

1 Section Return Const.

# PRESHIFT - ONSHIFT and DAILY REPORT

Started

12-6-09

Company Performance Coal

Mine U3B

SECTION 1 Section Return Const.

LOCATION Naoma Raleigh WV  
Post Office County State

Form 6-1489  
(March 1970)

Budget Bureau No. 42-R1589

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

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FORM# MS-014

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-6 2009 Section or Area Examined 1 Section Return  
Time of Examination: from 6:00 a.m. or p.m. to 1:00 a.m. or p.m.  
Was this report phoned to outside: Yes  no  
By whom Dean Jones Time A.M. 2:45 P.M.  
Report received by Rick Hutchens (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Doing Work From 46BK-64BK 0.5% ch4	putting Kennedy panels up between cribs	Reported
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			
20.802			
0% ch4			
0% C°			

Remarks: 0.0 ch4 20.802 0.0 C° no readings ch4  
at time of exam putting some support in  
as we go

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] 36521 Preshift-Mine Examiner Certificate No.  
Countersigned [Signature] 37569 Mine Manager—Mine Foreman  
Rick Hutchens 37569 Assistant Foreman Certificate No.  
Superintendent or Assistant

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

Date \_\_\_\_\_ 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 12-6 2009 Section or Area Examined 1 sect R2d  
 Time of Examination: from 7:00 a.m. or p.m. to 11:00 a.m. or p.m.  
 Was this report phoned to outside? Yes  No   
 By whom Frank J. [Signature] Time 11:00 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>Orbit work 46 sk - 64 sk</u>	<u>Petty w laundry</u>	<u>Reported</u>
2. _____	<u>stoppings</u>	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Good over roadway</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

Signed By Frank J. [Signature] 37569 [Signature] 32284  
 Pre-shift Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned [Signature] 37569  
 Mine Manager—Mine Foreman Assistant Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date \_\_\_\_\_ 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

Deliberate  
Pencil or Ink

Date of Examination 12-7 2009 Section or Area Examined 1 Section Return  
Time of Examination: from 11:00 a.m. or 11:00 p.m. to 11:00 a.m. or 11:00 p.m.  
Was this report phoned to outside: Yes  no   
By whom B. S. Anderson Time 11:20 (P.M.)  
Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>doing work 46 BSL 46400</u>		<u>Reported</u>
2. _____	<u>Putting up Kennedy steps</u>	
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

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

Remarks: Travelways clear at time of exam  
20.8 OR 0% CH4 0% CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.  
Signed By [Signature] Preshift-Mine Examiner 11221A Certificate No.  
Countersigned [Signature] Mine Manager—Mine Foreman [Signature] Assistant Foreman 1941-A 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 12-7-09 Shift 2nd Shift Area or Section 1 Sect

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>clean work 46 BK 64BK</u>		<u>Reported</u>
2. _____	<u>Puffing up Kennedy Stopper</u>	
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		

Examinations for Methane in Working Places

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

*Void*  
*Shelton*

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

## Violations and other Hazardous Conditions Observed and Reported

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

## Air Measurements

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

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

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

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



Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-9-09 Shift Day Area or Section Return Const

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>46 to 74</u>	<u>2 cribs knocked</u>	<u>Reset cribs</u>
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Work Area</u>	<u>9:00 AM</u>	<u>1.0%</u>	11. _____	_____	_____
2. _____	<u>1:00 PM</u>	<u>1.0%</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)

walk ways in fair  
Shape 1.0% ch, 1.0% CO, 20.8% O2  
Mont Pender 37004 Wagner 26041  
 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 12-8-09 20 Section or Area Examined Return Consl  
Time of Examination: from 1 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. 355 P.M.  
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
74 + 56 BK Pump	None	Reported

Air Measurements

Location	CFM	Location	CFM
Return	Good Air Movement		

Remarks: 10% Ch4, 10% CO, 20.8% O2  
walkway & travelway in fair condition  
Conditions changing every hour

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] 32004 [Signature] 11227  
Certificate No. [Signature]  
Countersigned [Signature] Mine Foreman  
Assistant Foreman  
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-8-9 Shift EVE Area or Section Return Const.

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #46 BRK to #74	Rib Rolls	set cribs
2. OCH4!		
3. 20.802 OCH4!		
4.		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Work Area	10-1100am	0 CH4!	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 in fair conditions.

Dave King

Assistant Mine

11227

Certificate No.

[Signature]

Mine Foreman-Mine Manager

260415

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-08-09 20 09 Section or Area Examined / See Return Cards  
Time of Examination: from 10:00 a.m. or p.m. to 11:00 a.m. or p.m.  
Was this report phoned to outside: Yes [X] no  
By whom Branton 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. 74 + 56 Blk Pump	None	Reported
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Return	good air movement		

Remarks: O% CH4 20.8 O2 20  
Walkways in poor condition condition changes every hour

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] 1122-4 Preshift-Mine Examiner Certificate No.  
Countersigned [Signature] 26011 Mine Manager - Mine Foreman Assistant Foreman Certificate No. 1941-A  
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-9-09 Shift Day Area or Section 1-5cc Return

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>56 BK Pump</u>	<u>None</u>	<u>Reported</u>
2. <u>71 BK Pump</u>	<u>None</u>	<u>line Blowed off</u>
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>work Area</u>	<u>9:00 AM</u>	<u>1.0%</u>	11. _____	_____	_____
2. _____	<u>1:00</u>	<u>1.0%</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) walkways & haulways  
in Fairly Shop, Condition changing every hour  
Man Hucker 37004 Miller 26041  
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 12-9-09 20 Section or Area Examined 1 Sec Return

Time of Examination: from 7 a.m. or 10 to 2 a.m. or 6 p.m.

Was this report phoned to outside: Yes no

By whom Time A.M. 310 P.M.

Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: 56 BK Pump, None, Reported. Row 2: 71 BK Pump, None, line blowed off.

Air Measurements

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

Remarks: walk ways & travel ways in Fair shape working condition changing every hour, 0% 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. Assistant Foreman Certificate No. Countersigned [Signature] 37569 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 12-9 2069 Section or Area Examined L Section Return  
Time of Examination: from 10:00 a.m. or 10:00 a.m. or 10:00 p.m.  
Was this report phoned to outside: Yes  no   
By whom Rick Hutchens Time 11:00 A.M. 11:00 P.M.  
Report received by Shuler (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>56 BK Power</u>	<u>None</u>	<u>pumps</u>
2. <u>71 BK Power Pump</u>	<u>None</u>	<u>pumps</u>
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

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

Remarks: Walkways travel ways poor condition working condition  
changing every hour 20.8 O2 0.8 CH4 0.7 CO

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

Signed By Rick Hutchens 37569 Certificate No. \_\_\_\_\_ Assistant Foreman \_\_\_\_\_ 1941-A Certificate No.  
Countersigned Shuler Mine Manager—Mine Foreman \_\_\_\_\_ Assistant Foreman \_\_\_\_\_  
Rick Hutchens 37569 Superintendent or Assistant



Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-10

Shift 3rd shift

Area or Section 1 Satka Return

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. 56 BK	Water	Pumping
2. 52 BK	Bad top	Set sand gates
3. 57 BK 74 BK	Water	pumping
4.		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. good Airmanent		0%CH4	11.		
2. work area	0130	20.802	12.		
3.	0630	02.66	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 travelways top Bad dps soft roller out water buildup

Assistant Mine

1941-A Certificate No.

