

7 North Coast,

PRESHIFT - ONSHIFT

and

DAILY REPORT

Company Performance Coal Co
Mine Ellis Portal
SECTION 7 North Coast
LOCATION Naoma Raleigh WVa
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 1-25-10 Shift Dat Area or Section 7-N Const

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Belts	None	Reported
2. WORK AREA	setting Jacks & cleaning	None
3.		
4. 7 Tail Pump	None	Reported
5.		
6. Scoop charger	None	Reported
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Good Air Movement			11.		
2.			12.		
3. Air Reading at Reg		32, 340	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)

Good Condition

walk ways & Road ways in

[Signature]
Assistant Mine

33389
Certificate No.

[Signature]
Mine Foreman-Mine Manager

33383
Certificate No.

Superintendent or Assistant

Mine & Rescue 37004

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-26-10 Section or Area Examined 7 N Const
 Time of Examination: from _____ a.m. or p.m. to _____ a.m. or p.m.
 Was this report phoned to outside: Yes _____ no _____ Time _____ A.M. _____ P.M.
 By whom _____
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Work Area</u>	<u>OK</u>	<u>none</u>
2. <u>Charger</u>	<u>OK</u>	<u>none</u>
3. <u>D. BOX</u>	<u>OK</u>	<u>none</u>
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

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

Remarks: Walkways & Roadways in Good Shape
0% CO, 0% CH4, 20.8% O2

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. 1334A
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 33389
 _____ Assistant Foreman
 _____ Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-26-10 Shift Day Area or Section 7-N Const

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Work Area chj 10%</u>	<u>None observed</u>	<u>Reported</u>
2. <u>Chargee 10%</u>	<u>None observed</u>	<u>Reported</u>
3. <u>D Box 10%</u>	<u>None observed</u>	<u>Reported</u>
4. <u>7 Tail Pump 10%</u>	<u>None observed</u>	<u>Reported</u>
5. _____	_____	_____
6. <u>Set Jacks along #7 Belt according to</u>	_____	_____
7. <u>Plan</u>	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Good Air Movement</u>	_____	_____	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) Walkways & Handways

Clear at time of exam.

Mont Rendon
Assistant Mine

Certificate No. 37001

T. Moore
Mine Foreman-Mine Manager

3358
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 1-26-10 20 Section or Area Examined 7-N Coal
 Time of Examination: from 12 a.m. or 1:30 a.m. or PM
 Was this report phoned to outside: Yes no
 By whom _____ Time A.M. 3:05 PM
 Report received by _____ (Signed)

Location	Violations and other Hazardous Conditions Observed and Reported	Action Taken
1. work Area ^{cht} 10%	None	Reported
2. Charger 10%	None	Reported
3. D Box 10%	None	Reported
4. 7 Tail Pump 10%	None	Reported
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Location	Air Measurements	Location	CFM
#2 Regulator	32,140		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0.0% cht, 1.0% CO, 20.8% O2
walk ways & travel ways clear at time of exam
set tacks along according to Plan before
splitting blocks, cleaned on belt

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] 3700 Assistant Foreman Certificate No. _____
 Countersigned [Signature] 3335 Mine Manager—Mine Foreman Certificate No. _____
 _____ Assistant Foreman
 _____ Superintendent or Assistant

W.D. [Signature] 1384-12

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 1-26-10 20 Section or Area Examined 7N Const.
Time of Examination: from 8:30 a.m. or p.m. to 1:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Connel Time A.M. 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>Charger CH</u>	<u>None</u>	
3. <u>D-Box CH</u>	<u>None</u>	
4. <u>7 Tail Pump CH</u>	<u>None</u>	
5. <u> </u>		
6. <u> </u>		
7. <u> </u>		
8. <u> </u>		
9. <u> </u>		
10. <u> </u>		

Air Measurements

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

Remarks: CH CH4 CH CO 2d 56R
Travelers 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] 17547A
Preshift-Mine Examiner Certificate No.
Countersigned [Signature] 35554
Mine Manager—Mine Foreman Assistant Foreman Certificate No.
Assistant Foreman
Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-27-10 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 X
 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>CH₄ 0%</u>	<u>were observed</u>	<u>none</u>
2. <u>Charger</u> <u>0%</u>	<u>were observed</u>	<u>none</u>
3. <u>D-BOX</u> <u>0%</u>	<u>were observed</u>	<u>none</u>
4. <u>7 Tail Pump</u> <u>0%</u>	<u>were observed</u>	<u>none</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>2000 Air Mount</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH₄ 0% CO 20.8% O₂ Detected
Track / Travelways clear w/ 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] 12544 Assistant Foreman Certificate No. _____
 Countersigned [Signature] 3327 Mine Manager - Mine Foreman Certificate No. _____
 Assistant Foreman

John Bickford 28176 William Peder 37004 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-27-10 Shift Day Area or Section 7-N-Const

Violations and other Hazardous Conditions Observed and Reported

	Location	Chk	Violation or Hazardous Condition	Action taken
1.	Work Area	10%	None	Reported
2.	Charger	10%	None	Reported
3.	D Box	10%	None	Reported
4.	7 tail Pump	10%	None	Reported
5.				
6.	Set Jacks & cleaned Gob			
7.				
8.				

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Good	Air	Movement	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) walkway & hardways

W. J. Ruder Assistant Mine 37004 Certificate No. T. Moore Mine Foreman, Mine Manager 35559 Certificate No. _____ Superintendent of Accidents

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 1-27-10 Section or Area Examined 7-Nt-Const
Time of Examination: from 12 a.m. or 3 a.m.
Was this report phoned to outside: Yes no
By whom Time A.M 3:15
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Cht, Violation or Hazardous Condition, Action Taken. Rows include work Area, Charger, P Box, 7 Tail Pump.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Entry: #2 Regulator, 29,415.

Remarks: walkways & headways clear at time of exam, 0% cht, 1.0% CO, 20.8% O2

Signature of Examiner

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, Countersigned, Certificate No, Assistant Foreman, Certificate No.

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 1-27-10 Section or Area Examined 7-North Canal
Time of Examination: from 8:30 a.m. or p.m. to 11:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Time A.M. P.M.
Report received by (Signed)

Table with 3 columns: Location, Violations and other Hazardous Conditions Observed and Reported, Action Taken. Rows include work Area, CHAIR EIGER, D-Box, 7-TAIL PUMP.

Table for Air Measurements with columns: Location, CFM, Location, CFM. Includes handwritten entry 'Good Around'.

