
0.0% ch₄
0.0% ch₄

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. 1176-A Jack Manna Assistant Foreman 37293
Countersigned [Signature] Mine Manager-Mine Foreman 29231
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 EVE Area or Section BARRIER

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #1+2	None observed	None
2. 3L	Post Bolted	Bolted up
3. 4	SCOP CUT	CUT + Bolted
4. 5 & 5R	None observed	None
5. 6-	Post Bolted	Bolted up
6. 7-	None observed	None
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7-	430-500pm	0%	11.		
2.			12.		
3. 1-7	630-700pm	0%	13.		
4.			14.		
5. 1-7	830-900pm	0%	15.		
6.			16.		
7. 1-7	1030-1108pm	0%	17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. LT Ret	425pm	0%	6.		
2. Return-	825pm	0%	7.		
3.			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)

went over RCP Pg 4-7-8
w/crew at start of shift

Jack Marsden
Assistant Mine

37293
Certificate No.

Rick Kater
Mine Foreman-Mine Manager

28232
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-23-10 Section or Area Examined Purris Sects
Time of Examination: from 10:00 a.m. or p.m. to 10:45 a.m. or p.m.
Was this report phoned to outside: Yes No
By whom Jack Marston Time A.M. 11:00 P.M.
Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 2008 1 0% cm	SCRAP	Reported
2. 2008 2-3 0% cm	none	
3. 2008 4 0% cm	part Batted	Remedy
4. 2008 5-6 0% cm	none	
5. 2008 7 0% cm	none	
6.		
7.		
8. Fine value ok		
9. Reason chamber ok		
10.		

Air Measurements

Location	CFM	Location	CFM
LOT #1	21493		

air going right way
sweep Right to Left

Remarks: power center change track 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 Jack Marston 37293 Certificate No. Assistant Foreman 34193 Certificate No.
 Countersigned [Signature] 28733 Certificate No. Mine Manager—Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2/24 Shift one Area or Section Northwest Sector

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1.	<u>Scum</u>	<u>removed</u>
2.	<u>poor m/v</u>	<u>fixed</u>
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.		

Section 14

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) _____

Jay Coor
Assistant Mine

34190
Certificate No.

Rick Foster
Mine Foreman-Mine Manager

28736
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3:24 20 Section or Area Examined Barrier Section
Time of Examination: from 5:00 a.m. or p.m. to 5:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Joe Gorn Time 6:00 A.M. P.M.
Report received by Brandon Davis (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 10 rows of handwritten entries including locations like '20.802' and 'rescove chamber/revolve'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry for 'LOB' with '21,180 CFM' and notes on air direction.

Remarks: roadways/Powercenter 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. 28732
Assistant Foreman [Signature] Certificate No. 11762A
Countersigned [Signature] Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-24 Shift Day Area or Section Barrier Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	<u>O/A 2L 20.8⁰²</u>	<u>not bolted</u>	<u>bolted</u>
2.	<u>O/A 4R 20.8⁰²</u>	<u>needs cleaned & dusted</u>	<u>cleaned & dusted</u>
3.	<u>No CO Found</u>		
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>1-7</u>	<u>7:00-7:30</u>	<u>O/A</u>	11.			
2.	<u>1-7</u>	<u>9:00-9:30</u>	<u>O/A</u>	12.			
3.	<u>1-7</u>	<u>11:00-11:30</u>	<u>O/A</u>	13.			
4.	<u>1-7</u>	<u>1:00-1:30</u>	<u>O/A</u>	14.			
5.	<u>1-7</u>	<u>2:15-2:45</u>	<u>O/A</u>	15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>return</u>	<u>8:00</u>	<u>O/A</u>	6.			
2.	<u>return</u>	<u>12:00</u>	<u>O/A</u>	7.			
3.				8.			
4.				9.			
5.				10.			

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) ready for 5 ft of R.P. work

at 6:50 AM
 Assistant Mine [Signature] Certificate No. 11707
 Mine Foreman-Mine Manager [Signature] Certificate No. 28732
 Superintendent or Assistant _____

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-24-2010 Section or Area Examined BARRIER
Time of Examination: from 2:00 a.m. or p.m. to 2:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom B. Anderson, D. H. S. Time A.M. 3:00 P.M.
Report received by Jackman (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	# 1 0.0% ch ₄	N/cleaned & dusted	Ref
2.	# 2 0.0% ch ₄	scraper cut	Tagged
3.	# 3 0.0% ch ₄	none observed	Ref
4.	# 4 0.0% ch ₄	N/cleaned & dusted	Ref
5.	# 5 0% ch ₄	none observed	Ref
6.	# 6 R -	not Bolted	Tagged
7.	# 7	none observed	Ref
8.			
9.	Reserve chamber - clear		
10.	Intake phone OK		

Air Measurements

Location	CFM	Location	CFM
LOB	20,486		

Air moving in Right direction sweeping Right to left

Remarks: Power center - chaffers - haulage ways
20.8 oz clear time of 2 AM
0.0% ch₄
0% CO

This is to certify that: (a) This section of the mine was properly examined by me (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] Preshift-Mine Examiner Certificate No. 1176A
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 28732
Assistant Foreman Certificate No. 37793
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-24-10 Shift EVE Area or Section Barrier

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains 7 rows of handwritten entries.

Examinations for Methane in Working Places

Table with 5 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains 10 rows of handwritten entries.

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested 12 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 signature: Jack M... 37793 Assistant Mine. Signature: Rick... Mine Foreman-Mine Manager. Certificate No. 2823 Superintendent or Assistant.