Mine Foreman-Mine Manager

26211 Certificate No.

Superintendent or Assistant

Use Indelible  
Pen or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 12-10-69 Section or Area Examined 1 Section Return  
Time of Examination: from 6:00 or P.M. to 6:00 or P.M.  
Was this report prepared in outside: Yes  No   
By whom Shawn Walker Time 6:00 ~~6:00~~ P.M.  
Report received by Manuel Perdue  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>49 BK to 71 BK</u>	<u>Need to set Sand Jacks at 69 BK</u>	<u>Reported</u>
2. _____	_____	_____
3. <u>56 BK Pump</u>	<u>None</u>	<u>Reported</u>
4. <u>71 BK Pump</u>	<u>Needs moved</u>	<u>Reported</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

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

Remarks: walkway & travelways in Fair Condition  
Conditions changing every shift  
1.0% CH<sub>4</sub>, 1.0% CO, 20.8% O<sub>2</sub>

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

Signed By [Signature] Freshift-Mine Examiner  
Countersigned [Signature] Mine Manager—Mine Foreman  
Manuel Perdue 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 12-10 Shift Day Area or Section 1 Section Return

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	49 to 71 BK	Need set sand Jads	Set sand Jads
2.	56 BK Pump	None	Reported
3.	71 BK Pump	Needs moved	Moved Pump
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	work Area	9:00 AM	1.0%	11.			
2.		1:00 PM	.0%	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 & haul ways in Fair shape, condition change every hour

Miner Assistant Mine 37064 Certificate No. Wagner Mine Foreman-Mine Manager 26241 Certificate No. \_\_\_\_\_ Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination: 12-10-09 20. Section or Area Examined 15cc Return  
Time of Examination: from 7 a.m. or 0:00 to 2 a.m. or PM  
Was this report phoned to outside: Yes no  
By whom \_\_\_\_\_ Time A.M. 3:20 PM  
Report received by \_\_\_\_\_ (Signed)

	Location	Violations and other Hazardous Conditions Observed and Reported	Action Taken
1.	<u>67-68 BK</u>	<u>Needs Jacks</u>	<u>Reported</u>
2.	<u>56 BK Pump</u>	<u>None</u>	<u>Reported</u>
3.	<u>71 BK Pump</u>	<u>None</u>	<u>Reported</u>
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

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

Remarks: walk ways & travel ways in Fair Shape  
Conditions Changing every hour  
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 [Signature] 37004 Assistant Foreman Certificate No.  
 Countersigned [Signature] 2644 Mine Manager - Mine Foreman  
[Signature] 37569 Superintendent or Assistant

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-10 Section or Area Examined Section Return
Time of Examination: from 10:00 a.m. or p.m. to 11:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom R Hutchens Time A.M. 1050 P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for locations 67-68 BK, 56 BK pump, and 71 BK pump.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry 'good Air movement'.

Remarks: Walk ways travel was in fair shape conditions change every hour O2 20.8 or 20.9 CO

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

Signed By Rick Hutchens 37569 Certificate No. Assistant Foreman
Countersigned [Signature] 194-A 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 12-11-09 Shift 3rd Area or Section 1 section Return

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>56 BK</u>	<u>Water</u>	<u>Pumping</u>
2. <u>52-50 BK</u>	<u>Bad top</u>	<u>Set jacks</u>
3. <u>71 BK pump</u>	<u>Water</u>	<u>pumping</u>
4. <u>74 BK pump</u>	<u>Water</u>	<u>pumping</u>
5. <u>68-68</u>	<u>Bad top</u>	<u>Setting Jacks</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>52-74 BK</u>	<u>0130</u>	<u>0% CH4</u>	11. _____	_____	_____
2. <u>52-74 BK</u>	<u>0430</u>	<u>0% CH4</u>	12. _____	_____	_____
3. _____	_____	<u>20.802</u>	13. _____	_____	_____
4. _____	_____	<u>0% 60</u>	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) Large holes Bad Top in  
various places Water in various places Thursday's chamin hear to hear

[Signature] Assistant Mine Certificate No. 19912A [Signature] Mine Foreman-Mine Manager Certificate No. 35383 Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 12-16-60 209 Section or Area Examined #1 Section Ret  
Time of Examination: from 4:30 a.m. or p.m. to 5:00 a.m. or p.m.  
Was this report phoned to outside: Yes No  
By whom Shawna Walker Time 0330 AM P.M.  
Report received by Exage (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Pumps &amp; Ret Area from 1 Section</u>		
2. <u>to 26 BK</u>		
3. <u>Pump clear</u>	<u>obcd found OX 20.8</u>	<u>ref</u>
4. <u></u>	<u>still lots of water</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

Remarks: 5 traways working on Traway setting jacks  
and crebs obcd found OX 20.8

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1941A  
 Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman Certificate No. 1479A  
[Signature] Superintendent or Assistant



Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-11-09 Shift Day Area or Section Sec 1 Return

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	56 & 71 Pumps	None	Reported
2.	67-68 BK	Needs extra support	set Jacks
3.			
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	work Area	9:00 AM	1.0%	11.			
2.		1:00 PM	1.0%	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 in Fair Shape

Conditions change every hour  
M. J. Prieve Assistant Mine 37004 Certificate No. [Signature] Mine Foreman-Mine Manager 26041 Certificate No. [Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-11 2009 Section or Area Examined #1 Section Return

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 MARVIN PERDUE Time A.M. P.M.

Report received by Rick Hutchens

(Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for pumps in Return Area, putting panels up in Return Area, and working on Fall.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry for Good Air movement with CFM values.

