

7 North Construction

# PRESHIFT - ONSHIFT and DAILY REPORT

Finished 3-16-10

Company Performance Coal

Mine UBB

SECTION #7 NT.

LOCATION Naoma Raleigh WV  
Post Office County State

Form 6-1489  
(March 1970)

Budget Bureau No. 42-R1589

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

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FORM# MS-014

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-28-10 Section or Area Examined T North Const
Time of Examination: from 1:00 a.m. or P.M. to 2:00 a.m. or P.M.
Was this report phoned to outside: Yes no
By whom J. Neely Time A.M. 2:00 P.M.
Report received by John A. Bedford (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, ch4, Violation or Hazardous Condition, Action Taken. Rows include North Area, Power Center, D'Box, Chargers, and T.M. Tail Pump.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Entry: Good Air Mov. next.

Remarks: 0% ch4 0% CO & 20.8% O2 detected at time of exam
Track & travelways, PC's, D' Box's, & chargers clear at time of exam

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

Signed By John Neely, Preshift-Mine Examiner, Certificate No. 33472
Countersigned J.A. Bedford, Mine Manager-Mine Foreman, Certificate No. 33357
Assistant Foreman John A. Bedford, Certificate No. 32476
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

PRELIMINARY EXAMINER'S REPORT

Report shall be signed when made

UNIT OF INK

Date of Examination: 2-26 at 10 Section of Area Examined: 7 North Const.  
 Time of Examination: from 7:00 a.m. or 00:00 to 11:00 a.m. or 00:00  
 Was this report phoned to outside: Yes  No  Time: AM  PM   
 Reported by: \_\_\_\_\_ (Signed)

Location	Violations and other Hazardous Conditions Observed and Reported	Action Taken
1. <u>Work Area</u>	<u>CH<sub>4</sub></u> <u>NONE OBSERVED</u>	<u>NONE</u>
2. <u>Powercenter</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
3. <u>Chargers</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
4. <u>D-Box's</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
5. <u>Worth tail Pump</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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

Remarks: 0%CH<sub>4</sub>, 0%CO, 20.8%O<sub>2</sub> Detected  
Track/Travelways, PL, D-Box's chargers + Pump clear at Exam.

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

Signed By: [Signature] Fresh Mine Examiner Certificate No. 35476  
 Countersigned: [Signature] Mine Manager—Mine Foreman Certificate No. 33357  
 Assistant Foreman \_\_\_\_\_  
 Superintendent or Assistant \_\_\_\_\_

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

Date \_\_\_\_\_ 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 3-1 2010 Section or Area Examined 7 North Const  
 Time of Examination: from 200 or p.m. to 600 or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom D. Seay Time 5:30 AM P.M.  
 Report received by W. J. [Signature] 1354-11  
 (Signed)

Location	Violations and other Hazardous Conditions Observed and Reported	Action Taken
1. <u>Work Area</u>	<u>N/O</u>	<u>none</u>
2. <u>Power center</u>	<u>N/O</u>	<u>none</u>
3. <u>chargers</u>	<u>N/O</u>	<u>none</u>
4. <u>D-Box's</u>	<u>N/O</u>	<u>none</u>
5. <u>7 North Tail Pump</u>	<u>N/O</u>	<u>none</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Location	Air Measurements	Location	CFM
<u>7000 Air Movement</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH4, 0% CO, 20.8% O2 detected  
Travel ways, P.L., D-Box's chargers, & Pump all clear at Exam

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 32476  
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 33357  
 Assistant Foreman \_\_\_\_\_

Superintendent or Assistant Johnny Neely 33472

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 3-1 2010 Section or Area Examined 7N Const  
 Time of Examination: from 12:00 a.m. or 3 p.m. to 3 a.m. or p.m.  
 Was this report phoned to outside: Yes no Time AM P.M.  
 By whom \_\_\_\_\_  
 Report received by \_\_\_\_\_ (Signed)

Location	Violations and other Hazardous Conditions Observed and Reported	Action Taken
1. <u>Work Area</u>	<u>CH<sub>4</sub> 0%</u> <u>None observed</u>	
2. <u>Power Center</u>	<u>0%</u> <u>None observed</u>	
3. <u>Chargers</u>	<u>0%</u> <u>None observed</u>	
4. <u>D-Boxes</u>	<u>0%</u> <u>None observed</u>	
5. <u>7 North Tail pump</u>	<u>0%</u> <u>None observed</u>	
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Location	Air Measurements	Location	CFM
<u>Good Air Flow</u>			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			

Remarks: WALK WAYS TRAVEL WAYS OK AT EXAM  
0% CH<sub>4</sub> 20.8% O<sub>2</sub> 0% CO detected AT EXAM

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

Signed By [Signature] 33017 [Signature]  
 Preshift-Mine Examiner Certificate No. Assistant Foreman  
 Countersigned [Signature] 33057  
 Mine Manager—Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant [Signature] 33472



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 3-1 2010 Section or Area Examined 7 North Const  
Time of Examination: from 8:00 a.m. or 9:00 a.m. to 11:00 a.m. or 12:00 p.m.  
Was this report phoned to outside: Yes  no   
By whom J. Skaggs Time A.M. 10:05 P.M.  
Report received by William Canham 13544 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH <sub>4</sub>	Violation or Hazardous Condition	Action Taken
1. Work Area	0%	N/D	
2. Power Center	0%	N/D	
3. Charger	0%	N/D	
4. D-Box's	0%	N/D	
5. 7 North Tail Pump	0%	N/D	
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
good Air Movement			

Remarks: 0% CH<sub>4</sub>, 0% CO, 20.8% O<sub>2</sub> detected  
P.C., D-Box's, Pump, charger & Travelways clear at Exam

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 32476  
Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 33354  
Assistant Foreman  
Superintendent or Assistant

M.V. 33017

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 3-2-10 20 Section or Area Examined 7N CENTRAL  
Time of Examination: from 2:30 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 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows 1-10. All violations listed as 'NONE OBSERVED' and actions as 'NONE'.

