

5174 1-4-10

Portal Section PRESHIFT - ONSHIFT and DAILY REPORT

[REDACTED]

Company Performance Coal UBB

Mine UBB

SECTION 3 Portal Section

LOCATION Naomg Raleigh WV
Post Office County State

STARTED 1-4-10

Form 6-1489
(March 1970)

Finished 1-20-10

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.

FINISHED 1-20-10

REORDER FROM THE BUREAU OF MINE SAFETY, DEPARTMENT OF MINE SAFETY, U.S. GOVERNMENT PRINTING OFFICE, WASHINGTON, D.C. 20548

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-4-10 Shift 3rd Area or Section #3 Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Section Idol</u>		
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. <u>LT Return</u>	<u>4:55 Am</u>	<u>0.0%</u>	6.		
2. <u>RT Return</u>	<u>5:35 Am</u>	<u>0.0%</u>	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

 Assistant Mine Foreman
1477A Certificate No.
 Mine Foreman-Mine Manager
2872 Certificate No.
 Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-4 2010 Section or Area Examined #3
 Time of Examination: from 5:00 a.m. or p.m. to 5:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Jason Thomas Time 5:10 A.M. P.M.
 Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	O ₂	Violation or Hazardous Condition	Action Taken
1. 1 Entry	0%	20.8	Water in face	Reported
2. 2 Entry	0%	20.8	Needs cleaned & dusted	Reported
3. 3 Entry	0%	20.8	Water in face	Reported
4. 3L Entry	0%	20.8	Scrap cut	Reflector Hung
5. 4 Entry	0%	20.8	Needs cleaned & dusted	Reported
6. 4R Entry	0%	20.8	Needs cleaned & dusted	Reported
7. 5 Entry	0%	20.8	Needs cleaned & dusted	Reported
8. 6 Entry	0%	20.8	None Observed	Reflector Hung
9. 6R Entry	0%	20.8	Needs cleaned & dusted	Reported
10. 7 Entry	0%	20.8	Needs spot cleaning	Reported

Air Measurements

Location	CFM	Location	CFM
L Lab	1950 20100		
R Lab	19550		

Remarks: Intake phone Freshwater Bay Travelways Powercenter & chargers clear at time of exam

CH₄ O₂ CO
 0% 20.8 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 [Signature] Certificate No. 1477-A
 Countersigned [Signature] Mine Foreman Certificate No. 28236
 Assistant Foreman [Signature] Certificate No. 11664-A
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-4-10 Shift Day Area or Section #3 Portal

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 'Water in face', 'Needs cleaned & Dusted', and 'Scrap cut'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains 10 rows of handwritten entries, all showing 0% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains 5 rows of handwritten entries, all showing 0% methane content.

Number of Bolts Tested 18 Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 5 of Roof Control plan with entire crew at end of Truck

Signature of Assistant Mine Foreman

Certificate No. 1641-A

Signature of Mine Foreman-Mine Manager

Certificate No. 2878

Signature of Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-4 2010 Section or Area Examined 3 Section
Time of Examination: from 200 a.m. or 250 a.m. or 0 p.m.
Was this report phoned to outside: Yes no
By whom Shannon Perdue Time 255 A.M. P.M.
Report received by Bobby Baker (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	O ₂	Violation or Hazardous Condition	Action Taken
1.	<u>0%</u>	<u>20.8%</u>	<u>Water</u>	<u>Reported</u>
2.	<u>0%</u>	<u>20.8%</u>	<u>Needs Add. Cleaning</u>	<u>Reported</u>
3.	<u>0%</u>	<u>20.8%</u>	<u>Scrap</u>	<u>Reflectors</u>
4.	<u>0%</u>	<u>20.8%</u>	<u>P/B</u>	<u>Reflectors</u>
5.	<u>0%</u>	<u>20.8%</u>	<u>N/D</u>	<u>Reported</u>
6.	<u>0%</u>	<u>20.8%</u>	<u>Needs Add. Cleaning</u>	<u>Reported</u>
7.	<u>0%</u>	<u>20.8%</u>	<u>Needs Add. Cleaning</u>	<u>Reported</u>
8.	<u>0%</u>	<u>20.8%</u>	<u>N/B</u>	<u>Reflectors</u>
9.	<u>0%</u>	<u>20.8%</u>	<u>N/B</u>	<u>Reflectors</u>
10.				

Air Measurements

Location	CFM	Location	CFM
<u>LT LOB</u>	<u>22,300</u>		
<u>RT LOB</u>	<u>20,970</u>		

Remarks: PC, travelways, intake phone, chargers, outby shelter - OK at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] Certificate No. 1264-A
Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 28736
[Signature] Assistant Foreman Certificate No. 38699
[Signature] Superintendent or Assistant Certificate No. 24735

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-4-10 Shift Eve Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location (CH4, O2), Violation or Hazardous Condition, and Action taken. Rows 1-8 contain handwritten entries such as 'Water', 'Needs Add. Cleaning', 'Scrap', 'P/B', and 'Bolted'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 contain handwritten entries for location '1-7' and times ranging from 430-500 to 1030-1100, all with 0% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-5 contain handwritten entries for 'Lt Return' and 'Rt Return' locations with times and 0% methane content.

Number of Bolts Tested 12 Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 5 of R.G.P. to entire crew at start of shift

Assistant Mine Foreman signatures and certificate numbers: 38699 and 28236.

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-4-10 Section or Area Examined 3 section
 Time of Examination: from 8:30 a.m. or 9:00 a.m. or 6:00 p.m.
 Was this report phoned to outside: Yes no
 By whom Bobby Baker Time 11:00 A.M.
 Report received by Greg Cal 1947-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 0% ch4 20.8% O2	Water In face	Reported
2.	#2 0% ch4 20.8% O2	Part Bolted	Reflectors
3.	#2 0% ch4 20.8% O2	none observed	Reported
4.	#3 0% ch4 20.8% O2	Scrap cut	Reflectors
5.	#4 0% ch4 20.8% O2	Scrap cut	Reflectors
6.	#5 0% ch4 20.8% O2	none observed	Reported
7.	#6 0% ch4 20.8% O2	none observed	Reported
8.	#6R 0% ch4 20.8% O2	Not Bolted	Reflectors
9.	#7 0% ch4 20.8% O2	Needs cleaned and dusted	Reported
10.			

Air Measurements

Location	CFM	Location	CFM
LOB	LT 22,150		
	RT 20,746		

Remarks: Powercenter, Travelways, Intake Phone, Out Bysetor, Chargers OK At Time

0% ch4, 20.8% O2, 0PPM C.O. Detected

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

Signed By Bobby L Baker 38699 Certificate No. 28736 Assistant Foreman
 Countersigned Paul Foster Mine Foreman
 Assistant Foreman

Greg Cal 1947-A

Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 1-5-10 Shift 3rd

Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

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

Section
Idol

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. <u>LT Return</u>	<u>3:35Am</u>	<u>0.0%</u>	6. _____	_____	_____
2. <u>Rt Return</u>	<u>4:14Am</u>	<u>0.0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

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

[Signature]
Assistant Mine

1479-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

28734
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-5 2010 Section or Area Examined #3 Portal Section
Time of Examination: from 3:35 a.m. or p.m. to 4:47 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Jason Thomas Time 6:00 A.M. P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 10 rows of inspection data.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains air flow measurements for L LOB and R LOB.

Remarks: Powercenter Travelways intake phone chargers Outby chamber OK at

Time of exam

CH4 0% O2 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 [Signature] Certificate No. 1479-A Assistant Foreman [Signature] Certificate No. 1664-A
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 2873v
Assistant Foreman [Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-5-10 Shift Day Area or Section #3 Portal section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>Scrap cut water in face</u>	<u>Reported</u>
2. <u>3</u>	<u>Needs cleaned & dusted</u>	<u>Corrected</u>
3. <u>4</u>	<u>Not Bolted</u>	<u>Corrected,</u>
4. <u>7</u>	<u>Not Bolted</u>	<u>Corrected</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>L Ret</u>	<u>7:00</u>	<u>0%</u>	6. _____	_____	_____
2. <u>R Ret</u>	<u>7:30</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>L Ret</u>	<u>11:00</u>	<u>0%</u>	9. _____	_____	_____
5. <u>R Ret</u>	<u>11:30</u>	<u>0%</u>	10. _____	_____	_____

Number of Bolts Tested 18
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 5 paragraphs 27 & 28 with entire crew at end of track.

[Signature]
Assistant Mine

1664 A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

2872
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-5 Section or Area Examined 3 Section
 Time of Examination: from 2:00 a.m. or PM to 2:50 a.m. or PM
 Was this report phoned to outside: Yes no
 By whom Shannon Perdue Time 3:00 A.M. P.M.
 Report received by Bobby Baker
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location CH ₄ O ₂	Violation or Hazardous Condition	Action Taken
1.	<u>1</u> 0% 20.8%	<u>Water in face</u>	<u>Reported</u>
2.	<u>2L</u> 0% 20.8	<u>Needs cleaned</u>	<u>Reported</u>
3.	<u>2</u> 0% 20.8	<u>N/B</u>	<u>Reflectors</u>
4.	<u>3L</u> 0% 20.8	<u>N/B</u>	<u>Reflectors</u>
5.	<u>3</u> 0% 20.8	<u>N/O</u>	<u>Reported</u>
6.	<u>4</u> 0% 20.8	<u>N/B</u>	<u>Reflectors</u>
7.	<u>5</u> 0% 20.8	<u>N C/D</u>	<u>Reported</u>
8.	<u>6</u> 0% 20.8	<u>P/B</u>	<u>Reflectors</u>
9.	<u>7</u> 0% 20.8	<u>N/B</u>	<u>Reflectors</u>
10.			

Air Measurements

Location	CFM	Location	CFM
<u>Lt LOB</u>	<u>23,600</u>		
<u>Rt LOB</u>	<u>19,850</u>		

Remarks: PC, travelways, intake phone, chargers, entry chamber - OK at time of exam

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

Signed By Shannon Perdue Preshift-Mine Examiner Certificate No. 1664-A
 Countersigned Bobby Baker Mine Manager - Mine Foreman Certificate No. 28736
Bobby Baker Assistant Foreman Certificate No. 35699
 Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 1-5-10 Shift Even Area or Section 3 section

Violations and other Hazardous Conditions Observed and Reported

	Location	CH ₄ O%	O ₂ %	Violation or Hazardous Condition	Action taken
1.	1	0%	20.8%	Water in face	Pumping out
2.	2L	0%	20.8	Needs cleaned	Corrected
3.	2	0%	20.8	NJB	Boltd
4.	3L	0%	20.8	NJB	Boltd
5.	4	0%	20.8	NJB	Butt Reportd
6.	5	0%	20.8	N C/D	Correctd
7.	6	0%	20.8	P/B	Boltd
8.	7	0%	20.8	NJB	Boltd

Examinations for Methane in Working Places

1.	Location	Time	Methane Content	11.	Location	Time	Methane Content
1.	1-7	430-500	0%	11.			
2.	1-7	630-700	0%	12.			
3.	1-7	830-900	0%	13.			
4.	1-7	1030-1100	0%	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
1.	Lt Return	425	0%	6.			
2.	Rt Return	505	0%	7.			
3.				8.			
4.	Lt Return	825	0%	9.			
5.	Rt Return	905	0%	10.			

Number of Bolts Tested 13
 Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 8 of R.C.P. to entire crew at start of shift

[Signature] Assistant Mine Foreman Certificate No. 38299
[Signature] Mine Foreman-Mine Manager Certificate No. 2823
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-5-10 2010 Section or Area Examined 3 section
Time of Examination: from 8:30 a.m. or 9:00 a.m. or 9:00 a.m. or 9:00 a.m.
Was this report phoned to outside: Yes no
By whom BOBBY BAKER Time 10:55 P.M.
Report received by G. S. 1947-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: #, Location, Violation or Hazardous Condition, Action Taken. Contains 7 rows of data including items like 'Scrap cut', 'Needs cleaned and dusted', and 'None observed'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains 2 rows of data for locations Lt and Rt with CFM values 22,830 and 21,542.