Remarks:

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

Signed By [Signature] 37004 Shift-Mine Examiner Certificate No. Assistant Foreman Certificate No. Countersigned [Signature] 26041 Mine Manager-Mine Foreman Assistant Foreman Certificate No. Rick Hutchens 37569 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-11-09 Shift Eve Area or Section 1 Section Return

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>56+71 pumps</u>	<u>0% ch4 N/A</u>	<u>Reported</u>
2. <u>67-68 BK</u>	<u>0% ch4 Needs Extra support</u>	<u>Set JACKS</u>
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Good air Movement</u>			11. _____		
2. <u>Work Area</u>	<u>5:00pm</u>	<u>0% ch4</u>	12. _____		
3. _____	<u>10:00pm</u>	<u>0% ch4</u>	13. _____		
4. _____			14. _____		
5. _____			15. _____		
6. <u>0% ch4</u>			16. _____		
7. <u>20.802</u>			17. _____		
8. <u>0% CO</u>			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) Check SCSR's, Smoke Search  
Talk To crew About Roof & Ribs

Rick Hutchins 37569 [Signature] 2644  
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 12-11 2009 Section or Area Examined Location Return  
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 Rick Hutchins Time 2:15 A.M. P.M.  
Report received by Shaw (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>panels in Return area</u>	<u>N/O</u>	<u>panels Reported</u>
2. <u>panels in Return</u>	<u>N/O</u>	<u>Reported</u>
3. _____	_____	_____
4. <u>67-68</u>	<u>workers on fall needs additional jacks set</u>	<u>Reported</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>good air movement</u>	<u>0% CH4</u>	_____	_____
_____	<u>0% CO</u>	_____	_____
_____	<u>20.802</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.  
Signed By Rick Hutchins 37569 Shaw 1941-A  
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
Countersigned E. Hagen 26211  
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 12-12-09 Shift 3rd Area or Section 1 Section Return

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>56-24 BK pump</u>	<u>Water buildup</u>	<u>pumps</u>
2. <u>67-68 BK</u>	<u>Bad top needs add support</u>	<u>setting jacks</u>
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>good air movement</u>	_____	_____	11. _____	_____	_____
2. <u>work area</u>	<u>0130</u>	<u>0% CH4</u>	12. _____	_____	_____
3. _____	<u>0630</u>	<u>0% CH4</u>	13. _____	_____	_____
4. _____	<u>20:50</u>	_____	14. _____	_____	_____
5. _____	<u>0% CO</u>	_____	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. _____	_____	_____	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) Talked to crew about Bad Top and ribs and excavating

Shaber Assistant Mine  
1941A Certificate No.  
[Signature] Mine Foreman-Mine Manager  
26041 Certificate No.  
 Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 12-12-09 20. Section or Area Examined 15a Return  
 Time of Examination: from 3:00 or p.m. to 6:00 or p.m.  
 Was this report phoned to outside? Yes  No   
 By whom Shawn Wallace Time 6:00 P.M.  
 Report received by Man Perdue (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. <u>56 + 71 Pump</u>	<u>None</u>	<u>Reported</u>
2. <u>67 - 68</u>	<u>Need add support</u>	<u>Reported</u>
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### Air Measurements

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

Remarks: Walkway - Travel ways in Fair shape  
1.0% CHt, 1.0% CO, 20.9% O2  
Watch changing Roof & Rib Conditions

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 Shawn Wallace 1941-A  
 Freshift-Mine Examiner Certificate No.  
 Countersigned Man Perdue 2004  
 Mine Manager—Mine Foreman Assistant Foreman Certificate No.  
 Assistant Foreman  
 Superintendent or Assistant  
Man Perdue 37004

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-12-09 Shift

Area or Section 1 Sec Return

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Row 1: 56-71 Pump, None, Reported. Row 2: 67-69, Needs add support, worked on it.

Examinations for Methane in Working Places

Table with 5 columns: Location, Time, Methane Content, Location, Time, Methane Content. Row 1: work Area, 9:00 AM, 1.0%.

Examinations for Methane in Return Aircourses

Table with 5 columns: Location, Time, Methane Content, Location, Time, Methane Content. All rows are blank.

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)

in fair shape walkways & haulways

Assistant Mine Certificate No. 37004 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 12-12-09 20 Section or Area Examined 1 Sec Return  
Time of Examination: from 1 a.m. or pm to 2 a.m. or pm  
Was this report phoned to outside: Yes no  
By whom \_\_\_\_\_ Time 3:15 PM  
Report received by \_\_\_\_\_  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>56-71 Pump</u>	<u>None</u>	<u>Reported</u>
2. <u>67-68 BK</u>	<u>Needs add support</u>	<u>Reported</u>
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

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

Remarks: walkways + travelways in Fair Shape  
condition constantly changing  
0% CH<sub>4</sub>, 0% CO, 20.8 % O<sub>2</sub>

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

Signed By Mark Kradue 37004 Preshift-Mine Examiner Certificate No.  
Countersigned Wagner 26041 Mine Manager - Mine Foreman Assistant Foreman Certificate No.  
Rick Hutchins 31569 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*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 12-17 2009 Section or Area Examined 1 Section Return  
 Time of Examination: from 10:00 a.m. or p.m. to 11:00 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>56-74 0% ch<sub>4</sub></u>	<u>(pumps) NONE</u>	<u>Reported</u>
2. <u>67-68 BK 0% ch<sub>4</sub></u>	<u>Need add. support</u>	<u>Set Jacks</u>
3. -----	-----	-----
4. -----	-----	-----
5. -----	-----	-----
6. -----	-----	-----
7. -----	-----	-----
8. -----	-----	-----
9. -----	-----	-----
10. -----	-----	-----

#### Air Measurements

Location	CFM	Location	CFM
<u>Good air movement</u>	---	---	---
<u>0% ch<sub>4</sub></u>	---	---	---
<u>20.8°</u>	---	---	---
---	---	---	---
---	---	---	---
---	---	---	---
---	---	---	---
---	---	---	---
---	---	---	---

Remarks: Walkways & Travelways in Fair Shape  
Condition Changing  
0% ch<sub>4</sub> 20.8° 0% C

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 Frank Hutchins 37569 Assistant Foreman Certificate No.  
 Countersigned [Signature] 26041 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 12-13 2009 Section or Area Examined 1 Section Return

Time of Examination: from 1000 a.m. or p.m. to 1100 a.m. or p.m.

Was this report phoned to outside: Yes  no

By whom \_\_\_\_\_ Time 1115 A.M. P.M.

Report received by Shallu (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>56-94</u>	<u>Water various places</u>	<u>Pumping</u>
2. <u>67-68</u>	<u>needs additional support</u>	<u>Reported</u>
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. <u>55-59</u>	<u>put Extra support in Area</u>	<u>Report</u>
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>goodairmax</u>	_____	_____	_____
<u>0% CH4</u>	_____	_____	_____
<u>20.802</u>	_____	_____	_____
<u>0% CO</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Walkways travel ways fair slope change every hour

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 Ricky Hutchins 37569  
Preshift-Mine Examiner Certificate No.  
Countersigned [Signature] 20041  
Mine Manager—Mine Foreman

[Signature] 1941-A  
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 12-14-09 Shift 3rd shift Area or Section Section Return

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	<u>56-71 pump</u>	<u>Water</u>	<u>Pump</u>
2.	<u>65-69</u>	<u>Loose Top - Ribs</u>	<u>Setting Jacks cribs</u>
3.			
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>Work area</u>	<u>0130</u>	<u>0% CH<sub>4</sub></u>	11.			
2.	<u>Work area</u>	<u>0630</u>	<u>0% CH<sub>4</sub></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.	<u>20-8-02</u>			6.			
2.	<u>0% CH<sub>4</sub></u>			7.			
3.	<u>0% CO</u>			8.			
4.				9.			
5.				10.			