Air Measurements

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

Remarks: 0% CH4 0% CO 20.8% O2 AT TIME OF EXAM  
TRAVELWAY & TRACK OK AT EXAM

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

Signed By [Signature] Certificate No. 33476  
Countersigned T. Moore Mine Manager - Mine Foreman Certificate No. 33259  
Assistant Foreman

Superintendent or Assistant [Signature] 33472

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

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 3-2 2010 Section or Area Examined 7N Const.  
 Time of Examination: from 12 a.m. or (p.m.) to 3 a.m. or (p.m.)  
 Was this report phoned to outside: Yes  no  Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 By whom \_\_\_\_\_  
 Report received by \_\_\_\_\_ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Work Area</u>	<u>None observed</u>	
2. <u>Power Center</u>	<u>None observed</u>	
3. <u>D-Boxes</u>	<u>None observed</u>	
4. <u>CHARGERS</u>	<u>None observed</u>	
5. <u>7N Tail Pump</u>	<u>None observed</u>	
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

CFM

Location

CFM

Location

Good Air Flow

Remarks: 0% CH<sub>4</sub> 20.9% O<sub>2</sub> 0% CO detected DA + EXAM  
TRAVEL WAYS + WALKWAYS OK AT EXAM

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

Signed By M. Kuhn Preshift-Mine Examiner  
 Countersigned T. M. ... Mine Manager—Mine Foreman

33017  
 Certificate No.  
33389

Assistant Foreman

Certificate No.

Assistant Foreman

Superintendent or Assistant  
John ...

33472

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 3-2-10 Section or Area Examined 7N carst  
 Time of Examination: from 8:00 a.m. or 8:00 p.m. to 1:00 a.m. or 1:00 p.m.  
 Was this report phoned to outside: Yes X No no  
 By whom Campbell Time 1:00 A.M. 1:00 P.M.  
 Report received by [Signature] (Signed)

## Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>work Area CH4</u>	<u>none</u>	<u>none</u>
2. <u>Power Center</u>	<u>none</u>	<u>none</u>
3. <u>D-Box</u>	<u>none</u>	<u>none</u>
4. <u>Charger</u>	<u>none</u>	<u>none</u>
5. <u>7N Tail</u>	<u>none</u>	<u>none</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

## Air Measurements

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

Remarks: OK CH4 OK CO 20.8202  
Travelways OK

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 William Campbell Certificate No. 13842  
 Preshift-Mine Examiner  
 Countersigned T. Moore Certificate No. 33357  
 Mine Manager—Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant



Use Indelible  
Pencil or Ink

### DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

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

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

#### Examinations for Methane in Working Places

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

#### Examinations for Methane in Return Aircourses

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

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

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

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

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3-3 20 10 Section or Area Examined 7 North Const  
 Time of Examination: from 8:00 am or p.m. to 6:00 am or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Brought out Time          A.M.          P.M.  
 Report received by          (Signed)

Location	Violations and other Hazardous Conditions Observed and Reported	Action Taken
1. <u>Wash Area</u>	<u>CH4 0%</u>	<u>N/A</u>
2. <u>Power box</u>	<u>0%</u>	<u>N/A</u>
3. <u>D-Box</u>	<u>0%</u>	<u>N/A</u>
4. <u>Charger</u>	<u>0%</u>	<u>N/A</u>
5. <u>North tail Pump</u>	<u>0%</u>	<u>N/A</u>
6. <u>        </u>	<u>        </u>	<u>        </u>
7. <u>        </u>	<u>        </u>	<u>        </u>
8. <u>        </u>	<u>        </u>	<u>        </u>
9. <u>        </u>	<u>        </u>	<u>        </u>
10. <u>        </u>	<u>        </u>	<u>        </u>

Location	Air Measurements	Location	CFM
<u>Cross Air Movement</u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>

Remarks: 0% CH4, 0% CO, 20.8% O2 Detected  
Travelways, P.G., D-Box, & Pump all 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 William Campbell Preshift-Mine Examiner Certificate No. 1354A  
 Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 33757  
 Assistant Foreman          Certificate No.         

33017 11 196176 M Kil 33017 Johnny Reely 33472  
 Superintendent or Assistant

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3-3- 20 10 Section or Area Examined 7 North Const.  
 Time of Examination: from 12:45 a.m. or 1:00 p.m. to 3:00 a.m. or 3:00 p.m.  
 Was this report phoned to outside: Yes  no   
 By whom John Neely Time 2:30 P.M.  
 Report received by Russell D. ...  
 (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. <u>Work Area</u> <u>CH<sub>4</sub> 0%</u>	<u>None Observed</u>	<u>None</u>
2. <u>Power Box</u> <u>0%</u>	<u>None Observed</u>	<u>None</u>
3. <u>D-Box</u> <u>0%</u>	<u>None Observed</u>	<u>None</u>
4. <u>Charger</u> <u>0%</u>	<u>None Observed</u>	<u>None</u>
5. <u>7 North Tail Pump</u> <u>0%</u>	<u>None Observed</u>	<u>None</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### Air Measurements

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

Remarks: 0% CH<sub>4</sub>, 20.8% O<sub>2</sub>, 0ppm CO at time of exam  
TRACK + TRAVELWAYS 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 Johnny Neely 33472 M. Kibler 33017  
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned T. ... 33355 John ... 72476  
 Mine Manager—Mine Foreman Assistant Foreman  
 Superintendent or Assistant

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

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

Location	Violation or Hazardous Condition	Action taken
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

*Examinations for Methane in Working Places*

Location	Time	Methane Content	Location	Time	Methane Content
-----	-----	-----	11. -----	-----	-----
-----	-----	-----	12. -----	-----	-----
-----	-----	-----	13. -----	-----	-----
-----	-----	-----	14. -----	-----	-----
-----	-----	-----	15. -----	-----	-----
-----	-----	-----	16. -----	-----	-----
-----	-----	-----	17. -----	-----	-----
-----	-----	-----	18. -----	-----	-----
-----	-----	-----	19. -----	-----	-----
-----	-----	-----	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 3-3-10 20 Section or Area Examined TN CONST.  
 Time of Examination: from 800 a.m. or 6 a.m. to 1100 a.m. or 6 p.m.  
 Was this report phoned to outside: Yes  no   
 By whom SKAGGS 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>WORK AREA</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
2. <u>POWER CENTERS</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
3. <u>D-BOX</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
4. <u>CHARGERS</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
5. <u>TN TAIL PUMP</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### Air Measurements

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

Remarks: 0% CH4 0% CO 00.9% O2 AT TIME OF EXAM  
TRAVELWAYS & TRACK OK AT TIME OF EXAM

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 32476  
 Assistant Foreman Certificate No. \_\_\_\_\_  
 Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 33357  
 Assistant Foreman  
 Superintendent or Assistant \_\_\_\_\_