Remarks: P.C., Travelways, Intake Phone, chargers, OutBy chamber, OK AT TIME OF EXAM

0% CH4, 20.8% O2, 0 PPM CO2, Detected

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

Signed By [Signature] 38699 Certificate No. 29734 Assistant Foreman [Signature]
Countersigned [Signature] Mine Manager - Mine Foreman [Signature] Certificate No. 1477-A

Assistant Foreman

Superintendent or Assistant

G. S. 1947-A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-6-10 Shift 3rd Area or Section 3 section

Violations and other Hazardous Conditions Observed and Reported

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

Section
Idol

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. LT Return	5:15 Am	0.0%	6.		
2. RT Return	5:50 Am	0.0%	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Had smoke search at end of track none found. S.C.S.R'S OK

[Signature]
Assistant Mine

1479A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

2972
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-6 2010 Section or Area Examined S Portal Section
Time of Examination: from 5:15 a.m. or p.m. to 5:50 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Josea Thomas Time 5:50 (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>i Entry</u> CH4 <u>0%</u> O2 <u>20.8</u>	<u>Needs cleaned & dusted</u>	<u>Reported</u>
2. <u>2 Entry</u> <u>0%</u> <u>20.8</u>	<u>None Observed</u>	<u>Reflector Hung</u>
3. <u>3 Entry</u> <u>0%</u> <u>20.8</u>	<u>None Observed</u>	<u>Reflector Hung</u>
4. <u>3L Entry</u> <u>0%</u> <u>20.8</u>	<u>Not Bolted</u>	<u>Reflector Hung</u>
5. <u>4 Entry</u> <u>0%</u> <u>20.8</u>	<u>Not Bolted water on face</u>	<u>Reflector Hung Reported</u>
6. <u>5 Entry</u> <u>0%</u> <u>20.8</u>	<u>Needs cleaned & dusted</u>	<u>Reported</u>
7. <u>6 Entry</u> <u>0%</u> <u>20.8</u>	<u>Needs additional cleaning</u>	<u>Reported</u>
8. <u>7 Entry</u> CH4 <u>0%</u> O2 <u>20.8</u>	<u>Scrap cut</u>	<u>Reflector Hung</u>
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>L LOB</u>	<u>20400</u>	_____	_____
<u>R LOB</u>	<u>21100</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Powercenter Travelways intake phom scoop changer & out by chamber ok at
time of exam
CH4 0% O2 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 [Signature] Preshift-Mine Examiner Certificate No. 1477A
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 1664-A
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-6-10 Shift Day Area or Section 3 Portal Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>Needs cleaned & dusted</u>	<u>Corrected</u>
2. <u>3L</u>	<u>Not Bolted</u>	<u>Corrected</u>
3. <u>4</u>	<u>Not Bolted water in face.</u>	<u>Corrected</u>
4. <u>5</u>	<u>Needs cleaned & dusted</u>	<u>Corrected</u>
5. <u>6</u>	<u>Needs additional cleaning</u>	<u>Corrected</u>
6. <u>7</u>	<u>Scrap cut</u>	<u>Corrected</u>
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>L Ret</u>	<u>7:00</u>	<u>0%</u>	6. _____	_____	_____
2. <u>R Ret</u>	<u>7:30</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>L Ret</u>	<u>11:00</u>	<u>0%</u>	9. _____	_____	_____
5. <u>R Ret</u>	<u>11:30</u>	<u>0%</u>	10. _____	_____	_____

Number of Bolts Tested 15
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 5 paragraphs 23-24, 25 of Roof control Plan with entire crew ahead of Trucks

[Signature] Assistant Mine Certificate No. 1664-A
[Signature] Mine Foreman-Mine Manager Certificate No. 2573c
Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-6 2010 Section or Area Examined 3 Section
 Time of Examination: from 200 a.m. or 250 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Shannon Rodue Time 305 A.M. P.M.
 Report received by Bobby Baker
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location		Violation or Hazardous Condition	Action Taken
1.	<u>02</u> <u>0%</u>	<u>20.8%</u>	<u>N C/D</u>	<u>Reported</u>
2.	<u>0%</u>	<u>20.8</u>	<u>N/O</u>	<u>Reported</u>
3.	<u>2L</u>	<u>0%</u>	<u>Scrap</u>	<u>Reflectors</u>
4.	<u>3</u>	<u>0%</u>	<u>Needs Add. Cleaning</u>	<u>Reported</u>
5.	<u>4</u>	<u>0%</u>	<u>Scrap</u>	<u>Reflectors</u>
6.	<u>5</u>	<u>0%</u>	<u>N/B</u>	<u>Reflectors</u>
7.	<u>6</u>	<u>0%</u>	<u>P/B</u>	<u>Reflectors</u>
8.	<u>6R</u>	<u>0%</u>	<u>N C/D</u>	<u>Reported</u>
9.	<u>7</u>	<u>0%</u>	<u>N/C</u>	<u>Reported</u>
10.				

Air Measurements

Location	CFM	Location	CFM
<u>LT LOB</u>	<u>22,180</u>		
<u>RT LOB</u>	<u>20,500</u>		

Remarks: PC, travelways, intake phone, chargers, outby chamber - OK at time of exam

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1664-A
 Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 2973
[Signature] Assistant Foreman Certificate No. 38699
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-6-10 Shift Even Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

	Location	O ₂	Violation or Hazardous Condition	Action taken
1.	<u>1 CH₄ 0%</u>	<u>20.8%</u>	<u>N C/D</u>	<u>Corrected</u>
2.	<u>2L 0%</u>	<u>20.8</u>	<u>Scrap</u>	<u>Bolted</u>
3.	<u>3 0%</u>	<u>20.8</u>	<u>Needs Add. Cleaning</u>	<u>Corrected</u>
4.	<u>4 0%</u>	<u>20.8</u>	<u>Scrap</u>	<u>Bolted</u>
5.	<u>5 0%</u>	<u>20.8</u>	<u>NIB</u>	<u>Bolted</u>
6.	<u>6 0%</u>	<u>20.8</u>	<u>P/B</u>	<u>Bolted</u>
7.	<u>6R 0%</u>	<u>20.8</u>	<u>N C/D</u>	<u>Corrected</u>
8.	<u>7 0%</u>	<u>20.8</u>	<u>N/C</u>	<u>Corrected</u>

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
<u>1-7</u>	<u>430-500</u>	<u>0%</u>			
<u>1-7</u>	<u>630-700</u>	<u>0%</u>			
<u>1-7</u>	<u>830-900</u>	<u>0%</u>			
<u>1-7</u>	<u>1030-1100</u>	<u>0%</u>			

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
<u>Lt Return</u>	<u>425</u>	<u>0%</u>			
<u>Rt Return</u>	<u>505</u>	<u>0%</u>			
<u>Lt Return</u>	<u>825</u>	<u>0%</u>			
<u>Rt Return</u>	<u>905</u>	<u>0%</u>			

Number of Bolts Tested 13
 Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read pgs 4 of RCP to whole crew at start of shift

[Signature] Assistant Mine Foreman Certificate No. 38689
[Signature] Mine Foreman-Mine Manager Certificate No. 22732
 Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-6-10 Section or Area Examined #3
Time of Examination: from 10:10 a.m. or p.m. to 10:40 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Bobby Baker Time A.M. 11:00 P.M.
Report received by Jason Thomas 1477A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 7 rows of handwritten entries such as 'Face 0% ch4 20.8% O2 part bolted Tagged Reported'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries: Left Return 23270, RT Return 21864.

Remarks: p.center travel ways } Clear at time of exam.
Chargers, Intake phone }
Fresh Air bay }

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

Signed By [Signature] Certificate No. 38698
Countersigned [Signature] Mine Manager - Mine Foreman
Assistant Foreman [Signature] Certificate No. 1477A
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-7-10

Shift 3rd

Area or Section #3 Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Section		
2. Idol		
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. LT Return	4:15 Am	0.0%	6.		
2. RT Return	4:51 Am	0.0%	7.		
3.			8.		
4.			9.		
5.			10.		

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

talked to crew about Red Zones around Scoops. S.C.S.R'S - OK

[Signature]
Assistant Mine

1472A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

2873
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-7 2010 Section or Area Examined # 3
Time of Examination: from 4:15 a.m. or p.m. to 4:51 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom J. Thayer Time 5:30 A.M. P.M.
Report received by T. Peterson 29611
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. # 1 entry O ₂ CH ₄	part Bolted	Reflecta
2. 2 O ₂	not Bolted	Reflecta
3. 3 O ₂	need add. cleaning	Rep.
4. 4 O ₂	need clean & dusted	Rep.
5. 5 O ₂	need clean & dusted	Rep.
6. 6 O ₂	need clean & dusted	Rep.
7. 6 RT. O ₂	need clean & dusted	Rep.
8. 7 O ₂	need clean & dusted	Rep.
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
LT.	22,720		
RT.	20,151		

Remarks: loc CH₄ det. O₂ 20.50% CO 0.2%
Power Center Clean
Haulage & tramways clean at exam
Fresh air Bay & intake phone clean

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] 1479-A [Signature] 1664-A
Preshift Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned [Signature] 28736
Mine Manager—Mine Foreman
[Signature] 28736
Assistant Foreman
[Signature] 29611
Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 1-7-10 Shift Day Area or Section #3 Sect

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #1 entry	part bolted	bolted
2. #2 entry	not bolted	bolted
3. 3, 4, 5, 6, 7,	need cleaned & dusted	cleaned & dusted
4.		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	7:00-7:45	0%	11.		
2. 1-7	9:00-9:50	0%	12.		
3. 1-7	11:00-11:30	0%	13.		
4. 1-7	1:00-1:30	0%	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. left return	7:40	0%	6.		
2. left return	11:40	0%	7.		
3. right return	7:50	0%	8.		
4. right return	11:50	0%	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) Read article 8 P.P. 4 of roof control plan at the end of track at 7:09 AM.

Rich Foster
Assistant Mine

28736
Certificate No.

Rich Foster
Mine Foreman-Mine Manager

28736
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-7 20 10 Section or Area Examined 3 Section
Time of Examination: from 130 a.m. or 0 p.m. to 200 a.m. or 0 p.m.
Was this report phoned to outside: Yes no
By whom Rick Foster Time AM 250 P.M.
Report received by Bobby Baker
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	<u>CH₄ 0%</u> <u>O₂ 20.8%</u>	<u>N/O</u>	<u>Reported</u>
2.	<u>2L O₂ 20.8</u>	<u>Scrap</u>	<u>Reported</u>
3.	<u>3 O₂ 20.8</u>	<u>N/O</u>	<u>Reported</u>
4.	<u>4 O₂ 20.8</u>	<u>N C/D</u>	<u>Reported</u>
5.	<u>5 O₂ 20.8</u>	<u>N C/D</u>	<u>Reported</u>
6.	<u>6 O₂ 20.8</u>	<u>N C/D</u>	<u>Reported</u>
7.	<u>WR O₂ 20.8</u>	<u>N C/D</u>	<u>Reported</u>
8.	<u>7 O₂ 20.8</u>	<u>N/O</u>	<u>Reported</u>
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
<u>LT LOB</u>	<u>22,650</u>		
<u>RT LOB</u>	<u>23,220</u>		

Remarks: PC, travelways, intake phase, chargers, outby chamber - DIC at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Rick Foster Certificate No. 28731
Preshift Mine Examiner
Countersigned Bobby Baker Certificate No. 28233
Mine Manager—Mine Foreman
Assistant Foreman Certificate No. 38699
Superintendent or Assistant Certificate No. 24735

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-7-10 Shift Ev Area or Section S Section

Violations and other Hazardous Conditions Observed and Reported

No.	Location	CH ₄	Violation or Hazardous Condition	Action taken
1.	<u>2L 09%</u>	<u>20.8%</u>	<u>Scrap</u>	<u>Bolted</u>
2.	<u>4 09%</u>	<u>20.8</u>	<u>N C/D</u>	<u>Corrected</u>
3.	<u>5 09%</u>	<u>20.8</u>	<u>N C/D</u>	<u>Corrected</u>
4.	<u>6 09%</u>	<u>20.8</u>	<u>N C/D</u>	<u>Corrected</u>
5.	<u>6R 09%</u>	<u>20.8</u>	<u>N C/D</u>	<u>Corrected</u>
6.				
7.				
8.				