Remarks: OBCMY DE CO 2018602 TRAVEL WAY S O K

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

Use Indefilible
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 1-28-10 20. 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 [Signature] Time A.M. P.M.
Report received by [Signature]
(Signed)

Violations and other Hazardous Conditions Observed and Reported			
Location	CHY	Violation or Hazardous Condition	Action Taken
1. <u>Work Area</u>	<u>06</u>	<u>none</u>	<u>none</u>
2. <u>Chargers</u>	<u>06</u>	<u>none</u>	<u>none</u>
3. <u>O-Box</u>	<u>06</u>	<u>none</u>	<u>none</u>
4. <u>7-Tail Comp</u>	<u>06</u>	<u>none</u>	<u>none</u>
5. <u> </u>	<u> </u>	<u> </u>	<u> </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 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 CHY, 06 CO, 2018302
Travelwaysok

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. 35359
[Signature] Assistant Foreman
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-29-10 Shift Day Area or Section 7-N Const

Violations and other Hazardous Conditions Observed and Reported

	Location	Chk	Violation or Hazardous Condition	Action taken
1.	Work Area	10%	None	Reported
2.	Chargers	10%	None	Reported
3.	D Box	10%	None	Reported
4.	7 Tail Pump	10%	None	Reported
5.				
6.				
7.				
8.				

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Good Air		Movement	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. #1 Regulator	9:00 AM	10%	6.		
2. #1 Regulator	12:30 PM	10%	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) walkways & travelways
Clear aty time at Exam. Talked to Crews about Roof & R.R.s
Mint Pickle 37004 Tony Moore 33359

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-28-10 20-- Section or Area Examined 7 N Const
 Time of Examination: from 12 a.m. or 3:30 p.m. to 3:30 a.m. or PM
 Was this report phoned to outside: Yes no
 By whom _____ Time 3:15 A.M.
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported			Action Taken
Location	Chrt	Violation or Hazardous Condition	
1. <u>work Area 10% Rt Rib</u>	<u>Not Bolted</u>		<u>Reflected</u>
2. <u>Charges 10%</u>	<u>None</u>		<u>Reported</u>
3. <u>D Box 10%</u>	<u>None</u>		<u>Reported</u>
4. <u>7 Tail Pump 10%</u>	<u>None</u>		<u>Reported</u>
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

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

Remarks: walk ways & travel ways clear at time I was
10% Chrt, 10% CO, 20.8% O2

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 Munt Kerdue 37004 Certificate No. 33359
 Countersigned Jay Moore Mine Manager—Mine Foreman
John B. Bedford Assistant Foreman Certificate No. 26776
 _____ 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 1-28-10 20 10 Section or Area Examined 7-north const.
Time of Examination: from 8:30 a.m. or 9 a.m. to 11:30 a.m. or 1 p.m.
Was this report phoned to outside: Yes no X
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. Rows include Work Area, Chargers, O-Boxes, and Tail Pump, all with 'none' entries.

Air Measurements

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

Remarks: OB CAY OB CD 2088 02
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 Dan Allman (5398) Assistant Foreman Certificate No. 33359
Countersigned Tony Moore Mine Manager - Mine Foreman
Assistant Foreman
Superintendent or Assistant

W. J. Ruder 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 1-29-10 2010 Section or Area Examined 7-North-Cast section

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 O6 CHY</u>	<u>none</u>	<u>none</u>
2. <u>Chargers O6 CHY</u>	<u>none</u>	<u>none</u>
3. <u>D-Box O6 CHY</u>	<u>none</u>	<u>none</u>
4. <u>Tail Pump O6 CHY</u>	<u>none</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 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: O6 CHY O6 CO 20.8602

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] Preshift-Mine Examiner Certificate No. 15344
 Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 33359
[Signature] Assistant Foreman Certificate No. 32476

[Signature] Superintendent or Assistant
[Signature] 26176 [Signature] 37004

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Shift *Day* Area or Section *7 N Const*

Violations and other Hazardous Conditions Observed and Reported

Location	Qty	Violation or Hazardous Condition	Action taken
<i>Work Area</i>	<i>10%</i>	<i>Part Bottled None</i>	<i>Reported</i>
<i>Charger</i>	<i>10%</i>	<i>None</i>	<i>Reported</i>
<i>Box</i>	<i>10%</i>	<i>None</i>	<i>Reported</i>
<i>Coal Pump</i>	<i>10%</i>	<i>None</i>	<i>Reported</i>

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
<i>Work Area</i>	<i>9:00 AM</i>	<i>10%</i>	6. -----	-----	-----
<i>Work Area</i>	<i>1:00 PM</i>	<i>10%</i>	7. -----	-----	-----
-----	-----	-----	8. -----	-----	-----
-----	-----	-----	9. -----	-----	-----
-----	-----	-----	10. -----	-----	-----

Number of Bolts Tested -----
Percent 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 -----

Describe (Attachment as to General Conditions of Mine or Area of Mine) *Walkways & Travel ways in*

John Sharpe
Assistant Mine Foreman
Certificate No. *3700F*

Tom McNamee
Mine Foreman-Mine Manager
Certificate No. *33359*

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-29-10 20____ Section or Area Examined 7 N Const
Time of Examination: from 12 a.m. or PM to 2 a.m. or AM
Was this report phoned to outside: Yes____ no____
By whom _____ Time 3:10 A.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>0%</u>	<u>Loose Bolted</u>	<u>Reflected</u>
2. <u>Charger</u> <u>10%</u>	<u>None</u>	<u>Reported</u>
3. <u>D Box</u> <u>10%</u>	<u>None</u>	<u>Reported</u>
4. <u>7 Tail Pump</u> <u>10%</u>	<u>None</u>	<u>Reported</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

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

Remarks: walkways & travel ways clear at time of exam
0% CH₄, 0% CO, 20.8% O₂

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 Johann Biedler Preshift-Mine Examiner Certificate No. 26176
Countersigned Tom M... .. Mine Manager—Mine Foreman Certificate No. 33359
Assistant Foreman
Superintendent or Assistant

Mine Manager 1529A

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 1-29-10 20 Section or Area Examined 7N const.
 Time of Examination: from 8:30 a.m. or 6:00 p.m. to 11:30 a.m. or 6:00 p.m.
 Was this report phoned to outside: Yes no
 By whom Campbell Time 11:30 A.M. 11:30 P.M.
 Report received by Don Miller 15397
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Work Area 0264</u>	<u>Scrap cut</u>	<u>Reflected</u>
2. <u>Chargers 0264</u>	<u>none</u>	<u>none</u>
3. <u>D-Box 0264</u>	<u>none</u>	<u>none</u>
4. <u>7 Tail Pump 0264</u>	<u>none</u>	<u>none</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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