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 3-4-10 20. Section or Area Examined 7N CONST  
 Time of Examination: from 3:30 a.m. or p.m. to 6:00 a.m. or p.m.  
 Was this report phoned to outside: Yes  no  Time          A.M.          P.M.  
 By whom           
 Report received by          (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>WORK AREA</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
2. <u>POWER CANTON</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
3. <u>D-BOX</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
4. <u>7N TAIL PUMP</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
5. <u>        </u>	<u>        </u>	<u>        </u>
6. <u>        </u>	<u>        </u>	<u>        </u>
7. <u>        </u>	<u>        </u>	<u>        </u>
8. <u>        </u>	<u>        </u>	<u>        </u>
9. <u>        </u>	<u>        </u>	<u>        </u>
10. <u>        </u>	<u>        </u>	<u>        </u>

Air Measurements

Location	CFM	Location	CFM
<u>Good Air Measurement</u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>

Remarks: 0% CH4 0% CO 20.8% O2 AT TIME OF EXAM  
TRUCKWAYS OK AT TIME OF EXAM

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

Signed By [Signature] 32476 Assistant Foreman Certificate No.  
 Countersigned T. Moore Mine Manager - Mine Foreman 38357  
 Assistant Foreman  
 Superintendent or Assistant Robert. Buckford 26176



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 3-4 2010 Section or Area Examined 7N. Const  
Time of Examination: from 12:00 a.m. or (p.m.) to 1:00 a.m. or (p.m.)  
Was this report phoned to outside: Yes  no   
By whom John Bickford Time 2:30 (P.M.)  
Report received by \_\_\_\_\_ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>WORK AREA</u> <u>CH4 0%</u>	<u>None Observed</u>	<u>None</u>
2. <u>Power Center</u> <u>0%</u>	<u>None Observed</u>	<u>None</u>
3. <u>D-Box</u> <u>0%</u>	<u>None Observed</u>	<u>None</u>
4. <u>Chargers</u> <u>0%</u>	<u>None Observed</u>	<u>None</u>
5. <u>7N. Tail Pump</u>		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

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

Remarks: 0% CH4, 20.8% O2, 9ppm CO at time of exam  
Travelways 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 John G. Bickford 26176 [Signature] 32476  
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
Countersigned T. M. [Signature] 33359  
Mine Manager—Mine Foreman  
Assistant Foreman

M. L. [Signature] 37004  
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 3-4-10 20. Section or Area Examined 7N GOUGTS  
 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 no. V  
 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>WORKS AREA</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
2. <u>POWER CENTER</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
3. <u>D-Box</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
4. <u>CHARGER</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
5. <u>7N Tail Pump</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

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

Remarks: % CH4 0% CO 20.8% O2 AT TIME OF EXAM  
TRAVELWAYS & TRACK OK AT TIME OF EXAM

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 32476  
 Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 33354  
 \_\_\_\_\_ 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 of Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-5-10 20 Section or Area Examined 7N CONSTA
Time of Examination: from 8:00 a.m. or p.m. to 9:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include WORK AREA, POWSA CENTER, O-BOXES, CHARGER, 7N PUMP, and empty rows 6-10.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1 contains 'Good Air Movement'.

Remarks: 0% CH4 0% CO 20.8% O2
TRAVELWAYS & TRACK OK AT TIME OF EXAM

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 32476
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 33389
Assistant Foreman Superintendent or Assistant

John L. Richland 26176 M. Kline 33017

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 3-5 2010 Section or Area Examined 7N Const.
Time of Examination: from 12:00 a.m. or p.m. to 1:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom John Bickford Time A.M. 2:30 P.M.
Report received by Harold Emmae (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include Work Area, Power Center, D-Box, Charger, 7N Tail Pump, all with 0% CH4 and 'None Observed'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Entry: Good Air Movement.

Remarks: 0% CH4, 20.8% O2, 0ppm CO at time of exam
Track & Travel ways OK at time of exam

Don Williams 1539A

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

Signed By John Bickford 26171 Certificate No. M. Williams 33017 Assistant Foreman Certificate No.
Countersigned T. Emmae 33279 Mine Manager-Mine Foreman

Assistant Foreman

Superintendent or Assistant

M. Williams 37004



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 3-5-10 Section or Area Examined 7NCOVAT  
 Time of Examination: from 8:00 a.m. or p.m. to 4:00 a.m. or p.m.  
 Was this report phoned to outside: Yes X no X  
 By whom Brought out Time          A.M.          P.M.  
 Report received by          (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>work Area Ob</u> <u>CH4</u>	<u>NONE</u>	<u>none</u>
2. <u>Power Center Ob</u>	<u>NONE</u>	<u>none</u>
3. <u>D-Box Ob</u>	<u>NONE</u>	<u>none</u>
4. <u>Charger Ob</u>	<u>NONE</u>	<u>none</u>
5. <u>7N Tail Ob</u>	<u>NONE</u>	<u>none</u>
6. <u>        </u>	<u>        </u>	<u>        </u>
7. <u>        </u>	<u>        </u>	<u>        </u>
8. <u>        </u>	<u>        </u>	<u>        </u>
9. <u>        </u>	<u>        </u>	<u>        </u>
10. <u>        </u>	<u>        </u>	<u>        </u>

### Air Measurements

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

Remarks: Ob CH4 Ob CO 2018602  
Travelways OK

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. 15301A  
 Assistant Foreman Certificate No.           
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 33359  
 Assistant Foreman

Superintendent or Assistant  
[Signature] 33017

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 3-6 20 10 Section or Area Examined 7 North Const.
Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Brought out Time A.M. P.M.
Report received by (Signed)

Table with 4 columns: Location, CH4, Violation or Hazardous Condition, Action Taken. Rows 1-10 listing locations like Work Area, Power Center, D-Box, Charger, 7 North tail Pump with 0% CH4 and 'none' action.

Table for Air Measurements with columns: Location, CFM, Location, CFM. Entry: Good Air Movement.