Examinations for Methane in Working Places

No.	Location	Time	Methane Content	No.	Location	Time	Methane Content
1.	<u>1-7</u>	<u>430-500</u>	<u>0%</u>	11.			
2.	<u>1-7</u>	<u>630-700</u>	<u>0%</u>	12.			
3.	<u>1-7</u>	<u>830-900</u>	<u>0%</u>	13.			
4.	<u>1-7</u>	<u>1030-1100</u>	<u>0%</u>	14.			
5.				15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Examinations for Methane in Return Aircourses

No.	Location	Time	Methane Content	No.	Location	Time	Methane Content
1.	<u>Lt Return</u>	<u>425</u>	<u>0%</u>	6.			
2.	<u>Rt Return</u>	<u>505</u>	<u>0%</u>	7.			
3.				8.			
4.	<u>Lt Return</u>	<u>825</u>	<u>0%</u>	9.			
5.	<u>Rt Return</u>	<u>905</u>	<u>0%</u>	10.			

Number of Bolts Tested 13 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) Real page 6 of R.C.P. to entire crew at start of shift

[Signature] Assistant Mine 38699 Certificate No. [Signature] Mine Foreman-Mine Manager 28734 Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-7-10 Section or Area Examined #3
Time of Examination: from 1015 a.m. or p.m. to 1045 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Bobby Baker Time 1100 P.M.
Report received by (Signed) 1479-A

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 7 rows of handwritten entries such as 'Face 044 20.8602 Needs cleaned Dusted Reported'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries: 'Left Return 22,874' and 'Right Return 21,362'.

Remarks: p. center Travelways } Fresh Air bay Chargers } Clear at time of exam
Phone's }

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 Bobby Baker 38699 Preshift-Mine Examiner Certificate No. 25734 Assistant Foreman
Countersigned Rick Baker 1479-A 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 1-8-10 Shift 3rd Area or Section #3

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Section under	Belt - power move	
2. construction		
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. LT Return	4:35 Am	0.0%	6.		
2. R+ Return	5:10 Am	0.0%	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

talked to crew about lock and tagging conveyor belts

[Signature]
Assistant Mine

1479-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

2873
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-9 20... Section or Area Examined Portal
 Time of Examination: from 4:00 a.m. or p.m. to 5:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom J.A. Thomas Time 5:40 P.M.
 Report received by [Signature]
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>127 CH40% O20.8%</u>	<u>none observe</u>	
2. <u>3R CH40% O20.8%</u>	<u>Part Bolted</u>	<u>Rep.</u>
3. <u>4 CH40% O20.8%</u>	<u>Dangered off</u>	<u>Rep.</u>
4. <u>506 CH40% O20.8%</u>	<u>none observe</u>	
5. <u>7 CH40% O20.8%</u>	<u>SCRAP</u>	<u>Rep.</u>
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>L LOB</u>	<u>23142</u>		
<u>R LOB</u>	<u>21541</u>		

Remarks: Power center and Roadways clear at time of exam
CH40% O20.8%

Out by shelter clear at time of exam

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

Signed By [Signature] Certificate No. 1479A
 Assistant Foreman
 Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 25736
 Assistant Foreman
[Signature] Superintendent or Assistant
30588

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date

1-8

Shift

DAY

Area or Section

TOTAM

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1.	1-7	1:00-7:30			
2.					
3.	1-7	9:00-9:30			
4.					
5.	1-7	11:00-11:30			
6.					
7.	1-7	1:00-1:30			
8.					
9.					
10.					

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1.	C Retn	6:55			
2.	R Retn	7:35			
3.					
4.	C Retn	10:55			
5.	R Retn	11:35			
6.					
7.					
8.					
9.					
10.					

Number of Bolts Tested 22

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)

with crew at 6:30pm

West over EXAMING WORK AREA

Assistant Mine Foreman

Certificate No.

Mine Foreman-Mine Manager

Certificate No. 2823

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-8 2010 Section or Area Examined 3 Section
Time of Examination: from 100 a.m. or p.m. to 200 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Steve Harnah Time A.M. 300 P.M.
Report received by Bobby Baker (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location (CH4, O2), Violation or Hazardous Condition (FIB, N/D, Scrap), and Action Taken (Reflectors, Reported).

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for LT 20B (21,330) and RT 20B (20,875).

Remarks: PC, travelways, intake phone, chargers, battery chamber - OK at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] Certificate No. 28731 Assistant Foreman
Countersigned [Signature] Mine Manager - Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-8-10 Shift Eve Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: CH# Location, O2, Violation or Hazardous Condition, Action taken. Rows include entries like '1 1 O2 20.89 P/B Bolted', '2 3L O2 20.8 Scrap Bolted', '3 SR O2 20.8 N CID Corroded', '4 7 O2 20.8 Scrap Bolted'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-4 show locations '1-7' and times '430-500', '630-700', '830-900', '1030-1100' with methane content '0%'. Rows 11-20 are blank.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-2 show 'Lt Return' and 'Rt Return' at times '425' and '505' with '0%' methane. Rows 3-10 are blank.

Number of Bolts Tested 13 Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) End page 4 of D.C.P. to entire crew at start of shift

Assistant Mine 38699 Certificate No. Rick Foster Mine Foreman-Mine Manager 28236 Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-8-20 Section or Area Examined #3 Section
Time of Examination: from 1015 a.m. or p.m. to 1045 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Bobby Barker Time A.M. 1120 P.M.
Report received by Jason Thomas (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 7 rows of handwritten entries such as 'Face 0loch4 20.8/1002 part bolted Reported'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries: LT Return 23,740, RT Return 22,180.

Remarks: P.Center, Travel ways } Intake phone, Air bay } Clear at time of exam. } Chargers }

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

Signed By [Signature] Certificate No. 38099 Assistant Foreman [Signature] Certificate No. 1477A
Countersigned [Signature] Mine Manager - Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-9-10 Shift 3rd

Area or Section 3 section

Violations and other Hazardous Conditions Observed and Reported

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

Section
Idol

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>1203^{AM}-1223^{AM}</u>	<u>0.0%</u>	11. -----	-----	-----
2. <u>1-7</u>	<u>203^{AM}-223^{AM}</u>	<u>0.0%</u>	12. -----	-----	-----
3. <u>1-7</u>	<u>403^{AM}-423^{AM}</u>	<u>0.0%</u>	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>LT @ Return</u>	<u>1244^{AM}</u>	<u>0.0%</u>	6. -----	-----	-----
2. <u>RT Return</u>	<u>1226^{AM}-126^{AM}</u>	<u>0.0%</u>	7. -----	-----	-----
3. -----	-----	-----	8. -----	-----	-----
4. -----	-----	-----	9. -----	-----	-----
5. -----	-----	-----	10. -----	-----	-----

Number of Bolts Tested -----

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Talked to crew about Red Zones around SCOOP'S, S.C.S.R'S OK!

[Signature]
Assistant Mine

1479-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

28236
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-9 2010 Section or Area Examined #3 Portal Section
Time of Examination: from 4:00 a.m. or p.m. to 4:26 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Jason Thomas Time 5:55 (A.M.) P.M.
Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH ₄	O ₂	Violation or Hazardous Condition	Action Taken
1.	1 Entry	0%	20.8	None Observed	Reflector Hung
2.	2 Entry	0%	20.8	Not Bolted	Reported
3.	3 Entry	0%	20.8	Water in Face	Reported
4.	4 Entry	0%	20.8	Not Bolted	Reported
5.	5 Entry	0%	20.8	Scraped	Reflector Hung
6.	6 Entry	0%	20.8	None Observed	Reflector Hung
7.	7 Entry	0%	20.8	None Observed	Reflector Hung
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
<u>L L0B</u>	<u>22180</u>		
<u>R L0B</u>	<u>22460</u>		

Remarks: Powercenter travelways intake phone chargers & outby chamber ok at time of exam

CH₄ 0% O₂ 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 [Signature] 1479-A [Signature] 1664-A
Certificate No. 28736 Assistant Foreman Certificate No.
Countersigned [Signature] Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-7-10 Shift Day Area or Section Spotted Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. _____	_____	_____
2. <u>2</u>	<u>Not Bolted</u>	<u>Corrected</u>
3. <u>3</u>	<u>Water in face.</u>	<u>Corrected</u>
4. <u>4</u>	<u>Not Bolted</u>	<u>Corrected</u>
5. <u>5</u>	<u>Scrap cut</u>	<u>Corrected</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>L Ret</u>	<u>7:00-7</u>	<u>0%</u>	6. _____	_____	_____
2. <u>R Ret</u>	<u>7:30</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>L Ret</u>	<u>11:00</u>	<u>0%</u>	9. _____	_____	_____
5. <u>R Ret</u>	<u>11:30</u>	<u>0%</u>	10. _____	_____	_____

Number of Bolts Tested 18
Number of Bolts Torqued Above Range 0 Below Range 0

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

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

Went over page 5 of Road control plan
Paragraphs 26, 27 & 28 with entire crew at end of Tracts

[Signature] Assistant Mine 1604-A Certificate No. [Signature] Mine Foreman-Mine Manager 2873 Certificate No. _____ Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-9 2010 Section or Area Examined 3 Portal Section
 Time of Examination: from 2:40 a.m. or p.m. to 3:00 a.m. or p.m.
 Was this report phoned to outside: Yes No
 By whom [Signature] Time 3:00 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>1</u>	<u>Needs additional cleaning</u>	<u>Reported</u>
2. <u>2222</u>	<u>Not Bolted</u>	<u>Reflector Hung</u>
3. <u>3</u>	<u>Water in face</u>	<u>Reported</u>
4. <u>4</u>	<u>None observed</u>	<u>Reflector Hung</u>
5. <u>5</u>	<u>Needs cleaned & dusted</u>	<u>Reported</u>
6. <u>6</u>	<u>Scrap cut</u>	<u>Reflector Hung</u>
7. <u>7</u>	<u>Obj in face</u>	<u>Reported</u>
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>L LOB</u>	<u>21050</u>	_____	_____
<u>R LOB</u>	<u>20370</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: Power-center travelways intake phone chargers and outby chamber ok
at time of exam
CH4 0% O2 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 [Signature] 1664-A [Signature] 38699
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned [Signature] 28234
 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 1-9-10 Shift Even Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

	Location	O ₂	Violation or Hazardous Condition	Action taken
1.	<u>CH₄</u>	<u>20.8%</u>	<u>Needs Add. Cleaning</u>	<u>Corrected</u>
2.	<u>0%</u>	<u>20.8</u>	<u>NIB</u>	<u>Boltd</u>
3.	<u>0%</u>	<u>20.8</u>	<u>NIB</u>	<u>Boltd</u>
4.	<u>0%</u>	<u>20.8</u>	<u>Water</u>	<u>Loaded out</u>
5.	<u>0%</u>	<u>20.8</u>	<u>N 410</u>	<u>Corrected</u>
6.	<u>0%</u>	<u>20.8</u>	<u>Scrap</u>	<u>Boltd</u>
7.	<u>0%</u>	<u>20.8</u>	<u>Goob in face</u>	<u>Repaired</u>
8.				

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
<u>1-7</u>	<u>430-500</u>	<u>0%</u>	11.		
<u>1-7</u>	<u>630-700</u>	<u>0%</u>	12.		
<u>1-7</u>	<u>830-900</u>	<u>0%</u>	13.		
<u>1-7</u>	<u>1030-1100</u>	<u>0%</u>	14.		
			15.		
			16.		
			17.		
			18.		
			19.		
			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
<u>Lt Return</u>	<u>425</u>	<u>0%</u>	6.		
<u>Rt Return</u>	<u>505</u>	<u>0%</u>	7.		
			8.		
<u>Lt Return</u>	<u>825</u>	<u>0%</u>	9.		
<u>Rt Return</u>	<u>905</u>	<u>0%</u>	10.		