Remarks: 0264 0260 208202
walkways 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 Don Miller 15397 Walter Campbell 13547
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned Fred Miller 77757
 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) _____

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 1-30 2010 Section or Area Examined ZW Const
 Time of Examination: from 300 a.m. or p.m. to 600 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by _____ (Signed)

Location	Violations and other Hazardous Conditions Observed and Reported	Action Taken
1. <u>Work Area</u>	<u>0% CH4</u> <u>Scrap Cut</u>	<u>Hang Reflectors</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>T-tail Pump</u>	<u>0%</u> <u>none observed</u>	<u>none</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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

Remarks: 0% CH4, 0% CO, 20.890% Detect'd
TRACK/travelways, 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 Willie Cooper Preshift-Mine Examiner Certificate No. 1354-A
 Countersigned Fay Moore Mine Manager—Mine Foreman Certificate No. 35359
 _____ Assistant Foreman
 _____ Superintendent or Assistant

John R. Beckford 26/176

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-30-10 Shift Day Area or Section 7-N Const

Violations and other Hazardous Conditions Observed and Reported

	Location	CHK	Violation or Hazardous Condition	Action taken
1.	Work Area	10%	Scrap Cut	Reflected
2.	Changer	10%	None	Reported
3.	D Box	10%	None	Reported
4.	T tail Pump	10%	None	Reported
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. Work Area	9:00 AM	10%	6.		
2. Work Area	1:00 PM	10%	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) walkways & travel ways
clear at times of exams

W. F. Fluke 37004 Tony Moore 33387
Assistant 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 1-30-10 Section or Area Examined 7-N Cond
Time of Examination: from 12 a.m. or 12 p.m. to 3 a.m. or 3 p.m.
Was this report phoned to outside: Yes no
By whom Time A.M. 315 P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violations and other Hazardous Conditions Observed and Reported	Action Taken
work Area	10% CHT Scrap Cut	Reflector
Charger	10% None	Reported
D Box	10% None	Reported
7 tail Pump	10% None	Reported

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: Walkways & headways clear at time of exam
10% CHT, 10% CO, 20.8% O2

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. 37004
Countersigned [Signature] Mine Foreman Certificate No. 3337
Assistant Foreman [Signature] Certificate No. 26176

Superintendent or Assistant: [Signature] 1354-A

**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
-----	-----	-----	6. -----	-----	-----
-----	-----	-----	7. -----	-----	-----
-----	-----	-----	8. -----	-----	-----
-----	-----	-----	9. -----	-----	-----
-----	-----	-----	10. -----	-----	-----

Number of Balls Tested _____
 Percent of Balls Torqued Above Range _____ Below Range _____

If majority of balls 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 1-30 2010 Section or Area Examined 7-North Const
 Time of Examination: from 8:30 a.m. or P.M. to 11:30 a.m. or P.M.
 Was this report phoned to outside: Yes no
 By whom Campbell Time 11:15 P.M.
 Report received by [Signature]
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	Violation or Hazardous Condition	Action Taken
1. <u>Work Area</u>	<u>0%</u>	<u>scrap cut</u>	<u>none</u>
2. <u>chargers</u>	<u>0%</u>	<u>none</u>	<u>none</u>
3. <u>D-Box</u>	<u>0%</u>	<u>none</u>	<u>none</u>
4. <u>7 Tail Pump</u>	<u>0%</u>	<u>none</u>	<u>none</u>
5. _____			
6. _____			
7. _____			
8. _____			
9. _____			
10. _____			

Air Measurements

Location

CFM

Location

CFM

Good Air

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

Trawl runs 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. 13547 Assistant Foreman _____ Certificate No. _____
 Countersigned [Signature] Mine Manager—Mine Foreman _____
 Assistant Foreman _____
 Superintendent or Assistant _____

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift 1st 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 1-31 2010 Section or Area Examined 7 North Const.
 Time of Examination: from 300 am or p.m. to 600 am or p.m.
 Was this report phoned to outside: Yes no Time AM P.M.
 By whom _____
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	Violation or Hazardous Condition	Action Taken
1. <u>Work Area</u>	<u>0%</u>	<u>Scrap Cut</u>	<u>Reflectors</u>
2. <u>Chargers</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>Tail North Pump</u>	<u>0%</u>	<u>none observed</u>	<u>none</u>
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Air Measurements

CFM

Location

CFM

Location

Good Air Movement

Remarks: CH₄ 0%, CO 0%, O₂ 20.8% Detected
Track/Travelways 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 Willie Campbell
 Preshift-Mine Examiner

1384A
 Certificate No.
3528-9

Assistant Foreman

Certificate No.

Countersigned T. Moore
 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.

Supervisor of 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 1-31 2060 Section or Area Examined 7 North Construction

Time of Examination: from 8:30 a.m. or pm to 11:30 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>CH4</u> <u>Scrap Cut</u>	<u>Hung Reflector</u>
2. <u>Chargers</u>	<u>none observed</u>	<u>none</u>
3. <u>D-Boxes</u>	<u>none observed</u>	<u>none</u>
4. <u>Tail Pump (7 North)</u>	<u>none observed</u>	<u>none</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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

Remarks: CH4 0%, CO 0%, O₂ 20.8% Detected
Travelways den at Eder

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. 13544

Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman Certificate No. 3857

Assistant Foreman Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-1 2010 Section or Area Examined 7 North Construction
 Time of Examination: from 9:00 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>CH4</u>	<u>Scrap Curt</u>	<u>Hang Reflectors</u>
2. <u>Chargers</u>	<u>none observed</u>	<u>none</u>
3. <u>D-Boxes</u>	<u>none observed</u>	<u>none</u>
4. <u>Tail Pump (7 North Tail)</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 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>

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

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

Signed By Walt Campbell Preshift-Mine Examiner Certificate No. 1354-A
 Countersigned J. Mann Mine Manager—Mine Foreman Certificate No. 33557
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-1-10 Shift Day Area or Section 7 N Canal

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Work Area</u>	<u>Scrap</u>	<u>Reflector</u>
2. <u>Charger</u>	<u>None</u>	<u>Reported</u>
3. <u>P Boxes</u>	<u>None</u>	<u>Reported</u>
4. <u>7 Tail Pump</u>	<u>None</u>	<u>Reported</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Good</u>	<u>Air</u>	<u>Monitored</u>	_____	_____	_____
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. <u>Work Area</u>	<u>9:00 AM</u>	<u>1.0%</u>	6. _____	_____	_____
2. <u>Work Area</u>	<u>1:00 PM</u>	<u>1.0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Talked to men about roof
& ribs conditions 7:30 AM