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 3-24 2010 Section or Area Examined Barrin Seals
 Time of Examination: from 1:00 a.m. or 2:00 p.m. to 4:00 a.m. or 6:00 p.m.
 Was this report phoned to outside: Yes no
 By whom Jack Martin Time 1:50 PM
 Report received by Joe Carr (Signed)

Violations and other Hazardous Conditions Observed and Reported Action Taken

Location	Violation or Hazardous Condition	Action Taken
1. <u>0% 1-2-3-6-208^{cm}</u>	<u>none observed</u>	
2. <u>0% 3 20.8%</u>	<u>Scrap</u>	<u>hpt</u>
3. <u>0% 4 20.8%</u>	<u>Wash down</u>	<u>Wash</u>
4. <u>0% HR 20.8%</u>	<u>Not B. Had</u>	<u>Danger off</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. <u>Rescocher chamber dc</u>	_____	_____
10. <u>Fire Valve dc</u>	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>2,280</u>		
<u>air going right way</u>			
<u>sweep air Right to left</u>			

Remarks: power cuts change track
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 Jack Martin Preshift-Mine Examiner Certificate No. 37793
 Countersigned Rick Foster Mine Manager—Mine Foreman Certificate No. 2872
Joe Carr Assistant Foreman Certificate No. 34192
 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 7-28 Shift nd Area or Section Program Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>3</u>	<u>SCA 77</u>	<u>complete</u>
2.		
3. <u>4th</u>	<u>not bolted</u>	<u>Boled</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.		

*Sec 100
d 11/11*

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) _____

Joe
Assistant Mine

24197
Certificate No.

Rich Foster
Mine Foreman-Mine Manager

2874
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 20 Section or Area Examined Barrier
Time of Examination: from 5:00 a.m. or p.m. to 5:00 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Joe Coon Time 6:11 A.M. P.M.
Report received by Rick Foster (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, #2, #3, #4, #5 with descriptions of conditions and actions like 'none observed', 'sweep out', 'reflector'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry: L.D. X cut, 24,180.

Remarks: 20% O2, 0% CO, truck, tracklump, power seats, sweep charges clear at time of exam. Intake phone clear at time of exam. Outlet 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 Joe Coon Preshift-Mine Examiner Certificate No. 31143
Countersigned Rick Foster Mine Manager-Mine Foreman Certificate No. 28736
Assistant Foreman Certificate No. 11762
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

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

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	<u>O/W 3 20.8⁰⁰²</u>	<u>scrap cut</u>	<u>Finished & Bolted</u>
2.	<u>O/W 4 R, b, bR 20.8⁰⁰²</u>	<u>needs cleaned & dusted</u>	<u>cleaned & dusted</u>
3.	<u>O/W 5 20.8⁰⁰²</u>	<u>not bolted</u>	<u>bolted</u>
4.	<u>NO CO Found</u>		
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>1-7</u>	<u>7:00-7:30</u>	<u>0.7 O/W</u>	11.			
2.	<u>1-7</u>	<u>9:00-9:30</u>	<u>0.1 O/W</u>	12.			
3.	<u>1-7</u>	<u>11:00-11:30</u>	<u>0.1 O/W</u>	13.			
4.	<u>1-7</u>	<u>1:00-1:30</u>	<u>0.1 O/W</u>	14.			
5.	<u>1-7</u>	<u>2:15-2:45</u>	<u>0.1 O/W</u>	15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>return</u>	<u>8:00</u>	<u>0.1 O/W</u>	6.			
2.	<u>return</u>	<u>12:00</u>	<u>0.1 O/W</u>	7.			
3.				8.			
4.				9.			
5.				10.			

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) none pg 5 pg 22 of RCP

not over at 6:50 AM

[Signature]
Assistant Mine

1176A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

2873
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-25-20 Section or Area Examined BARRIER
 Time of Examination: from 2:00 a.m. or (p.m.) to 3:30 a.m. or (p.m.)
 Was this report phoned to outside: Yes no
 By whom BRANDON DAVIS Time 3:05 P.M.
 Report received by Jack Mardon (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
#1 0.0% ch ₄ 20.802	None observed	Ref
#2 0.0% ch ₄ 20.802	Scrap cut	Tagged
#3 0.0% ch ₄ 20.802	w/cleaned	Ref
#4 + 4R - 0% ch ₄ - 20.802	None observed	Ref
5 - 0% ch ₄ - 20.802	Scrap cut	Tagged
6R - 0% ch ₄ - 20.802	w/cleaned	Ref
7 0% ch ₄ 20.802	None observed	Ref
8		
9 Air Chamber	cleaf	
10 Five Valve	OK	

Air Measurements

Location	CFM	Location	CFM
LOB	18,595		
all working Right direction			

Remarks: Power Center - Chargers - haulage ways
all clear fixed PHA
20.802
0% ch₄
0% CO
(Section has soft Rubs.)

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 Brandon Davis Preshift Mine Examiner Certificate No. 1176A
 Countersigned Jack Mardon Mine Manager - Mine Foreman Certificate No. 37793
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 Barrier Sec.