Number of Bolts Tested 13 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read pgs 3 of R.C.P. to entire crew at start of shift

[Signature] Assistant Mine Foreman Certificate No. 37699
[Signature] Mine Foreman-Mine Manager Certificate No. 2872
 Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-10-10 Section or Area Examined Porter section
Time of Examination: from 3:20 a.m. or p.m. to 3:25 a.m. or p.m.
Was this report phoned to outside: Yes _____ no _____
By whom _____ Time _____ A.M. _____ P.M.
Report received by Brought out (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1.	<u>SECTION IDLE</u>	
2.	<u>No work</u>	
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>LT 20,870</u>		
	<u>RT 20,315</u>		

Remarks: 0%CH4, 20.8%O2, 0PPM C.O. Detected
Travelways, Powercenter, Intake Phone, OutBy Shelter, OK
AT Time of exam

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

Signed By [Signature] 1947-A
Preshift-Mine Examining Certificate No.
Countersigned [Signature] 28734
Mine Manager—Mine Foreman
Assistant Foreman
Superintendent or Assistant

Logbook 39199

Use Indefinible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

<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) _____

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-10 2010 Section or Area Examined 3 Section Portal
 Time of Examination: from 12 a.m. or 3 p.m. to 3 a.m. or 6 p.m.
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by _____
 (Signed) _____

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Section Idle</u>		
2. <u>No Work</u>		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>LOB</u>	<u>R</u>		<u>21,620</u>
	<u>L</u>		<u>21,410</u>

Remarks: 0% CH4, 0% CO, 20.8% O2
Track, Travelway, Changers Clean at exam
Intake Phone, Air Chamber OK at exam

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

Signed By Jay Stewart 39199 Certificate No.
 Countersigned Rick Foster 28736 Assistant Foreman Certificate No.
 _____ 29611 Superintendent or Assistant
Miss Col 1947-A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-11-10 Shift 3rd Area or Section #3 Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>None observed</u>	<u>Reported</u>
2. <u>Face</u>	<u>water - part bolted</u>	<u>Reported</u>
3. <u>face - J Right</u>	<u>Needs cleaned - dusted</u>	<u>Cleaned - dusted</u>
4. <u>Face</u>	<u>Needs cleaned</u>	<u>Cleaned - Re dusted</u>
5. <u>Face</u>	<u>water in face</u>	<u>pump out</u>
6. <u>Face</u>	<u>none observed</u>	
7. <u>Face</u>	<u>ll ll</u>	
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.		

Void

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>LT Return</u>			6.		
2. <u>RT Return</u>			7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-10 2010 Section or Area Examined 3sec, Portal
Time of Examination: from 8:30 a.m. or p.m. to 9:10 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom brought outside 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. #1	<u>O₂CH₄ 20.800</u> <u>none observed</u>	<u>none</u>
2. 2	<u>O₂CH₄ 20.802</u> <u>water - Part Bolted</u>	<u>Reflector</u>
3. 3-3 RT.	<u>O₂CH₄ 20.807</u> <u>need clean + dusted (water)</u>	<u>Rep.</u>
4. 4	<u>O₂CH₄ 20.802</u> <u>need clean</u>	<u>Rep.</u>
5. 4RT.	<u>O₂CH₄ 20.802</u> <u>not bolted</u>	<u>Reflector</u>
6. 5	<u>O₂CH₄ 20.800</u> <u>water</u>	<u>Rep.</u>
7. lower 5RT.	<u>O₂CH₄ 20.800</u> <u>need clean</u>	<u>Rep.</u>
8. 6	<u>O₂CH₄ 20.800</u> <u>none observed</u>	<u>none</u>
9. 7	<u>O₂CH₄ 20.800</u> <u>none observed</u>	<u>none</u>
10.		

Air Measurements

Location	CFM	Location	CFM
<u>RT.</u>	<u>21,570</u>		
<u>RT.</u>	<u>21,400</u>		

Remarks: NOCH₄ detect, O₂ 20.800 CO 0%
Haulage Trunkways clear
Power Center clear
Fresh air Bay + stultake phone clear

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] Preshift-Mine Examiner Certificate No. 29011
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 28736
[Signature] Assistant Foreman Certificate No. 1417A
Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-11-10 Shift 3rd owl Area or Section #3 Section

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.

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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) Had safety meeting about Lifting heavy objects - Scaling Ribs - Loose top.

Signatures and Certificate Numbers for Assistant Mine Foreman, Mine Foreman-Mine Manager, and Superintendent or Assistant.

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-11-09 20. Section or Area Examined 3 Section
Time of Examination: from 4:15 a.m. or p.m. to 4:45 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Jason Thomas Time 5:15 a.m. P.M.
Report received by Rick Foster (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1 entry 208102-024	none observed	none
2. #2 entry 208102-024	part lotted	reflects
3. #3 entry 208102-024	%O ₂ in face	reflects
4. #4 entry 208102-024	none observed	none
5. #4X right 208202-024	not lotted	reflects
6. #5 entry 208202-024	none observed	none
7. lower 5X right 208202-024	none observed	none
8. #6 entry 208202-024	none observed	none
9. #7 entry 208202-024	none observed	none
10.		

Air Measurements

Location	CFM	Location	CFM
light 10 X out	22,490		
light 10 X out	21,385		

Remarks: 20.8% O₂, 0% ch₄, 0% CO, track, trackways,
power center, scoop charger clear at time of exam
Intake phone working at time of exam
Outby chamber OK

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By [Signature] Preshift-Mine Examiner Certificate No. 1477A
Countersigned Rick Foster Mine Manager—Mine Foreman Certificate No. 28734
Billy C. [Signature] Assistant Foreman Certificate No. 38689
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-11-09 Shift Day Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: CH4 Location, O2, Violation or Hazardous Condition, Action taken. Rows 1-8.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-20.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-10.

Number of Bolts Tested 12 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) Read page 4 of R.C.P. to entire crew at start of shift

Assistant Mine 38099 Certificate No. Mine Foreman-Mine Manager 28736 Certificate No. Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-11 Section or Area Examined 2010 3 Parts / Section
Time of Examination: from 1100 a.m. or (p.m.) to 1130 a.m. or (p.m.)
Was this report phoned to outside: Yes ✓ no _____
By whom Bobby Baker Time A.M. 3:00 (P.M.)
Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH ₄	O ₂	Violation or Hazardous Condition	Action Taken
1.	1 Entry	0%	20.8	Scrap cut	Reflector Hung
2.	2 Entry	0%	20.8	None observed	Reflector Hung
3.	3 Entry	0%	20.8	Water in face	Reported
4.	4 Entry	0%	20.8	Water in face	Reported
5.	5 Entry	0%	20.8	None observed	Reflector Hung
6.	6 Entry	0%	20.8	Scrap cut	Reflector Hung
7.	7 Entry	0% CH ₄	20.8 O ₂	None observed	Reflector Hung
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
L hob	21710		
R hob	22246		

Remarks: Powercable travelways intake phone Scarp chargers and outby chamber ok
at time of exam
CH₄ 0% O₂ 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 Bobby Baker Certificate No. 38699 Assistant Foreman [Signature] Certificate No. 1664-A
Countersigned Rock Jahn Mine Manager—Mine Foreman Certificate No. 28736
Assistant Foreman _____
Superintendent or Assistant _____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-11-10 Shift EUC Area or Section 3 Portal Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>Scrap cut</u>	<u>Corrected</u>
2. <u>3</u>	<u>Water in face</u>	<u>Corrected</u>
3. <u>4</u>	<u>Water in face</u>	<u>Corrected</u>
4. <u>6</u>	<u>Scrap cut</u>	<u>Corrected</u>
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>L Ret</u>	<u>4:30</u>	<u>0%</u>	6. _____	_____	_____
2. <u>R Ret</u>	<u>5:00</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>L Ret</u>	<u>8:30</u>	<u>0%</u>	9. _____	_____	_____
5. <u>R Ret</u>	<u>9:00</u>	<u>0%</u>	10. _____	_____	_____

Number of Bolts Tested 18
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 11 of Roof control Plan with Antine crew at end of Truck

[Signature]
Assistant Mine

1664-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

2872
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-11 2010 Section or Area Examined #3 Portal Sec.
 Time of Examination: from 10:00 a.m. or p.m. to 10:15 a.m. or p.m.
 Was this report phoned to outside: Yes No
 By whom S. Johnson Time 11:05 P.M.
 Report received by T. Peterson 29611
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. entry's	O ₂ CH ₄ CO ₂ need dusted	Rep.
2.	O ₂ CH ₄ CO ₂ need add. cleaning	Rep.
3.	O ₂ CH ₄ CO ₂ SCRAP	Reflector
4.	O ₂ CH ₄ CO ₂ water	Rep.
5.	O ₂ CH ₄ CO ₂ part bolted	Reflector
6. CRT.	O ₂ CH ₄ CO ₂ SCRAP	Reflector
7.	O ₂ CH ₄ CO ₂ none observed	none
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
L.T.	22,170		
R.T.	20,300		

Remarks: O₂CH₄ def. 0% 20.8% CO₂
Haulage & tramways clear
Power Center clear
Push air bay + intake phone ok

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

Signed By S. Johnson Certificate No. 1664-A
 Preshift-Mine Examiner
 Countersigned Rich Foster Certificate No. 23236
 Mine Manager—Mine Foreman
Ray Peterson Assistant Foreman Certificate No. 1477-A
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-12-10 Shift 3rd OWOL Area or Section #3

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	<u>Section under construction</u>	<u>Belt - Power move</u>	
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Examinations for Methane in Working Places

1.	Location	Time	Methane Content	11.	Location	Time	Methane Content
2.				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.	<u>Lt Return</u>	<u>4:45 Am</u>	<u>0.0%</u>	7.			
3.	<u>Rt Return</u>	<u>5:29 Am</u>	<u>0.0%</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) Talked to crew about lock, tag belt-power S.C.S.R'S ok.

[Signature] Assistant Mine Certificate No. 1479A [Signature] Mine Foreman-Mine Manager Certificate No. 29755 Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-12 2010 Section or Area Examined 3 Section
Time of Examination: from 445 a.m. or p.m. to 529 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Jason Thomas Time 600 A.M. P.M.
Report received by Bobby Baker (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: CH Location, O2, Violation or Hazardous Condition, Action Taken. Contains 7 rows of data with handwritten entries like 'N/D', 'Scrap', 'Water', 'N CID', 'Reflector'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries: LT LOB 22,414 and RT LOB 20,981.

Remarks: PC, travelways, intake phone, chargers, outby chamber - OK at time of exam

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

Signed By [Signature] Freshift-Mine Examiner Certificate No. 1499-A
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 28752
Assistant Foreman Certificate No. 38699
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-12-10 Shift Day Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

	Location	Time	Methane Content	Location	Time	Methane Content
1.	2L	0%	20.8%	Scrap		Bolled
2.	3	0%	20.8	N/B		Bolled
3.	4	0%	20.8	Water		Loaded out
4.	5	0%	20.8	N C/D		Corrected
5.	6	0%	20.8	Scrap		Bolled
6.	6R	0%	20.8	N/B		Bolled
7.	7	0%	20.8	N/B		Bolled
8.						

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	700-730	0%	11.		
2. 1-7	900-930	0%	12.		
3. 1-7	1100-1130	0%	13.		
4. 1-7	100-130	0%	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. Lt Return	655	0%	6.		
2. Rt Return	735	0%	7.		
3.			8.		
4. Lt Return	1055	0%	9.		
5. Rt Return	1135	0%	10.		

Number of Bolts Tested 13
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 5 of RCP to entire crew at start of shift

Rick Foster
Assistant Mine Foreman
Certificate No. 28236
38699

Rick Foster
Mine Foreman-Mine Manager
Certificate No. 28756
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-12-2010 Section or Area Examined Special Section
Time of Examination: from 1:00 a.m. or p.m. to 1:30 a.m. or p.m.
Was this report phoned to outside: Yes
By whom Bobby Baker Time A.M 3:00 P.M.
Report received by (signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location (CH4 %, O2), Violation or Hazardous Condition, and Action Taken. Contains 8 rows of inspection data.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains 2 rows of air measurement data.

Remarks: Powermeter Trussways Intake Phone Scoop changers & Outby chamber OK at time of exam

CH4 0% O2 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 Bobby Baker (Preshift-Mine Examiner, Certificate No. 38699) and (Assistant Foreman, Certificate No. 1664-A)
Countersigned Rust Foster (Mine Manager-Mine Foreman, Certificate No. 28735)
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-12-10 Shift EUC Area or Section 3 Portal Section

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains 7 rows of handwritten entries such as 'Scrap cut', 'Needs cleaned & dusted', 'Part Bolted'.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Contains 10 rows of handwritten entries showing '0%' methane content at various times and locations.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Contains 5 rows of handwritten entries showing '0%' methane content in return aircourses.