Remarks: 0% CH4, 0% CO, 20.8% O2 detected
Travelways / TRACK, Pumps, D-Box, P.L.'s, Chargers all 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 Wilbur Campbell Preshift-Mine Examiner Certificate No. 13547
Countersigned T. Moore Mine Manager - Mine Foreman Certificate No. 33307
Assistant Foreman Johnny Neely Superintendent or Assistant Certificate No. 33472

John A. Bickford 26176

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 3-6-2010 Section or Area Examined 7 North Const  
Time of Examination: from 12 a.m. or p.m. to 3 a.m. or p.m.  
Was this report phoned to outside: Yes no  
By whom Time A.M. P.M.  
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Chy	Violation or Hazardous Condition	Action Taken
1. Work Area	0%	None observed	
2. Power Center	0%	None observed	
3. D-Box	0%	None observed	
4. Charger	0%	None observed	
5. 7 North Tail Pump			
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Good Air movement			

Remarks: 0% Chy 0% Co 20.8% Detected  
Travelways / Track OK AT EXAM  
Chargers OK

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 M. Wilson Preshift-Mine Examiner Certificate No. 33017  
Countersigned T. Moore Mine Manager - Mine Foreman Certificate No. 33357  
Assistant Foreman

Superintendent or Assistant  
D. Moore SSA

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 3-6 20 19 Section or Area Examined 7 North Cont  
 Time of Examination: from 8:00 a.m. or PM to 11:00 a.m. or PM  
 Was this report phoned to outside: Yes  no   
 By whom G. Ulmer Time A.M. 10:30 PM  
 Report received by William Campbell 135422  
(Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. <u>Work Area</u> <u>CH<sub>4</sub></u>	<u>N/O</u>	<u>none</u>
2. <u>Power Center</u> <u>CH</u>	<u>N/O</u>	<u>none</u>
3. <u>Charger</u> <u>CH</u>	<u>N/O</u>	<u>none</u>
4. <u>D-Box</u> <u>CH</u>	<u>N/O</u>	<u>none</u>
5. <u>TN Tail Pump</u> <u>CH</u>	<u>N/O</u>	<u>none</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### Air Measurements

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

Remarks: 0% CH<sub>4</sub>, 0% CO, 20.8% O<sub>2</sub> Detected  
Travelways, PC, D-Box, Charger & Pump - clear cut 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 G. Ulmer 15369 Assistant Foreman Certificate No. \_\_\_\_\_  
 Countersigned W. Campbell Mine Manager - Mine Foreman Certificate No. 33322  
 Assistant Foreman  
 Superintendent or Assistant



Use Indelible  
Pencil or Ink

### DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

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

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

#### Examinations for Methane in Working Places

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

#### Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible  
Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3-7-10 Section or Area Examined TW COAST  
 Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.  
 Was this report phoned to outside: Yes  No   
 By whom Brought out Time          A.M.          P.M.  
 Report received by          (Signed)

## Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Work Area</u> <u>CHY</u>	<u>none</u>	<u>None</u>
2. <u>Power Center</u> <u>OB</u>		
3. <u>Charger</u> <u>OB</u>		
4. <u>D-BOX</u> <u>OB</u>		
5. <u>TW Coal Ramp</u> <u>OB</u>		
6. <u>        </u>		
7. <u>        </u>		
8. <u>        </u>		
9. <u>        </u>		
10. <u>        </u>		

## Air Measurements

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

Remarks: OB CHY OB CO 20.8302  
Travelways OK

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. 1599 Assistant Foreman Certificate No.           
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 33327  
[Signature] Assistant Foreman  
[Signature] Superintendent or Assistant

33472

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 3-7-10 Section or Area Examined 7 North Const.  
 Time of Examination: from 1200 a.m. or 300 p.m. to 300 a.m. or 0 p.m.  
 Was this report phoned to outside: Yes no  
 By whom J. Neely Time 2300 P.M.  
 Report received by John A. Befford (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH	Violation or Hazardous Condition	Action Taken
1. Work Area	06	None Observed	None
2. Power Center	070	None Observed	None
3. Chargers	070	None Observed	None
4. D.B.'s	070	None Observed	None
5. TNT tail Pump	070	None Observed	None
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
<u>Load Air Movement</u>			

Remarks: 070 ch4, 070 CO & 20.8 % O2 detected at time of exam

Truck Travelways 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 Johnny Neely Certificate No. 33472  
 Countersigned Tom Lane Mine Manager - Mine Foreman Certificate No. 53357  
John A. Befford Assistant Foreman Certificate No. 26166  
John A. Befford Assistant Foreman Certificate No. 32476  
 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 3-7-10 20 Section or Area Examined 7N CONS  
 Time of Examination: from 8:00 a.m. or 0 p.m. to 11:00 a.m. or 0 p.m.  
 Was this report phoned to outside: Yes no  
 By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by \_\_\_\_\_ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>WORK AREA</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
2. <u>POWER CENTER</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
3. <u>CHANGERS</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
4. <u>D-BOX</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
5. <u>IN TAIL PUMP</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

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

Remarks: 0% CH4 0% CO 20.8% O2 AT TIME OF EXAM  
TRAIL & TRAVELWAYS OF AT TIME OF EXAM

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 32476  
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 33352  
 Assistant Foreman \_\_\_\_\_ Certificate No. \_\_\_\_\_

Superintendent or Assistant M. Kilian 33017

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 3-8-10 20. Section or Area Examined 7N CONST  
 Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom \_\_\_\_\_ 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>WORK AREA</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
2. <u>POWER CENTER</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
3. <u>D-Box</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
4. <u>CHARGERS</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
5. <u>TP TAIL PUMP</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### Air Measurements

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

Remarks: 0% CH4 0% CO 20.9% O2 AT TIME OF EXAM  
TRACK & TRAVEL WAYS OK AT TIME OF EXAM

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 32476  
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 33359  
 Assistant Foreman \_\_\_\_\_ Certificate No. \_\_\_\_\_

Superintendent or Assistant [Signature] 33472



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 3-8- 2010 Section or Area Examined 7N Const.  
 Time of Examination: from 12 a.m. or p.m. to 3 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by \_\_\_\_\_ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH <sub>4</sub>	Violation or Hazardous Condition	Action Taken
1. <u>WORK AREA</u>	<u>0%</u>	<u>None observed</u>	
2. <u>Power Center</u>	<u>0%</u>	<u>None observed</u>	
3. <u>D-Box</u>	<u>0%</u>	<u>None observed</u>	
4. <u>CHARGER</u>	<u>0%</u>	<u>None observed</u>	
5. <u>7N Tail Pump</u>	<u>0%</u>	<u>None observed</u>	
6. _____			
7. _____			
8. _____			
9. _____			
10. _____			

Air Measurements

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

Remarks: 0% CH<sub>4</sub> 20.8% O<sub>2</sub> 0% CO detected at Exam  
WALKWAYS + TRAVELWAYS OK

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 M. Williams Preshift-Mine Examiner Certificate No. 33017  
 Countersigned T. Moore Mine Manager—Mine Foreman Assistant Foreman Certificate No. 33389  
William Campbell Assistant Foreman Certificate No. 32176  
 Superintendent or Assistant