Wm F. Fisher Assistant Mine 3700A Certificate No. T. M. ... Mine Foreman-Mine Manager 3352 Certificate No. Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2-1 2010 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 Time A.M 330 (p.m.)
 By whom _____
 Report received by _____ (Signed)

Location	Violations and other Hazardous Conditions Observed and Reported	Action Taken
1. WORK AREA	CH4 10% Scrap	Refer to Report
2. Chargers	10% None	Reported
3. D-Box's	10% None	Reported
4. Tail Pump (7 North)	10% None	Reported
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Location	Air Measurements	Location	CFM
	Good Air Movement		

Remarks: walkways & haulways clear at time of exam
10% CH4, 10% CO, 20.8% O2

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

Signed By _____ Preshift-Mine Examiner Certificate No. _____
 Countersigned [Signature] Mine Manager—Mine Foreman 83363 Assistant Foreman Certificate No. _____

31 Superintendent or Assistant W.D. Coplin 1354

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 2-1 2010 Section or Area Examined 7 North Construction

Time of Examination: from 8:30 a.m. or pm to 11:30 a.m. or pm

Was this report phoned to outside: Yes no

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

Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violations and other Hazardous Conditions Observed and Reported	Action Taken
1. Work Area	CH ₄ 0%	[Signature]
2. Chargers	SCAP	
3. D-Box	[Signature]	
4. Tail Pump (7 North)	[Signature]	
5. Powercenter	[Signature]	
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Cross Air Movement			

Remarks: 0% CH₄, 0% CO, 20.86 O₂ Detected
Travelways, Chargers, D-Box, Pump, Powercenters 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 Assistant Foreman Certificate No. 3359

[Signature] Assistant Foreman Certificate No. 3228

[Signature] Assistant Foreman Certificate No. 13542

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 01/22/2011 Shift 1st Area or Section 65

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) _____

Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-2 2060 Section or Area Examined T North Construction
 Time of Examination: from _____ a.m. or p.m. to _____ a.m. or p.m.
 Was this report phoned to outside: Yes _____ no _____
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by _____
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	Violation or Hazardous Condition	Action Taken
1. <u>Work Area</u>	<u>0%</u>	<u>Scrap Cut</u> None observed	<u>Hung Reflectors</u>
2. <u>chargers</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>Tail Pump (T North ad)</u>	<u>0%</u>	<u>None observed</u>	<u>none</u>
5. <u>Powercenter</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% CH₄, 0% CO, 20.8% O₂ Detected
chargers, Travelways, D-Box's, Pump, Powercenter
all clear w/ 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. 13842
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-2-10 Shift Day Area or Section 7 N Const

Violations and other Hazardous Conditions Observed and Reported

	Location	CH ₄	Violation or Hazardous Condition	Action taken
1.	Work Area	10%	Scrap	Cost Bolted
2.	Changce	10%	None	Reported
3.	D Boxes	10%	None	Reported
4.	T Tail Pump	10%	None	Reported
5.	Power Box	10%	None	Reported
6.				
7.				
8.				

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1.	Return	9:00AM	10%		
2.	Return	1:00PM	10%		
3.					
4.					
5.					
6.					
7.					
8.					
9.					
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)

Talked to Men about Roof & Rib Conditions at 7:35 AM

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

T. Moore
W. J. Purdie

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-2-10 Shift Day Area or Section 7 N Const

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	Violation or Hazardous Condition	Action taken
1. <u>Work Area</u>	<u>10%</u>	<u>Scrap</u>	<u>Cost Bolted</u>
2. <u>Changce</u>	<u>10%</u>	<u>None</u>	<u>Reported</u>
3. <u>D Boxes</u>	<u>10%</u>	<u>None</u>	<u>Reported</u>
4. <u>7 Tail Pump</u>	<u>10%</u>	<u>None</u>	<u>Reported</u>
5. <u>Power Box</u>	<u>10%</u>	<u>None</u>	<u>Reported</u>
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>9:00AM</u>	<u>10%</u>	6. _____	_____	_____
2. <u>Return</u>	<u>1:00PM</u>	<u>10%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Talked to Men about Roof & Rib Conditions at 7:35 AM

Assistant Mine _____ Certificate No. _____
Mine Foreman-Mine Manager T. Moore Certificate No. 33359
Superintendent or Assistant W. T. ...

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-2-10 20 Section or Area Examined T-N Coal
Time of Examination: from 12 a.m. or 9 a.m. to 2 a.m. or 6 p.m.
Was this report phoned to outside: Yes no
By whom Time A.M. 3:50 P.M.
Report received by Marvin Perdue 37004 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violations and other Hazardous Conditions Observed and Reported	Action Taken
1. Work Area	0% Scrap	Reflector
2. Chargers	10% None	Reported
3. D Boxes	10% None	Reported
4. Tail Pump	10% None	Reported
5. Power Box	10% None	Reported
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: walk ways & travel ways clear at time of exam
0% CH₄, 0% CO, 20.8% O₂

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

Signed By Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned T. Perdue Mine Manager-Mine Foreman 3382
Assistant Foreman

Superintendent or Assistant
Marvin Perdue 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 2-2-10 20 Section or Area Examined 7-NOth Const
 Time of Examination: from 8:30 a.m. or p.m. to 11:30 a.m. or p.m.
 Was this report phoned to outside: Yes no Time A.M. 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>CH4</u> <u>SCRAP</u>	<u>Reflectors</u>
2. <u>Chargers</u>	<u>None observed</u>	<u>None</u>
3. <u>D-Boxes</u>	<u> </u>	<u> </u>
4. <u>7 Tail Pump</u>	<u> </u>	<u> </u>
5. <u>Power box</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>

Location	Air Measurements	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% CH4, 0% CO, 20.8% O2 Detected
Travel ways - 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. 1354A
 Assistant Foreman Certificate No.
 Countersigned [Signature] Mine Manager Mine Foreman Certificate No. 35357
 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 2-3 2010 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 _____ Time _____ A.M. _____ P.M.
 Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CFM	Violation or Hazardous Condition	Action Taken
1. <u>Work Area</u>	<u>070</u>	<u>scrap</u>	<u>[Signature]</u>
2. <u>Chargers</u>	<u>070 None</u>	<u>np</u>	
3. <u>D. Boxes</u>	<u>070 None</u>	<u>np</u>	
4. <u>7.5kw Pump</u>	<u>070 None</u>	<u>np</u>	
5. <u>Power box</u>	<u>070 None</u>	<u>np</u>	
6. _____			
7. _____			
8. _____			
9. _____			
10. _____			