Number of Bolts Tested 18 Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 11 of Roof control Plan with entire crew at end of Truck

Signatures and titles: Assistant Mine, Certificate No. 16647A, Mine Foreman-Mine Manager, Certificate No. 2975, Superintendent or Assistant.

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-12-20 Section or Area Examined #3
Time of Examination: from 10 a.m. or (p.m.) to 1045 a.m. or (p.m.)
Was this report phoned to outside: Yes no
By whom Shanon Time 11:00 A.M. P.M.
Report received by Jason Thomas 1479-A
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face GCH4 20.8% CO2	Scrap cut	Reported
2. Face 11 11	H2O in face	11 11
3. Face 11 11	H2O in face	11 11
4. Face 11 11	Needs Add. Cleaning	11 11
5. Face 11 11	None observed	11 11
6. Face 11 11	Needs cleaned dusted	11 11
7. Face 11 11	Scrap cut	11 11
8. 4 Right "Cross" cut	Part Bolted	11 11
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
LT L.D.B.	19,700		
RT L.D.B.	21,450		

Remarks: p. center chargers
Travel ways phones } Clear at time of exam.
Air Box }

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

Signed By [Signature] Certificate No. 1664-A
Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 28236
Assistant Foreman [Signature] Certificate No. 1479-A
Assistant Foreman
Superintendent or Assistant

Use Indefinible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 1-13-10 Shift 3rd OWL Area or Section #3

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Section Idoh</u>		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>			11. <u>1-7</u>	<u>1240-105AM</u>	<u>0%</u>
2. <u>Face</u>			12.		
3. <u>Face Left cross cut</u>			13. <u>1-7</u>	<u>240-305AM</u>	<u>0%</u>
4. <u>Face</u>			14.		
5. <u>Face</u>			15. <u>1-7</u>	<u>440-505AM</u>	<u>0%</u>
6. <u>Face</u>			16.		
7. <u>Face</u>			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Lt Return</u>	<u>12:37AM</u>	<u>0%</u>	6.		
2. <u>Rt Return</u>	<u>109AM</u>	<u>0%</u>	7.		
3. <u>Lt Return</u>	<u>437AM</u>	<u>0%</u>	8.		
4. <u>Rt Return</u>	<u>509AM</u>	<u>0%</u>	9.		
5.			10.		

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

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

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

[Signature]
Assistant Mine

1477-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

18230
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 1-13 2010 Section or Area Examined 3 Section
 Time of Examination: from 4:30 a.m. or p.m. to 5:09 a.m. or p.m.
 Was this report phoned to outside: Yes No
 By whom Jason Thomas Time 5:50 A.M. P.M.
 Report received by Bobby Baker (Signed)

Violations and other Hazardous Conditions Observed and Reported

	CH ₄ Location	O ₂	Violation or Hazardous Condition	Action Taken
1.	<u>1</u> <u>0%</u>	<u>20.8%</u>	<u>N C/D</u>	<u>Reported</u>
2.	<u>2</u> <u>0%</u>	<u>20.8</u>	<u>N/O</u>	<u>Reported</u>
3.	<u>3L</u> <u>0%</u>	<u>20.8</u>	<u>Scrap</u>	<u>Reflectors</u>
4.	<u>4</u> <u>0%</u>	<u>20.8</u>	<u>N/O</u>	<u>Reported</u>
5.	<u>5</u> <u>0%</u>	<u>20.8</u>	<u>N/O</u>	<u>Reported</u>
6.	<u>6</u> <u>0%</u>	<u>20.8</u>	<u>N/O</u>	<u>Reported</u>
7.	<u>7</u> <u>0%</u>	<u>20.8</u>	<u>Scrap</u>	<u>Reflectors</u>
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
<u>Left LOB</u>	<u>25,640</u>		
<u>Right LOB</u>	<u>17,745</u>		

Remarks: PC, intake phone, travelways, chargers, outby chamber - OK at time of exam

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

Signed By [Signature] Certificate No. 1479-A
 Assistant Foreman Bobby & Bob Certificate No. 38699
 Countersigned [Signature] Mine Manager—Mine Foreman
 Assistant Foreman _____
 Superintendent or Assistant _____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-13-10 Shift Day Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

	CH ₄ location	O ₂	Violation or Hazardous Condition	Action taken
1.	1	20.8%	N C/D	Corrected
2.	3L	20.8%	Scrap	Bolted
3.	7	20.8%	Scrap	Bolted
4.				
5.				
6.				
7.				
8.				

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1-7	700-730	0%	11.		
1-7	900-930	0%	12.		
1-7	1100-1130	0%	13.		
1-7	100-130	0%	14.		
			15.		
			16.		
			17.		
			18.		
			19.		
			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
Lt Return	655	0%	6.		
Rt Return	735	0%	7.		
			8.		
Lt Return	1055	0%	9.		
Rt Return	1135	0%	10.		

Number of Bolts Tested 13 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) Read pgs 4 of R.C.P. to entire crew at start of shift

[Signature] Assistant Mine Foreman Certificate No. 38699
[Signature] Mine Foreman-Mine Manager Certificate No. 28732
 Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-13 20 10 Section or Area Examined 3 Portal Section
 Time of Examination: from 1100 a.m. or p.m. to 1130 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Bobby Baker Time A.M. 3:00 P.M.
 Report received by: [Signature] 1664-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. 1 Entry CH4 0% O2 20.8	None Observed	Reflector Hung
2. 2k Entry 0% 20.8	Scrap cut	Reflector Hung
3. 3 Entry 0% 20.8	Part Belted	Reflector Hung
4. 4 Entry 0% 20.8	Part Belted	Reflector Hung
5. 5 Entry 0% 20.8	Needs cleaned & dusted	Reported
6. 6 Entry 0% 20.8	None Observed	Reflector Hung
7. 7 Entry 0% 20.8 CH4 O2	None Observed	Reflector Hung
8.		
9.		
10.		

Air Measurements

Location

CFM

Location

CFM

L LOB

25640

R LOB

23236

Remarks: Power on travelways intake phone changers outby chamber ok

at time of exam

CH4 0% O2 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

[Signature]
 Preshift-Mine Examiner
[Signature]
 Mine Manager-Mine Foreman

38699
 Certificate No.
28732

Assistant Foreman

1664-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 1-13-10 Shift L.V. Area or Section 3 Portal Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken	
1.			
2.	<u>2h</u>	<u>Scrap cut</u>	<u>Corrected</u>
3.	<u>3</u>	<u>Part Bolted</u>	<u>Corrected</u>
4.	<u>4</u>	<u>Part Bolted,</u>	<u>Corrected</u>
5.	<u>5</u>	<u>Needs cleaned & dusted</u>	<u>Corrected</u>
6.			
7.			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1.	<u>L Ret</u>	<u>4:30 5:00</u>	<u>0%</u>	6.	
2.	<u>R Ret</u>	<u>4:30</u>	<u>0%</u>	7.	
3.				8.	
4.	<u>L Ret</u>	<u>9:00</u>	<u>0%</u>	9.	
5.	<u>R Ret</u>	<u>8:30</u>	<u>0%</u>	10.	

Number of Bolts Tested 18
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over page 14 of Roof Control plan with entire crew at end of Track

SL PR Assistant Mine 1664-A Certificate No. Rick Bata Mine Foreman-Mine Manager 28234 Certificate No. Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-13 2010 Section or Area Examined #3 Portal Sec.
 Time of Examination: from 10:00 a.m. or p.m. to 10:50 a.m. or p.m.
 Was this report phoned to outside? Yes no
 By whom S. Peterson Time 10:55 P.M.
 Report received by T. Peterson 29611
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1 <u>entry 20.80 O₂ CH₄</u>	<u>part Bolted</u>	<u>Reflect</u>
2 <u>20.80 O₂ CH₄</u>	<u>none observed</u>	
3 <u>3L 20.80 O₂ CH₄</u>	<u>SCRAP</u>	<u>Reflect</u>
4 <u>20.80 O₂ CH₄</u>	<u>need add. cleaning</u>	<u>Rep.</u>
5 <u>20.80 O₂ CH₄</u>	<u>SCRAP</u>	<u>Reflect</u>
6 <u>20.80 O₂ CH₄</u>	<u>none observed</u>	
7 <u>20.80 O₂ CH₄</u>	<u>part Bolted</u>	<u>Reflect</u>
8		
9		
10		

Air Measurements

Location	CFM	Location	CFM
<u>LT</u>	<u>21,752</u>		
<u>RT.</u>	<u>22,300</u>		

Remarks: Rocky deck, O₂ 20.80 CO₂
Haulage & Travelways clear
P/C clear Fresh Air Bay & intake phone OK

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

Signed By [Signature] Certificate No. 1664-A Assistant Foreman
 Countersigned [Signature] Mine Manager - Mine Foreman
[Signature] Assistant Foreman
29611 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-14-10 Shift 3rd

Area or Section #3

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Section</u>	<u>no power on</u>	
2. <u>Idol</u>	<u>Face equipment.</u>	
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>LT Return</u>	<u>3:53 AM</u>	<u>0%</u>	6. _____	_____	_____
2. <u>RT Return</u>	<u>4:31 AM</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Had smoke search at end of track start of shift none found

[Signature]
Assistant Mine

1487A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

29734
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-14 2010 Section or Area Examined B Section
 Time of Examination: from 3:45 a.m. or p.m. to 4:31 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Jason Thomas Time 6:05 A.M. P.M.
 Report received by Bobby Baker
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	City Location	O ₂	Violation or Hazardous Condition	Action Taken
1.	1 O ₂	20.8%	N/O	Reported
2.	2 O ₂	20.8	N/O	Reported
3.	3L O ₂	20.8	Scrap	Reflectors
4.	4 O ₂	20.8	PIB	Reflectors
5.	5 O ₂	20.8	Scrap	Reflectors
6.	6 O ₂	20.8	Needs Add. Cleaning	Reported
7.	6R O ₂	20.8	N C/D	Reported
8.	7 O ₂	20.8	N/O	Reported
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Lt LOB	22,640		
Rt LOB	19,980		

Remarks: PC, travelways, intake phase, outby chamber - OK at time of exam

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

Signed By [Signature] Certificate No. 1479A
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 25732
[Signature] Assistant Foreman Certificate No. 35097
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-14-10 Shift Day Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

	CH ₄ Location	O ₂	Violation or Hazardous Condition	Action taken
1.	3L O ₂	20.8%	Scrap	Bolled
2.	4 O ₂	20.8	P/B	Bolled
3.	5 O ₂	20.8	Scrap	Bolled
4.	6 O ₂	20.8	Needs Add. Cleaning	Corrected
5.	6R O ₂	20.8	N C/D	Corrected
6.				
7.				
8.				

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	700-730	0%	11.		
2. 1-7	900-930	0%	12.		
3. 1-7	1100-1130	0%	13.		
4. 1-7	100-130	0%	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. Lt Return	655		6.		
2. Rt Return	735		7.		
3.			8.		
4. Lt Return	1055		9.		
5. Rt Return	1135		10.		

Number of Bolts Tested 13
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 5 of R.C.P. to entire crew at start of shift

Billy L. Baker Assistant Mine Foreman Certificate No. 38699
Reed Zonta Mine Foreman-Mine Manager Certificate No. 29736
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-14 Section or Area Examined 3 Portal Section
 Time of Examination: from 1:00 a.m. or p.m. to 1:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Bobby Baker 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
1. 1 Entry CH ₄ 0% O ₂ 20.8	Needs cleaned & dusted	Reported
2. 2L Entry 0% 20.8	Needs cleaned & dusted	Reported
3. 3 Entry 0% 20.8	Part Bolted	Reflector Hung
4. 4 Entry 0% 20.8	Scrap cut	Reflector Hung
5. 5 R Entry 0% 20.8	Part Bolted	Reflector Hung
6. 6 Entry 0% 20.8	Needs cleaned & dusted	Reported
7. 7 Entry CH ₄ 0% O ₂ 20.8	None Observed	Reflector Hung
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
L LOB	24870		
R LOB	22644		

Remarks: Power center travelways intake phone scoopchargers Outby chamber ok at time of exam

CH₄ 0% O₂ 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 Bobby Baker Certificate No. 38699
 Countersigned Keith Foster Mine Manager - Mine Foreman Certificate No. 2872
 Assistant Foreman St. J. ... Certificate No. 1664A
 Superintendent or Assistant _____

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-14-10 Shift EVC Area or Section #3 Portal Section

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Contains 6 rows of handwritten entries such as 'Needs cleaned + dusted' and 'Part Bolted'.