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

## Violations and other Hazardous Conditions Observed and Reported

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

## Examinations for Methane in Working Places

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

## Examinations for Methane in Return Aircourses

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

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

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

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

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3-8-10 20\_\_\_\_ Section or Area Examined 7N Const.  
Time of Examination: from 8:00 a.m. or 11:00 a.m. or 11:00 p.m.  
Was this report phoned to outside: Yes no  
By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
Report received by \_\_\_\_\_  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>WORK AREA</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
2. <u>POWER CENTER</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
3. <u>D-BOX</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
4. <u>CHARGER</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
5. <u>7N TAIL PUMP</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>GOOD AIR MOVEMENT</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH4 0% CO, 20.8% O2  
TRACK & TRAVELWAYS OK AT TIME OF EXAM

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.  
Signed By [Signature] Preshift-Mine Examiner Certificate No. 32476  
Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 33359  
Assistant Foreman \_\_\_\_\_  
Superintendent or Assistant \_\_\_\_\_

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ 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 3-9-10 20 Section or Area Examined 7N CONTS  
 Time of Examination: from 2:00 a.m. or p.m. to 5:00 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by \_\_\_\_\_ (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>WORK AREA</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
2. <u>POWER CENTER</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
3. <u>CHANGERS</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
4. <u>D-BOX</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
5. <u>7N TAIL PUMP</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### Air Measurements

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

Remarks: 0% CH4 0% CO 20.8% O2 AT TIME OF EXAM  
TRAVELWAYS & TRACK OK AT TIME OF EXAM

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

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

Superintendent or Assistant  
M. K. [Signature] 33017

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 3-9 2010 Section or Area Examined 7 North Const.  
Time of Examination: from 12 a.m. or (p.m.) to 2 a.m. or (p.m.)  
Was this report phoned to outside: Yes no  
By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
Report received by \_\_\_\_\_ (Signed)

Location	Violations and other Hazardous Conditions Observed and Reported	Action Taken
1. <u>Work Area</u>	<u>0% None observed</u>	
2. <u>Power Center</u>	<u>0% None observed</u>	
3. <u>Chargers</u>	<u>0% None observed</u>	
4. <u>D. Box</u>	<u>0% None observed</u>	
5. <u>7 N Tail Pump</u>	<u>0% None observed</u>	
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

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

Remarks: 0% CH<sub>4</sub> 20.9% O<sub>2</sub> 0% CO detected AT EXAM  
WALKWAYS + TRAVELWAYS OK AT EXAM

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

Signed By M. Kibitz Preshift-Mine Examiner Certificate No. 33017  
 Countersigned T. Mann Mine Manager—Mine Foreman Certificate No. 33387  
 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 3-9-10 20. Section or Area Examined 7N CONST.  
 Time of Examination: from 8:00 a.m. or am to 11:00 a.m. or pm  
 Was this report phoned to outside: Yes  no   
 By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by \_\_\_\_\_ (Signed) \_\_\_\_\_

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>WORK AREA</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
2. <u>POWER CENTER</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
3. <u>CHARGER.</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
4. <u>D-BOX</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
5. <u>7N Tail Pump</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### Air Measurements

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

Remarks: 0% CH4 0% CO 20.8% O2. AT TIME OF EXAM  
TRAVELWAYS & TRACK 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 W. L. Capore Preshift-Mine Examiner Certificate No. 13547  
 Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 32496  
 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 3-10-10 20-- Section or Area Examined 7N Const  
 Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.  
 Was this report phoned to outside: Yes  No   
 By whom Broughton 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>Work Area</u>	<u>none</u>	<u>none</u>
2. <u>PC'S</u>	<u>none</u>	<u>none</u>
3. <u>Charger</u>	<u>none</u>	<u>none</u>
4. <u>D-Box</u>	<u>none</u>	<u>none</u>
5. <u>7N Tail Pump</u>	<u>none</u>	<u>none</u>
6. <u>        </u>	<u>        </u>	<u>        </u>
7. <u>        </u>	<u>        </u>	<u>        </u>
8. <u>        </u>	<u>        </u>	<u>        </u>
9. <u>        </u>	<u>        </u>	<u>        </u>
10. <u>        </u>	<u>        </u>	<u>        </u>

## Air Measurements

Location	CFM	Location	CFM
<u>Good Air mt</u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>

Remarks: 06 04 02 10 20.83 02  
Traveling 50K

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 William Campbell Preshift-Mine Examiner Certificate No. 1354  
 Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 3337  
 Assistant Foreman          Certificate No.         

Supervisor or Assistant          33472

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 3-10 2010 Section or Area Examined 7N const.  
 Time of Examination: from 12 a.m. or p.m. to 3 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by \_\_\_\_\_ (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. <u>WORK AREA</u>	<u>None observed</u>	<u>None</u>
2. <u>Power Center</u>	<u>None observed</u>	<u>None</u>
3. <u>CHARGER</u>	<u>None observed</u>	<u>None</u>
4. <u>D-Box</u>	<u>None observed</u>	<u>None</u>
5. <u>7N Tail pump</u>	<u>None observed</u>	<u>None</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### Air Measurements

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

Remarks: 0% CH<sub>4</sub> 20.9% O<sub>2</sub> 0% CO detected AT EXAM  
WALKWAYS + TRAVELWAYS OK

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] 33017 Certificate No. [Signature] 32426 Certificate No.  
 Countersigned [Signature] Mine Manager—Mine Foreman  
 \_\_\_\_\_ Assistant Foreman  
 \_\_\_\_\_ Superintendent or Assistant

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ 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 3-10-10 20. Section or Area Examined 7N CONSTRUCT  
 Time of Examination: from 8:00 a.m. or p.m. to 11:00 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by \_\_\_\_\_ (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>WORK AREA</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
2. <u>CHARGES</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
3. <u>D-BX</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
4. <u>7N TAIL PUMP</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### Air Measurements

Location	CFM	Location	CFM
<u>AIR MOVEMENT GOOD</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH4 0% CO 20.8% O2 - AT TINK OF EXAM  
DRIVEWAY & TRACK OK AT TINK OF EXAM

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 32476  
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 33359  
 \_\_\_\_\_ Assistant Foreman  
 \_\_\_\_\_ Superintendent or Assistant



Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

Date \_\_\_\_\_ Shift \_\_\_\_\_ 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 3-11-10 20 Section or Area Examined 7N CONSTA  
 Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.  
 Was this report phoned to outside: Yes  No   
 By whom \_\_\_\_\_ 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>WORK AREA</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
2. <u>D-BOX</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
3. <u>CHARGER</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
4. <u>7N TAIL PUMP</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>6002</u>	<u>AIR MOVEMENT</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: O<sub>2</sub> 21.4% O<sub>2</sub> CO 20.8% O<sub>2</sub>. AT TIME OF EXAM  
TRAVEL WAYS & TRACK OK AT TIME OF EXAM