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1-</u>	<u>none observed</u>	<u>none</u>
2. <u>2</u>	<u>scrap cut</u>	<u>cut & Bolted</u>
3. <u>3</u>	<u>n/c cleaned</u>	<u>cleaned & dusted</u>
4. <u>4 & 4R</u>	<u>none observed</u>	<u>none</u>
5. <u>5</u>	<u>scrap cut</u>	<u>cut & Bolted</u>
6. <u>6R</u>	<u>need cleaned</u>	<u>cleaned & dusted</u>
7. <u>7</u>	<u>none observed</u>	<u>none</u>
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>4:35-5:05 PM</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>6:35-7:05 PM</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-7</u>	<u>8:35-9:05</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-7</u>	<u>10:00-10:30 PM</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>4:30 PM</u>	<u>0%</u>	6. _____	_____	_____
2. <u>Return</u>	<u>8:30 PM</u>	<u>0%</u>	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 _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) went and RCP pg 4-8-9
w/crew at start of shift

Jack Mann Assistant Mine 37793 Certificate No. Rick Foster Mine Foreman-Mine Manager 2822 Certificate No. _____ Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 3-25-20 Section or Area Examined BARRIER
 Time of Examination: from 10 a.m. or 10:30 p.m. to 10:30 a.m. or 11:00 p.m.
 Was this report phoned to outside: Yes no
 By whom Carried out Time 11:10 A.M. P.M.
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
#1 0.0% ch ₄ 20.802	None observed	Ref
#2 0% ch ₄ 20.802	PART Bolted	Tagged Reflectors
#3 & 4 0% ch ₄ 20.802	None observed	None Ref
#5 0% ch ₄ - 20.802	WEED cleaned	Ref
#6; 6R, 7, 0% ch ₄ - 20.8	None observed	Ref
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
LOB-	20,692		
Air moving in Right Direction sweeping Right to left			

Remarks: Power center, chargers - Travel way - haulage ways
all clear time of exam

20.802
0.0% ch₄
0% CO

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

Signed By Jack Mason Certificate No. 37793
 Countersigned Rich Foster Mine Foreman Certificate No. 28736
Joe Coor Assistant Foreman Certificate No. 34197
 _____ 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 cont Area or Section Dormitory

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>		
2. <u>2</u>	<u>part of bolts</u>	<u>Re-Hd</u>
3. <u>3-4</u>	<u>used chis</u>	<u>clean</u>
4. <u>5</u>		
5. <u>587</u>		
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.		

Section 2

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) _____

J. Wilson
Assistant Mine

34197
Certificate No.

Res. J. [unclear]
Mine Foreman-Mine Manager

2522
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 Barrier Section
 Time of Examination: from 5:00 a.m. or p.m. to 5:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Joe Cooper Time 6:00 A.M. _____ P.M.
 Report received by Brandon Davis (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>20.802</u>	<u>none observed</u>	
2. <u>20.802</u>	<u>needs cleaned</u>	<u>reported</u>
3. <u>20.802</u>	<u>none observed</u>	
4. <u>NO CO Found</u>		
5.		
6.		
7.		
8.		
9.		
10. <u>rescue chamber fire valve</u>	<u>none observed</u>	

Air Measurements

Location

CFM

Location

CFM

LOB 20,185 cfm
Air going right way
sweeping air right to left

Remarks:

roadways / power center / charger
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 Joe Cooper Certificate No. 31147 Assistant Foreman [Signature] Certificate No. 1176-A
 Countersigned Richard [Signature] 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 3-25-10 Shift Day Area or Section Barrier Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	<u>O/W⁴ 2 20-8⁰²</u>	<u>needs cleaned</u>	<u>cleaned</u>
2.	<u>NO CO Found</u>		
3.			
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>1-7</u>	<u>7:00-7:30</u>	<u>0% O/W⁴</u>	11.			
2.	<u>1-7</u>	<u>9:00-9:30</u>	<u>0% O/W⁴</u>	12.			
3.	<u>1-7</u>	<u>11:00-11:30</u>	<u>0% O/W⁴</u>	13.			
4.	<u>1-7</u>	<u>1:00-1:30</u>	<u>0% O/W⁴</u>	14.			
5.	<u>1-7</u>	<u>2:15-2:45</u>	<u>0% O/W⁴</u>	15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>return</u>	<u>8:00</u>	<u>0% O/W⁴</u>	6.			
2.	<u>return</u>	<u>12:00</u>	<u>0% O/W⁴</u>	7.			
3.				8.			
4.				9.			
5.				10.			

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) see pg 5 p. 26 of RCP not correct

6:50 AM
Bullitt
Assistant Mine

W76A
Certificate No.

Beckstein
Mine Foreman-Mine Manager

28733
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 3-26- Section or Area Examined BARRIER
 Time of Examination: from 215 a.m. or p.m. to 245 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom BLANDON DAVIS Time 300 A.M. P.M.
 Report received by Jack Marston (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1 - 0% ch4 20.802	wave observed	Ref
2. 2 0% ch4 20.802	PART Bolted	Tagged
3. 3 0% ch4 20.802	wave observed	Ref
4. 4L 0% ch4 20.802	scrap cut	Tagged
5. 5-6-6R 0% ch4 - 20.802	wave observed	Ref
6. 7 0% ch4 20.802	w/cleaned / rusted	Ref
7.		
8. Fire Valve	ok	
9. Air Chamber	Clear	
10.		

Air Measurements

Location	CFM	Location	CFM
LOB	19.391		

Air moving in RT direction

Remarks: Panel center - charger - Travelways - haulage ways

20.802
 0.0% ch4
 0% CO2
 all clear time
 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 Jack Marston Preshift-Mine Examiner Certificate No. 11764
 Countersigned Jack Marston Mine Manager - Mine Foreman Certificate No. 37793
 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 BARRIES

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1-</u>	<u>None observed</u>	<u>None</u>
2. <u>2-</u>	<u>P/Bolted</u>	<u>Bolted up</u>
3. <u>3</u>	<u>None observed</u>	<u>None</u>
4. <u>4h</u>	<u>SCSP CUT</u>	<u>CUT & Bolted</u>
5. <u>5-6-6R-</u>	<u>None observed</u>	<u>None</u>
6. <u>7</u>	<u>w/cleaned & dusted</u>	<u>cleaned & dusted</u>
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Number of Bolts Tested 10 0 Below Range 0
Number of Bolts Torqued Above Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over RCP Pg 6-#30-31