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Loose ribs loose top in certain areas  
winstour escape way and top and bottom

[Signature] Assistant Mine Foreman-Mine Manager Certificate No. 1941A Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 12-14-09 20 Section or Area Examined 15cc Return  
Time of Examination: from 3 <sup>AM</sup> or 6 <sup>PM</sup> to 6 <sup>AM</sup> or 6 <sup>PM</sup>.  
Was this report phoned to outside: Yes no  
By whom Shawn Time 540 <sup>PM</sup>  
Report received by Marvin Perdue  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>56-74 BK</u>	<u>water in various places</u>	<u>Reported</u>
2. <u>87-88</u>	<u>Needs add support</u>	<u>Reported</u>
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

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

Remarks: Walkways & Travelways in Fair Shape  
Conditions Changing every Hour  
1.0% CH<sub>4</sub>, .0% CO, 20.8% O<sub>2</sub>

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.  
Signed By Shawn Preshift-Mine Examiner Certificate No. 1441A  
Countersigned Marvin Perdue Mine Manager—Mine Foreman Assistant Foreman Certificate No. 1479A  
Marvin Perdue 37004 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-14-09 Shift Day Area or Section Sec 1 Return

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken (Pumpias)
1.	<u>56 - 74</u>	<u>Water in Various Places</u>	<u>Reported</u>
2.	<u>67 - 68</u>	<u>Needs add support</u>	<u>Reported</u>
3.			
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	<u>Work Area</u>	<u>9:00 AM</u>	<u>.0%</u>	11.			
2.		<u>1:00 PM</u>	<u>.8%</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)

Conditions Conditions Walkways & Travel ways in Face  
Mont Fische 37007 Elwager 26041  
 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 12-14 2009 Section or Area Examined 1 Section Return  
Time of Examination: from 1:00 a.m. or p.m. to 2:00 a.m. or p.m.  
Was this report phoned to outside: Yes  no   
By whom MARVIN BRODUE Time AM 2:10 PM  
Report received by RICK HUTCHENS (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 56-74 BK	Water in Various places	pump away
2. 67-68 BK	Need Add Support	Reported
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			
0% ch4			
20.8°			
0% C°			

Remarks: WALK-ways + Travelways in Fair Shape  
Conditions Changing every Hour

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 BRODUE 37004 Assistant Foreman Certificate No.  
Countersigned RICK HUTCHENS 26041 Mine Foreman  
RICK HUTCHENS 37569 Superintendent or Assistant



Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-14-09 Shift EVE Area or Section 1 section Return

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>42-71 BIC</u>	<u>OSCH4 WATER in various places</u>	<u>pumping</u>
2. <u>50-68</u>	<u>Cribs need Replace</u>	<u>Replace 6 cribs</u>
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
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. <u>Work Area</u>	<u>4:00 pm</u>		13. _____		
4. _____	<u>10:00 pm</u>		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>W</u>			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, Travelways, Top, Ribs

Are Changing From Hour To Hour

Rick Hutchins 37569  
Assistant Mine Certificate No.

Chagan 26241  
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 12-14 2009 Section or Area Examined 1 section Return  
Time of Examination: from a.m. or p.m. to a.m. or p.m.  
Was this report phoned to outside of mine no  
By whom Back Hutchins Time A.M. 1/1/10 P.M.  
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 42-70 Bk	water in narrow places needs all support of Hazards corrected	Pumping working on
2.		
3.		
4.		
5.		
6. 50BK 55BK	Cribs crushing out	Replace Cribs
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Good	all movement		

Remarks:

42 to 70 Bk replacing cables & repairing Hazards  
soft Rb

CH<sub>4</sub> 0% O<sub>2</sub> 20.8 CO 0%

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

Signed By Back Hutchins 37569 Certificate No. 26041  
Countersigned E. Hagan 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 12-15-09 20: Section or Area Examined #1 Sec Return  
Time of Examination: from 3:00 a.m. or p.m. to 6:00 p.m.  
Was this report phoned to outside: Yes no  
By whom Time 5:40 P.M.  
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
42 - 70 BK	Water in various places	Reported
57 - 58	Needs add support	Reported
50 - 55 BK	Cribs Crushing Out	Reported

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: Walkway + Roadways in fair shape  
0% Chl, 0% CO, 26.8% 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]* 32274 Assistant Foreman Certificate No.  
 Countersigned *[Signature]* Mine Manager - Mine Foreman  
*[Signature]* Assistant Foreman  
*[Signature]* Superintendent or Assistant 37004

Date 12-15-09 Shift Day

Area or Section 71 Se Return

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>42 - 70 BK</u>	<u>water in various places</u>	<u>ditching water</u>
2. <u>57 - 58 BK</u>	<u>Needs add support</u>	<u>took Jack to 54</u>
3. _____	_____	_____
4. <u>50 - 55 BK</u>	<u>cribs crashing out</u>	<u>Bolt cribs</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Work Area</u>	<u>9:00 AM</u>	<u>1.0%</u>	11. _____	_____	_____
2. _____	<u>1:00 PM</u>	<u>1.05%</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) Walkways & Roadways

in fair shape, conditions constantly changing

M. F. Rude 37004 E. H. [Signature] 26261

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-15-09 20 Section or Area Examined #1 Sec Return  
Time of Examination: from 1 a.m. or 3 a.m. or 0  
Was this report phoned to outside: Yes no  
By whom Time A.M 310 P.M.  
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 42 - 70 BK	water in Various Places	Reported
2. 57 - 58 BK	Needs add support	Reported
3. 58 1/2	Needs 2 Jacks	Reported
4.		
5. 50 - 56	Cribs Crushing Out	Reported
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location CFM Location CFM  
Good Air Movement

Remarks: walkway & travel ways in fair shape  
Condition - constantly changing  
.0% CH<sub>4</sub>, .0% CO, 20.8% O<sub>2</sub>

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

Signed By [Signature] 37004 Brad Bony Assistant Foreman 1122A Certificate No.  
Countersigned [Signature] 26041 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 12-15-9 Shift EVE Area or Section #1 Sect. Return

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. 42-70 BRK OCHYL	Water	Pumping water
2. 57-58 BRK OCHYL	Needs Add Support	Set 3 cribs
3. 58 1/2 OCHYL	Needed 2 Jacks	10 Sandjacks
4. 50-56 OCHYL	CRIBS Crilling out.	from 56 to 58
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Work Areas	5-6 PM	OCHYL	11. _____	_____	_____
2. _____	9:00-11:00 PM	OCHYL	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)

Traneways - walkways in  
fair condition. Chasing constant N.

Frank Phay  
Assistant Mine

1122-A  
Certificate No.