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

Signed By [Signature] Pre-shift Mine Examiner Certificate No. 32476  
 Countersigned T. M. [Signature] Mine Manager—Mine Foreman Certificate No. 33359  
 Assistant Foreman \_\_\_\_\_  
 Superintendent or Assistant \_\_\_\_\_

M. V. [Signature] 33017

Use Indelible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-11-10 20. Section or Area Examined 7 North Const  
 Time of Examination: from 12 a.m. or 3 p.m. to 3 a.m. or 3 p.m.  
 Was this report phoned to outside: Yes  no   
 By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by \_\_\_\_\_ (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Work Area</u>	<u>None observed</u>	
2. <u>Power Center</u>	<u>None observed</u>	
3. <u>D. Box</u>	<u>None observed</u>	
4. <u>Chargers</u>	<u>None observed</u>	
5. <u>7 N Tail Pump</u>	<u>None observed</u>	
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

### Air Measurements

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

Remarks: 0% CH<sub>4</sub> 20.9% O<sub>2</sub> 0% CO detected AT EXAM  
WALKWAYS + TRAVELWAYS OK

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 M. Kihl Preshift-Mine Examiner Certificate No. 33017  
 Countersigned T. M. ... Mine Manager—Mine Foreman Certificate No. 33389  
 Assistant Foreman Certificate No. 32476  
 Superintendent or Assistant \_\_\_\_\_

Indelible  
Pen 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 3-11-10 Section or Area Examined 7N const.  
 Time of Examination: from 800 a.m. or 6 p.m. to 1100 a.m. or 6 p.m.  
 Was this report phoned to outside: Yes X no \_\_\_\_\_  
 By whom SLAGGS Time A.M. 1030 P.M.  
 Report received by [Signature] 1530A  
 (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. <u>work Area</u> <u>Chy</u> <u>OB</u>	<u>none</u>	<u>none</u>
2. <u>Power Center</u> <u>OB</u>		
3. <u>O-Box</u> <u>OB</u>		
4. <u>Charges</u> <u>OB</u>		
5. <u>7N Tail Pump</u> <u>OB</u>		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

#### Air Measurements

Location	CFM	Location	CFM
<u>Good Airmt</u>			
_____			
_____			
_____			
_____			
_____			
_____			
_____			

Remarks: OB chy OB CO 20.8202  
Travel ways OK

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] 32476 Assistant Foreman Certificate No. \_\_\_\_\_  
 Countersigned [Signature] 33389 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 \_\_\_\_\_ Shift \_\_\_\_\_ Area or Section \_\_\_\_\_

	Location	Violations and other Hazardous Conditions Observed and Reported 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 3-12-12 20. Section or Area Examined 7N CONSTRUC  
 Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.  
 Was this report phoned to outside: Yes \_\_\_\_\_ no W  
 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>WORK AREA</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
2. <u>POWER CENTER</u>		
3. <u>D-BOXES</u>		
4. <u>CHANGERS</u>		
5. <u>7N TAIL PUMP</u>		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

#### Air Measurements

Location	CFM	Location	CFM
<u>GOOD AIR MOVEMENT</u>			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			

Remarks: 0% CH4 0% CO 20.8% O2  
TRACK & TRAVELWAYS OK AT TIME OF EXAM

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 32476  
 Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 33359  
 Assistant Foreman \_\_\_\_\_ Certificate No. \_\_\_\_\_

Sobih Bukhad 2617 Superintendent or Assistant M. Kelen 33017



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) \_\_\_\_\_

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 3-12 2010 Section or Area Examined 7N Construction  
Time of Examination: from 12:04 a.m. or 1:00 p.m. to 1:00 a.m. or 1:00 p.m.  
Was this report phoned to outside: Yes  no   
By whom John Bickford Time 2:15 P.M.  
Report received by Russell Gummel  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH <sub>4</sub>	Violation or Hazardous Condition	Action Taken
1. <u>work Area</u>	<u>0%</u>	<u>None Observed</u>	<u>None</u>
2. <u>Power center</u>	<u>0%</u>	<u>None Observed</u>	<u>None</u>
3. <u>D-Boxes</u>	<u>0%</u>	<u>None Observed</u>	<u>None</u>
4. <u>chargers</u>	<u>0%</u>	<u>None Observed</u>	<u>None</u>
5. <u>7N Tail Pump</u>	<u>0%</u>	<u>None Observed</u>	<u>None</u>
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Air Measurements

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

Remarks: 0% Ch<sub>4</sub>, 20.8% O<sub>2</sub>, 0 ppm CO at time of exam  
TRACK + TRAVELWAYS 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 John Bickford 26176  
FRESHIFT-MINE EXAMINER Certificate No.  
Countersigned T. Thomas 3338  
Mine Manager—Mine Foreman Assistant Foreman Certificate No.  
Assistant Foreman  
Superintendent or Assistant  
William Campbell 13501A

Indelible  
Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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 3-12 2010 Section or Area Examined W. Const  
 Time of Examination: from 8:00 a.m. or PM to 11:00 a.m. or PM  
 Was this report phoned to outside: Yes  no   
 By whom Brought out Time          A.M.          P.M.  
 Report received by          (Signed)

Location	Violations and other Hazardous Conditions Observed and Reported		Action Taken
	CH <sub>4</sub>	Violation or Hazardous Condition	
1. <u>Work Area</u>	<u>0%</u>	<u>N/O</u>	<u>none</u>
2. <u>Chargers</u>	<u>0%</u>	<u>N/O</u>	<u>none</u>
3. <u>D. Box</u>	<u>0%</u>	<u>N/O</u>	<u>none</u>
4. <u>Powercenter</u>	<u>0%</u>	<u>N/O</u>	<u>none</u>
5. <u>Pump at Intail</u>	<u>0%</u>	<u>N/O</u>	<u>none</u>
6. <u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
7. <u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
8. <u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
9. <u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
10. <u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>