W/crew at start of shift
Jack Martin Assistant Mine 37793 Certificate No. Rick Foster Mine Foreman-Mine Manager 28732 Certificate No. Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

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

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

Action Taken

- | Location | Violation or Hazardous Condition | Action Taken |
|------------------------|----------------------------------|--------------|
| 1. <u>No Power</u> | | |
| 2. <u>No work</u> | | |
| 3. <u>No Preshift</u> | | |
| 4. <u>Dangeres OFF</u> | | |
| 5. _____ | | |
| 6. _____ | | |
| 7. _____ | | |
| 8. _____ | | |
| 9. _____ | | |
| 10. _____ | | |

Air Measurements

Location

CFM

Location

CFM

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

Remarks: _____

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

Signed By [Signature] 1947A [Signature] 1176A
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned [Signature] 28736
 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 3-27-10 Section or Area Examined Barter
 Time of Examination: from _____ a.m. or p.m. to _____ a.m. or p.m.
 Was this report phoned to outside: Yes _____ No no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>no power on sections</u>		
2. <u>no men working</u>		
3. <u>no preshift</u>		
4. <u>dangered off</u>		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

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

Remarks: splitter box
clear at time of exam
O₂ 20.8% NO CO found

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. 1176-A Assistant Foreman
 Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 28734
 _____ Assistant Foreman
 _____ Superintendent or Assistant

Mines / 194-A

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 3-27 Section or Area Examined Barrier
 Time of Examination: from 6:30 a.m. or 0 m. to 11:30 a.m. or 0 m.
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by Brought out
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>No men on section</u>		
2. <u>No Power</u>		
3. <u>No Preshift</u>		
4. <u>Danger tags off</u>		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

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

Remarks: _____

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

Signed By [Signature] Certificate No. 1997A
 Preshift-Mine Examiner Assistant Foreman
 Countersigned [Signature] Certificate No. 23736
 Mine Manager—Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indefinite Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-28 2060 Section or Area Examined Barrier
 Time of Examination: from 7:30 a.m. or p.m. to 6:00 a.m. or p.m.
 Was this report phoned to outside? Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by Brought out (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

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

Remarks: _____

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

Signed By George Cole 1967A Certificate No. _____ Assistant Foreman
 Countersigned Rich Baker 2878C Mine Manager—Mine Foreman
 _____ Assistant Foreman
 _____ Superintendent or Assistant

J. J. A. 1659-A
George Curry 27419

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 3-28 2010 Section or Area Examined Barrier Section
Time of Examination: from 1200 a.m. or p.m. to 300 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom
Report received by Brought outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: Section take, No Power, Not Firebassed, Dangerous off, Reported.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Multiple empty rows for data entry.

Remarks: spliter has clear at exam

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

Signed By George Curry Preshift-Mine Examiner Certificate No. 27119
Countersigned Rick Miller Mine Manager - Mine Foreman Certificate No. 28132
Assistant Foreman
Assistant Foreman Certificate No. 29611
Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 3-28 20 10 Section or Area Examined Barrier Section
 Time of Examination: from 800 a.m. or p.m. to 1100 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom _____ Time AM 1110 PM
 Report received by Brought to attention (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1 CH40% O ₂ 20.8%	none observed	Reported
2. 2 CH40% O ₂ 20.8%	needs cleaned	Reported
3. 3L CH40% O ₂ 20.8%	scrap cut	Ref. Henry
4. 4 CH40% O ₂ 20.8%	none observed	Reported
5. #4L CH40% O ₂ 20.8%	needs clear duct	Reported
6. #5 CH40% O ₂ 20.8%	needs cleaned Ribs flaking off	Reported
7. #5R-6-6R	none observed	Reported
8. 7	needs cleaned	Reported
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
L.O.B	17,320		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Powercenter, choppers, Travelways, Haulageways clean at time of exam
Track New water over it going to sector
Ribs are soft on sector Ribs are flaking off in some places

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 Brant
 Preshift-Mine Examiner
 Countersigned Rick Peter
 Mine Manager—Mine Foreman

37074
 Certificate No.
28782

Joe Coon
 Assistant Foreman

34147
 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 3-29

Shift

Area or Section

Bottom Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1.		
2.		
3.	36	500 ft cut
4.		
5.		
6.	46	rest chum
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)

Joe Coon
Assistant Mine

3445
Certificate No.

Rob Jester
Mine Foreman-Mine Manager

9373
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 3-29-10 20. Section or Area Examined Barrier Section
 Time of Examination: from 5:00 a.m. or p.m. to 5:15 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Joe Carr Time 8:00 A.M. P.M.
 Report received by Brandon Davis
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. O7. W ⁴ 1 20.8 ⁰⁰²	none observed	none
2. O7. W ⁴ 2 20.8 ⁰⁰²	none observed	none
3. O7. W ⁴ 3L 20.8 ⁰⁰²	not bolted	reflected
4. O7. W ⁴ 4 20.8 ⁰⁰²	none observed	none
5. O7. W ⁴ 5 20.8 ⁰⁰²	none observed	none
6. O7. W ⁴ 6 20.8 ⁰⁰²	none observed	none
7. O7. W ⁴ 6R 20.8 ⁰⁰²	needs cleaned	reported
8. O7. W ⁴ 7 20.8 ⁰⁰²	none observed	none
9. NO CO Found		
10. rescue chamber / intake plane	none observed	

Air Measurements

Location	CFM	Location	CFM
LOB	2,810 CFM		
Air traveling in the right direction sweeping Air Right to Left			