E. H. [Signature]  
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 12-15 2004 Section or Area Examined 1 Section Return  
 Time of Examination: from 11:00 a.m. or p.m. to 11:00 a.m. or p.m.  
 Was this report phoned to outside: Yes no no  
 By whom B. Scandlon Time 11:13 A.M. P.M.  
 Report received by Shubert (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>42-70 BRK OCHYL</u>	<u>Water in various places</u>	<u>pumping</u>
2. <u>65-69 OCHYL</u>	<u>Could use additional Jacks</u>	<u>reported</u>
3. _____	<u>sets Jacks in various places</u>	_____
4. <u>53 BRK OCHYL</u>	<u>10" water in #3</u>	<u>Reported</u>
5. <u>71 BRK OCHYL</u>	<u>6" water in #3</u>	<u>Reported</u>
6. <u>73 BRK OCHYL</u>	<u>17" water in #3</u>	<u>Reported</u>
7. <u>All pumps pumping</u>	_____	_____
8. <u>Traveled from 47 BRK to 73 BRK</u>	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>good air movement</u>	_____	_____	_____
<u>O2 CH4</u>	_____	_____	_____
<u>20.502</u>	_____	_____	_____
<u>0% CO</u>	_____	_____	_____

Remarks: Walkway travel way in fair condition condish change from here to town  
0 CH4 20.802 0 ppm CO

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

Signed By Brad Boy 1122-A Shubert 1941-A  
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned E. Sage 2004  
 Mine Manager—Mine Foreman Assistant Foreman  
 Superintendent or Assistant

M - 1 P. 37004



Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-16-09 Shift 3rd shift Area or Section 1 Section Return

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. 42 - 20 BK	Loose ribs Flaky Top	Set 2 Jacks
2. 65 - 69 BK	Flaky Top	Set 2 Jacks
3. 56 BK	Water 10"	pumping
4. 71 BK	Water 6"	pumping
5. 73 BK	Water 16"	pumping
6. 65 - 69	Set Jacks 10	Set Jacks
7. 42 - 73 BK	rehang cable for pumps that was touching ribs	rehang cable
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Work areas	0130	0% CH4			
2. Work areas	0630	0% CH4			
3.					
4. 20.802					
5. 0% CO					
6.					
7.					
8.					
9.					
10.					

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) Loose ribs Flaky top & water  
Safety out work area roof and ribs

[Signature]  
Assistant Mine

19923  
Certificate No.

[Signature]  
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 12-16-09 20 Section or Area Examined 1 sec RETURN  
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 Shawn Time 555 P.M.  
Report received by Macrina Purdie (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
42-70 BK	Water in various	Reported
65-69	cribs crushing out	Reported
56 BK	Pump 20.8% 10" water in #3	Reported
71 BK	Pump 2" water in #3	Reported
73 BK	Pump 16" water in #3	Reported
All Pumps Pumping		

Air Measurements

Location	CFM	Location	CFM
Good	Air	Movement	

Remarks:

walkways & travelways in fair shape  
Conditions changing every hour  
.0% CH<sub>4</sub>, .0% CO, 20.8% O<sub>2</sub>

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

Signed By [Signature] Preshift-Mine Examiner  
Countersigned [Signature] Mine Manager - Mine Foreman  
Assistant Foreman  
Certificate No. 1946A  
26241

Shawn Purdie 37004

Use Indefinible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-16-09 Shift \_\_\_\_\_

Area or Section #1 Sec Return

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>42-70 BK</u>	<u>water in various places</u>	<u>Reported</u>
2. <u>65-69 BK</u>	<u>cribs crushing out</u>	<u>set cribs</u>
3. _____	_____	_____
4. <u>56 BK Pump</u>	<u>water at 4"</u>	_____
5. <u>71 BK Pump</u>	<u>water at 4"</u>	_____
6. _____	_____	_____
7. <u>All Pumps</u>	<u>runing</u>	_____
8. _____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Work Area</u>	<u>9:00 AM</u>	<u>.07%</u>	11. _____	_____	_____
2. _____	<u>1:00 PM</u>	<u>.07%</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)

walk way & track ways in fair shape. Conditions changing

Manfred Pridoe  
Assistant Mine

37004  
Certificate No.

T. Mann  
Mine Foreman-Mine Manager

33389  
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-16-69 20 Section or Area Examined #1 Sec Return  
Time of Examination: from 1 a.m. to 3 a.m. or 6 a.m.  
Was this report phoned to outside: Yes no  
By whom Time A.M. 3:15 P.M.  
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries such as '42-70 water in various places Reported', '56-69 CR-ibs crushed out Reported', '56 pumps water at 4" Reported', '71 pumps water at 4" Reported'.

Air Measurements

Location CFM Location CFM

Good Air movement

Remarks: Walkways & Roadway in Fast slope conditions changing every hour, 1.0% CH<sub>4</sub>, 1.0% CO, 20.8% O<sub>2</sub>

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

Signed By [Signature] 37004 [Signature] 1122  
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
Countersigned [Signature] 33257  
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 12-16-9 Shift EVE Area or Section #1 Sect Return

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	42-70 OCHYL	Water	Pumping at 56
2.	56-69 OCHYL	Cops Crushing	Built 1 Crib at 58
3.	71 OCHYL	Water	Pumping water
4.			
5.	64 OCHYL	Rock in walkway	Busted Rock - clear
6.			
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Work Areas	10-11pm	OCHYL	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) Travelways - walkways in fair conditions. Changing hourly.

Brady Boy Assistant Mine 1122-A Certificate No. F. 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 12-16-69 20. 69 Section or Area Examined 1 section Return  
 Time of Examination: from 10:00 a.m. or p.m. to 11:00 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Breneman Time 11:00 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>42-70 0% CH4</u>	<u>Water in various places</u>	<u>pumping</u>
2. <u>56-69 0% CH4</u>	<u>cribs crushing out</u>	<u>reported</u>
3. _____	_____	_____
4. <u>56 pumps 0% CH4</u>	<u>Water 4"</u>	<u>pumping</u>
5. <u>71 pumps 0% CH4</u>	<u>Water 4"</u>	<u>pumping</u>
6. _____	_____	_____
7. <u>Traveled from beginning of support to #73 BRK</u>	_____	_____
8. <u>All pumps pumping + discharging.</u>	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### Air Measurements

Location	CFM	Location	CFM
<u>49 BRK in by panels</u>	<u>26,670</u>	_____	_____
<u>OCH4</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: walk ways travel ways in fair cond. jobs conditions charging  
0% CH4 every hour  
20.802  
0% CO

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

Signed By [Signature] 1122-A [Signature] 1941-A  
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned [Signature] 3339  
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 12-17-09 Shift 1st shift Area or Section 1 Section Return