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

Remarks: 0% CH<sub>4</sub>, 0% CO, 20.8% O<sub>2</sub> detected  
TRACK / Travelways D. Box's, Chargers, Pump & P.C. all 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 William Campbell Preshift-Mine Examiner 135114 Assistant Foreman          Certificate No.           
 Countersigned T. Moore Mine Manager—Mine Foreman 3332 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 3-13 2010 Section or Area Examined 7N Const  
 Time of Examination: from 3:15 or p.m. to 6:00 or p.m.  
 Was this report phoned to outside: Yes  no  Brought out Time          A.M.          P.M.  
 By whom           
 Report received by          (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	CH <sub>4</sub>	Violation or Hazardous Condition	Action Taken
1. <u>Work Area</u>	<u>0%</u>	<u>N/O</u>	<u>none</u>
2. <u>Chargers</u>		<u>N/O</u>	<u>none</u>
3. <u>D-Box</u>		<u>N/O</u>	<u>none</u>
4. <u>Power center</u>		<u>N/O</u>	<u>none</u>
5. <u>7W tail Pump</u>		<u>N/O</u>	<u>none</u>
6. <u>        </u>			
7. <u>        </u>			
8. <u>        </u>			
9. <u>        </u>			
10. <u>        </u>			

### Air Measurements

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

Remarks: 0% CH<sub>4</sub>, 0% CO, 20.8% O<sub>2</sub> detected  
Travelways, D-Box, P.C. & Pumps all 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 Walter Campbell Preshift-Mine Examiner Certificate No. 1354  
 Countersigned T. M. M... Mine Manager - Mine Foreman Certificate No. 33329  
         Assistant Foreman  
         Assistant Foreman  
         Superintendent or Assistant  
         Assistant Foreman Certificate No. 33472

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 3-13-10 Section or Area Examined T.M. Const.  
 Time of Examination: from 12:30 a.m. or 3:00 p.m. to 3:00 a.m. or 3:00 p.m.  
 Was this report phoned to outside: Yes no  
 By whom S. Neely Time 2:20 A.M. P.M.  
 Report received by John A. Bullard 247A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH <sub>4</sub>	Violation or Hazardous Condition	Action Taken
1. <u>Work Area</u>	<u>0%</u>	<u>None Observed</u>	<u>None</u>
2. <u>Chargers</u>	<u>0%</u>	<u>None Observed</u>	<u>None</u>
3. <u>D'Boxes</u>	<u>0%</u>	<u>None Observed</u>	<u>None</u>
4. <u>Power Centers</u>	<u>0%</u>	<u>None Observed</u>	<u>None</u>
5. <u>Twt. tail Pump</u>	<u>0%</u>	<u>None Observed</u>	<u>None</u>
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Air Measurements

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

Remarks: 0% CH<sub>4</sub>, 0% CO + 20.8% O<sub>2</sub> detected at time of exam  
Travelsways, PC's, Pump, + D'Boxes + chargers clear at time of exam

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

Signed By Johnny Neely Certificate No. 33472  
 Countersigned T. J. Moore Mine Manager - Mine Foreman Certificate No. 53559  
John A. Bullard 247A Assistant Foreman  
 Assistant Foreman Superintendent or Assistant

Writell Campbell 135410



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 3-13-10 2010 Section or Area Examined 7N Const.
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 Campbell Time A.M. 11:00 P.M.
Report received by Dale McKeown 15392 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include work Area, Charger, D.Box, Power Center, 7N Pump, and empty rows 6-10.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Row 1 contains 'Good Airman' in the first Location column.

Remarks: O2 CH4 O2 CO 20.8% O2
Trandways OK

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 Walter Campbell Preshift-Mine Examiner Certificate No. 13542A Assistant Foreman Certificate No.
Countersigned T. McKeown Mine Manager-Mine Foreman Certificate No. 33959 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 3-14 2010 Section or Area Examined TN. Cons  
 Time of Examination: from 7:00 a.m. or p.m. to 6:00 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Brought out Time          A.M.          P.M.  
 Report received by          (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	CH <sub>4</sub>	Violation or Hazardous Condition	Action Taken
1. <u>Work Area</u>	<u>0%</u>	<u>N/O</u>	<u>none</u>
2. <u>Charger's</u>	<u>0%</u>	<u>N/O</u>	<u>none</u>
3. <u>D-Box</u>	<u>0%</u>	<u>N/O</u>	<u>none</u>
4. <u>PL</u>	<u>0%</u>	<u>N/O</u>	<u>none</u>
5. <u>TN Pump</u>	<u>0%</u>	<u>N/O</u>	<u>none</u>
6. <u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
7. <u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
8. <u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
9. <u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
10. <u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>

### Air Measurements

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

Remarks: 0% CH<sub>4</sub>, 0% CO<sub>2</sub>, 0.8% O<sub>2</sub> Detected  
Travelways clear at 3am

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 William Campbell Preshift-Mine Examiner Certificate No. 1324-10  
 Countersigned T. M. Moore Mine Manager—Mine Foreman Certificate No. 3333-9  
 Assistant Foreman          Certificate No.         

Superintendent or Assistant John J. Aedy 33472

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) \_\_\_\_\_  
\_\_\_\_\_

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

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3-14-10 Section or Area Examined TNT. Const.  
 Time of Examination: from 1200 a.m. to 300 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom S. Neely Time 220 P.M.  
 Report received by John L. Bullard (Signed) 26176

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

Location	CH	Violation or Hazardous Condition	Action Taken
1. <u>Work Area</u>	<u>0%</u>	<u>None Observed</u>	<u>None</u>
2. <u>Chargers</u>	<u>0%</u>	<u>None Observed</u>	<u>None</u>
3. <u>D'Box's</u>	<u>0%</u>	<u>None Observed</u>	<u>None</u>
4. <u>P.C.</u>	<u>0%</u>	<u>None Observed</u>	<u>None</u>
5. <u>TNT. Pump</u>	<u>0%</u>	<u>None Observed</u>	<u>None</u>
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

#### Air Measurements

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

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

Travelways 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 Johnny Neely Preshift-Mine Examiner Certificate No. 33472  
 Countersigned T. J. Moore Mine Manager—Mine Foreman Certificate No. 32476  
 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 05 Area or Section \_\_\_\_\_

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 3-14 2010 Section or Area Examined 7 North Construction  
 Time of Examination: from 8:00 a.m. or pm to 11:00 a.m. or pm  
 Was this report phoned to outside: Yes  no   
 By whom John Skaggs Time A.M. 1010   
 Report received by William Carson  
 (Signed)

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

Location	CH <sub>4</sub>	Violation or Hazardous Condition	Action Taken
1. <u>Work Area</u>	<u>0%</u>	<u>N/O</u>	<u>none</u>
2. <u>Chargers</u>	<u>0%</u>	<u>N/O</u>	<u>none</u>
3. <u>D-Box's</u>	<u>0%</u>	<u>N/O</u>	<u>none</u>
4. <u>PL</u>	<u>0%</u>	<u>N/O</u>	<u>none</u>
5. <u>7 North Pump</u>	<u>0%</u>	<u>N/O</u>	<u>none</u>
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