Remarks: roadways, Powercenter
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 Joe Carr Certificate No. 34143 Assistant Foreman [Signature] Certificate No. 1176A
 Countersigned Paul Jatta Mine Manager—Mine Foreman Certificate No. 28236
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

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

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>07W4 3L 20.802</u>	<u>not bolted</u>	<u>bolted</u>
2. <u>07W4 6R 20.802</u>	<u>needs cleaned</u>	<u>cleaned</u>
3. <u>No CO Found</u>		
4.		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>7:00-7:30</u>	<u>0% CH4</u>	11.		
2. <u>1-7</u>	<u>9:00-9:30</u>	<u>0% CH4</u>	12.		
3. <u>1-7</u>	<u>11:00-11:30</u>	<u>0% CH4</u>	13.		
4. <u>1-7</u>	<u>1:00-1:30</u>	<u>0% CH4</u>	14.		
5. <u>1-7</u>	<u>2:15-2:45</u>	<u>0% CH4</u>	15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>return</u>	<u>8:00</u>	<u>0% CH4</u>	6.		
2. <u>return</u>	<u>12:00</u>	<u>0% CH4</u>	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) work pg 5 p. 21 of R.P. mtg

over at 6:50 am
[Signature]
Assistant Mine

1176-A
Certificate No.

[Signature]
Mine Foreman - Mine Manager

2372
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- Section or Area Examined BARRIER
 Time of Examination: from 2:15 a.m. or 6 p.m. to 2:45 a.m. or 6 p.m.
 Was this report phoned to outside: Yes no
 By whom Blanton Davis Time 3:05 A.M. P.M.
 Report received by Jack Martin (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1+2 0.0%ch ₄ 20.8oz	None observed	Ref
2. 20.8oz #3 0.0%ch ₄	R/Bolted	Tagged - Reflectors
3. 20.8oz #4 0.0%ch ₄	None observed	None, Ref
4. 5RT 20.8oz - 0.0%ch ₄	N/Cleaned & dusted	Ref
5. 6 - 20.8oz - 0%ch ₄	SCOP CUT	Tagged
6. 7 20.8oz - 0%ch ₄	NOT Bolted	Tagged
7. _____	_____	_____
8. Air Chamber	clea	Ref
9. Fire Valve	ok	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
HOB	20.114		

air moving in right direction

Remarks: Power center, chargers - travelways - haulage ways all clear time of exam

20.8 oz
0.0%ch₄
0%CO

Water in track entry

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 Blanton Davis Preshift Mine Examiner Certificate No. 1176-A
 Countersigned Jack Martin Assistant Foreman Certificate No. 37793
Rich Foster Mine Manager - Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-29-10 Shift EVE Area or Section BARRIER

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>142</u>	<u>None observed</u>	<u>None</u>
2. <u>3L</u>	<u>PART Bolted</u>	<u>Bolted up</u>
3. <u>4</u>	<u>None observed</u>	<u>None</u>
4. <u>5RT</u>	<u>w/cleaned & dusted</u>	<u>Cleaned & Dusted</u>
5. <u>6</u>	<u>SCS of cut</u>	<u>CUT & Bolted</u>
6. <u>7</u>	<u>NOT Bolted</u>	<u>Bolted up</u>
7. _____	_____	_____
8. <u>Water on track -</u>	<u>pumped down</u>	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>435-505PM</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>635-705PM</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-7</u>	<u>835-905PM</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-7</u>	<u>1035-1105PM</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>430pm</u>	<u>0%</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. <u>Return</u>	<u>830pm</u>	<u>0%</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 12 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 RCP Pg 4-1-2-3

w/cscw at start of shift

Jack Mason Assistant Mine 37793 Certificate No. Rick Pate Mine Foreman-Mine Manager 2873 Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 7-30-10 Section or Area Examined Morris Sect
Time of Examination: from 10:00 a.m. or p.m. to 10:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Jack Martin 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. Contains 10 rows of handwritten entries including locations like '2089' and 'Reservoir chamber'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Handwritten entry: 'LOB air gains in right direction'.

Remarks: power center charge trash clean at turn of eye
Water on tread

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
Countersigned Rich Baker 2874 3173 Mine Manager-Mine Foreman
Assistant Foreman
Certificate No. 34637
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-21 Shift end Area or Section Barren Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. _____	_____	_____
2. <u>72</u>	<u>Screen</u>	<u>complete</u>
3. _____	_____	_____
4. <u>6</u>	<u>part Bolt</u>	<u>Bo 1/2</u>
5. _____	_____	_____
6. <u>7</u>	<u>Screen</u>	<u>complete</u>
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 361093 Certificate No. [Signature] Mine Foreman-Mine Manager 23236 Certificate No. Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 3-30-10 20. Section or Area Examined Barner Section
Time of Examination: from 5:00 a.m. or p.m. to 5:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Joe Lee Time 6:00 A.M. P.M.
Report received by Barner Davis (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. O7. W ⁴ 1 20.8 ⁰²	none observed	none
2. O7. W ⁴ 2L 20.8 ⁰²	not belted	reflected
3. O7. W ⁴ 3 20.8 ⁰²	none observed	none
4. O7. W ⁴ 4 20.8 ⁰²	needs cleaned & dusted	reported
5. O7. W ⁴ 5 20.8 ⁰²	none observed	none
6. O7. W ⁴ 5R 20.8 ⁰²	none observed	none
7. O7. W ⁴ 6 20.8 ⁰²	not belted	reflected
8. O7. W ⁴ 7 20.8 ⁰²	none observed	none
9. NO CO Found		
10. rescue chamber / Firewalve	none observed	

Air Measurements		Location	
Location	CFM	Location	CFM
LOB	22,410 CFM		
Air traveling in the right Direction sweeping Air right to left			