Air Measurements

Location CFM Location CFM

Good Air Movement

Remarks: 2 CH₄, 0.1% CO₂, 0.7% H₂ detected 070 O₂
Travelways - del clean at Exam

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

Signed By [Signature] 1324-12 [Signature] 32294
 Preshift Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned [Signature] 33259
 Mine Manager - Mine Foreman Assistant Foreman

Johna Buhler 2617 Monte Pedra 3004
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-3-16 Shift Day

Area or Section 7 N Const

Violations and other Hazardous Conditions Observed and Reported

Location	Ch ^t	Violation or Hazardous Condition	Action taken
1. work Area	0%	Scrap	Cut & Bolted
2. Charge	10%	None	Reported
3. D Box	10%	None	Reported
4. 7 N Tail Pump	10%	None	Reported
5. Power Box	10%	None	Reported
6.			
7.			
8.			

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Good Air		Movement			
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. Return	9:05 AM	10%	6.		
2. Return	1:00 PM	10%	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) Talked to Crew about

Roof & Ribs at 11:45 AM

M. J. Pardee
Assistant Mine

37004
Certificate No.

T. Moore
Mine Foreman-Mine Manager

3357
Certificate No.

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-3-10 20-- Section or Area Examined 7-N. Conokus
 Time of Examination: from 1:30 a.m. or (p.m.) to 2:30 a.m. or (p.m.)
 Was this report phoned to outside: Yes no
 By whom Maxim Perdue Time A.M. 2:35 (P.M.)
 Report received by T. Moore (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>work area</u>	<u>Scrap cut</u>	<u>Reflectors</u>
2. <u>chargers</u>	<u>None Observed</u>	<u>Reported</u>
3. <u>D-Boxes</u>	<u>None Observed</u>	
4. <u>Tail pump</u>	<u>None Observed</u>	
5. <u>Power Center</u>	<u>None Observed</u>	
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

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

Remarks: 0.0% - chyp
20.87% O₂
All areas clear at the 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 Maxim Perdue Preshift-Mine Examiner Certificate No. 37004
 Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 33559
T. Moore Assistant Foreman Certificate No. 33559
John A. Buckler Assistant Foreman Certificate No. 26176
 Superintendent or Assistant

Dr. Williams

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No. _____

Mine Foreman-Mine Manager

Certificate No. _____

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-3-10 20 Section or Area Examined 7th con A

Time of Examination: from 8:30 a.m. or pm to 11:30 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)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>work Area of ch4</u>	<u>sampled</u>	<u>Reflected</u>
2. <u>Chargers of</u>	<u>none</u>	<u>none</u>
3. <u>O-Bases of</u>	<u>none</u>	<u>none</u>
4. <u>Tail Pump of</u>	<u>none</u>	<u>none</u>
5. <u>PC of</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>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

Remarks: of ch4 of CO 20.83 of
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 Don Williams 1539A
 Preshift Mine Examiner Certificate No.
 Countersigned T. Williams 33357
 Mine Manager—Mine Foreman Assistant Foreman Certificate No.
 Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-4-10 2010 Section or Area Examined GN const
Time of Examination: from 3:00 p.m. to 6:00 p.m.
Was this report phoned to outside: Yes No
By whom Brought out Time 5:20 A.M. P.M.
Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Work Area CH4 O2	None scrap out	Re-lated
2. Charger O2	none	none
3. D-Boxes O2	none	none
4. Tail Pump O2	none	none
5. Power Center O2	none	none
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
Good Air movement			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: O2 CH4 O2 CO 20.82 O2
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] 15304 Certificate No.
Countersigned [Signature] 33359 Certificate No.
Assistant Foreman Superintendent or Assistant

John H. Bickford 26176 [Signature] 37004

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-4-16 Shift Day Area or Section 7 N Const

Violations and other Hazardous Conditions Observed and Reported

Location	Ch ^t	Violation or Hazardous Condition	Action taken
1. <u>Work Area</u>	<u>0%</u>	<u>Scrap Cut</u>	<u>Cut Bolted</u>
2. <u>Charger</u>	<u>10%</u>	<u>None</u>	<u>Reported</u>
3. <u>D Box</u>	<u>10%</u>	<u>None</u>	<u>Reported</u>
4. <u>7 Tail Pumps</u>	<u>10%</u>	<u>None</u>	<u>Reported</u>
5. <u>Power Center</u>	<u>10%</u>	<u>None</u>	<u>Reported</u>
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>9:00 AM</u>	<u>10%</u>	6. _____	_____	_____
2. <u>Return</u>	<u>1:00 PM</u>	<u>10%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

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

Roof Condition Spacing of Bolts Talked to men about

Manfred Pude Assistant Mine 37004 Certificate No. T. Moore Mine Foreman-Mine Manager 33309 Certificate No. _____ Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2-4-10 20. Section or Area Examined 7-N Const
 Time of Examination: from 12 a.m. or PM to 2 a.m. or PM
 Was this report phoned to outside: Yes no Time AM 300 PM
 By whom _____
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	cht	Violation or Hazardous Condition	Action Taken
1. Work Area	10%	None	Reported
2. Charger	10%	None	Reported
3. D Boxes	10%	None	Reported
4. Tail Pump	10%	None	Reported
5. Power Center	10%	None	Reported
6.			
7.			
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Good	Air	Movement	

Remarks: walkways & travelways clear at time of exam, 10% cht, 10% CO, 20.8% O2

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. F. Riddle 3700A Assistant Foreman Certificate No.
 Countersigned T. M. ... Mine Manager - Mine Foreman Certificate No.
 Assistant Foreman

Superintendent or Assistant
Robert Riddle 26176 W. F. Riddle 1837A

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2-4-10 20 10 Section or Area Examined 7-A Construction
 Time of Examination: from 8:30 a.m. or am to 11:30 a.m. or pm
 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</u> <u>OK</u>	<u>none</u>	<u>none</u>
2. <u>Charges</u> <u>OK</u>	<u>none</u>	<u>none</u>
3. <u>D-Boxes</u> <u>OK</u>	<u>none</u>	<u>none</u>
4. <u>7 Tail Pump</u> <u>OK</u>	<u>none</u>	<u>none</u>
5. <u>Power Centers</u> <u>OK</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>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

Remarks: OK OK OK OK 2018202
Tunnel 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] 1539A Assistant Foreman Certificate No.
 Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination: 2-5-10 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: 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. Rows 1-10. Locations include Work Area, Chargers, O-Boxes, Tail Pump, Power Center. All violations listed as NONE.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. One entry: Good Amount.