Examinations for Methane in Working Places

Table with 5 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains 10 rows of handwritten entries showing methane content as 0% at various times and locations.

Examinations for Methane in Return Aircourses

Table with 5 columns: Location, Time, Methane Content, Location, Time, Methane Content. Contains 5 rows of handwritten entries showing methane content as 0% in L Ret and R Ret locations.

Number of Bolts Tested 15 Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 4 of Roof control Plan with entire crew attend of Truck

Signature of Assistant Mine Foreman

1664-A Certificate No.

Signature of Mine Foreman-Mine Manager

2523 Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-14 2010 Section or Area Examined Portal Sec. #3
Time of Examination: from 10:00 a.m. or p.m. to 10:59 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom S. Peterson Time 11:00 A.M. P.M.
Report received by S. Peterson 29611
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1 entry, 020CH4	none observed	
2. 2L 0%	SCRAP	Reflector
3. 2 0%	part Botled	Reflector
4. 3 0%	none observed	
5. 4 0%	not Botled	Reflector
6. 5 0%	SCRAP	Reflector
7. 6 0%	not Botled	Reflector
8. 7 0%	used cleans Justed	Ref.
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
LT.	21,870		
RT.	23,600		

Remarks: NOCH4 det. 0% 20.5oz COO%
Haulage & Trunkways clean at exam

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

Signed By S. Peterson Preshift-Mine Examiner Certificate No. 1664-A
 Countersigned S. Peterson Mine Manager - Mine Foreman Assistant Foreman Certificate No. 1479-A
S. Peterson Assistant Foreman Superintendent or Assistant 29611

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-15-10 Shift 3rd Area or Section #3 section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Section Idol</u>		
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. <u>LT Return</u>	<u>5:15 AM</u>	<u>0%</u>	6.		
2. <u>RT Return</u>	<u>5:40 AM</u>	<u>0%</u>	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

[Signature] Assistant Mine 1479-A Certificate No. [Signature] Mine Foreman-Mine Manager 2973 Certificate No. Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 1-15 2010 Section or Area Examined 3 Section
 Time of Examination: from 5:15 a.m. or p.m. to 5:40 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Jason Thomas Time 6:00 A.M. P.M.
 Report received by Bobby Baker
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	City Location	OZ	Violation or Hazardous Condition	Action Taken
1.	<u>1</u> <u>0%</u>	<u>20.89%</u>	<u>N/B</u>	<u>Reflectors</u>
2.	<u>2</u> <u>0%</u>	<u>20.8</u>	<u>N C/D</u>	<u>Reported</u>
3.	<u>3</u> <u>0%</u>	<u>20.8</u>	<u>Needs Addl. Cleaning</u>	<u>Reported</u>
4.	<u>4</u> <u>0%</u>	<u>20.8</u>	<u>N C/D</u>	<u>Reported</u>
5.	<u>5</u> <u>0%</u>	<u>20.8</u>	<u>Scrap</u>	<u>Reflectors</u>
6.	<u>6</u> <u>0%</u>	<u>20.8</u>	<u>P/B</u>	<u>Reflectors</u>
7.	<u>7</u> <u>0%</u>	<u>20.8</u>	<u>N/O</u>	<u>Reported</u>
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
<u>Lt LOB</u>	<u>22,461</u>		
<u>Rt LOB</u>	<u>20,173</u>		

Remarks: PC, travelways, chargers, intake phone, outby chamber - OK at time of exam

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

Signed By Jason Thomas Certificate No. 1479-A Assistant Foreman Bobby Baker Certificate No. 38699
 Countersigned Resh Baker 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 1-15-10 Shift Day Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

	CH ₄ Location	O ₂	Violation or Hazardous Condition	Action taken
1.	1 0%	20.8%	N/B	Bolted
2.	2 0%	20.8	N C/D	Corrected
3.	3 0%	20.8	Needs Add. Cleaning	Corrected
4.	4 0%	20.8	N C/D	Corrected
5.	5 0%	20.8	Scrap	Bolted
6.	6 0%	20.8	P/B	Bolted
7.				
8.				

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	700-730	0%	11.		
2. 1-7	900-930	0%	12.		
3. 1-7	1100-1130	0%	13.		
4. 1-7	100-130	0%	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. Lt Return	655	0%	6.		
2. Rt Return	735	0%	7.		
3.			8.		
4. Lt Return	1055	0%	9.		
5. Rt Return	1135	0%	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) Read page 4 of R.C.P. to entire crew at start of shift

[Signature]
Assistant Mine Foreman

38699
Certificate No.

[Signature]
Mine Foreman-Mine Manager

29736
Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-15 20-10 Section or Area Examined Portal Section
Time of Examination: from 11:00 a.m. or p.m. to 11:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Bobby Baker Time A.M. 3:00 P.M.
Report received by: (Signed) 1664-A

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4, O2, Violation or Hazardous Condition, Action Taken. Rows 1-10 detailing observations at various entries.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows for L HAS (23782) and R HAS (22450).

Remarks: Powercenter, Trunkways, intake phone changers & outby chamber, ok at time of exam

CH4 0% O2 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 Bobby Baker, Preshift-Mine Examiner, Certificate No. 38699
Countersigned Mine Manager-Mine Foreman, Certificate No. 23236
Assistant Foreman, Certificate No. 1664-A
Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 1-15-10 Shift Eve Area or Section Portal Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>Needs cleaned & Dusted</u>	<u>Corrected</u>
2. <u>2</u>	<u>Needs cleaned & Dusted</u>	<u>Corrected</u>
3. <u>3R</u>	<u>Scrap cut</u>	<u>Corrected</u>
4. <u>5</u>	<u>Part Bolted</u>	<u>Corrected</u>
5. <u>6R</u>	<u>Needs cleaned & Dusted</u>	<u>Corrected</u>
6. <u>7</u>	<u>Needs cleaned & Dusted</u>	<u>Corrected</u>
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>L Ret</u>	<u>4:30</u>	<u>0%</u>	6. _____	_____	_____
2. <u>R Ret</u>	<u>5:00</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>L Ret</u>	<u>8:30</u>	<u>0%</u>	9. _____	_____	_____
5. <u>RRet</u>	<u>9:00</u>	<u>0%</u>	10. _____	_____	_____

Number of Bolts Tested 15
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 5 of Roof Control Plan paragraphs 14, 15 with entire crew Attend of Track

[Signature]
Assistant Mine

1664-A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

2873
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-15- 10 Section or Area Examined Roctal Section
Time of Examination: from 9:30 a.m. or 9:00 p.m. to 10:50 a.m. or 10:00 p.m.
Was this report phoned to outside: Yes no
By whom Shannon Fendure Time 1054 P.M.
Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 O ₂ CH ₄ /20.8oz	Water in face	Reported
2.	#2 O ₂ CH ₄ /20.8oz	Part Broken	Refused Entry
3.	#3 O ₂ CH ₄ /20.8oz	None Observed	
4.	#4 O ₂ CH ₄ /20.8oz	None Observed	
5.	#5 O ₂ CH ₄ /20.8oz	None Observed	
6.	#6 O ₂ CH ₄ /20.8oz	Part Broken	Refused Entry
7.	#6R O ₂ CH ₄ /20.8oz	Scrap Cut	Refused Entry
8.	#7 O ₂ CH ₄ /20.8oz	Needs Cleaned & Rept	Reported
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
LA LOB	22,150		
RA LOB	23,650		

Remarks: Charges & Powder Center Clear
Rescue Chamber OK Intake Pipe OK
Haulway & TPA always clear at time of exam
O₂ CH₄/20.8oz/ Announcement in proper direction

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

Signed By [Signature] Certificate No. 1664-A
Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 28732
Assistant Foreman
Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 1-15-10 Shift Owl Area or Section 3 Section "Portal"

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>1-7</u>	<u>12:00</u>	<u>0%</u>	11. _____		
2. <u>1-7</u>	<u>2:00</u>	<u>0%</u>	12. _____		
3. <u>1-7</u>	<u>4:00</u>	<u>0%</u>	13. _____		
4. <u>1-7</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>H1wb</u>	<u>12:30</u>	<u>0%</u>	6. _____		
2. <u>H2wb</u>	<u>12:35</u>	<u>0%</u>	7. _____		
3. <u>H1wb</u>	<u>2:30</u>	<u>0%</u>	8. _____		
4. <u>H2wb</u>	<u>2:35</u>	<u>0%</u>	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) _____

M. J. Col Assistant Mine 1947-A Certificate No. Rich Deter Mine Foreman-Mine Manager 2973 Certificate No. _____ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-16 2010 Section or Area Examined 3 Section
 Time of Examination: from 5:15 a.m. or p.m. to 6:05 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Adam Fraley Time 4:10 A.M. P.M.
 Report received by Bobby Baker
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	CH#	Location	O ₂	Violation or Hazardous Condition	Action Taken
1.	1	O ₉	20.8%	Water in face	Reported
2.	2	O ₉	20.8	N/O	Reported
3.	3	O ₉	20.8	N/O	Reported
4.	4R	O ₉	20.8	N/B	Reflectors
5.	4	O ₉	20.8	Needs Add. Cleaning	Reported
6.	5	O ₉	20.8	N/B	Reflectors
7.	SR	O ₉	20.8	Needs Cleaned	Reported
8.	6	O ₉	20.8	N C/D	Reported
9.	6R	O ₉	20.8	N C/D	Reported
10.	7	O ₉	20.8	N C/D	Reported

Air Measurements

Location	CFM	Location	CFM
Lt 20B	22,260		
Rt 20B	21,300		

Remarks: PC, travel ways, intake phone, chargers, outby chamber — OK at time of exam

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

Signed By Adam Fraley Preshift-Mine Examiner Certificate No. 38522-08
 Countersigned Rick Foster Mine Manager—Mine Foreman Certificate No. 28732
Bobby L Baker Assistant Foreman Certificate No. 38699
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-16-10 Shift Day Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

	CH Location	O ₂	Violation or Hazardous Condition	Action taken
1.	1 O ₂	20.8%	Water on face	Bolts at
2.	4R O ₂	20.8	N/B	Bolts
3.	4 O ₂	20.8	Needs Add. Cleaning	Repaired
4.	5 O ₂	20.8	N/B	Bolts
5.	5R O ₂	20.8	Needs Cleaned	Corrected
6.	6 O ₂	20.8	N C/D	Corrected
7.	6R O ₂	20.8	N C/D	Corrected
8.	7 O ₂	20.8	N C/D	Corrected

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	700-730	0%	11.		
2. 1-7	900-930	0%	12.		
3. 1-7	1100-1130	0%	13.		
4. 1-7	100-130	0%	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. Lt Return	655	0%	6.		
2. Rt Return	735	0%	7.		
3.			8.		
4. Lt Return	1055	0%	9.		
5. Rt Return	1135	0%	10.		