Remarks: roadways / Powercenter
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 Joe Lee Certificate No. 31197 Assistant Foreman [Signature] Certificate No. 1176-A
Countersigned Rich Foster Mine Manager - Mine Foreman Certificate No. 28724
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 Day Area or Section Barrier

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	<u>07/W4 2L 20.8⁰²</u>	<u>not bolted</u>	<u>bolted</u>
2.	<u>07/W4 4 20.8⁰²</u>	<u>needs cleaned & dusted</u>	<u>cleaned & dusted</u>
3.	<u>07/W4 6 20.8⁰²</u>	<u>not bolted</u>	<u>bolted</u>
4.	<u>NO CO Found</u>		
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>1-7</u>	<u>7:00-7:30</u>	<u>0% CH₄</u>	11.			
2.	<u>1-7</u>	<u>9:00-9:30</u>	<u>0% CH₄</u>	12.			
3.	<u>1-7</u>	<u>11:00-11:30</u>	<u>0% CH₄</u>	13.			
4.	<u>1-7</u>	<u>1:00-1:30</u>	<u>0% CH₄</u>	14.			
5.	<u>1-7</u>	<u>2:15-2:45</u>	<u>0% CH₄</u>	15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>return</u>	<u>8:00</u>	<u>0% CH₄</u>	6.			
2.	<u>return</u>	<u>12:00</u>	<u>0% CH₄</u>	7.			
3.				8.			
4.				9.			
5.				10.			

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

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

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

ready by 5 p.m. 26 of M.P. 1st

am at 9:50 AM

Bullman
Assistant Mine

1176-A
Certificate No.

Rick Zetter
Mine Foreman-Mine Manager

2823
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 3-30-
Time of Examination: from 2:15 a.m. or 2:45 p.m. to 4:10 a.m. or 4:10 p.m.
Was this report phoned to outside: Yes no
By whom Brandon Patis Time 3:00 P.M.
Report received by Jackman
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken	
1.	# 1	0.0% ch ₄ - 20.8oz	Scrap cut	Tagged - Reflectors
2.	2L-3	0.0% ch ₄ 20.8oz	n/observed	Ref
3.	4	0.0% ch ₄ - 20.8oz	PART Bolted	Tagged - Reflectors
4.	5	0% ch ₄ - 20.8oz -	LEFT Rib Need SACKS set	Tagged
5.	6R	0% ch ₄ 20.8oz	n/cleaned + dusted	Ref
6.	7	0% ch ₄ 20.8oz	None observed	Ref
7.				
8.	Air Chamber	clea		
9.	Intake Phone	ok		
10.				

Air Measurements

Location	CFM	Location	CFM
LOB -	24,375		

Air moving Rt Direction

Remarks: power centers - chargers - haulage ways - travel ways

20.8oz all clear time
0.0% ch₄ of exam
0% CO

This is to certify that: (a) This section of the mine was properly examined by me (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Brandon Patis Preshift-Mine Examiner
Countersigned Jackman Mine Manager - Mine Foreman
Certificate No. 1176-A Assistant Foreman
Certificate No. 32793
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 EVE Area or Section BARRIER

Violations and other Hazardous Conditions Observed and Reported

#	Location	Violation or Hazardous Condition	Action taken
1.	#1	SCRAP CUT	CUT & Bolted
2.	2L-3	None observed	None observed
3.	4-	PART Bolted	Bolted up
4.	5-	LEFT Rib NEEDS JACK	PANGEXED TAGGED Reflectors
5.	6R-	Need cleaned & dusted	Cleaned & dusted
6.	7	None observed	None
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. RETURN	4:25pm	0%	6.		
2. RETURN	8:25pm	0%	7.		
3.			8.		
4.			9.		
5.			10.		

Number of Bolts Tested 12 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 RCP. Pg 4-4-5-6

Jack Maren
Assistant Mine

37793
Certificate No.

Rick Kester
Mine Foreman-Mine Manager

2973
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 3-30 Section or Area Examined Barris
 Time of Examination: from 10:00 a.m. or pm to 10:40 a.m. or pm
 Was this report phoned to outside: Yes no
 By whom Jack Martin Time 1:00 PM
 Report received by Jac (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>208th 1 0900m</u>	<u>9cm</u>	
2. <u>208th 2-3 0900m</u>	<u>no red obs</u>	
3. <u>208th 4 0900m</u>	<u>port Bulted</u>	<u>Donoff</u>
4. <u>208th 5-6 0900m</u>	<u>no red obs</u>	
5. _____	_____	_____
6. <u>Fire valve all</u>	_____	_____
7. <u>Has a broken handle ok</u>	_____	_____
8. <u>INTAKE Phere ok</u>	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>LOB 1+</u>	<u>24262</u>		

air going in right direction

Remarks: power cuts charge that
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 Jack Martin 37793 Certificate No. 29755
 Preshift-Mine Examiner
 Countersigned Jack Martin Assistant Foreman
 Mine Manager—Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

84117
Certificate No.

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-31 Shift owl Area or Section Barnes

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>CC run</u>	<u>complete</u>
2. _____	_____	_____
3. <u>4</u>	<u>port 1015L</u>	<u>Re-Test</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)

Joe [Signature]
Assistant Mine

2419
Certificate No.

[Signature]
Mine Foreman-Mine Manager

3333
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 Section or Area Examined Barrier Section
 Time of Examination: from 5:00 a.m. or p.m. to 5:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Joe Green Time 6:00 A.M. P.M.
 Report received by Brandon Davis
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. O7.d4 1 20.802	none observed	none
2. O7.d4 2L 20.802	not bolted	reflected
3. O7.d4 3 20.802	none observed	none
4. O7.d4 4 20.802	needs cleaned	reported
5. O7.d4 5 20.802	none observed	none
6. O7.d4 6 20.802	none observed	none
7. O7.d4 6R 20.802	needs cleaned & dusted	reported
8. O7.d4 7 20.802	none observed	none
9. No CO Found		
10. rescue chamber / Intake Phone	none observed	