Remarks: OK CH4 OK 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: Don Wilson, Preshift-Mine Examiner, Certificate No. 15794
Assistant Foreman: [Signature], Certificate No. 32476
Countersigned: T. Means, Mine Manager - Mine Foreman, Assistant Foreman

Superintendent or Assistant: [Signature], Certificate No. 37004
Lloyd G. Rickard 26176

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 25-10 Shift Day Area or Section 7-N Const

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Work Area ^{Ch.} 10%	None	Reported
2.	Chargers 10%	None	Reported
3.	D Boxes 10%	None	Reported
4.	Z Tail Pump 10%	None	Reported
5.	Power Center 10%	None	Reported
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content	Location	Time	Methane Content
1.	Good Air		Movement			
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.	Return	9:00 AM	10%	6.		
2.	Return	1:00 PM	10%	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) Talked to Crew about

Roof & Rib Conditions

Mont Rice
Assistant Mine

37004
Certificate No.

T. Moore
Mine Foreman-Mine Manager

33359
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-5-10 20. Section or Area Examined 7N Cowstr
 Time of Examination: from 7:20 a.m. or pm to 2:30 a.m. or pm
 Was this report phoned to outside: Yes no
 By whom Maxwell Pezdue Time 2:05 A.M. PM
 Report received by T. Moore (Signed)

Violations, and other Hazardous Conditions Observed and Reported

Location	Ch ^t or %	Violation or Hazardous Condition	Action Taken
1. <u>Work area</u>	<u>10%</u>	<u>Not Bolted</u>	<u>Reflector</u>
2. <u>T Tail Pump</u>	<u>10%</u>	<u>None</u>	<u>Reported</u>
3. <u>D-Boxes</u>	<u>10%</u>	<u>None</u>	<u>Reported</u>
4. <u>Power Center</u>	<u>10%</u>	<u>None</u>	<u>Reported</u>
5. <u>D-Boxes</u>	<u>10%</u>	<u>None</u>	<u>Reported</u>
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Air Measurements

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

Air Flow Mgmt

Remarks:

Walkways + Travel ways
0.03 - Ch^t
20.86 - O₂

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 Maxwell Pezdue 37004 Certificate No.
 Countersigned T. Moore 33357 Mine Manager - Mine Foreman
T. Moore 33357 Assistant Foreman

Assistant Foreman John H. Beckford 28774 Certificate No.

Superintendent or Assistant W. C. ... 13544

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-5-10 2010 Section or Area Examined 7N Const
 Time of Examination: from 8:30 a.m. or pm to 1:30 a.m. or pm
 Was this report phoned to outside: Yes X no _____
 By whom meare Time 11:18 (P.M.)
 Report received by Alan Williams (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. work Area <u>CM4</u>	<u>none</u>	<u>none</u>
2. Tail Pump <u>OB</u>	<u>none</u>	<u>none</u>
3. D-Box <u>OB</u>	<u>none</u>	<u>none</u>
4. Power Center <u>OB</u>	<u>none</u>	<u>none</u>
5. D-Box <u>OB</u>	<u>none</u>	<u>none</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

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

Remarks: OB CM4 OB CO 2018202
Traveways 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 T. Meare Preshift-Mine Examiner Certificate No. 33359
 Countersigned T. Meare 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 2-6 2010 Section or Area Examined 7 North Construction
 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 CH4 0%</u>	<u>not bolted</u>	<u>hung reflectors</u>
2. <u>7 North tail Pump 0%</u>	<u>none observed</u>	<u>none</u>
3. <u>D-Box 0%</u>	<u>none observed</u>	<u>none</u>
4. <u>Powerbox 0%</u>	<u>none observed</u>	<u>none</u>
5. <u>D-Box 0%</u>	<u>none observed</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 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, 0.8% O2 Detected
Travelway 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 W. D. Campbell 1354 Assistant Foreman Certificate No.
 Countersigned T. Moore 3359 Mine Manager—Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Leland Beckford 26172

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-6 Shift Day Area or Section 7 N Const

Violations and other Hazardous Conditions Observed and Reported

	Location	Chk	Violation or Hazardous Condition	Action taken
1.	work Area	10%	Not Bolted	Bolted
2.	7 N Tail Pump	10%	None	Reported
3.	D Boxes	10%	None	Reported
4.	Power Box	10%	None	Reported
5.				
6.				
7.				
8.				

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Good	A.M.	Movement				
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.	Return	9:00 AM	10%	6.			
2.	Return	1:00 PM	10%	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)

cleared at time of exam
Walker & Travel ways
Wm T. Pridue 37007 T. Pridue 33389
Assistant 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 7-6-10 20. Section or Area Examined F-M-Construction
 Time of Examination: from 7:30 a.m. or 7:30 p.m. to 7:30 a.m. or 7:30 p.m.
 Was this report phoned to outside: Yes no
 By whom Marvin Perdue Time 3:15 A.M. PM
 Report received by Terry Moore (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Work area</u>	<u>cht 10% Scrap</u>	<u>Reflector Reported</u>
2. <u>7 Tail Pump</u>	<u>10% None</u>	<u>Reported</u>
3. <u>D-Box</u>	<u>10% None</u>	<u>Reported</u>
4. <u>Power Center</u>	<u>10% None</u>	<u>Reported</u>
5. <u>D-Box</u>	<u>10% None</u>	<u>Reported</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

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

Remarks:

0.03 - Chy
20.86 - O₂
Travelways Clear

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

Signed By Marvin Perdue Preshift-Mine Examiner Certificate No. 37004
 Countersigned Terry Moore Mine Manager - Mine Foreman Certificate No. 33359
Terry Moore Assistant Foreman Certificate No. 33359
John B. Beckford Assistant Foreman Certificate No. 22176
 _____ Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 2-6-10 Shift 2nd Area or Section 7-N-Const

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Work area</u>	<u>Scrap</u>	<u>Better</u>
2. <u>7 Tail pump</u>	<u>N/A</u>	
3. <u>D-Box</u>	<u>N/A</u>	
4. <u>Power center</u>	<u>N/A</u>	
5. <u>D-Box</u>	<u>N/A</u>	
6. _____		
7. _____		
8. _____		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. _____			11. _____		
2. <u>Good air</u>		<u>None</u>	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)