Number of Bolts Tested 13 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 5 of R.C.P. to retire crew at start of shift

Billy C. [Signature] Assistant Mine 38689 Certificate No. [Signature] Mine Foreman-Mine Manager 28234 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 1-16 Section or Area Examined Portal Section
 Time of Examination: from 11:00 a.m. or 11:30 a.m. or 11:30 p.m. to 11:30 a.m. or 11:30 p.m.
 Was this report phoned to outside: Yes no
 By whom Bobby Baker Time 2:50 P.M.
 Report received by _____ (Signed) _____

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	1 Entry CH ₄ 0% O ₂ 20.8	None Observed	Reflector Hung
2.	2 Entry 0% O ₂ 20.8	None Observed	Reflector Hung
3.	3h Entry 0% O ₂ 20.8	Scrap cut	Reflector Hung
4.	4 Entry 0% O ₂ 20.8	None Observed	Reflector Hung
5.	5 Entry 0% O ₂ 20.8	None Observed	Reflector Hung
6.	6 Entry 0% O ₂ 20.8	Scrap cut	Reflector Hung
7.	7 Entry 0% O ₂ 20.8	None Observed	Reflector Hung
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
L HOB	23652		
R HOB	22180		

Remarks: Powercenter Travelways intake ~~chargers~~ ^{Phone} chargers, outby chargers
and outby chamber ok at time of exam
 CH₄ 0% O₂ 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 Bobby Baker Preshift-Mine Examiner Certificate No. 38699
 Countersigned Bobby Baker Mine Foreman Certificate No. 29734
 Assistant Foreman [Signature] Certificate No. 1664-A
 Assistant Foreman _____ Superintendent or Assistant _____

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 1-16-76 Shift EVE Area or Section Portal Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>3L</u>	<u>Scrap cut</u>	<u>Corrected</u>
2. <u>G</u>	<u>Scrap cut</u>	<u>Corrected</u>
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>L Ret</u>	<u>4:30</u>	<u>0%</u>	6. _____	_____	_____
2. <u>R Ret</u>	<u>5:00</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>L Ret</u>	<u>8:30</u>	<u>0%</u>	9. _____	_____	_____
5. <u>R Ret</u>	<u>9:00</u>	<u>0%</u>	10. _____	_____	_____

Number of Bolts Tested 15
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Want our page 5 of Roof Control Plan
Paragraphs 16, 17, 18 with entire crew at end of Truck

[Signature] Assistant Mine
1664-A Certificate No.
[Signature] Mine Foreman-Mine Manager
2879 Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-16-10 Section or Area Examined Portal section
 Time of Examination: from 10:00 a.m. or 9:30 a.m. or 8:00 a.m. or 7:00 a.m.
 Was this report phoned to outside: Yes no
 By whom Shannon Perdue Time 10:55 A.M.
 Report received by [Signature] 1947-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. #1 0% CH ₄ 20.8% O ₂	Not Bolted	Reflectors
2. #2 0% CH ₄ 20.8% O ₂	scrap cut	Reflectors
3. #3 0% CH ₄ 20.8% O ₂	water in Face	Reported
4. #4, #5 0% CH ₄ 20.8% O ₂	none observed	Reported
5. #6 0% CH ₄ 20.8% O ₂	scrap cut	Reported Reflectors
6. #7 0% CH ₄ 20.8% O ₂	none observed	Reported
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
LOB	LT 21,650		
	RT 23,480		

Remarks: 0% CH₄, 20.8% O₂, 0 PPM C.O. Detected
Powercent, Travelways, Intake Phone, Chargers, out By Shelter, OK
At Time of exam

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

Signed By [Signature] Certificate No. 1664-A
 Assistant Foreman
 Countersigned [Signature] Certificate No. 28734
 Mine Manager—Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Shannon Perdue 1947-A

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Rows 1-8.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-20.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-10.

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

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

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

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

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 1-17-50 Section or Area Examined portal Section
 Time of Examination: from 5:05 or p.m. to 5:20 or p.m.
 Was this report phoned to outside: Yes no Time A.M. P.M.
 By whom
 Report received by Brought out (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Section Idle		
2. No work		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
LOB	Lt 21,220		
	Rt 22,870		

Remarks: 0% CH₄, 20.8% O₂, 0ppm C.O.
powercenter, Intake Phone, out By shelter OK AT
Time of exam

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

Signed By George Curry Preshift-Mine Examiner Certificate No. 1947A
 Countersigned Rich Jester Mine Manager—Mine Foreman Certificate No. 25736
 Assistant Foreman

Jaeger 39199 Superintendent or Assistant George Curry 27429

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-17 Section or Area Examined Portal Section
Time of Examination: from 1:00 a.m. or 1:00 p.m. to 4:00 a.m. or 4:00 p.m.
Was this report phoned to outside: Yes no
By whom _____ Time _____ A.M. _____ P.M.
Report received by Brought outside
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1.	<u>Section take - no work</u>	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>LUB Left</u>	<u>20,955</u>		
<u>Right</u>	<u>22,420</u>		

Remarks: 0% CH₄, 0% CO, 20.8% O₂ track, travelways, pc's;
charges clear at time of exam

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

Signed By George Curry 27429 Assistant Foreman Certificate No. _____
Countersigned Rich. Tals Mine Manager - Mine Foreman Certificate No. 23735
Assistant Foreman
Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-17 20 10 Section or Area Examined Portal # 3
Time of Examination: from 9:40 a.m. or p.m. to 10:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Time A.M. P.M.
Report received by (Signed) Brought outside

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 7 rows of handwritten data including locations 1-7, violations like 'need clean water', 'SCRAP', and actions like 'Rep.', 'Reflector'.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains handwritten entries for L.T. (21,580) and R.T. (23,320).

Remarks: No CH4 det. O2 20.80% CO 0%
Haulage + Trunkway clear at exam
Fresh air Bay - Intake Phone clear

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

Signed By [Signature] 29611 Assistant Foreman Certificate No.
Countersigned [Signature] 29736 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 1-18 Section or Area Examined Portal #3
 Time of Examination: from 4:55 a.m. or p.m. to 5:33 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. #1 entry 020CH4 20.80	none	
2. 2 02 20.80	need clean dusted	Rep
3. 3L 02 20.80	need clean dusted	Rep
4. 4 02 20.80	SCRAP	Refuse to
5. 5 02 20.80	none observed	
6. 6 02 20.80	none observed	
7. 7 02 20.80	none observed	
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
LT	25,718		

Remarks: NOCH4 det. 02 20.80 cool
Haulage Tranchways clean
P/C - Fresh Air Bay - suitable then OK

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

Signed By _____ Preshift-Mine Examiner 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 1-18-10 Shift 3rd Area or Section Portal #3

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #1 entry no CH ₄ 0.7% 20.802	needs cleaned - water	reported
2. 2	water	reported
3. 3	water (needs pumped)	reported
4. 4	scrap	reflectors
5. 5	needs cleaned	reported
6. 6	none observed	reported
7. 7	none observed	reported
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	1:00-1:29	0.07%	11.		
2.			12.		
3. 1-7	3:00-3:24	0.07%	13.		
4.			14.		
5. 1-7	5:00-5:30	0.07%	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. L Return	1:00	0.7%	6.		
2. R Return	1:29	0.7%	7.		
3.			8.		
4. L Return	5:00	0.7%	9.		
5. R Return	5:30	0.7%	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) No CH₄ detected, 20.87% O₂, CO 0.07%
Haulage and travel ways clear at time of exam. Fresh air bay - Intake Phone clear

Adam Frisley
Assistant Mine

38822-09
Certificate No.

Rick J. [Signature]
Mine Foreman - Mine Manager

2873
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-18 2010 Section or Area Examined 3 Section
Time of Examination: from 500 a.m. or p.m. to 550 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Adam Fraley Time 100 A.M. P.M.
Report received by Bobby Baker (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Contains 10 rows of inspection data.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains 2 rows of air measurement data.

Remarks: PC, travelways, intake phone, chargers, outby chamber - OK at time of exam

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

Signed By Adam Fraley (Preshift Mine Examiner) Certificate No. 38872-08
Countersigned Bobby Baker (Mine Foreman) Certificate No. 38679
Assistant Foreman
Superintendent or Assistant

Use Indelible
Penell or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 1-18-10 Shift Day Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

	Location	02	Violation or Hazardous Condition	Action taken
1.	1 0% 20.8%		NJB	Boltd
2.	2L 0% 20.8		Needs Add. Cleaning	Corrected
3.	2 0% 20.8		Needs Add. Dushing	Corrected
4.	3 0% 20.8		Water	Repaired
5.	3L 0% 20.8		Water	Repaired
6.	4 0% 20.8		Scrap	Boltd
7.	5 0% 20.8		Needs Add. Cleaning	Corrected
8.	5R 0% 20.8		N 4D	Corrected

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	700-730	0%	11.		
2. 1-7	900-930	0%	12.		
3. 1-7	1100-1130	0%	13.		
4. 1-7	100-130	0%	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. Lt Return	655	0%	6.		
2. Rt Return	735	0%	7.		
3.			8.		
4. Lt Return	1055	0%	9.		
5. Rt Return	1135	0%	10.		

Number of Bolts Tested 13
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4 of R.C.P. to entire crew at start of shift

[Signature] Assistant Mine Foreman Certificate No. 38699
[Signature] Mine Foreman-Mine Manager Certificate No. 28734
Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 1-18 2010 Section or Area Examined Portal Section
 Time of Examination: from 1:00 a.m. or 6 p.m. to 1:30 a.m. or 6 p.m.
 Was this report phoned to outside: Yes no
 By whom Bobby Baker Time 3:00 P.M.
 Report received by [Signature] 1664-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH ₄	O ₂	Violation or Hazardous Condition	Action Taken
1.	1 Entry	0%	20.8	Needs cleaned & dusted	Reported
2.	2R xcut	0%	20.8	Scrap cut	Reflector Hung
3.	3 Entry	0%	20.8	Water in face	Reported
4.	4 Entry	0%	20.8	Scrap cut	Reflector Hung
5.	5 Entry	0%	20.8	None Observed	Reflector Hung
6.	6 Entry	0%	20.8	None Observed	Reflector Hung
7.	7 Entry	0%	20.8	Needs cleaned & dusted	Reported
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
Lt hob	23780		
Rt hob	21458		

Remarks: Powercable Travelways changers Intake phone & Out by chamber ok
at time of exam

CH₄ 0% O₂ 20.8 CO₂ 0.0

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 [Signature] 38695 Certificate No. [Signature] Assistant Foreman
 Countersigned [Signature] Mine Manager - Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-18-10 Shift Ev Area or Section Portal Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>1</u>	<u>Needs cleaned & dusted</u>	<u>Corrected</u>
2. <u>2R x cut</u>	<u>Scrap cut</u>	<u>Corrected</u>
3. <u>3</u>	<u>Water in face</u>	<u>Corrected</u>
4. <u>4</u>	<u>Scrap cut</u>	<u>Corrected</u>
5. <u>7</u>	<u>Needs cleaned & dusted</u>	<u>Corrected</u>
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>L Ret</u>	<u>4:30</u>	<u>0%</u>	6. _____	_____	_____
2. <u>R Ret</u>	<u>5:00</u>	<u>0%</u>	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. <u>L Ret</u>	<u>8:30</u>	<u>0%</u>	9. _____	_____	_____
5. <u>R Ret</u>	<u>9:00</u>	<u>0%</u>	10. _____	_____	_____

Number of Bolts Tested 15
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) went over page 5 of Roof control

Plan paragraphs A, 2, 3, 4, 22 - Set sandjacks in SR width

[Signature] Assistant Mine 1664-A Certificate No. [Signature] Mine Foreman-Mine Manager 2972 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 1-18 2010 Section or Area Examined Portal #3
Time of Examination: from 9:50 a.m. or 6 p.m. to 10:50 a.m. or 6 p.m.
Was this report phoned to outside: Yes no
By whom Shannon Time 9:50 A.M. 10:55 P.M.
Report received by Myers 6/1947-A
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	#1 0% CH ₄ 20.8% O ₂	none observed	Reported
2.	#2 0% CH ₄ 20.8% O ₂	scrap cut	Reflectors
3.	#3 0% CH ₄ 20.8% O ₂	water in face	Reported
4.	#4 0% CH ₄ 20.8% O ₂	none observed	Reported
5.	#5 0% CH ₄ 20.8% O ₂	put Bolts	Reflectors
6.	#5R 0% CH ₄ 20.8% O ₂	Wide	set Jacks
7.	#6 0% CH ₄ 20.8% O ₂	none observed	Reported
8.	#6R 0% CH ₄ 20.8% O ₂	scrap cut	Reflectors
9.	#7 0% CH ₄ 20.8% O ₂	Cleaned and Dusted	Reported
10.			

