

# HG 22

## PRESHIFT - ONSHIFT and DAILY REPORT

# STARTED 4-4-10

Company Performance Coal

Mine LIBB

SECTION HG 22

LOCATION NAOMMA 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

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 4-4-10 Shift 3rd Area or Section H.G. 22

Violations and other Hazardous Conditions Observed and Reported

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

*SKC from  
BPLK*

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

*[Signature]* Assistant Mine  
*[Signature]* Certificate No. 72289  
 Mine Foreman-Mine Manager  
 Certificate No. \_\_\_\_\_ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 4-4 2010 Section or Area Examined H622
Time of Examination: from 8:00 a.m. or 8:00 p.m. to 11:00 a.m. or 11:00 p.m.
Was this report phoned to outside: Yes no
By whom Brought Out Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains entries for #1 Entry, #2 Entry, #2RCC, and #3 Entry.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains measurements for LOB (18,240 CFM), 20.8 O2, and 0% CO.

Remarks: Water Accumulating in #3 Face

Power Centers, Chargers, Travelways, Outby Shelter, Intake Phone ok at Time of Exam.

Haul Roads need add cleaning Soft Ribs 1-3 Entries

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

Use Indelible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 4-5-10 Shift 3ND Area or Section H.G. 22

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. # 2R	NEEDS cleaned	reported
2. # 3		
3.		
4.		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

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

*NO*  
*Pro. Due to work*

Examinations for Methane in Return Aircourses

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

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

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

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

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

*[Signature]*  
Assistant Mine

*32294*  
Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 4-5-10 20 Section or Area Examined HGR  
Time of Examination: from 9:00 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 5:16 A.M. P.M.  
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1 City 1/2 30	new obs 20.80	me 0
2 1/2	new obs 20.8	me 0
3 ent 1/2	needs seal 20.8	Rep 0
4 3 1/2	needs seal 20.8	Rep 0
5		
6		
7		
8		
9		
10		

Air Measurements

Location	CFM	Location	CFM
603	18,848		

Remarks: 0-30 city 20.802 .000 detected  
travellers? Huleys OK at time of Exam  
PIC and charges. Section needs seal ch  
? dusty.  
Shelter Chamber - 7 OK  
Intake phone 7 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 John Neely 33472 Certificate No. Assistant Foreman 36525 Certificate No. 32094  
Countersigned Mine Manager - Mine Foreman  
Assistant Foreman  
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 4-5-10 Shift Day Area or Section H622

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>new ogs</u>	
2. <u>2</u>	<u>new ogs</u>	
3. <u>2nd</u>	<u>needs chup</u>	
4. <u>3</u>	<u>needs chup</u>	
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-3</u>		<u>0.6</u>	11. _____		
2. _____			12. _____		
3. <u>1-3</u>			13. _____		
4. _____			14. _____		
5. <u>1-3</u>			15. _____		
6. _____			16. _____		
7. <u>1-3</u>			17. _____		
8. _____			18. _____		
9. _____			19. _____		
10. _____			20. _____		

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 4-5 10 Section or Area Examined H6 22
Time of Examination: from a.m. or p.m. to a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Paul R. Killen Time A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains multiple rows of dashed lines for data entry.

Remarks: intake phone power center out by shelter chargers travelways

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 Paul R. Killen Assistant Foreman Certificate No. 2014-1
Countersigned Mine Manager-Mine Foreman Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 4-5-10 Shift EOE

Area or Section HG 22

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	#1 - 30 ch4 20.802	Needs Dusted	
2.			
3.	#1R - 30 ch4 20.802	Scrap cut	
4.			
5.	#2 - 20 ch4 20.802	Part Bolted	
6.			
7.	#3 - 30 ch4 20.802	Part Bolted	
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

1.	Location	Time	Methane Content	6.	Location	Time	Methane Content
	Return						
2.				7.			
3.	Return			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) \_\_\_\_\_