Air Measurements

Location	CFM	Location	CFM
LOB	22846 CFM		
Air traveling in the right direction sweeping air right to left			

Remarks: roadways / power center
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 Joe Green Preshift Mine Examiner Certificate No. 34119
 Countersigned Brandon Davis Mine Manager - Mine Foreman Certificate No. 33389
Brandon Davis Assistant Foreman Certificate No. 1176-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 3-31-10 Shift Day Area or Section Barrier Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	O7M 2L 20.8 ⁰²	not bolted	bolted
2.	O7M 4 20.8 ⁰²	needs cleaned	cleaned
3.	O7M 6R 20.8 ⁰²	needs cleaned & dusted	cleaned & dusted
4.	No CO Found		
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-7	7:00-7:30	O7M 4	11.			
2.	1-7	9:00-9:30	O7M 4	12.			
3.	1-7	11:00-11:30	O7M 4	13.			
4.	1-7	1:00-1:30	O7M 4	14.			
5.	1-7	2:45-2:45	O7M 4	15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

	Location	Time	Methane Content		Location	Time	Methane Content
1.	return	8:00	O7M 4	6.			
2.	return	12:00	O7M 4	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) nothing special of RP met

[Signature] Assistant Mine 11702A Certificate No. [Signature] Mine Foreman-Mine Manager 33359 Certificate No. [Signature] Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 3-31- Section or Area Examined BARRIER
 Time of Examination: from 2:15 a.m. or 2:45 p.m. to 2:45 a.m. or 2:45 p.m.
 Was this report phoned to outside: Yes no Time 3:00 A.M. P.M.
 By whom BRANDON DAVIS
 Report received by Jack Martin (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 20.802 #1 0.0% chy	none observed	Ref
2. 20.802 #2 0.0% chy	w/cleaned & dusted	Ref
3. 20.802 #3 0.0% chy	P/Bolted	Tagged
4. 20.802 #4R 0.0% chy	scr/cut	Tagged
5. 20.802 #5 0.0% chy	none obs	Ref
6. 20.802 #6R 0.0% chy	w/cleaned & dusted	Ref
7. 20.802 #7 0.0% chy	none observed	Ref
8. _____	_____	_____
9. Air chamber	clea	Ref
10. Intake phone	ok	_____

Air Measurements

Location	CFM	Location	CFM
LOB	24,805		
Air moving in right direction			

Remarks: power center - chargers - travelways - haulage ways

20.802 all clea time
0.0% chy of exam
0% co

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

Signed By Brandon Davis Preshift-Mine Examiner. Certificate No. 1176A
 Countersigned Jack Martin Mine Manager - Mine Foreman. Assistant Foreman. Certificate No. 37293
 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 BARRIER

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>None observed</u>	<u>None</u>
2. <u>2</u>	<u>w/c cleaned & dusted</u>	<u>Cleaned & dusted</u>
3. <u>3</u>	<u>P/Bolted</u>	<u>Bolted up</u>
4. <u>4R</u>	<u>scrap</u>	<u>cut & Bolted</u>
5. <u>5</u>	<u>None observed</u>	<u>None</u>
6. <u>6RT</u>	<u>w/c cleaned & dusted</u>	<u>Rep</u>
7. <u>7</u>	<u>None observed</u>	<u>None</u>
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>440-500pm</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>640-710pm</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-7</u>	<u>840-910pm</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-7</u>	<u>1040-1110pm</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>435pm</u>	<u>0%</u>	6. _____	_____	_____
2. <u>Return</u>	<u>835pm</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

Number of Bolts Tested 12 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 RCP-194 # 6-7-8
w/c crew at start of shift

Jack Masera Assistant Mine 37793 Certificate No. T. Masera Mine Foreman-Mine Manager 37793 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 2010 Section or Area Examined Barnes
Time of Examination: from 7:00 a.m. or 7:00 p.m. to 10:00 a.m. or 7:00 p.m.
Was this report phoned to outside: Yes no
By whom Jack Martin Time 11:25 P.M.
Report received by Jack Martin (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>1-3-4-4N</u>	<u>20.8% CO₂ none</u>	
2. <u>2-6N</u>	<u>20.8% need clear + test</u>	
3. <u>3-07cm</u>	<u>20.8% 5 cm</u>	
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. <u>Reserve chamber</u>	<u>ok</u>	
10. <u>Fire alarm</u>	<u>ok</u>	

Air Measurements

Location	CFM	Location	CFM
<u>LOD</u>	<u>23617</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: power out charge track 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 Jack Martin Preshift-Mine Examiner Certificate No. 37793
Countersigned T. Moore Mine Manager—Mine Foreman Assistant Foreman Certificate No. 33389
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 4-7-10 Shift AM Area or Section War Mine

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. _____	_____	_____
2. _____	_____	_____
3. <u>2-6A</u>	<u>used chit of wood</u>	<u>Corrected</u>
4. _____	_____	_____
5. <u>S</u>	<u>Scum</u>	<u>Corrected</u>
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

[Signature]
Certificate No.