Have the Cam way out
Control on mh Control

Troy Moore
Assistant Mine

33351
Certificate No.

T. Moore
Mine Foreman-Mine Manager

33389
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2-6-10 Section or Area Examined 7 N Constant
 Time of Examination: from 9 a.m. or 9 p.m. to 9:50 a.m. or 9:50 p.m.
 Was this report phoned to outside: Yes no Time AM P.M.
 By whom Bought-out
 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>N/O</u>	
2. <u>7 Tail pump</u>	<u>N/O</u>	
3. <u>D-Box</u>	<u>N/O</u>	
4. <u>Power Center</u>	<u>N/O</u>	
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

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

Remarks: 0.07 Chy
2087-0
Power Center - 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 T. Moore Preshift-Mine Examiner Certificate No. 33359
 Countersigned T. Moore Mine Manager—Mine Foreman Assistant Foreman Certificate No. 33359
 Assistant Foreman Superintendent or Assistant

Use 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

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 26 2010 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	CH ₄	Violation or Hazardous Condition	Action Taken
1. <u>Work Area</u>	<u>0%</u>	<u>none observed</u>	<u>none</u>
2. <u>7 Tail Pump</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>Powercenter</u>	<u>0%</u>	<u>none observed</u>	<u>none</u>
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Air Measurements

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

Remarks: 0% CH₄, 0% CO, 20.8% O₂ detected
Tracks / Travel ways 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 W. D. Campbell Preshift-Mine Examiner Certificate No. 1354A Assistant Foreman Certificate No. _____
 Countersigned T. M. ... Mine Manager—Mine Foreman Certificate No. 33354
 _____ Assistant Foreman
 _____ Superintendent or Assistant

28 2011 12 11 71

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-7-10 Section or Area Examined 7 Mt. Const.
Time of Examination: from 2:00 a.m. or 6:00 a.m. to 2:30 a.m. or 6:00 a.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 4 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include Work Area, D'Boys, Power Center, Chasem, Area Falls.

Air Measurements

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

Remarks: 0% ch4 0% CO + 20.8% O2 detected at time of exam

Tracks & 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 John A. Rickford 26176 Certificate No.
Countersigned T. Moore 33329 Certificate No.
Assistant Foreman
Superintendent or Assistant

W. D. Campbell 13847

Use 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 2-7 2010 Section or Area Examined 7N Const
Time of Examination: from 9:30 a.m. or 11:30 a.m. or 1:30 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 4 columns: Location, CH4, Violation or Hazardous Condition, Action Taken. Rows include Work Area, Powercenter, Chargers, D-Box, and 7N tail ramp.

Air Measurements

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

Remarks: CH4 0%, CO2 0%, O2 20.8% Detected
Travelways, Powercenter, chargers, D-Box all clear at 5pm

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. 33359
Countersigned [Signature] Mine Manager-Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-8-70 20. Section or Area Examined 7N CONSTN
 Time of Examination: from 8:00 a.m. or p.m. to 9:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by _____ (Signed)

Location	Violations and other Hazardous Conditions Observed and Reported	Action Taken
	Violation or Hazardous Condition	
1. <u>WORKS 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>CHARGERS</u> <u>0%</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
4. <u>D-BOX</u> <u>0%</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
5. <u>7N TRAIL PUMP</u> <u>0%</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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

Remarks: CH4 0% CO 0% O2 20.8% AT TIME OF EXAM
TRAVELWAYS, TRACK OK AT TIME OF EXAM
CHARGERS, D-BOX, POWER CENTER 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] Preshift-Mine Examiner Certificate No. 32976
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 33387
 _____ Assistant Foreman
 _____ Superintendent or Assistant

Use Indelible
Penell or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 2-8-10 Shift _____

Area or Section 7 N Const

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>WORK AREA</u>	<u>None</u>	<u>cut & Bolted</u>
2. <u>Power Center</u>	<u>None</u>	<u>Reported</u>
3. <u>Charger</u>	<u>None</u>	<u>Reported</u>
4. <u>A Boxes</u>	<u>None</u>	<u>Reported</u>
5. <u>7 Tail Pump</u>	<u>None</u>	<u>Reported</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. _____	<u>Air Movement</u>	<u>11</u>	_____	_____	_____
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. <u>Return</u>	<u>9:00 AM</u>	<u>1.0%</u>	6. _____	_____	_____
2. <u>Return</u>	<u>11:00 PM</u>	<u>1.0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

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

Root & R/B Conditions
Mont Judin Assistant Mine _____ Certificate No. _____
T. M... Mine Foreman-Mine Manager _____ Certificate No. 33299
Superintendent or Assistant _____

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-8-10 20 Section or Area Examined 7 N 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. 300 P.M.
Report received by (Signed)

Table with 4 columns: Location, Violations and other Hazardous Conditions Observed and Reported, Violation or Hazardous Condition, Action Taken. Rows include work Area 10%, Power Center 10%, charger 90%, D Boxes 0%, 7 N Tail 10%.

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

Remarks: Walkways & Travelways in shape at Time of exam
10% CH4, 10% CO, 20.8 O2

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] 37004 Preshift-Mine Examiner Certificate No.
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 2-8-10 20. Section or Area Examined 7N - Coaster
 Time of Examination: from 1:30 a.m. or PM to 2:30 a.m. or PM
 Was this report phoned to outside: Yes no
 By whom Marvin Fiedler Time AM PM
 Report received by T. Moore (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Work Area</u>		
2. <u>Pump</u>		
3. <u>D-Box</u>		
4. <u>Power Center</u>		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

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

Remarks:

0.07 - Chy
20.87 - O₂
Power Center - 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 _____
 Preshift-Mine Examiner
 Countersigned T. Moore
 Mine Manager—Mine Foreman

Certificate No. 33359

John Stupp
 Assistant Foreman

82476
 Certificate No.

Assistant Foreman

Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-8-10 2010 Section or Area Examined 7th CONSTR.
 Time of Examination: from 9:00 a.m. or 9:00 p.m. to 11:00 a.m. or 9:00 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>Scrap</u>	<u>reflectors</u>
2. <u>Pump</u>	<u>N/A</u>	
3. <u>D-Box</u>	<u>N/A</u>	
4. <u>POWER CENTER</u>	<u>N/A</u>	
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

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

Remarks: 0% CH₄
20.8% O₂
0% CO
POWER CENTER:

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. 33351
 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 Indefinite Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-9-10 Shift Day Area or Section 7-N Const