Air Measurements

Location	CFM	Location	CFM
LT.	21,270		
RT.	23,000		

Remarks: No CH₄ det. 0% CO₂ 20.8%
Haulage & Trunkways clear at exam
P/C clear
Fresh air bay - intake phone clear
power center OK At Time of exam

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

Signed By Shannon Freshift Mine Examiner Certificate No. 1664-A
Countersigned Resk Foster Mine Manager - Mine Foreman Certificate No. 2573
Ray Peterson Assistant Foreman
Myers 6/1947-A Superintendent or Assistant

Use Indelible
Pen or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 1-19-10 Shift 3rd Area or Section Partial #3

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. #1 07° CH ₄ 20.87° O ₂	none observed	reported
2. #2L 07° CH ₄ 20.87° O ₂	scrap cut	reflectors
3. #3 07° CH ₄ 20.87° O ₂	water in face	reported
4. #4 07° CH ₄ 20.87° O ₂	none observed	reported
5. #5 07° CH ₄ 20.87° O ₂	part bolted	reflectors
6. #5R 07° CH ₄ 20.87° O ₂	wide	set jacks
7. #6 07° CH ₄ 20.87° O ₂	none observed	reported
8. #6R 07° CH ₄ 20.87° O ₂	scrap cut	reflectors
#7 07° CH ₄ 20.87° O ₂	cleaned and dusted	reported

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	1:00-1:30	0.07°	11.		
2.			12.		
3. 1-7	3:00-3:26	0.07°	13.		
4.			14.		
5. 1-7	5:00-5:29	0.07°	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. L Return	1:00	0.07°	6.		
2. R Return	1:30	0.07°	7.		
3.			8.		
4. L Return	5:00	0.07°	9.		
5. R Return	5:29	0.07°	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) No CH₄ detected 07°, 20.87° O₂, CO 07°
Haulage + travel ways clear at exam P/C clear Fresh air bay - Intake phone clear Lower center clear

Adam Farley
Assistant Mine

38822-08
Certificate No.

Reid John
Mine Foreman - Mine Manager

John
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-19 2010 Section or Area Examined 3 Section
Time of Examination: from 500 a.m. or p.m. to 550 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Adam Faley Bobby Baker
Report received by Bobby Baker (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: CH4 Location, O2, Violation or Hazardous Condition, Action Taken. Contains 10 rows of data including locations like 1, 2L, 2, 3, 3R, 4, 5, 5R, 6, 6R, 7 and actions like Reported, Reflectors, Needs Add. Cleaning.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Contains data for Lt LOB (21,560) and Rt LOB (22,080).

Remarks: PC, travelways, intake phone, chargers, outby chamber - OK at time of exam

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

Signed By Adam Faley Preshift Mine Examiner Certificate No. 38822-03
Countersigned: Mine Manager - Mine Foreman Bobby Baker Assistant Foreman Certificate No. 38699
Assistant Foreman Superintendent or Assistant

Use Indelible
Pen or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 1-19-10 Shift Day Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported

	CH ₄ Location	O ₂	Violation or Hazardous Condition	Action taken
1.	2L O ₂	20.8%	N CID	Corrected
2.	3 O ₂	20.8	Water	Loaded out
3.	3R O ₂	20.8	Water	Loaded out
4.	5 O ₂	20.8	Scrap	Bolled
5.	5R O ₂	20.8	Needs Add. Cleaning	Corrected
6.	6R O ₂	20.8	P/B	Bolled
7.	7 O ₂	20.8	Needs Add. Cleaning	Corrected
8.				

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	700-730	0%	11.		
2. 1-7	900-930	0%	12.		
3. 1-7	1100-1130	0%	13.		
4. 1-7	100-130	0%	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. Lt Return	655	0%	6.		
2. Rt Return	735	0%	7.		
3.			8.		
4. Lt Return	1055	0%	9.		
5. Rt Return	1135	0%	10.		

Number of Bolts Tested 13
 Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 5 of R.C.R. to enter new et start of shift

[Signature] Assistant Min. Certificate No. 38699
[Signature] Mine Foreman-Mine Manager Certificate No. 00284
 Department of Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 1-19- 2010 Section or Area Examined Perdal Section #3
 Time of Examination: from 11:00 a.m. or 11:30 a.m. or 1:30 p.m.
 Was this report phoned to outside: Yes no
 By whom Robby Baker Time 2:50 P.M.
 Report received by Sh. M. 1664-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH ₄ %	O ₂	Violation or Hazardous Condition	Action Taken
1.	1 Entry	0%	20.8	Needs cleaned & Dusted	Reported
2.	2 Entry	0%	20.8	Needs cleaned & Dusted	Reported
3.	3 Entry	0%	20.8	None Observed	Reflector Hung
4.	4R xcut	0%	20.8	Scrap cut	Reflector Hung
5.	5 Entry	0%	20.8	Scrap cut	Reflector Hung
6.	6 Entry	0%	20.8	Needs cleaned & Dusted	Reported
7.	7 Entry	0%	20.8	Needs cleaned & Dusted	Reported
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
L L0B	23762		
R L0B	21840		

Remarks: Power-center Trunkways intake phone changes & outby chamber
 ok at time of exam
 CH₄ 0% O₂ 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 Robby Baker Preshift-Mine Examiner Certificate No. 38699
 Countersigned Robby Baker Mine Manager—Mine Foreman Certificate No. 1664-A
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT. MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 1-19-10

Shift EVC

Area or Section Portal Section

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. 1	Needs cleaned & dusted	Corrected
2. 3	Needs cleaned & dusted	Corrected
3. 4R	Scrapent	Corrected
4. 5	Scrapent	Corrected
5. 6	Needs cleaned & dusted	Corrected
6. 7	Needs cleaned & dusted	Corrected
7.		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. L Ret	4:30	0%	6.		
2. R Ret	5:00	0%	7.		
3.			8.		
4. L Ret	8:30	0%	9.		
5. R Ret	9:00	0%	10.		

Number of Bolts Tested 15
Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Went over page 5 of Roof control Plan with entire crew at end of Track

Assistant Mine 1664-A Certificate No. Mine Foreman-Mine Manager Rick Zeta 28236 Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 1-19 2010 Section or Area Examined Portal Sec #3
 Time of Examination: from 10:00 a.m. or p.m. to 10:15 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Shymon Rodin Time 10:50 A.M. P.M.
 Report received by T. G. Turner 26611 (Signed)

Violations and other Hazardous Conditions Observed and Reported

#	Location	Violation or Hazardous Condition	Action Taken
1	<u>0% Ch4</u>	<u>need add. cleaning</u>	<u>Reported</u>
2	<u>0% Ch4</u>	<u>water</u>	<u>Reported</u>
3	<u>0% Ch4</u>	<u>water</u>	<u>Reported</u>
4	<u>0% Ch4</u>	<u>none</u>	<u>Reported</u>
5	<u>0% Ch4</u>	<u>none</u>	<u>Reported</u>
6	<u>0% Ch4</u>	<u>SCRAP CUT</u>	<u>Reported, Re-ventured</u>
7	<u>0% Ch4</u>	<u>part bolted</u>	<u>Reported, Re-ventured</u>
8			
9			
10			

Air Measurements

Location	CFM	Location	CFM
<u>L LOB</u>	<u>22,380</u>		
<u>R LOB</u>	<u>20,600</u>		

Remarks: No CH4 def. O2 20.5 or CO 0%
Power Center clear
Haulage & Trunkways clear at exam
Fresh air Bay substa Phone clear

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1664-A
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 28736
[Signature] Assistant Foreman Certificate No. 29061
 Superintendent or Assistant

Date 1-20-10 Shift 3rd Area or Section Portal #3

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	#1 07°CH4	needs add. cleaning	reported
2.	2 07°CH4	water	reported
3.	3 07°CH4	water	reported
4.	4 07°CH4	none	reported
5.	5 07°CH4	none	reported
6.	6 07°CH4	Scrap cut	reported, reflectored
7.	7 07°CH4	part bolted	reported, reflectored
8.			

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	1-7	1:00-1:30	0.07°	11.			
2.				12.			
3.	1-7	3:00-3:24	0.07°	13.			
4.				14.			
5.	1-7	5:00-5:30	0.07°	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.	L Return	1:00	0.07°	6.			
2.	R Return	1:30	0.07°	7.			
3.				8.			
4.	L Return	5:00	0.07°	9.			
5.	R Return	5:30	0.07°	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) 07°CH4, 20.87°O2, CO 0.07° Powercenter clear
Haulage & travelways clear at time of exam. Fresh airbay. Intake Phone clear.

Adam Farley
Assistant Mine

38822-08
Certificate No.

Rick Zito
Mine Foreman-Mine Manager

28236
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 1-20 2010 Section or Area Examined 3 Section
 Time of Examination: from 500 a.m. or p.m. to 550 a.m. or p.m.
 Was this report phoned to outside: Yes No
 By whom Adam Frisley Time 600 A.M. P.M.
 Report received by Bobby Baker (Signed)

Violations and other Hazardous Conditions Observed and Reported

	CH ₄ Location	O ₂	Violation or Hazardous Condition	Action Taken
1.	1	0% 20.8%	N/O	Reported
2.	2	0% 20.8	Water	Reported
3.	3	0% 20.8	N/O	Reported
4.	4	0% 20.8	N/B	Reflectors
5.	5	0% 20.8	Needs Add. Cleaning	Reported
6.	SR	0% 20.8	N/O	Reported
7.	6	0% 20.8	N C/D	Reported
8.	7	0% 20.8	N C/D	Reported
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Lt LOB	23,380		
Rt LOB	21,760		

Remarks: PC, travelways, intake phone, chargers, outby chamber — OK at time of exam

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

Signed By Adam Frisley
 Preshift-Mine Examiner
 Countersigned Rich Baker
 Mine Manager—Mine Foreman

38922-08
 Certificate No.
28236

Bobby Baker
 Assistant Foreman

38699
 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 1-20-10 Shift Day Area or Section 3 Section

Violations and other Hazardous Conditions Observed and Reported			
CH ₄ Location	O ₂	Violation or Hazardous Condition	Action taken
1. 2 0%	20.8%	Water	Repaired
2. 4 0%	20.8	NIB	Bolted
3. 5 0%	20.8	Needs Add. Cleaning	Corrected
4. 6 0%	20.8	N CID	Corrected
5. 7 0%	20.8	N CID	Corrected
6.			
7.			
8.			

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. 1-7	700-730	0%	11.		
2. 1-7	900-930	0%	12.		
3. 1-7	1100-1130	0%	13.		
4. 1-7	100-130	0%	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. Lt Return	655	0%	6.		
2. Rt Return	735	0%	7.		
3.			8.		
4. Lt Return	1055	0%	9.		
5. Rt Return	1135	0%	10.		

Number of Bolts Tested 13
 Number of Bolts Torqued Above Range 0 Below Range 0

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Read page 4 of R.C.P. to entire crew at start of shift

[Signature] Assistant Mine Foreman
[Signature] Mine Foreman-Mine Manager
2823C Certificate No. Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination: 1-20 2010 Section or Area Examined: Portal Section
 Time of Examination: from 1:30 a.m. or 2:00 p.m. to 2:00 a.m. or 2:00 p.m.
 Was this report phoned to outside: Yes No
 By whom: Bobby Baker Time: 2:50 P.M.
 Report received by: [Signature] 1664-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH ₄	O ₂	Violation or Hazardous Condition	Action Taken
1.	1 Entry	0%	20.8	Not Bolted	Reflector Hung
2.	2 Entry	0%	20.8	Water in face	Reported
3.	3 Entry	0%	20.8	Water in face	Reported
4.	4 Entry	0%	20.8	None Observed	Reflector Hung
5.	5 Entry	0%	20.8	None Observed	Reflector Hung
6.	6 Entry	0%	20.8	Needs cleaned & dusted	Reported
7.	7 Entry	0%	20.8	Scrap cut	Reflector Hung
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
L HOB	26600		
R HOB	24462		

Remarks: Powercenter Truwalways intake phone chargers & outby chamber o/s at time of exam

CH₄ 0% O₂ 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: [Signature] Preshift-Mine Examiner Certificate No. 38699
[Signature] Assistant Foreman Certificate No. 28734
 Countersigned: [Signature] Mine Manager - Mine Foreman
[Signature] Assistant Foreman
[Signature] Superintendent or Assistant