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. 42-72 BK airway	Water in various places	pumping 56-71-74
2. 56-67 BK airway	cross crushing air	Reported
3. 56 BK pump	water 9"	pump
4. 71 BK pump	water 10"	pump
5. 74 BK pump	water 24"	pump
6. 65-67 BK	set sand jacks	
7. 65 BK	put up panels 28	
8. 71 BK pump	burst discharge line	repaired

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1 Section Return	0500	%CH <sub>4</sub>	11.		
2. air reading	66,240 cfm		12.		
3.	20.802		13.		
4.	0% CO		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. 42-73 BK	0130	%CH <sub>4</sub>	6.		
2. 42-73 BK	0530	%CH <sub>4</sub>	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) Case rps flaking top went over roof no safety with men

[Signature] Assistant Mine 1941-A Certificate No. T. Moore Mine Foreman-Mine Manager 33259 Certificate No. [Signature] Superintendent or Assistant

Date of Examination 10-17-09 Section or Area Examined #1 Sec Return  
 Time of Examination from 7:00 or p.m. to 6:00 or p.m.  
 Was this report phoned to outside? Yes  No   
 By whom \_\_\_\_\_ Time 5:35 ~~5:55~~ P.M.  
 Report received by \_\_\_\_\_ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 42-72 BK 00.5 <sup>20.8</sup>	Water in various places	rep
2. 56-69 BK	10% cribs crushing out	Reported
3.		
4. 56 BK pump	water at 9"	Reported
5. 71 BK pump	water at 10"	dis charge hole in it
6. 74 BK pump	water at 24"	Reported
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
air - Reading	6.4		

Remarks: Walkways & roadway in fair shape  
 Conditions changing every hour  
 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 Shabolt 1941-A  
 Preshift-Mine Examiner Certificate No.  
 Countersigned Chagn 2004  
 Mine Manager - Mine Foreman Assistant Foreman Certificate No.

Assistant Foreman

Superintendent or Assistant

Wm F Pedra 37004



Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-17-09 Shift Day Area or Section #1 Sec Return

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	<u>42-72 BK</u>	<u>water in various places</u>	<u>Pumping</u>
2.	<u>36-67 BK</u>	<u>crib crushing out</u>	<u>Replacing cribs</u>
3.			
4.			
5.	<u>56 BK pump</u>	<u>water at 4"</u>	
6.	<u>71 BK pump</u>	<u>water at 14"</u>	
7.	<u>74 BK pump</u>	<u>water at 34"</u>	
8.		<u>Lost power on all pumps</u>	<u>1 hr</u>

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

1.	Location	Time	Methane Content	6.	Location	Time	Methane Content
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) walk ways & travel ways in fair shape conditions constantly changing

M. F. Pedue 37004 [Signature] 2104  
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 12-17-69 Section or Area Examined #1500 Return  
Time of Examination: from 7 a.m. or 2 p.m. to 2 a.m. or 2 p.m.  
Was this report phoned to outside: Yes no  
By whom \_\_\_\_\_ Time A.M. 3:15 P.M.  
Report received by \_\_\_\_\_ (Signed)

Location	Violations and other Hazardous Conditions Observed and Reported	Action Taken
42-72 BK	10% water in various places	Reported
56-69 BK	10% CRIBS CRUSHING DOP	Reported
36 BK pump	10% water at 4"	Reported
71 BK pump	05% water at 14"	Reported
74 BK pump	05% water at 34"	Reported

Location	Air Measurements	Location	CFM
Good Air Movement			

Remarks: walkways + Road ways clear in Fair Shape  
Condition constantly changing  
1.0% 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. J. Redden* 37004 *Proch* Assistant Foreman 1122-A  
Countersigned *E. Hagan* Mine Manager - Mine Foreman 26211  
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 12-17-9 Shift EVE Area or Section 1 sect. Return Const.

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #42-72 BRK OCH <sub>4</sub> !	Water in places	Pumping water
2. #56-69 BRK OCH <sub>4</sub> !	Bolts Cracking Oct	Reported
3. _____	_____	_____
4. #56 BRK OCH <sub>4</sub>	Water at 13"	Pumping
5. #71 BRK OCH <sub>4</sub> !	Water at 17"	Pumping
6. #74 BRK. OCH <sub>4</sub>	Water at 30"	Pumping
7. 3 pumps did not have power at 1000pm. Power back		
8. on at 1030 pm. water starting to lower (levels)		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Walk Area	10-1100am	OCH <sub>4</sub> !	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) Traveled from 42 to 74 BRK. Walkways in fair conditions. Changing regularly.

Brugh Bouy  
Assistant Mine

1122-A  
Certificate No.

E. Edgar  
Mine Foreman-Mine Manager

26045  
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-17 2004 Section or Area Examined 1 section return

Time of Examination: from 10:00 a.m. or 11:00 p.m. to 11:00 a.m. or 11:00 p.m.

Was this report phoned to outside: Yes no

By whom Brandon Time 11:15 (P.M.)

Report received by Shahr (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>42-72 BIC CH4</u>	<u>Water in various places</u>	<u>Reported</u>
2. <u>56-69 BIC CH4</u>	<u>CH4's crushing out</u>	<u>Reported</u>
3. _____	_____	_____
4. <u>56 BIC pump 20' depth</u>	<u>13" depth</u>	<u>Reported - Pumping</u>
5. <u>71 BIC pump 20' CH4</u>	<u>17" depth</u>	<u>Reported - Pumping</u>
6. <u>74 BIC pump 20' CH4</u>	<u>30" depth</u>	<u>Reported - Pumping</u>
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>1 Section Return</u>	<u>38010</u>		
<u>0 CH4</u>			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Walk ways and travelways in fair shape condition  
constant charring 0% CH4 0% CO 200802

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

Signed By Brandon Perry 1122-A Preshift-Mine Examiner Certificate No. 200411

Countersigned Shahr 1941-A 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 12-18-09 Shift 3rd Shift Area or Section 1 Section Return

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	42-72 BK %CH <sub>4</sub>	Water in various places	pumping
2.	56-69 BK %CH <sub>4</sub>	cribs crushing out	replacing cribs respectively
3.	60-65 BK	Loose Top	setting cribs sand jacks
4.			Set 5 jacks relief
5.			1 crib
6.	56 BK pump	Water 3-4"	pumping
7.	71 BK pump	Water 17"	pumping
8.	74 BK pump	Water 32"	pumping

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1 Section Return	6:34 AM		11.		
2. 42-74 BK	0130	%CH <sub>4</sub>	12.		
3. 42-74 BK	0530	%CH <sub>4</sub>	13.		
4.		20.802	14.		
5.		%CO	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) Loose ribs Plating Top water  
Safety concerning ribs and roof with new

[Signature] Assistant Mine Certificate No. 1941-A  
[Signature] Mine Foreman-Mine Manager Certificate No. 26091  
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-18-09 20 Section or Area Examined #1 See Return
Time of Examination: from 3:00 or p.m. to 6:00 or p.m.
Was this report phoned to outside: Yes no
By whom Shawn Time A.M. 545 P.M.
Report received by Marvin Perdue (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 6 entries regarding water levels and crib crushing.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains one entry: Air Reading 62,340.