#### Air Measurements

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

Remarks: 0% CH<sub>4</sub>, 0 ppm CO, 20.8% O<sub>2</sub> detected  
TRACK/TRAVEL ways, Pump, D-Box's, Chargers, & P.C all clear at Exam

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

Signed By John Skaggs Preshift-Mine Examiner Certificate No. 32476  
 Countersigned T. M. Moore Mine Manager-Mine Foreman Certificate No. 33359  
 Assistant Foreman  
 Superintendent or Assistant



Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 3-15 2010 Section or Area Examined 7 North Construction  
 Time of Examination: from 8:00 a.m. or p.m. to 6:00 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Jon Skaggs Time 5:30 A.M. P.M.  
 Report received by William Campbell (Signed)

Location		Violations and other Hazardous Conditions Observed and Reported		Action Taken
		Violation or Hazardous Condition		
1.	Work Area	CH <sub>4</sub> 0%	N/A	none
2.	Chargers	0%	N/A	none
3.	D-Box	0%	N/A	none
4.	P.L.	0%	N/A	none
5.	7 North Pump	0%	N/A	none
6.				
7.				
8.				
9.				
10.				

Location	Air Measurements		Location	CFM
	CFM			
Good Air Movement				

Remarks: 0% CH<sub>4</sub>, 0ppm CO, 20.8% O<sub>2</sub> detected  
TRUCK/TRAILERS, CHARGERS, D-BOX'S, P.L. & Pump all clear at Exam

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

Signed By [Signature] Freshift-Mine Examiner Certificate No. 32476  
 Countersigned T. M. Moore Mine Manager - Mine Foreman Certificate No. 33357  
 Assistant Foreman  
 Superintendent or Assistant

M. K. [Signature] 33017

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 3-15- 20 10 Section or Area Examined 7 North Construction  
 Time of Examination: from 12:00 a.m. or p.m. to 3:00 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom John Neely Time 2:40 A.M. P.M.  
 Report received by Russell Gunnoe (Signed)

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

Location	CH <sub>4</sub>	Violation or Hazardous Condition	Action Taken
1. <u>WORK AREA</u>	<u>0%</u>	<u>None observed</u>	
2. <u>CHARGERS</u>	<u>0%</u>	<u>None observed</u>	
3. <u>D-Boxes</u>	<u>0%</u>	<u>None observed</u>	
4. <u>Power Center</u>	<u>0%</u>	<u>None observed</u>	
5. <u>7th Tail Pump</u>	<u>0%</u>	<u>None observed</u>	
6. _____			
7. _____			
8. _____			
9. _____			
10. _____			

#### Air Measurements

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

Remarks: 0% CH<sub>4</sub> 20.9% O<sub>2</sub> 0% CO detected AT EXHAUST  
WALKWAYS + TRAVELWAYS OK

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 M. Kihner Preshift-Mine Examiner Certificate No. 33017  
 Countersigned T. M. Gunnoe Mine Manager—Mine Foreman Certificate No. 33359  
J. L. [Signature] Assistant Foreman Certificate No. 32976  
 \_\_\_\_\_ 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 3-15-10 20 Section or Area Examined 7N CONST  
 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 no Y  
 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>WORK AREA</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
2. <u>CHARGERS</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
3. <u>D-BOX</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
4. <u>POWER CENTER</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
5. <u>7N TAIL PUMP BC</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### Air Measurements

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

Remarks: 0% CH4 0% CO 20.7% O2. At Time of Exam  
TRAILWAYS & TRACK OK AT TIME OF EXAM

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 32476  
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 33359  
[Signature] Assistant Foreman Certificate No. 1350-A  
 \_\_\_\_\_ Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

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

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 3-16 2010 Section or Area Examined North Const  
 Time of Examination: from 3:00 a.m. or p.m. to 6:00 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom J. Skaggs Time 3:15 A.M. P.M.  
 Report received by William Campbell (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Work Area</u>	<u>N/O</u>	<u>none</u>
2. <u>Chargers</u>	<u>N/O</u>	<u>none</u>
3. <u>D-Box</u>	<u>N/O</u>	<u>none</u>
4. <u>Power center</u>	<u>N/O</u>	<u>none</u>
5. <u>Worthtail Pump</u>	<u>N/O</u>	<u>none</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

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

Remarks: 0% CH<sub>4</sub>, 0 ppm CO, 20.8% O<sub>2</sub> detected  
Track / Travel ways, chargers, D-Boxes, P.C. & Pump cleared Exam

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

Signed By [Signature] Preshift Mine Examiner Certificate No. 32476  
 Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 33359  
 Assistant Foreman \_\_\_\_\_ Superintendent or Assistant \_\_\_\_\_

M. V. [Signature] 33057



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 3-16 2010 Section or Area Examined 7 North Const.
Time of Examination: from 12 a.m. or p.m. to 3 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4, Violation or Hazardous Condition, Action Taken. Rows include WORK AREA, CHARGERS, D-Boxes, Power Centre, MV-Pump, and empty rows 6-10.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten text: Good Air Movement

Remarks: 0% CH4 20.9% O2 0% CO detected AT EXAM
WALKWAYS + TRAVELWAYS OK AT EXAM

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

Signed By M. Kihlman 33017 Assistant Foreman 32476 Certificate No.
Countersigned T. Mann Mine Manager-Mine Foreman 33309
Assistant Foreman
Superintendent or Assistant

W. H. Compere

Use Indelible  
Penell or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

	Location	Violations and other Hazardous Conditions Observed and Reported 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 3-16-10 20-- Section or Area Examined 7 N-Const.  
 Time of Examination: from 800 a.m. or 8:00 to 1100 a.m. or 11:00  
 Was this report phoned to outside: Yes  no   
 By whom W. Campbell Time 1045 A.M. 1045 P.M.  
 Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. work Area <u>CH4</u> <u>OC</u>	<u>None</u>	<u>None</u>
2. Chargers		
3. D-Bates		
4. Power Centers		
5. 7 N const.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

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

Remarks: OC CH4, OC CO2 9802  
Travel ways OK

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 W. Campbell Certificate No. 13544 Assistant Foreman  
 Countersigned T. Moore Certificate No. 38289 Mine Manager—Mine Foreman  
 Assistant Foreman Superintendent or Assistant