[Signature]
Mine Foreman-Mine Manager

33389
Certificate No.

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 20-- Section or Area Examined Barrier Section
 Time of Examination: from 5:00 a.m. or p.m. to 5:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Joe Coon Time 6:00 A.M. P.M.
 Report received by Brandon Davis (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. O7. W4 1 20.8 ⁰⁰²	none observed	none
2. O7. W4 2 20.8 ⁰⁰²	scrap cut	reflected
3. O7. W4 3 20.8 ⁰⁰²	needs cleaned	reported
4. O7. W4 4, 4R 20.8 ⁰⁰²	none observed	none
5. O7. W4 5 20.8 ⁰⁰²	Part bolted	reflected
6. O7. W4, 6R, 7 20.8 ⁰⁰²	none observed	none
7. NO CO Found		
8.		
9. rescue chamber / fire valve	none observed	
10.		

Air Measurements

Location

CFM

Location

CFM

LOB

23680 CFM

Air traveling in the right direction sweeping in right to left.

Remarks: roadways / power cables
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

24193
 Certificate No.

[Signature]
 Assistant Foreman

1176-A
 Certificate No.

Countersigned [Signature]
 Mine Manager—Mine Foreman

33389
 Certificate No.

Assistant Foreman

Superintendent or Assistant

Use Indefilble Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 4.1.10 Shift Day Area or Section Barrier section

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	<u>O7.11.2 20.8⁰²</u>	<u>scrap cut</u>	<u>Finished & Bolted</u>
2.	<u>O7.11.3 20.8⁰²</u>	<u>rocks cleaned</u>	<u>cleaned</u>
3.	<u>O7.11.5 20.8⁰²</u>	<u>part bolted</u>	<u>bolted</u>
4.	<u>NO CO Found</u>		
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
<u>1-7</u>	<u>7:00-7:30</u>	<u>O% CH₄</u>	11.		
<u>1-7</u>	<u>9:00-9:30</u>	<u>O% CH₄</u>	12.		
<u>1-7</u>	<u>11:00-11:30</u>	<u>O% CH₄</u>	13.		
<u>1-7</u>	<u>1:00-1:30</u>	<u>O% CH₄</u>	14.		
<u>1-7</u>	<u>2:15-2:45</u>	<u>O% CH₄</u>	15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
<u>return</u>	<u>7:50</u>	<u>O% CH₄</u>	6.		
<u>return</u>	<u>11:50</u>	<u>O% CH₄</u>	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) work pg 5 p 28 of RCD

ass at 6:50am
[Signature]
Assistant Mine

1176-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 4-1-10 Section or Area Examined BARRIERS
Time of Examination: from 2:15 a.m. or 2:45 p.m. to 2:45 p.m. or 2:45 p.m.
Was this report phoned to outside: Yes no
By whom Blauger Davis Time 3:00 P.M.
Report received by Jackson (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
#1 0.0% ch4 20.8oz	none observed	Rel
2 0% ch4 20.8oz	need cleaned	Rel
3 0% ch4 20.8oz	w/cleaned	Rel
4R 0% ch4 20.8oz	scrap cut	Tagged
5 0% ch4 20.8oz	w/cleaned	Rel
6R 0% ch4 20.8oz	none obs	Rel
7 0% ch4 20.8oz	scrap cut	Tagged
8		
9		
10		

Air Measurements

Location	CFM	Location	CFM
LOB	26.745		
Air moving in right direction			

Remarks: Power center - chagers - travelways - haulage ways
all cled time of exam

20.8oz
0.0% ch4
0% CO

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1176-Jack Martin Assistant Foreman Certificate No. 37793
Countersigned [Signature] Mine Manager - Mine Foreman Assistant Foreman
Superintendent or Assistant

Use Indefilble Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 4-1-10 Shift EVE Area or Section BARRIES

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1-</u>	<u>none observed</u>	<u>none</u>
2. <u>2+3</u>	<u>need cleaned</u>	<u>cleaned + dusted</u>
3. <u>4RT</u>	<u>scrap cut</u>	<u>cut + Bolted.</u>
4. <u>5</u>	<u>w/cleaned + dusted</u>	<u>cleaned + dusted</u>
5. <u>6R</u>	<u>none obs</u>	<u>none</u>
6. <u>7</u>	<u>scrap cut</u>	<u>cut + Bolted up - dusted</u>
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>4:35-5:05pm</u>	<u>0%</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. <u>1-7</u>	<u>6:35-7:05pm</u>	<u>0%</u>	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. <u>1-7</u>	<u>8:35-9:05pm</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. <u>1-7</u>	<u>10:35-11:05pm</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>4:30pm</u>	<u>0%</u>	6. _____	_____	_____
2. <u>RETURN</u>	<u>8:30pm</u>	<u>0%</u>	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 _____

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over RCP, Pg 4-9-10
w/clew at start of shift

Jack M... Assistant Mine 37793 Certificate No. T. M... 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 4-2 2010 Section or Area Examined Barrie Sector

Time of Examination: from 3:10 a.m. or p.m. to 3:24 a.m. or p.m.

Was this report phoned to outside: Yes no

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

Report received by Bruce Outside (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. _____	_____	_____
2. <u>CH4 0% O2 20.8%</u>	<u>Sections idle all clear</u>	_____
3. <u>CH4 0% O2 20.8%</u>	<u>Belt idle at time of</u>	<u>Reported BB</u>
4. _____	<u>Powerbox, chargers</u>	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

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

Remarks: Track, Tractor, powerbox & chargers all clear at time of exam
0% CH4 0% CO2 O2 20.8%

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

Signed By Bruce Braden 37074 Assistant Foreman Certificate No. _____
 Countersigned T. M. ... Mine Manager—Mine Foreman 33357
 _____ Assistant Foreman
 _____ Superintendent or Assistant

Jacy Stewart 39199

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date ----- Shift ----- Area or Section -----

Violations and other Hazardous Conditions Observed and Reported

<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