Violations and other Hazardous Conditions Observed and Reported

Location	Cht	Violation or Hazardous Condition	Action taken
1. work Area	10%	Hot Bolted	Bolted Mined
2. Tail Pump	10%	None	Reported
3. Power Box	10%	None	Reported
4. D Box	10%	None	Reported
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. _____	_____	_____	_____	_____	_____
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. Return	9:00 AM	10%	6. _____	_____	_____
2. Return	1:00 PM	10%	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) Talked to Men to watch

Roof & Ribs 6:45 AM
Mont Puchie 37004 T. M. Jones 3335-9
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 2-9-10 20. Section or Area Examined 7-M Const
 Time of Examination: from 12 a.m. or 6 p.m. to 2 a.m. or 6 p.m.
 Was this report phoned to outside: Yes no
 By whom _____ Time 3:15 P.M.
 Report received by _____ (Signed)

Location	Violations and other Hazardous Conditions Observed and Reported	Action Taken
1. <u>Work Area</u> <u>10%</u> <u>cht</u>	<u>Not Bolted</u>	<u>Reflector Reported</u>
2. <u>7 Tail Pump</u> <u>10%</u>	<u>None</u>	<u>Reported</u>
3. <u>D-Boxes</u> <u>10%</u>	<u>None</u>	<u>Reported</u>
4. <u>Power Box</u> <u>10%</u>	<u>None</u>	<u>Reported</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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

Remarks: walkways & travelways clear at time of exam
0% cht, 0% CO, 20.8% O2

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. Purdue 37004 Assistant Foreman Certificate No. _____
 Countersigned T. J. [Signature] 37359 Mine Manager—Mine Foreman Certificate No. _____
 _____ Assistant Foreman

Superintendent or Assistant Walter [Signature] 1354A

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 2-9-10 20__ Section or Area Examined 7N Const.
 Time of Examination: from 8:30 a.m. or 11:00 a.m. or 1:00 p.m.
 Was this report phoned to outside: Yes no
 By whom Meo's Time 10:55 A.M. P.M.
 Report received by Dem. Allen (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

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

Remarks: 76 CH4 02 CO 20.8302
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 T. Moore Preshift-Mine Examiner Certificate No. 3338
 Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 33709
 _____ 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 2-10-10 20____ Section or Area Examined 7 North Construction
 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 _____ 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>CH₄ 0%</u>	<u>NONE OBSERVED</u>	
2. <u>7-Tail Pump</u> <u>0%^W</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. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

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

Remarks: 0% CH₄ 0% CO 20,8202 Oz. 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
 Assistant Foreman William Campbell Assistant Foreman
 Certificate No. 1354A
 Superintendent or Assistant _____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-10-10 Shift Day Area or Section 7 N Const

Violations and other Hazardous Conditions Observed and Reported

	Location	Chk	Violation or Hazardous Condition	Action taken
1.	work Area	10%	None observed	Reported
2.	7 Tail Pump	10%	None	Reported
3.	D Boxes		None	Reported
4.	Power Center		None	Reported
5.				
6.				
7.				
8.				

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

1.	Location	Time	Methane Content	6.	Location	Time	Methane Content
1.	Return	9:00 AM	1.0%	6.			
2.	Return	1:00 PM	1.0%	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) walkways + travelways

Clear

Ma. H. Locke 37004
Assistant Mine Certificate No.

Tug Moore 33359
Mine Foreman-Mine Manager Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-10-10 20 Section or Area Examined T-N Const
 Time of Examination: from 12 a.m. or 2 p.m. to 2 a.m. or 0 p.m.
 Was this report phoned to outside: Yes no
 By whom _____ Time 3:00 PM
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Work Area 10%</u>	<u>Part Bolted</u>	<u>Reflector</u>
2. <u>Charger 10%</u>	<u>None</u>	<u>Reported</u>
3. <u>D Boxes 10%</u>	<u>None</u>	<u>Reported</u>
4. <u>T Tail Pump 10%</u>	<u>None</u>	<u>Reported</u>
5. <u>Power Box 10%</u>	<u>None</u>	<u>Reported</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

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

Remarks: walk ways & road ways clear at time of exam
0% ch₄, 0% CO, 20.802

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. H. Kuehne 37004
 Preshift-Mine Examiner Certificate No.
 Countersigned John A. Beckford 26176
 Mine Manager—Mine Foreman Assistant Foreman
 Assistant Foreman Superintendent or Assistant

Indefinite
Pencil or 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.	-----	-----	-----
9.	-----	-----	-----
10.	-----	-----	-----

Examinations for Methane in Working Places

Location

Time

Methane
Content

Location

Time

Methane
Content

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

Examinations for Methane in Return Aircourses

Location

Time

Methane
Content

Location

Time

Methane
Content

1.	-----	-----	6.	-----	-----
2.	-----	-----	7.	-----	-----
3.	-----	-----	8.	-----	-----
4.	-----	-----	9.	-----	-----
5.	-----	-----	10.	-----	-----

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-10 2009 Section or Area Examined 7-N Con
 Time of Examination: from 9:00 a.m. or PM to 10:15 a.m. or PM
 Was this report phoned to outside: Yes no
 By whom Ferry Moore Time 11:05 A.M. P.M.
 Report received by Shanklin (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</u>	<u>Reported</u>
2. <u>charger</u> <u>0%</u>	<u>None</u>	<u>Reported</u>
3. <u>D Boxes</u> <u>0%</u>	<u>None</u>	<u>Reported</u>
4. <u>7 foot pump</u> <u>0%</u>	<u>None</u>	<u>Reported</u>
5. <u>power box</u> <u>0%</u>	<u>None</u>	<u>Reported</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

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

Remarks: Walkway travel way clear at time of exam
0% CH₄ 0% CO 20.8 O₂

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

Signed By _____ Preshift-Mine Examiner Certificate No. _____
 Countersigned Ferry Moore Mine Manager—Mine Foreman Certificate No. 33357
 _____ Assistant Foreman Certificate No. 1946A
 _____ 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 8-11-10 20. Section or Area Examined 7N CONSTA
 Time of Examination: from 2:00 a.m. or p.m. to 6:05 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>CH4</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
2. <u>CHARGER</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>7 TAIL PUMP</u>	<u>0%</u>	<u>NONE OBSERVED</u>	<u>NONE</u>
5. <u>POWER BOXES</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 Flow</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CO 20.8% O2

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 32476
 Countersigned [Signature] Mine Manager - Mine Foreman Assistant Foreman Certificate No. 26041
 _____ Assistant Foreman
 _____ Superintendent or Assistant

Salvador Richland 26176 Walter F. Pender 37004