Remarks: walkways & travelways in fair shape
Conditions constantly changing
.0% CO, 20.8%

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] Preshift-Mine Examiner Certificate No. 14412
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 26111
Assistant Foreman [Signature] Certificate No. 1479A
Superintendent or Assistant [Signature] 37004

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-18 Shift Day Area or Section 75cc Return

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	42-72 BK	10% water in various places	being pumped
2.	56-68 BK	10% cribs crushing out	setting cribs
3.			
4.	56 BK pump	10% water at 2	
5.	71 BK Pump	05%	21
6.	74 BK Pump	05%	42
7.			
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Good Air Movement						
2.	WORK AREA	1:00 PM	10%	12.			
3.		9:00 AM	10%	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 & travel ways in Fair Shape, Conditions constantly changing  
M. F. Pucko 37004 Chase 26211  
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 12-18-09 20 Section or Area Examined #1 Sec Return
Time of Examination: from 1 a.m. or p.m. to 2:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Time A.M. 3:30 P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains handwritten entries for BK locations and water/crushing conditions.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entry for 'work Area' with 'Good Air Movement'.

Remarks: walkways & travelways in fair shape
Conditions constantly changing
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] 37004 [Signature]
Countersigned [Signature] Mine Foreman [Signature] Assistant Foreman [Signature] Certificate No. 2825



Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-21-09 Shift Day Area or Section Sec #1 Return

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	42-72 BK	water in various places	Power out
2.	49-69 BK	cribs crushing out	Set Jacks & cribs
3.			
4.			
5.	56 BK 18"		Power off
6.	71 BK 29"		
7.	74 BK 34"		
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	work Area	9:00 AM	1.0%	11.			
2.		1:00 PM	1.0%	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 & travel ways in fair shape, conditions constantly changing*

*M. F. Padua*  
Assistant Mine

*37004*  
Certificate No.

*Chager*  
Mine Foreman-Mine Manager

*26011*  
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-21-09 20 Section or Area Examined #1 Sec Return  
Time of Examination: from 1 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. 3 10 P.M.  
Report received by (Signed)

Location	Violations and other Hazardous Conditions Observed and Reported	Action Taken
42-72	10% water in various places	Power off, pumps not reported
49-69	10% cribs crushin out	Reported
36 BK	10% water at 18"	Reported
71 BK	10% water at 29"	Reported
74 BK	10% water at 34"	Reported
Power off, Air change		

Location	CFM	Location	CFM
Good Air Movement			

Remarks: walkways & travelways in face slope conditions constantly changing, 1.0% 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] 37004 Preshift-Mine Examiner  
Countersigned [Signature] 24001 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 12-21-09 20-- Section or Area Examined #1 Sec Return

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

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
	<u>No Power Air Change</u>	
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

### Air Measurements

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

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

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

Signed By \_\_\_\_\_ Preshift-Mine Examiner  
 Countersigned Elstager 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 \_\_\_\_\_

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 12-22-09 20 Section or Area Examined Sec #1 Return  
 Time of Examination: from 5:00 a.m. or p.m. to 6:00 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Shaw Time          A.M.          P.M.  
 Report received by Mr. Perdue - E. Hager  
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>40-72</u>	<u>10% water in dallas</u>	<u>Places Reported</u>
2. <u>47-69</u>	<u>10% cribs crushed out</u>	<u>Reported</u>
3. <u>        </u>	<u>        </u>	<u>        </u>
4. <u>56 BK</u>	<u>10% water at 19"</u>	<u>Reported</u>
5. <u>71 BK</u>	<u>20% water at 30"</u>	<u>Reported</u>
6. <u>74 BK</u>	<u>20% water at 41"</u>	<u>Reported</u>
7. <u>        </u>	<u>        </u>	<u>        </u>
8. <u>        </u>	<u>Power off air charge</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>

Remarks: walkways & handways in fair shape  
Conditions constantly changing  
10% Co, 20.8702

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] 1941-A Assistant Foreman Certificate No. 14592  
 Countersigned [Signature] Mine Manager - Mine Foreman  
[Signature] Assistant Foreman  
[Signature] Superintendent or Assistant  
Mr. Perdue 37004

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-22-09 Shift Day Area or Section Sec #1 Return

Violations and other Hazardous Conditions Observed and Reported

	Location	Violations and other Hazardous Condition	Action taken
1.	42 - 72	chf 10% water in Entry	Being Pumped
2.	47 - 69	10% Cribs Crushed out	Building cribs
3.			
4.	56 BK pump	10% water at 27"	Reported
5.	71 BK pump	10% water at 29"	Reported
6.	74 BK Pump	10% water at 47"	Reported
7.			
8.			

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. work Area	9:00 AM	10%	11.		
2.	1:00 PM	10%	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)

walk ways & Roadways in poor shape, condition constantly changing

A. P. Piche Assistant Mine 37004 Certificate No. T. Mason Mine Foreman-Mine Manager 3337 Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-22-09 20. Section or Area Examined #1 Sec Return  
 Time of Examination: from 1 a.m. or 0 p.m. to 2 a.m. or 0 p.m.  
 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

Location	Violation or Hazardous Condition	Action Taken
42-72 BK	10% water in Entry	Reported
47-69 BK	10% Cribbs Crushing out	Reported
56 BK	pumps 10% water at 24"	
71 BK	" 10% water at 29"	
74 BK	" 10% water at 47"	

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: walkways & travel ways in poor shape  
condition constantly changing  
1.0% 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 Mont R. Kuehn 37004  
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned T. M. ... 33359  
 Mine Manager—Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant



Use Indelible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

Violations and other Hazardous Conditions Observed and Reported

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 12-23 20-9 Section or Area Examined #1 Section Ret  
 Time of Examination: from 4:00 p.m. to 3:00 p.m.  
 Was this report phoned to outside: Yes  No   
 By whom Shammy Walker Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Report received by Shammy Walker (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
53 BK	0% need add support	rep
42-72 BK	0% water in Entry	Reported
47 69 BK	0% cribs crushing out	Reported
56 BK pump	0% water at 24"	
71 BK pump	0% water at 24"	
74 BK pump	0% water down 6"	

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: walkways & roadways in Poor Shape  
Conditions Changing Constantly  
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 Shammy Walker 1941-A Certificate No. \_\_\_\_\_ Assistant Foreman  
 Countersigned Shammy Walker 2001-A Certificate No. \_\_\_\_\_  
 Mine Manager—Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Went P. 37054

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 12-23-09 Shift 3rd Area or Section 1 Section Return

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains 8 rows of handwritten entries such as '53 BK %CH4 Loose draw rock fail between bolts Reported'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains 10 rows of handwritten entries including 'gas down moment 0130 %CH4'.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains 10 empty rows for data entry.

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 walk ways top ribs poor condition condition change has to be done

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

Assistant Mine, Certificate No. 194A, Mine Foreman-Mine Manager, Certificate No. 26001, Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 12-23-09 20 Section or Area Examined #1 Sec Old Return  
Time of Examination: from 1 a.m. or 2 p.m. to 2 a.m. or 3 p.m.  
Was this report phoned to outside: Yes no  
By whom \_\_\_\_\_ Time 3:00 A.M.  
Report received by \_\_\_\_\_ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
53 BK	10% Needs add support	Reported
42-72 BK	10% water in various places	Reported
47-69 BK	10% cribs crushing out	Reported
56 BK pump	10% water at 6"	Reported
71 BK pump	10% water at 27"	Reported
74 BK pump	10% water at 47"	Reported
	Water going down	

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: walk way + travel ways in fair condition  
conditions constantly changing  
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. Hester 37004 Assistant Foreman Certificate No. \_\_\_\_\_  
Countersigned E. Hager Mine Manager—Mine Foreman Certificate No. \_\_\_\_\_  
Assistant Foreman  
Superintendent or Assistant

Use Indelible  
Pencil or Ink

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

Report shall be  
signed when made

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

*Violations and other Hazardous Conditions Observed and Reported*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 12-26 2009 Section or Area Examined 1 section Return

Time of Examination: from 3:00 a.m. or p.m. to 5:00 a.m. or p.m.

Was this report phoned to outside: Yes  no

By whom \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

Report received by Shutkale  
(Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. 79-56 0% CH <sub>4</sub>	Water in various places	reported
2. 56 BIC 0% CH <sub>4</sub>	water 144	pumping
3. 56-BIC 61 BIC 0% CH <sub>4</sub>	Water various places	reported
4. 71 BIC 0% CH <sub>4</sub>	Water	pumping
5. 71-BIC 74 BIC 0% CH <sub>4</sub>	Water	pumping
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

#### Air Measurements

Location	CFM	Location	CFM
Good air movement	0% CH <sub>4</sub>		
	0% CO		
	20.8 O <sub>2</sub>		

Remarks: Loose ribs Loose top floor Water in various places conditions changing hour to hour

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

1444A  
Certificate No.

Assistant Foreman

Certificate No.

Countersigned \_\_\_\_\_  
Mine Manager—Mine Foreman

2002A  
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 12-28-09 Section or Area Examined Old 1 Sec Return  
Time of Examination: from 12 a.m. or p.m. to 3 a.m. or p.m.  
Was this report phoned to outside: Yes no  
By whom Time A.M. 3:20 P.M.  
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 53 BK	Needs add support	Reported
2. 42-72	Water in Entry	Reported
3. 47-69	Cribs Crushing Out	Reported
4.		
5. 56 BK pump	Knocks breaker	Reported
6. 71 BK pump	Pumping Full Stream	Reported
7. 74 BK pump	Not pumping	Reported
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Good A.R. Movement			

Remarks: Walkways & haulways in poor condition  
Condition changing every hour  
1.0% CH<sub>4</sub>, 1.0% CO, 20.8% O<sub>2</sub>

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.  
Signed By Preshift-Mine Examiner Certificate No. 37389 Assistant Foreman Certificate No. 1479A  
Countersigned Mine Manager - Mine Foreman Assistant Foreman Superintendent or Assistant

Mont Poulos 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*

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

*Examinations for Methane in Working Places*

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

*Examinations for Methane in Return Aircourses*

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

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-30-09 Section or Area Examined #1 Sec old Return  
Time of Examination: from 9:00 or p.m. to 11:00 a.m. or p.m.  
Was this report phoned to outside: Yes \_\_\_ no \_\_\_  
By whom \_\_\_\_\_ Time A.M. 3:00 P.M.  
Report received by \_\_\_\_\_ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
53 BK	cht 10% Needs add support	Reported
42 - 74 BK	10% water in Entry	Reported
47 - 69 BK	10% Cribs Crushing out	Reported
56 BK pump	10% Pumping 29"	Reported
71 BK pump	10% Pumping Full stream 30"	Reported
74 BK pump	10% Not pumping 52"	Reported

Air Measurements

Location	CFM	Location	CFM
Good Air Movement			

Remarks: walkways in Poor Shape - setting Jacks, cribs  
Conditions change every day - water - top  
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 *Mont Luche* 37004 Preshift Mine Examiner Certificate No.  
Countersigned *Troy Mann* 37369 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) \_\_\_\_\_

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 12-31-09 20. Section or Area Examined \_\_\_\_\_  
 Time of Examination: from 9 a.m. or p.m. to 1 a.m. or 12 p.m.  
 Was this report phoned to outside: Yes \_\_\_\_\_ no \_\_\_\_\_  
 By whom \_\_\_\_\_ Time 200 P.M.  
 Report received by \_\_\_\_\_ (Signed)

Location	Violations and other Hazardous Conditions Observed and Reported	Action Taken
1. <u>53 BK BK 10% Chd</u>	<u>Needs add support</u>	<u>Reported</u>
2. <u>42-74 BK 10%</u>	<u>water in Entry</u>	<u>Reported</u>
3. <u>47-69 BK 10%</u>	<u>cribs crushing out</u>	<u>Reported</u>
4. _____	<u>water at</u>	_____
5. <u>56 BK pump 10%</u>	<u>pumping - 29"</u>	<u>Reported</u>
6. <u>71 BK pump 10%</u>	<u>pumping - 30"</u>	<u>Reported</u>
7. <u>74 BK pump 10%</u>	<u>Not Pumping - 32"</u>	<u>working on pump</u>
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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

Remarks: Water being Pumped at 56-71 BK, 74 BK  
pump being worked on, walkways in poor  
shape, Conditions Changing every day  
1.0% Chd, 1.0% CO, 20.8% O2  
Setting extra jacks & cribs along roadway

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 Mark Kucha 37004 Assistant Foreman Certificate No.  
 Countersigned Ray W. Moore 33359 Mine Manager - Mine Foreman  
 Assistant Foreman  
 Superintendent or Assistant

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

	Location	Violations and other Hazardous Conditions Observed and Reported	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 \_\_\_\_\_ 20\_\_\_\_ Section or Area Examined \_\_\_\_\_  
 Time of Examination: from \_\_\_\_\_ a.m. or p.m. to \_\_\_\_\_ a.m. or p.m.  
 Was this report phoned to outside: Yes \_\_\_\_\_ no \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 By whom \_\_\_\_\_  
 Report received by \_\_\_\_\_ (Signed)

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

*Action Taken*

*Location*

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

*Air Measurements*

*Location*

*CFM*

*Location*

*CFM*

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

Use Indelible  
Pencil or Ink

# DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

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

### Violations and other Hazardous Conditions Observed and Reported

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

### Examinations for Methane in Working Places

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

### Examinations for Methane in Return Aircourses

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

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant