

L I W A I I

PRESHIFT - ONSHIFT and DAILY REPORT

Company Performance Coal

Mine UBB

SECTION Longwall

LOCATION Naoma Raleigh WV
Post Office County State

Form 6-1489
(March 1970)

Budget Bureau No. 42-R1589

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

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FORM# MS-014

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-16-10 Shift 3rd

Area or Section well

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	None observed	Reported
2. Supports	[Vertical lines]	[Vertical lines]
3. Track		
4. Traveling		
5. Chassis		
6. Barricade cur		
7. Power center		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	3:00am	0%	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. RT	3:40am	0%	6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

[Signature] Assistant Mine

38928 Certificate No.

[Signature] Mine Foreman-Mine Manager

38928 Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-16 2010 Section or Area Examined Longwall

Time of Examination: from 3:00 a.m. or p.m. to 4:00 a.m. or p.m.

Was this report phoned to outside: Yes no

By whom Larry Brown Time 5:15 A.M. P.M.

Report received by Kevin W. Medley
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	O ₂	Violation or Hazardous Condition	Action Taken
1. Face	0%	20.8%	None Observed	Reported
2. Roof Supports	"	"	"	"
3. Power Center	"	"	"	"
4. Chargers	"	"	"	"
5. Track	"	"	"	"
6. Travelways	"	"	"	"
7. Barricade Station	"	"	"	"
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Intake	90,225		
# 9	918		
# 160	643		
MPA	12,745		
MPB	Movement To Gob		

Remarks: 0% CH₄ 20.8% O₂ 0 ppm CO

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

Signed By [Signature] Certificate No. 38828 Kevin W. Medley Assistant Foreman Certificate No. 38810

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 2-16-10 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Table with columns: Location, Violation or Hazardous Condition, Action taken. Rows include Face, Roof Supports, Power Center, Chargers, Track, Travelways, Barricade Station.

Examinations for Methane in Working Places

Table with columns: Location, Time, Methane Content. Rows 1-10 showing methane readings at Face at various times.

Examinations for Methane in Return Aircourses

Table with columns: Location, Time, Methane Content. Rows 1-10 showing methane readings in Return Aircourses.

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) Discussed page 24 of RCP

Kevin W. Medley Assistant Mine

38810 Certificate No.

T. Mann Mine Foreman-Mine Manager

33303 Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2/16 2010 Section or Area Examined Longwell
 Time of Examination: from 12:00 a.m. or p.m. to 1:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Kevin W. Medley Time 2:30 A.M. P.M.
 Report received by Jim Davis (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face 20' from o/c ch</u>	<u>None observed</u>	<u>None</u>
2. <u>Roof Support</u>	↓	↓
3. <u>Tracks</u>	↓	↓
4. <u>Travelway</u>	↓	↓
5. <u>P.C</u>	↓	↓
6. <u>Charger</u>	↓	↓
7. <u>Barricade Station</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>90580</u>		
<u>#9</u>	<u>879</u>		
<u>#160</u>	<u>536</u>		
<u>MPA</u>	<u>12,387</u>		
<u>MPS</u>	<u>Movement To Gob</u>		

Remarks: 0% CH4 0% CO 20.8% O2

All 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 Kevin W. Medley 38810 Jim Davis 38322
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned T. Moore 33353
Mine Manager - Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indefilbe
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 2/16/60 Shift EVE Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face 20.8% O₂ 0% CH₄</u>	<u>None observed</u>	<u>None</u>
2. <u>Roof support</u>		
3. <u>Tracks</u>		
4. <u>Travelum-1</u>		
5. <u>P.C</u>		
6. <u>Charger</u>		
7. <u>Barricade Station</u>		
8. _____		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>FACE</u>	<u>5.00</u>		11. _____		
2. _____	<u>7.00</u>		12. _____		
3. _____	<u>9.00</u>		13. _____		
4. _____	<u>11.00</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>Ret</u>	<u>6.30</u>	<u>0%</u>	6. _____		
2. _____	<u>10.30</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) Safety meeting on Roof control P. 15

Jim Over
Assistant Mine

38322
Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-16 2010 Section or Area Examined well
 Time of Examination: from 9:20 a.m. or p.m. to 10:15 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom T. D. v. 2 Time A.M. 10:45 P.M.
 Report received by LB (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face	0% CH ₄ None observed	reported
2. Supports		
3. Track		
4. Traveling		
5. power center		
6. Churns		
7. Beneath car		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	95553		
9	975		
160	675		
MPA	12143		
MPB	Air to 606		

Remarks: 0% CH₄ - 20.8% O₂ 0% CO 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 Tom Darr Certificate No. 38322
 Preshift-Mine Examiner
 Countersigned T. D. v. 2 Certificate No. 38927
 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 2-17-60 Shift 3rd Area or Section wall

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>Supports</u>		
3. <u>Track</u>		
4. <u>Traveling</u>		
5. <u>Power cables</u>		
6. <u>Chairs</u>		
7. <u>Barricade on</u>		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>3:40 PM</u>	<u>0 %</u>	11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>AT</u>	<u>4:00 PM</u>	<u>0 %</u>	6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

[Signature]
Assistant Mine

38928
Certificate No.

[Signature]
Mine Foreman-Mine Manager

33259
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2-17-10 Section or Area Examined Hwall
 Time of Examination: from 3:30 a.m. or p.m. to 4:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Larry Brown Time 5:22 A.M. P.M.
 Report received by Wend Cully (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face	None found	Reported
2. ROOF Supports	"	"
3. Power Center	"	"
4. Changer	"	"
5. Track	"	"
6. Travelways	"	"
7. Barricade st.	"	"
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
10% ch ₄ Intake	96,145		
#9	982		
#160	668		
MPA	12,237		
MPB	Air to job		

Remarks: 0% ch₄, 20.8% O₂ No Co found 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 L B 32928 Certificate No. Wend Cully Assistant Foreman 28095 Certificate No. 38810
 Countersigned T. M. ... Mine Manager—Mine Foreman 33355 Kevin W. Medley Assistant Foreman

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-17-10 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	O ₂	Violation or Hazardous Condition	Action taken
1. Face			None found	None
2. Roof Supports			" "	"
3. Power Center			" "	"
4. Charger			" "	"
5. Track			Wide Area in by mule train	Set 4 SAND JACKS.
6. Travelways			None found	Reported
7. Barricade Station			None found	Reported
8.				

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	7:10 AM	.070	11.		
2. "	9:10 AM	.070	12.		
3. "	11:10 AM	.070	13.		
4. "	1:10 PM	.070	14.		
5. "	3:10 PM	.070	15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	7:50 AM	.070	6.		
2. Return	11:50 AM	.070	7.		
3. Return	3:35 PM	.070	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) Visual check shields 1-176. Braced
med on ROOF & Rib Plan. Pg. 22. Discussed dust Control Plan. 6:35 AM

Kevin W. Medley Assistant Mine 38810 Certificate No. T. Moore Mine Foreman-Mine Manager 33252 Certificate No. _____ Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2/17 2010 Section or Area Examined long wall
Time of Examination: from 12:00 a.m. or p.m. to 12:50 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Kevin Medley Time 2:30 A.M. P.M.
Report received by Jim Clouse (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face 20.8% O_2 0% CH_4	None observed	None
2. Roof support " "	" "	" "
3. Track " "	" "	" "
4. Travelway " "	" "	" "
5. RC " "	" "	" "
6. Charger " "	" "	" "
7. Barricade Station " "	" "	" "
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
Intake	96,265		
#9	975		
#160	687		
MPIA	12,390		
MPIB	Movement To Gob		

Remarks: 0% CH_4 0% CO 20.8% O_2

All 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 Kevin W. Medley 38810 Jim Clouse 38832
 Freshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned T. Moore 33359
 Mine Manager—Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Indefinite
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

12/10 Shift EVE Area or Section LONGWALL

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face 20.8% or 0% CH₄</u>	<u>None observed</u>	<u>None</u>
2. <u>Roof Support</u>		
3. <u>Track</u>		
4. <u>Travelway</u>		
5. <u>PC</u>		
6. <u>Charges</u>		
7. <u>Barriade Station</u>		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>5.00</u>	<u>0%</u>	11.		
2.	<u>7.00</u>	<u>0%</u>	12.		
3.	<u>9.00</u>	<u>0%</u>	13.		
4.	<u>11.00</u>	<u>0%</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>Ret</u>	<u>6.30</u>	<u>0%</u>	6.		
2.	<u>10.30</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) Safety meeting on Roof control 12/2

Gregory Saffy
Emm. D...

Assistant Mine

38322
Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2-17-10 Section or Area Examined Longwall
 Time of Examination: from 9:25 a.m. or p.m. to 10:20 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Tim Davis Time 10:40 A.M. P.M.
 Report received by Donell K. Staley (Signed) 39218

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face <u>0.0% ch₄ 20.8% O₂</u>	<u>None Observed</u>	<u>Reported</u>
2. Roof Supports		
3. Barricade Station		
4. Power Center		
5. Chargers		
6. Travelways		
7. Track		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>106,785</u>		
<u>#9</u>	<u>978</u>		
<u>#160</u>	<u>642</u>		
<u>MPA</u>	<u>14,283</u>		
<u>MPB</u>	<u>movement into gob</u>		

Remarks:

0.0% ch₄ 20.8% O₂ 0ppm CO
All 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 Tim Davis Preshift-Mine Examiner Certificate No. 38222
 Countersigned Tim Davis Mine Manager - Mine Foreman Certificate No. 33159
Donell K. Staley Assistant Foreman Certificate No. 39218
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-18-10 Shift 3rd Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, and Action taken. Includes handwritten entries for Face, Roof Supports, Barricade Station, Power Center, Chargers, Track, and Travelways.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Includes handwritten entry for Face at 4:45 AM with 0.0% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Includes handwritten entry for Return at 5:05 AM with 0.0% methane content.

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) Went over pg 22 on roof control plan with crew.

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

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2-18- 2010 Section or Area Examined Hwall
 Time of Examination: from 7:20 a.m. or p.m. to 5:10 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Keith Stanley Time 5:35 A.M. P.M.
 Report received by Kevin W. Medley (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	O ₂	Violation or Hazardous Condition	Action Taken
1. FACE	0%	20.8%	None Observed	None
2. ROOF Supports	"	"	"	"
3. Lower Center	"	"	"	"
4. Charger	"	"	"	"
5. Track	"	"	"	"
6. Travelways	"	"	"	"
7. Barricade St.	"	"	"	"
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Intake	105,492		
#9	936		
#160	587		
MPA	12,661		
MPB	Movement to Gob		

Remarks: 0% CH₄ 20.8% O₂ 0ppm CO

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

Signed By Keith Stanley Preshift-Mine Examiner Certificate No. 39218
 Countersigned Kevin W. Medley Mine Manager - Mine Foreman Assistant Foreman Certificate No. 33757
Kevin W. Medley Assistant Foreman Certificate No. 38810
Kevin W. Medley Superintendent or Assistant Certificate No. 28045

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-18-10 Shift Day Area or Section Lonwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	none found	Reported
2. Roof Supports	" "	
3. Power Center	Need fire ext.	Put 3 fire ext. at PC
4. Chargers	none found	None
5. Track	" "	"
6. Travelways	" "	"
7. Barricade Station	" "	"
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	8:15 AM	.0%	6.		
2. "	12:15 PM	.0%	7.		
3. "	3:00 PM	.0%	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) Briefed men on Roof & R's plan p. 20
Visual checked shields 1-176. Discussed dust Control Plan 6:55 AM.

Kevin W. Medley Assistant Mine 38810 Certificate No. T. Malone Mine Foreman-Mine Manager 38889 Certificate No. _____ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2/18 2010 Section or Area Examined Longwell
 Time of Examination: from 2:10 a.m. or p.m. to 6:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Kevin W. Medley Time 2:30 P.M.
 Report received by Jim Moore (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>FACE 20.8% O₂ 0% CH₄</u>	<u>NONE</u>	<u>Observed</u>
2. <u>Roof support</u>		
3. <u>Track</u>		
4. <u>Travelway</u>		
5. <u>P.C.</u>		
6. <u>Charge</u>		
7. <u>Barricade Station</u>		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>107,320</u>		
<u>#59</u>	<u>975</u>		
<u>#160</u>	<u>650</u>		
<u>MPA</u>	<u>12,460</u>		
<u>MFB</u>	<u>movement to Gols</u>		

Remarks: 0% CH₄ 0% CO₂ 20.8% O₂

All 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 Kevin W. Medley 38810 Jim Carter Assistant Foreman
 Countersigned Jim Moore 33359
 Mine Manager— Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

38,322
Certificate No.

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2/18/10 Shift EOC Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face 208' or 0% CH ₄	NONE observed	NONE
2. Roof support		
3. Track		
4. Travelway		
5. P.C		
6. Charge		
7. Barricade status		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	5.00	0%	11.		
2.	7.00	0%	12.		
3.	9.00	0%	13.		
4.	11.00	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. Ret	6.30	0%	6.		
2.	10.30	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) Safety meeting on Roof control P. 27
Visual check of shields 1-176

Jim Owen Assistant Mine Certificate No. 38,322
T. Moore Mine Foreman-Mine Manager Certificate No. 33353
Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2-18-10 Section or Area Examined Langus II
 Time of Examination: from 9:25 a.m. or p.m. to 10:20 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Tim Davis Time 10:45 A.M. P.M.
 Report received by Daniel K. Staley 39218
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face <u>0.07% CH₄ 20.87% O₂</u>	<u>None Observed</u>	<u>Reported</u>
2. Roof Support		
3. Barricade Station		
4. Power Center		
5. Chargers		
6. Track		
7. Travelways		
8.		
9.		
10.		

Air Measurements

Location

CFM

Location

CFM

Intake

102,645

#9

952

#160

710

MPA

13,390

MPB

movement integob

Remarks:

0.07% CH₄ 20.87% O₂ oppa CO
All 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 Tim Davis Preshift-Mine Examiner

38322 Certificate No.

Daniel K. Staley Assistant Foreman

39218 Certificate No.

Countersigned Tim Davis Mine Manager - Mine Foreman

33357

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-19-10 Shift 3rd Area or Section Langwell

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face ^{CH₄} 0.0% 20.8%	None Observed	Reported
2. Roof Supports		
3. Barricade Station		
4. Power Center		
5. Chargers		
6. Tracks		
7. Travel ways		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	4:40AM	0.0%	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. Return	5:00AM	0.0%	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) _____

Daniel K. Stanley
Assistant Mine

33218
Certificate No.

T. M. ...
Mine Foreman-Mine Manager

33505
Certificate No.

Superintendent or Assistant

Indelible
Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination: 2-19- 2060 Section or Area Examined L/Wall
 Time of Examination: from 4:23 a.m. or p.m. to 5:04 a.m. or p.m.
 as this report phoned to outside: Yes no
 for whom Keith Stanley Time 5:32 A.M. P.M.
 report received by Kevin W. Medley
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	O ₂	Violation or Hazardous Condition	Action Taken
Face	0.9%	20.8%	None Observed	Reported
Roof Supports	"	"	"	"
Power Center	"	"	"	"
Changers	"	"	"	"
Track	"	"	"	"
Travelways	"	"	"	"
Barricade st.	"	"	"	"

Air Measurements

Location	CFM	Location	CFM
Intake	106,310		
#9	951		
#160	686		
MPA	12,473		
MPB	Movement to Gob		

Remarks: 0.9% ch₄, 20.8% O₂ No Co found 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 Keith Stanley Certificate No. 3928
 Preshift-Mine Examiner
 Countersigned T. Moore Mine Manager—Mine Foreman
Kevin W. Medley Assistant Foreman Certificate No. 28095
38810
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-19-10 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4, O2, Violation or Hazardous Condition, Action taken. Rows include Face, Roof Supports, Power Center, Chargers, Track, Travelways, Barricade Station.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 showing Face location with times from 7:55 AM to 1:52 PM and 0% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-5 showing Return location with times from 8:45 AM to 12:40 PM and 0% methane content.

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) Discussed Pages 26 & 27 of R.C.P.

Kevin W. Medley Assistant Mine

38810 Certificate No.

T. Moore Mine Foreman-Mine Manager

33359 Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-19-10 Section or Area Examined Long Wall
Time of Examination: from 10:15 a.m. or p.m. to 105 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Kevin Medley Time A.M. 2:40 P.M.
Report received by Richard Lane 1357-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include Face, Roof Support, Power Center, Chargers, Tracks, Travelways, Barricade Station.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows include Intake, #9, #160, MPA, MPB.

Remarks: 0% CH4 20.8% O2 OppMCO

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 Kevin W. Medley 38810 Certificate No. Richard Lane 1357-A Assistant Foreman Certificate No.
Countersigned T. Moore Mine Manager - Mine Foreman 33389 Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-19-10 Shift EVE Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

	Location	CH ₄	O ₂	Violation or Hazardous Condition	Action taken
1.	Face	1.0%	20.8%	None obs	None
2.	Roof Support	"	"	"	"
3.	Chargers	"	"	"	"
4.	Power Center	"	"	"	"
5.	Track	"	"	"	"
6.	Travelways	"	"	"	"
7.	Barricade Station	"	"	"	"
8.					

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Face	5:00 PM	0%	11.			
2.		7:00 PM	0%	12.			
3.		9:00 PM	0%	13.			
4.		11:00 PM	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.	Return	5:45 PM	0%	6.			
2.		9:35 PM	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) Discussed P/C of RCP Discussed 1

Dust control plan Visual check of shields 1-176

Richard Ham
Assistant Mine

1357A
Certificate No.

T. Moore
Mine Foreman-Mine Manager

33359
Certificate No. Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-19-10 Section or Area Examined Longwall
Time of Examination: from 9:00 a.m. or p.m. to 10:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Ricks Lane Time 10:50 A.M. P.M.
Report received by Danell K Steady 39218
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face <u>0.0% ch⁴ 20.8% O₂</u>	<u>None Observed</u>	<u>Reported</u>
2. Roof Supports		
3. Barricade Station		
4. Power Center		
5. Chargers		
6. Tracks		
7. Travelways		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>106,360</u>		
<u>#9</u>	<u>958</u>		
<u>#160</u>	<u>670</u>		
<u>MPA</u>	<u>12,131</u>		
<u>MPB</u>	<u>movement into gob</u>		

Remarks: 0.0% ch⁴ 20.8% O₂ 0ppm CO
All 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 Danell K Steady 1357-A Certificate No. 39218
Preshift-Mine Examiner Assistant Foreman
Countersigned T. M. Lane 33359
Mine Manager—Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 2-20-10 Shift 3rd Area or Section Langwall

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>Roof Supports</u>		
3. <u>Barricade Station</u>		
4. <u>Power Center</u>		
5. <u>Chargers</u>		
6. <u>Track</u>		
7. <u>Travelways</u>		
8. _____		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>5:00 AM</u>	<u>0.0 %</u>	11. _____		
2. _____			12. _____		
3. _____			13. _____		
4. _____			14. _____		
5. _____			15. _____		
6. _____			16. _____		
7. _____			17. _____		
8. _____			18. _____		
9. _____			19. _____		
10. _____			20. _____		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>5:15 AM</u>	<u>0.0 %</u>	6. _____		
2. _____			7. _____		
3. _____			8. _____		
4. _____			9. _____		
5. _____			10. _____		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Discussed pg 27 of RCP with crew

Daniel K. Staley
Assistant Mine

39218
Certificate No.

T. Moore
Mine Foreman-Mine Manager

33557
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-20 2010 Section or Area Examined _____
Time of Examination: from 4:30 a.m. or p.m. to 5:15 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Keith Stanley Time 5:30 A.M. P.M.
Report received by Kevin W. Medley
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄ %	O ₂ %	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>0%</u>	<u>20.8%</u>	<u>None Observed</u>	<u>Reported</u>
2. <u>Roof Supports</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
3. <u>Power Center</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
4. <u>Chargers</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
5. <u>Track</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
6. <u>Travelways</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
7. <u>Barricade Station</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
8. _____				
9. _____				
10. _____				

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>105 742</u>		
<u># 9</u>	<u>943</u>		
<u># 16D</u>	<u>702</u>		
<u>M P A</u>	<u>12068</u>		
<u>M P B</u>	<u>Movement to Gob</u>		

Remarks: 0% CH₄ 20.8% O₂ 0ppm CO

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

Signed By Donell K. Stanley Certificate No. 39218 Kevin W. Medley Assistant Foreman Certificate No. 38810
Countersigned T. Moore Mine Manager—Mine Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-20-10 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Table with columns: Location, CH4, O2, Violation or Hazardous Condition, Action taken. Rows include Face, Roof Supports, Power Center, Chargers, Track, Travelways, Barricade Station.

Examinations for Methane in Working Places

Table with columns: Location, Time, Methane Content. Rows 1-10 for Face location with times from 7:50 AM to 3:40 PM.

Examinations for Methane in Return Aircourses

Table with columns: Location, Time, Methane Content. Rows 1-5 for Return location with times from 8:45 AM to 2:40 PM.

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) Discussed pages 25+28 of RCP also discussed importance of Mechanical Equipment Guards

Kevin W. Medley 38810 Assistant Mine Certificate No. Mine Foreman-Mine Manager Certificate No. Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-20-10 Section or Area Examined LongWall
 Time of Examination: from 12:10 a.m. or p.m. to 1:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Kevin Medley Time 2:45 A.M. P.M.
 Report received by Richard Rowe (Signed) 1357-A

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	O ₂	Violation or Hazardous Condition	Action Taken
1. Face	0%	20.8%	None obs	None
2. Roof Support	"	"	"	"
3. Power Center	"	"	"	"
4. Chargers	"	"	"	"
5. Track	"	"	"	"
6. Travelways	"	"	"	"
7. Barricade Station	"	"	"	"
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Intake	107,260		
#9	970		
#160	715		
MPA	12,030		
MPB	Movement to Gob		

Remarks: 0% CH₄ 20.8% O₂ 0 ppm CO

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

Signed By Kevin W. Medley 38810 Assistant Foreman Certificate No.
 Countersigned T. Munn Mine Manager - Mine Foreman 33359
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-20-10 Shift EVE Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	O ₂	Violation or Hazardous Condition	Action taken
1. Face	.0%	20.8%	None obs	None
2. Roof Support	"	"	"	"
3. Chargers	"	"	"	"
4. Power Center	"	"	"	"
5. Tracks	"	"	"	"
6. Travalways	"	"	"	"
7. Barricade Station	"	"	"	"
8.				

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	4:45 PM	.0%	11.		
2.	6:45 PM	.0%	12.		
3.	8:45 PM	.0%	13.		
4.	10:45 PM	.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. Return	5:35 PM	.0%	6.		
2.	9:30 PM	.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) Safety talk on pgs 15 of RCP
Discussed Dust control plan Visual check of Shields 1-776

[Signature]
Assistant Mine

1379
Certificate No.

[Signature]
Mine Foreman-Mine Manager

3359
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-20 2016 Section or Area Examined Longwall
 Time of Examination: from 8:45 a.m. or p.m. to 9:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Rick Lane Time 10:50 A.M. P.M.
 Report received by Daniel K. Sturdy 39218 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face <u>0.0% ch₄ 20.8% O₂</u>	<u>None Observed</u>	<u>Reported</u>
2. Roof Supports		
3. Barricade Station		
4. Power Center		
5. Chargers		
6. Track		
7. Travelways		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	<u>105,380</u>		
#9	<u>962</u>		
#160	<u>702</u>		
MPA	<u>12,370</u>		
MPB	<u>movement into gch</u>		

Remarks: 0.0% ch₄ 20.8% O₂ 0ppm CO
All 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 Daniel K. Sturdy 1357-A Certificate No. 39218 Assistant Foreman
 Countersigned T. Moore 3335-P Certificate No. 39218 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 2-21-10 Shift 3rd Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face <u>0.07% CH₄ 20.8% O₂</u>	<u>None Observed</u>	<u>Reported</u>
2. Roof Supports		
3. Barricade Station		
4. Power Cuts		
5. Chargers		
6. Track		
7. Travelways		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>4:30 AM</u>	<u>0.0%</u>	11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>4:45 AM</u>	<u>0.0%</u>	6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Discussed by 19 of RCP with crews

David K. Stuby
Assistant Mine

39218
Certificate No.

T. Moore
Mine Foreman-Mine Manager

33787
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-21-10 Section or Area Examined Longwall
Time of Examination: from 4:00 a.m. or p.m. to 4:50 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Keith Stanley Time 5:25 A.M. P.M.
Report received by Kevin W. Medley (Signed)

Table with columns: Location, CH4, O2, Violation or Hazardous Condition, Action Taken. Rows include Face, Roof Supports, Power Center, Chargers, Track, Travelways, Barricade Station.

Table with columns: Location, CFM, Location, CFM. Rows include Intake, #9, #160, MPA, MPB.

Remarks: 0% CH4 20.8% O2 0ppm CO

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By Daniel K. Stutz 37218 Preshift Mine Examiner
Countersigned T. Moore 33387 Mine Manager-Mine Foreman
Kevin W. Medley 38810 Assistant Foreman
Vred Lilly 28045 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-21-10 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Table with columns: Location, CH4, O2, Violation or Hazardous Condition, Action taken. Rows include Face, Roof Support, Power Center, Chargers, Track, Travelway, Barricade Station.

Examinations for Methane in Working Places

Table with columns: Location, Time, Methane Content. Rows 1-10 showing methane readings at Face at various times.

Examinations for Methane in Return Aircourses

Table with columns: Location, Time, Methane Content. Rows 1-10 showing methane readings in Return Aircourses.

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) Discussed page 29 of RCP and Communication and Safety topic

Kevin W. Medley Assistant Mine

38810 Certificate No.

T. Moore Mine Foreman-Mine Manager

33357 Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-21-10 20-- Section or Area Examined Long Wall
Time of Examination: from 1202 a.m. or p.m. to 1255 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Kevin Medley Time A.M. 246 P.M.
Report received by Richard Rame 1357-A
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	O ₂	Violation or Hazardous Condition	Action Taken
1. Face	0%	20.8%	None obs	None
2. Roof Support	"	"	"	"
3. Power Center	"	"	"	"
4. Chargers	"	"	"	"
5. Tracks	"	"	"	"
6. Travelways	"	"	"	"
7. Barricade Station	"	"	"	"
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Intake	108,135		
#9	965		
#160	710		
MPA	12,575		
MPB	Movement to Gob		

Remarks: 0% CH₄ 20.8% O₂ 0ppm CO

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

Signed By Kevin W. Medley 38810 Certificate No. Richard Rame Assistant Foreman 1357-A Certificate No.
Countersigned T. Rame Mine Manager - Mine Foreman 33359
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-21-10 Shift EVE Area or Section LongWall

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄ %	O ₂ %	Violation or Hazardous Condition	Action taken
1. Face	0%	20.8%	None obs	None
2. Roof Support	"	"	"	"
3. Power Center	"	"	"	"
4. Chargers	"	"	"	"
5. Track	"	"	"	"
6. Travelways	"	"	"	"
7. Barricade Station	"	"	"	"
8.				

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	4:45 PM	0%	6.		
2.	8:35 PM	0%	7.		
3.	11:55 PM	0%	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) Safety talk on pgs 6 of RCR
Discussed dust control plan. Visual check of shields 1-17 E

Richard Parn Assistant Mine Certificate No. 1357-D T. Moore Mine Foreman-Mine Manager Certificate No. 3385 Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-21 20 10 Section or Area Examined W911
 Time of Examination: from 8:00 a.m. or p.m. to 8:45 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom R. Lane Time A.M. 10:50 P.M.
 Report received by L. Brown (Signed)

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>Supports</u>		
3. <u>Power center</u>		
4. <u>Charger</u>		
5. <u>Track</u>		
6. <u>Traveling</u>		
7. <u>Burns etc</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>107355</u>		
<u>9</u>	<u>961</u>		
<u>160</u>	<u>899</u>		
<u>MPA</u>	<u>12950</u>		
<u>MPB</u>	<u>Mount to Gob</u>		

Remarks: 0% CH₄ 0% CO 20.8% O₂ 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 R. Lane Preshift-Mine Examiner Certificate No. 1357-A
 Countersigned T. Brown Mine Manager—Mine Foreman Certificate No. 38928
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-22-10 Shift 3rd Area or Section Wg11

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>Supports</u>		
3. <u>Power center</u>		
4. <u>Charger</u>		
5. <u>Truck</u>		
6. <u>Tramway</u>		
7. <u>Barricade car</u>		
8. _____		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>3:50am</u>	<u>0%</u>	11. _____		
2. _____			12. _____		
3. _____			13. _____		
4. _____			14. _____		
5. _____			15. _____		
6. _____			16. _____		
7. _____			17. _____		
8. _____			18. _____		
9. _____			19. _____		
10. _____			20. _____		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>RT</u>	<u>4:40am</u>	<u>0%</u>	6. _____		
2. _____			7. _____		
3. _____			8. _____		
4. _____			9. _____		
5. _____			10. _____		

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

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

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

L. B. Assistant Mine 38928 Certificate No. T. Moore Mine Foreman-Mine Manager 37387 Certificate No. _____ Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-22 2010 Section or Area Examined Long wall
 Time of Examination: from 3:50 a.m. or p.m. to 4:15 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Larry Brown Time 5:33 A.M. P.M.
 Report received by M. P. Well 39068
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken	
1.	Face	CH4 0% O2 20.8%	None Observed	None
2.	Roof Support			
3.	Power Center			
4.	Charges			
5.	Track			
6.	Trunkways			
7.	Barricade Station			
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Intake	87,960		
#9	878		
#160	667		
MPA	12240		
MPB	movement to 60		

Remarks: 0% CH4, 20.8% O2, Offm 60

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

Signed By M. P. Well 39068 38128 Assistant Foreman Certificate No.
 Countersigned T. Moore Mine Manager - Mine Foreman Certificate No. 37357
 Assistant Foreman
 Superintendent or Assistant

Use Indefilible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-22-10 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action taken. Includes handwritten entries for Face, Roof Support, Power Center, Chargers, Track, Travelways, Barricade Station.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Includes handwritten entries for Face at various times (8:00, 10:00, 12:00, 2:00) with 0% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Includes handwritten entries for Return at 9:30 and 1:30 with 0% methane content.

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) Safety talk on Roof Control, Went over dust control plan. Visual check of shields 1-176

M. P. Will Assistant Mine

39068 Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2-22-10 Section or Area Examined Long Wall
 Time of Examination: from 130 a.m. or p.m. to 220 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Mike Webb Time 230 A.M. PM
 Report received by Richard Lane 1357-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	O ₂	Violation or Hazardous Condition	Action Taken
1. Face	0%	20.8%	None obs	None
2. Roof Support	"	"	"	"
3. Chargers	"	"	"	"
4. Power Center	"	"	"	"
5. Track	"	"	"	"
6. Travelways	"	"	"	"
7. Barricade Station	"	"	"	"
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Intake	109,152		
#9	849		
#160	630		
MPA	12,150		
MPB	Movement to Gob		

Remarks: 0% CH₄ 20.8% O₂ 0ppm CO

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

Signed By Mike Webb
 Preshift-Mine Examiner

39068
 Certificate No.

Richard Lane
 Assistant Foreman

1357-A
 Certificate No.

Countersigned T. Lane
 Mine Manager—Mine Foreman

57759

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-22-10 Shift EVE Area or Section LongWall

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, O2, Violation or Hazardous Condition, Action taken. Rows include Face, Roof Support, Power Center, Chargers, Track, Travelways, Barricade Station.

Examinations for Methane in Working Places

Table with 5 columns: Location, Time, Methane Content. Rows 1-10 showing Face location with times from 4:00 PM to 11:30 PM and 0% methane content.

Examinations for Methane in Return Aircourses

Table with 5 columns: Location, Time, Methane Content. Rows 1-5 showing Return location with times 4:30 PM, 8:30 PM, 12:10 PM and 0% methane content.

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) Safety taken on pg 19 of RCP Discussed dust control plan Visual check of Shields 1-776

Richard [Signature] Assistant Mine

1357 Certificate No.

T. [Signature] Mine Foreman-Mine Manager

3335 Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2-22 2010 Section or Area Examined wall
 Time of Examination: from 8 a.m. or p.m. to 4:45 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom R Lane Time A.M P.M.
 Report received by L Brown (Signed)

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>Supports</u>		
3. <u>Charger</u>		
4. <u>power center</u>		
5. <u>Track</u>		
6. <u>Travelway</u>		
7. <u>Barricade car</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>108302</u>		
<u>H60 9</u>	<u>861</u>		
<u>MPA 160</u>	<u>655</u>		
<u>MPA</u>	<u>12700</u>		
<u>MPB</u>	<u>Movement to Gob</u>		

Remarks: 0% CH 20.5% O₂ 0% CO 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 Richard Kamm 1357-A Certificate No. 37928
 Preshift-Mine Examiner Assistant Foreman
 Countersigned F. Moore 3338-9 Certificate No.
 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 2-23-10 Shift 3rd Area or Section Wall

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>Supports</u>		
3. <u>Charger</u>		
4. <u>Power Center</u>		
5. <u>Track</u>		
6. <u>Travelway</u>		
7. <u>Barricade Car</u>		
8. _____		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>3:25 AM</u>	<u>0 %</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. _____	_____	_____	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. _____	_____	_____	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

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

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

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

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

[Signature]
Assistant Mine

38928
Certificate No.

[Signature]
Mine Foreman-Mine Manager

3357
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-23 2010 Section or Area Examined Longwall
 Time of Examination: from 3:20 a.m. or p.m. to 4:20 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Larry Brown Time 5:26 A.M. P.M.
 Report received by M. H. W. M. (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action Taken
1.	Face CH ₄ 0% O ₂ 20.8%	None Obs.	Reported
2.	Roof Support		
3.	Changers		
4.	Power Cables		
5.	Tracks		
6.	Travelways		
7.	Burnside Station		
8.			
9.			
10.			

Air Measurements

Location	CFM	Location	CFM
Intake	104510		
# 9	989		
# 160	780		
MPA	13225		
MPB	Movement to Gob		

Remarks: 0% CH₄, O₂ 20.8%, 0% CO

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

Signed By [Signature] Preshift Mine Examiner Certificate No. 32927
 Assistant Foreman [Signature] Certificate No. 39068
 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 2-23-10 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Row 1: Face, CH4 0% O2 20.8, None Observed, Reported. Rows 2-8: Roof Support, Changers, Power Center, Truck, Traversways, Barricade Station.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-10: Face, 8:00, 0%, 10:00, 0%, 12:00, 0%, 2:00, 0%.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Row 1: Return, 9:30, 0%.

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 Safety talk on Roof Control Pg. 7, Longwall Shield Recovery, Visual Check of Shields 1-176

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

M. J. Hewitt Assistant Mine 39068 Certificate No. Mine Foreman-Mine Manager Certificate No. Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-23-10 20. Section or Area Examined Long Wall
 Time of Examination: from 1:35 a.m. or p.m. to 2:20 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Mike Webb Time 2:25 A.M. P.M.
 Report received by Richard Ramm 1357-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	O ₂	Violation or Hazardous Condition	Action Taken
1. Face	0%	20.8%	None obs	None
2. Roof Support	"	"	" "	"
3. Power Center	"	"	" "	"
4. Chargers	"	"	" "	"
5. Travelways	"	"	" "	"
6. Tracks	"	"	" "	"
7. Barricade Station	"	"	" "	"
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Intake	102,900		
#9	977		
#160	643		
MPA	12,680		
MPB	Movement to Gob		

Remarks: .0% CH₄ 20.8% O₂ Oppn CO

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

Signed By M. P. Webb Certificate No. 39068
 Preshift-Mine Examiner
 Countersigned T. M. Ramm Certificate No. 1357-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 2-23-10 Shift EVE Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4, O2, Violation or Hazardous Condition, Action taken. Rows include Face, Roof Support, Chargers, Power Center, Track, Travelways, Barricade Station.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 show Face location with times from 4:15 PM to 11:30 PM and 0% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-5 show Return location with times 5:00 PM, 8:30 PM, 11:50 PM and 0% methane content.

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) Discussed dust control plan Safety talk on pgs 19 of PCP Visual check of shield 1-17x

Signature lines for Assistant Mine (Richard Brun), Mine Foreman-Mine Manager (T. Moore), and Superintendent or Assistant (38889).

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2-23 2010 Section or Area Examined W911
 Time of Examination: from 8 a.m. or p.m. to 8:45 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom R. Lore Time A.M. 10:45 P.M.
 Report received by L. B. ... (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>NONE observed</u>	<u>Rpatch</u>
2. <u>Supports</u>		
3. <u>Track</u>		
4. <u>Power center</u>		
5. <u>Traveling</u>		
6. <u>Charger</u>		
7. <u>Barricade car</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>103640</u>		
<u>9</u>	<u>937</u>		
<u>160</u>	<u>648</u>		
<u>MPA</u>	<u>12320</u>		
<u>MPB</u>	<u>Air man met to 603</u>		

Remarks: 0% CH 20.8 % O₂ 0% CO at exen

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 Richard Lore Preshift-Mine Examiner Certificate No. 1357-A
 Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 3335-A
Z. B. Assistant Foreman Certificate No. 38928
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-24-10 Shift 3rd Area or Section wall

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>Supports</u>		
3. <u>Track</u>		
4. <u>Travelway</u>		
5. <u>Charger</u>		
6. <u>Power cuts</u>		
7. <u>Barricade air</u>		
8. _____		
8. _____		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>3:50am</u>	<u>0 %</u>	11. _____	_____	_____
2. _____	_____	_____	12. _____	_____	_____
3. _____	_____	_____	13. _____	_____	_____
4. _____	_____	_____	14. _____	_____	_____
5. _____	_____	_____	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>AT</u>	<u>4:20am</u>	<u>0 %</u>	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) discussed page 6 of roof control

T. J. A.
Assistant Mine

30928
Certificate No.

T. Thomas
Mine Foreman-Mine Manager

33359
Certificate No.

Superintendent or Assistant

Date of Examination 2/24 Section or Area Examined Longwall
 Time of Examination: from 8:45 a.m. or p.m. to 9:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Larry Brown Time 5:30 A.M. P.M.
 Report received by Jim Davis (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face 208602 of CHC</u>	<u>None</u>	<u>None</u>
2. <u>Roof support</u>		
3. <u>Tracks</u>		
4. <u>Travelway</u>		
5. <u>P.C.</u>		
6. <u>Chamber</u>		
7. <u>Baricade station</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>103,820</u>		
<u>#9</u>	<u>918</u>		
<u>#160</u>	<u>627</u>		
<u>MPA</u>	<u>12,418</u>		
<u>MPB</u>	<u>movement To COB</u>		

Remarks: of CHC of occ 208602

All 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 L. B. 38928 Jim Davis 38322
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned T. Moore 38357
 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 2/25/66 Shift Day Area or Section home well

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Fire 20.8% 0% CH ₄	None observed	None
2. Rock support		
3. Track		
4. Travelway		
5. PC		
6. Charges		
7. Barricade station		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Fire	8:00	0%	11.		
2.	10:00	0%	12.		
3.	12:00	0%	13.		
4.	2:00	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. Ret	9:30	0%	6.		
2.	1:30	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) Safety meeting on Rock control P. 29

Visual check of Shields 1-176

Jim Owen Assistant Mine

38322 Certificate No.

T. J. Moore Mine Foreman-Mine Manager

35359 Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-24-10 20 Section or Area Examined Longwall

Time of Examination: from 125 a.m. or p.m. to 220 a.m. or p.m.

Was this report phoned to outside: Yes no

By whom Tim Davis Time A.M. 2:25 P.M.

Report received by Richard Rana 1357-A
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ⁴	O ₂	Violation or Hazardous Condition	Action Taken
1. Face	.0%	20.8%	None obs	None
2. Roof Support	"	"	"	"
3. Power Center	"	"	"	"
4. Chargers	"	"	"	"
5. Tracks	"	"	"	"
6. Travelways	"	"	"	"
7. Barricade Station	"	"	"	"
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Intake	110,760		
#9	1,045		
#160	786		
MPA	17,240		
MPB	Movement to Gob		

Remarks: .0% CH⁴ 20.8% O₂ Oppm CO

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

Signed By Tim Davis Preshift-Mine Examiner Certificate No. 38322
 Countersigned Richard Rana Assistant Foreman Certificate No. 1357-A
Tim Davis Mine Manager—Mine Foreman Certificate No. 33359
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-24-10 Shift EVE Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4, O2, Violation or Hazardous Condition, Action taken. Rows include Face, Roof Support, Power Center, Chargers, Track, Travelways, Barricade Station.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 show 'Face' location with times from 4:15 PM to 11:30 PM and 0% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 show 'Return' location with times 4:55 PM and 9:00 PM, and 0% methane content.

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)

Went over ps 7 of RCP Discussed dust control plan Visual check of Shields 1-17A

Assistant Mine signature

1357A Certificate No.

T. Moore Mine Foreman-Mine Manager

3339 Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2-24 20-10 Section or Area Examined wall
 Time of Examination: from 8:15 a.m. or p.m. to 9:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom R. Lee Time AM 10:10 PM
 Report received by L. Brown (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>0% CH None observed</u>	<u>Reported</u>
2. <u>Supports</u>		
3. <u>power center</u>		
4. <u>Churn</u>		
5. <u>Truck</u>		
6. <u>Traveling</u>		
7. <u>Barricade car</u>		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>106380</u>		
<u>9</u>	<u>974</u>		
<u>160</u>	<u>788</u>		
<u>MPA</u>	<u>13820</u>		
<u>MPB</u>	<u>Air meter not to be used</u>		

Remarks: 0% CH 20.8% O₂ 0% CO at rxn

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 R. Lee Preshift-Mine Examiner Certificate No. 1357 A
 Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 33359
J. B. Assistant Foreman Certificate No. 38927
 _____ Assistant Foreman
 _____ Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-25-10 Shift 3rd Area or Section W911

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Fire</u>	<u>NO ne observed</u>	<u>Reported</u>
2. <u>SUPPORTS</u>		
3. <u>Track</u>		
4. <u>Traveling</u>		
5. <u>Power cables</u>		
6. <u>Chairs</u>		
7. <u>Buried ca</u>		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>RT</u>	<u>3:50 AM</u>	<u>0%</u>	6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

J.P.
Assistant Mine

3092
Certificate No.

T. Moore
Mine Foreman-Mine Manager

3335-3
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-25- 10 Section or Area Examined L/WALL
 Time of Examination: from 3:30 a.m. or p.m. to 4:20 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom LARRY BROGON Time 5:23 A.M. P.M.
 Report received by And Lilly 28045 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>FACE</u>	<u>none found</u>	<u>Reported</u>
2. <u>Roof Supports</u>	" "	"
3. <u>Power Centers</u>	" "	"
4. <u>Changery</u>	" "	"
5. <u>Track</u>	" "	"
6. <u>Travelways</u>	" "	"
7. <u>Barricade St.</u>	" "	"
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>105,827</u>		
<u>#9</u>	<u>972</u>		
<u>#160</u>	<u>744</u>		
<u>MPA</u>	<u>12,910</u>		
<u>MPB</u>	<u>Air to job</u>		

Remarks: 0% CH4, 20.8% O2, No CO found 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 L B Preshift-Mine Examiner Certificate No. 38928
 Countersigned And Lilly Mine Manager—Mine Foreman Certificate No. 35351
Jim Davis Assistant Foreman Certificate No. 28045
 _____ Superintendent or Assistant

Use Indefible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2/25/10 Shift DAY Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action taken. Rows include Face 20% Rockfall, Roof support, Tracks, Travelway, P.C, Charger, Barricade station.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 showing methane readings at Face at various times (8:00, 10:00, 12:00, 2:00).

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 showing methane readings at A.C.T. at 9:30 and 1:30.

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) Safety meeting on Roof control P.29

General Safety on Longwall

Assistant Mine

38522 Certificate No.

Mine Foreman Mine Manager

33359 Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-25-10 Section or Area Examined Langwall
Time of Examination: from 1:20 a.m. or p.m. to 2:25 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Tim Davis Time A.M. 2:40 P.M.
Report received by Kevin W. Medley (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with columns: Location, CH4, O2, Violation or Hazardous Condition, Action Taken. Rows include Face, Roof Supports, Power Center, Chargers, Track, Travelways, Barricade Station.

Air Measurements

Table with columns: Location, CFM, Location, CFM. Rows include Intake, #9, #160, MPA, MPB.

Remarks: CH4 0% O2 20.8% CO 0ppm

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 Tim Davis Preshift Mine Examiner Certificate No. 38322
Countersigned Kevin W. Medley Assistant Foreman Certificate No. 38810
Tim Davis 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 2-25-10 Shift Eve Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Table with columns: Location, CH4, O2, Violation or Hazardous Condition, Action taken. Rows include Face, Roof Supports, Power Center, Chargers, Track, Travelways, Barricade Station.

Examinations for Methane in Working Places

Table with columns: Location, Time, Methane Content. Rows 1-10 showing methane readings at Face at various times (4:30 PM to 12:25 PM).

Examinations for Methane in Return Aircourses

Table with columns: Location, Time, Methane Content. Rows 1-5 showing methane readings in Return Aircourses at various times (5:40 PM to 11:35 PM).

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) Discussed page 30 in RCP

Kevin W. Medley Assistant Mine

38810 Certificate No.

T. M. Mine Foreman-Mine Manager

33359 Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-25-10 Section or Area Examined Longwall
Time of Examination: from 8:15 a.m. or p.m. to 11:00 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Kevin W. Medley Time A.M. 10:49 P.M.
Report received by Daniel K. Staley 39218 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face 0.07% ch ₄ 20.89% O ₂	None Observed	Reported
2. Roof Supports		
3. Barricade Station		
4. Power Center		
5. Chargers		
6. Tracks		
7. Travelways		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	77,430		
#9	850		
#160	540		
MPA	13,445		
MPB	movement into job		

Remarks: 0.07% ch₄ 20.89% O₂ 0ppm CO
All 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 Kevin W. Medley 38810 Preshift-Mine Examiner
Countersigned T. Moore 33367 Mine Manager—Mine Foreman
Assistant Foreman Daniel K. Staley 39218 Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-26-10 Shift 3rd Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face ^{ch4} 0.0% ^{o2} 20.8%	None Observed	Reported
2. Roof Supports		
3. Barricade Station		
4. Power Center		
5. Chargers		
6. Track		
7. Travelways		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	4:10 AM	0.0 %	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. Return	4:25 AM	0.0 %	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) Discussed page 30 of RCP with crew

Donald K. Staley
Assistant Mine

39215
Certificate No.

T. M. ...
Mine Foreman - Mine Manager

33357
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-26-10 Section or Area Examined L1wall
Time of Examination: from 340 a.m. or p.m. to 430 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Keith Stuber Time 530 A.M. P.M.
Report received by Jim Davis (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. FACE 20.8% O ₂ CH ₄	NONE observed	NONE
2. ROOF Supports	↓	↓
3. Power Center	↓	↓
4. Changers	↓	↓
5. Track	↓	↓
6. Travelways	↓	↓
7. Barricade st.	↓	↓
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	90,133		
#9	761		
#160	505		
MPA	12,971		
MPB			

Remarks: O₂ CH₄ above 20.8% O₂
All 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 Donell K. Stuber Preshift-Mine Examiner Certificate No. 39218
Countersigned T. J. Moore Mine Manager - Mine Foreman Certificate No. 33359
Assistant Foreman Jim Davis Certificate No. 38322
Superintendent or Assistant W.D. Lilly Certificate No. 28045

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-26-10 Shift Day Area or Section L Wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. FACE	none found	Reported
2. ROOF SUPPORTS	" "	"
3. POWER CABLES	" "	"
4. CHARGERS	" "	"
5. TRACK	2-Bad ribs mule train AREA.	set 7 SAND PROPS.
6. TRAVELWAYS	none found	Reported
7. BARRICADE ST.	" "	"
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	7:45 AM	10%	6.		
2. "	11:45 AM	10%	7.		
3. "	3:30 PM	10%	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) Briefed men on roof fall plan pp 20. Discussed dust control plan. 6:35 AM Visual checked shields 1-176.

Don Chris
Assistant Mine

38322
Certificate No.

J. M. ...
Mine Foreman-Mine Manager

33359
Certificate No. Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-26 2010 Section or Area Examined Longwall
 Time of Examination: from 1:20 a.m. or (p.m.) to 2:15 a.m. or (p.m.)
 Was this report phoned to outside: Yes no
 By whom Tim Davis Time AM 2:45 P.M.
 Report received by Kevin W. Medley
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition				Action Taken
1. <u>Face</u>	<u>CH₄ 0%</u>	<u>O₂ 20.8%</u>	<u>None Observed</u>		<u>Reported</u>
2. <u>Roof Supports</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
3. <u>Power Center</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
4. <u>Chargers</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
5. <u>Track</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
6. <u>Travelways</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
7. <u>Barricade Station</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
8. _____					
9. _____					
10. _____					

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>74 320</u>		
<u>#9</u>	<u>1069</u>		
<u>#160</u>	<u>647</u>		
<u>MFA</u>	<u>13 415</u>		
<u>MFB</u>	<u>Movement to Gob</u>		

Remarks: 0% CH₄ 20.8% O₂ 0ppm CO

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

Signed By Tim Davis Preshift-Mine Examiner Certificate No. 38322
 Countersigned Kevin W. Medley Assistant Foreman Certificate No. 38810
Tim Davis 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 2-26-10 Shift Eve Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition				Action taken
1. <u>Face</u>	<u>CH₄</u> <u>0%</u>	<u>O₂</u> <u>20.8%</u>	<u>None Observed</u>		<u>None</u>
2. <u>Roof Supports</u>	"	"	"	"	"
3. <u>Power Center</u>	"	"	"	"	"
4. <u>Chargers</u>	"	"	"	"	"
5. <u>Track</u>	"	"	"	"	"
6. <u>Travelways</u>	"	"	"	"	"
7. <u>Barricade Station</u>	"	"	"	"	"
8.					

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>4:50 PM</u>	<u>0%</u>	11.		
2.	<u>6:48 PM</u>	<u>0%</u>	12.		
3.	<u>8:48 PM</u>	<u>0%</u>	13.		
4.	<u>10:47 PM</u>	<u>0%</u>	14.		
5.	<u>12:45 AM</u>	<u>0%</u>	15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>5:43 PM</u>	<u>0%</u>	6.		
2.	<u>7:43 PM</u>	<u>0%</u>	7.		
3.	<u>9:42 PM</u>	<u>0%</u>	8.		
4.	<u>11:40 PM</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) Discussed page 6 of ACP also discussed Red Zones around miner

Kevin W. Medley
Assistant Mine

38810
Certificate No.

T. Moore
Mine Foreman-Mine Manager

33353
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-26 20 10 Section or Area Examined Langwall
Time of Examination: from 8:00 a.m. or p.m. to 8:35 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Kevin Medley Time A.M. 11:00 P.M.
Report received by Daniel K. Stanley 39218 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Rows include Face, Roof Supports, Barricade Station, Power Center, Chargers, Track, Travelways.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows include Intake #9, #160, MPA, MPB.

Remarks: 0.07% ch4 20.8% o2 0ppm CO
All 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 Kevin W. Medley 38810 Pre-shift-Mine Examiner Certificate No.
Countersigned [Signature] 33359 Mine Manager - Mine Foreman Assistant Foreman
Daniel K. Stanley 39218 Assistant Foreman Certificate No.
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-27-10 Shift 3rd Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face ^{0.0% CH₄} ^{2.0% CO₂}	None Observed	Reported
2. Roof Supports		
3. Barricade Station		
4. Power Center		
5. Chargers		
6. Track		
7. Travelways		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	4:35 AM	0%	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. Return	5:10 AM	0.0%	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) Went over dust control plan with crew

David K. Stanley
Assistant Mine

38218
Certificate No.

T. Moore
Mine Foreman-Mine Manager

3557
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-27- 20¹⁰ Section or Area Examined L/wall
 Time of Examination: from 4:20 a.m. or p.m. to 5:10 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Keith Stanley Time 5:30 A.M. P.M.
 Report received by W.D. Lilly 28045 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>FACE</u>	<u>None found</u>	<u>Reported</u>
2. <u>Roof supports</u>	<u>" "</u>	<u>"</u>
3. <u>Lower centers</u>	<u>" "</u>	<u>"</u>
4. <u>Changers</u>	<u>" "</u>	<u>"</u>
5. <u>Track</u>	<u>" "</u>	<u>"</u>
6. <u>Travelways</u>	<u>" "</u>	<u>"</u>
7. <u>Barricade st.</u>	<u>" "</u>	<u>"</u>
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Roof to B Intake</u>	<u>77,330</u>		
<u>#9</u>	<u>862</u>		
<u>#160</u>	<u>537</u>		
<u>MPA</u>	<u>13,190</u>		
<u>MPB</u>	<u>movement to gob.</u>		

Remarks: Roof chg, 20.87002, No Co found 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 Keith Stanley Preshift-Mine Examiner Certificate No. 39218
 Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 33357
W.D. Lilly Assistant Foreman Certificate No. 28045
Jim Davis Superintendent or Assistant Certificate No. 38322

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2/27/10 Shift DAY Area or Section long wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face 20.8% 0% CH ₄	None observed	None
2. Rock support		
3. Track		
4. Travelway		
5. P.C		
6. Chaper		
7. Barricade Station		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	8:00	0%	11.		
2.	10:00	0%	12.		
3.	12:00	0%	13.		
4.	2:00	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. P.C	9:30	0%	6.		
2.	1:30	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) Safety meeting on Rock Control P. 19
visual check of shields 1-176

Jim Deane Assistant Mine 38322 Certificate No. T. M. Moore Mine Foreman-Mine Manager 33357 Certificate No. Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-27 2010 Section or Area Examined Longwall
Time of Examination: from 11:20 a.m. or 11:20 p.m. to 2:20 a.m. or 2:20 p.m.
Was this report phoned to outside: Yes no
By whom Tim Davis Time AM 2:40 P.M.
Report received by Kevin W. Medley
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄ %	O ₂ %	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>0%</u>	<u>20.8%</u>	<u>None Observed</u>	<u>Reported</u>
2. <u>Roof Supports</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
3. <u>Power Center</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
4. <u>Chargers</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
5. <u>Track</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
6. <u>Travelways</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
7. <u>Barricade Station</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
8. _____				
9. _____				
10. _____				

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>62 500</u>		
<u># 9</u>	<u>803</u>		
<u># 140</u>	<u>793</u>		
<u>M P A</u>	<u>13 047</u>		
<u>M P B</u>	<u>Movement to Grab</u>		

Remarks: 0% CH₄ 20.8% O₂ 0 ppm CO

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

Signed By Tim Davis Preshift-Mine Examiner Certificate No. 38822
Countersigned Kevin W. Medley Assistant Foreman Certificate No. 38810
T. Blaine Mine Manager—Mine Foreman
Assistant Foreman
Superintendent or Assistant

Date 2-27-10 Shift Eve Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	O ₂	Violation or Hazardous Condition		Action taken
1. <u>Face</u>	<u>0%</u>	<u>20.8%</u>	<u>None Observed</u>		<u>None</u>
2. <u>Roof Supports</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
3. <u>Power Centers</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
4. <u>Chargers</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
5. <u>Track</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
6. <u>Travelways</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
7. <u>Barricad Station</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
8. _____	_____	_____	_____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>4:40 PM</u>	<u>0%</u>	11. _____	_____	_____
2. _____	<u>6:38 PM</u>	<u>0%</u>	12. _____	_____	_____
3. _____	<u>8:37 PM</u>	<u>0%</u>	13. _____	_____	_____
4. _____	<u>10:35 PM</u>	<u>0%</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>Return</u>	<u>5:45 PM</u>	<u>0%</u>	6. _____	_____	_____
2. _____	<u>7:45 PM</u>	<u>0%</u>	7. _____	_____	_____
3. _____	<u>9:43 PM</u>	<u>0%</u>	8. _____	_____	_____
4. _____	<u>11:45 PM</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) Discused part of pages 647 of RCP

Kevin W. Medley
Assistant Mine

38810
Certificate No.

T. Moore
Mine Foreman-Mine Manager

33359
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-27 20 10 Section or Area Examined Longwall
 Time of Examination: from 8:00 a.m. or p.m. to 2:01 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Kevin Medley Time 10:55 A.M. PM
 Report received by Daniel K Stealy (Signed) 39218

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face <u>0.0% CH₄ 20.8% O₂</u>	<u>None Observed</u>	<u>Reported</u>
2. Roof Supports		
3. Barricade Station		
4. Power Center		
5. Chargers		
6. Track		
7. Travelways		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>67,110</u>		
<u>#9</u>	<u>874</u>		
<u>#160</u>	<u>536</u>		
<u>MPA</u>	<u>13,127</u>		
<u>MPB</u>	<u>movement intogoh</u>		

Remarks: 0.0% CH₄ 20.8% O₂ 0ppm CO
All 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 Kevin W. Medley
 Preshift-Mine Examiner

39810
 Certificate No.
33357

Daniel K Stealy
 Assistant Foreman

39218
 Certificate No.

Countersigned T. Moore
 Mine Manager - Mine Foreman

Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-28-10 Shift 3rd Area or Section Largwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face ^{ch⁴} 0.0% ^{CO} 20.8%	None Observed	Reported
2. Roof Supports		
3. Barricade Station		
4. Power Center		
5. Chargers		
6. Track		
7. Travelways		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	5:05AM	0.0%	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. Return	5:20AM	0.0%	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) Safety meeting on Roof Control Plan pg 19.

David G. Stuby
Assistant Mine

39218
Certificate No.

T. Malone
Mine Foreman-Mine Manager

33337
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2-28- 20 Section or Area Examined L/Wall
 Time of Examination: from 4:30 a.m. or p.m. to 5:20 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Keith Stanley Time 5:25 A.M. P.M.
 Report received by Wm Lilly 28045 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face	None found	Reported
2. Roof Supports	" "	"
3. Power Cables	" "	"
4. Changers	" "	"
5. Track	" "	"
6. Travelways	" "	"
7. Barricade st.	" "	"
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Dochoa Intake</u>	<u>70,121</u>		
<u>#9</u>	<u>846</u>		
<u>#160</u>	<u>530</u>		
<u>MPA</u>	<u>12,743</u>		
<u>MPB</u>	<u>Movement to gob.</u>		

Remarks: Dochoa, 20.8% No Co found 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 Keith Stanley
 Preshift-Mine Examiner
 Countersigned Tom Moore
 Mine Manager—Mine Foreman

39218
 Certificate No.
33359

Wm Lilly
 Assistant Foreman
Richard K. ...

28045
 Certificate No.
1357-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 2-28-10 Shift Day Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	O ₂	Violation or Hazardous Condition	Action taken
1. Face	.0%	20.8%	None obs	None
2. Roof Support	"	"	"	"
3. Chargers	"	"	"	"
4. Power Center	"	"	"	"
5. Track	"	"	"	"
6. Travelways	"	"	"	"
7. Barricade Station	"	"	"	"
8.				

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	8:50 AM	.0%	6.		
2.	12:55 PM	.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) Safety talk on shelve ropes & pinch points general safety

Richard Lane
Assistant Mine

1357A
Certificate No.

T. Moore
Mine Foreman-Mine Manager

3307
Certificate No.

Supervisor or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-28 20 10 Section or Area Examined Longwall
 Time of Examination: from 12:15 a.m. or (p.m) to 1:00 a.m. or (p.m)
 Was this report phoned to outside: Yes no
 By whom Rick Lanz Time AM 2:35 P.M.
 Report received by Mervin W. Medley
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄ %	O ₂ %	Violation or Hazardous Condition		Action Taken
1. <u>Face</u>	<u>0%</u>	<u>20.8%</u>	<u>None Observed</u>		<u>Reported</u>
2. <u>Roof Supports</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
3. <u>Power Center</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
4. <u>Chargers</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
5. <u>Track</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
6. <u>Travelways</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
7. <u>Barricade Station</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
8. _____					
9. _____					
10. _____					

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>71436</u>		
<u>#9</u>	<u>822</u>		
<u>#160</u>	<u>539</u>		
<u>MPA</u>	<u>12,521</u>		
<u>MPB</u>	<u>Movement to Gob</u>		

Remarks: 0% CH₄ 20.8% O₂ 0ppm CO

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

Signed By Rick Lanz Certificate No. 1357-A
 Preshift-Mine Examiner
 Countersigned T. Moore Certificate No. 33357
 Mine Manager—Mine Foreman
 Assistant Foreman
Mervin W. Medley Certificate No. 39810
 Assistant Foreman
 Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 2-28-10 Shift Eve Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition				Action taken
1. <u>Face</u>	<u>CH₄</u> <u>0%</u>	<u>O₂</u> <u>20.8%</u>	<u>None Observed</u>		<u>None</u>
2. <u>Roof Supports</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
3. <u>Power Center</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
4. <u>Chargers</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
5. <u>Track</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
6. <u>Travelways</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
7. <u>Barricade Station</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
8. _____	_____	_____	_____	_____	_____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>4:55 PM</u>	<u>0%</u>	11. _____	_____	_____
2. _____	<u>6:54 PM</u>	<u>0%</u>	12. _____	_____	_____
3. _____	<u>8:54 PM</u>	<u>0%</u>	13. _____	_____	_____
4. _____	<u>10:50 PM</u>	<u>0%</u>	14. _____	_____	_____
5. _____	<u>12:50 AM</u>	<u>0%</u>	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>5:30 PM</u>	<u>0%</u>	6. _____	_____	_____
2. _____	<u>7:28 PM</u>	<u>0%</u>	7. _____	_____	_____
3. _____	<u>9:28 PM</u>	<u>0%</u>	8. _____	_____	_____
4. _____	<u>11:28 PM</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) Discussed pinch points and use of supplemental Roof support between shields and Face

Kevin W. Medley
Assistant Mine

38810
Certificate No.

T. M. [Signature]
Mine Foreman-Mine Manager

33559
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 2-28 2010 Section or Area Examined Longwall
Time of Examination: from 8:10 a.m. or p.m. to 11:05 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Kevin Medley Time 11:05 P.M.
Report received by Daniel K. Stuby 39218
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face <u>0.0% ch⁴ 20.8% CO₂</u>	<u>None Observed</u>	<u>Reported</u>
2. Roof Supports		
3. Barricade Station		
4. Power Center		
5. Chargers		
6. Track		
7. Travelways		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>70,829</u>		
<u>#9</u>	<u>847</u>		
<u>#160</u>	<u>526</u>		
<u>MPA</u>	<u>12,853</u>		
<u>MPIB</u>	<u>movement into job</u>		

Remarks: 0.0% ch⁴ 20.8% CO₂ 0 ppm CO
All 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 Kevin W. Medley 38810 Daniel K. Stuby 39218
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
Countersigned J. M. ... 33259
Mine Manager--Mine Foreman Assistant Foreman
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-1-2010 Shift 3rd Area or Section Langwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face ^{ch⁴} <u>0.0%</u> ^{CO₂} <u>20.8%</u>	<u>None Observed</u>	<u>Reported</u>
2. Roof Supports		
3. Barricade Station		
4. Power Center		
5. Chargers		
6. Track		
7. Travelways		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>4:10 AM</u>	<u>0.0 %</u>	11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>4:40 AM</u>	<u>0.0 %</u>	6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Discussed pinch points and use of sheave ropes.

Daniel K. Staley
Assistant Mine

39218
Certificate No.

T. J. [Signature]
Mine Foreman-Mine Manager

33359
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-29-10 Section or Area Examined Long Wall

Time of Examination: from 3:17 a.m. or p.m. to 4:40 a.m. or p.m.

Was this report phoned to outside: Yes no

By whom Kevin Stanley Time 5:40 A.M. 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.	Face	0%	20.8%	None obs	None
2.	Roof Support	"	"	"	"
3.	Power Center	"	"	"	"
4.	Chargers	"	"	"	"
5.	Tracks	"	"	"	"
6.	Travelways	"	"	"	"
7.	Barricade Station	"	"	"	"
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
Intake	69,477		
#9	821		
#160	515		
MPA	12,623		
MPB	Movement to Gob		

Remarks: 0% CH₄ 20.8% O₂ Oppm CO

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

Signed By Kevin Stanley Preshift-Mine Examiner

39218 Certificate No.

Richard Law Assistant Foreman

1357-A Certificate No.

Countersigned T. J. [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 2/29/10 Shift Day Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Table with 5 columns: Location, CH4, O2, Violation or Hazardous Condition, Action taken. Rows include Face, Roof Support, Power Center, Chargers, Tracks, Travelways, Barricade Station.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 showing Face location with times from 7:05 AM to 2:35 PM and 0% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-5 showing Return location with times 7:20 AM, 9:35 AM, 1:30 PM and 0% methane content.

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) Safety talk on pg 7 of RCP Discussed dust control plan Visual check of shields 1-121

Assistant Mine 1357-A Certificate No. T. Moore Mine Foreman-Mine Manager 50253 Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-1 20. 10 Section or Area Examined Longwall
Time of Examination: from 1:00 a.m. or 6.m to 11:45 a.m. or 6.m.
Was this report phoned to outside: Yes no
By whom Rick Lane Time A.M 2:30 P.M.
Report received by Kevin W. Medley (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with columns: Location, CH4, O2, Violation or Hazardous Condition, Action Taken. Rows include Face, Roof Supports, Power Center, Chargers, Track, Travelways, Barricade Station.

Air Measurements

Table with columns: Location, CFM. Rows include Intake, # 9, # 160, MPA, MFB.

Remarks: 0% CH4 20.8% O2 0ppm CO

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 1357A
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 33357
Assistant Foreman
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

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

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	O ₂	Violation or Hazardous Condition		Action taken
1. <u>Face</u>	<u>0%</u>	<u>20.8%</u>	<u>None Observed</u>		<u>None</u>
2. <u>Roof Supports</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
3. <u>Power Center</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
4. <u>Chargers</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
5. <u>Track</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
6. <u>Travelways</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
7. <u>Barricade Station</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
8. _____					

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>4:45 PM</u>	<u>0%</u>	11. _____		
2. _____	<u>6:45 PM</u>	<u>0%</u>	12. _____		
3. _____	<u>8:43 PM</u>	<u>0%</u>	13. _____		
4. _____	<u>10:42 PM</u>	<u>0%</u>	14. _____		
5. _____	<u>12:40 AM</u>	<u>0%</u>	15. _____		
6. _____			16. _____		
7. _____			17. _____		
8. _____			18. _____		
9. _____			19. _____		
10. _____			20. _____		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>5:50 PM</u>	<u>0%</u>	6. _____		
2. _____	<u>7:48 PM</u>	<u>0%</u>	7. _____		
3. _____	<u>9:48 PM</u>	<u>0%</u>	8. _____		
4. _____	<u>11:45 PM</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) discussed Longwall dust & methane plan

Kevin W. Medley
Assistant Mine

38810
Certificate No.

T. Moore
Mine Foreman-Mine Manager

33389
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-2 20 10 Section or Area Examined well
 Time of Examination: from 8:15a.m. or p.m. to 9:15a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom K Medley Time A.M. P.M.
 Report received by L Bro... (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>0% CH</u> <u>None observed</u>	<u>Reported</u>
2. <u>Supports</u>	<u> </u>	<u> </u>
3. <u>Track</u>	<u> </u>	<u> </u>
4. <u>Traveling</u>	<u> </u>	<u> </u>
5. <u>Sharper</u>	<u> </u>	<u> </u>
6. <u>Pump center</u>	<u> </u>	<u> </u>
7. <u>Barricade air</u>	<u> </u>	<u> </u>
8. <u> </u>	<u> </u>	<u> </u>
9. <u> </u>	<u> </u>	<u> </u>
10. <u> </u>	<u> </u>	<u> </u>

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>0% CH</u> <u>70127</u>		
<u>9</u>	<u>847</u>		
<u>160</u>	<u>565</u>		
<u>MPA</u>	<u>12643</u>		
<u>MPB</u>	<u>Air movement to gob</u>		

Remarks: 0% CH 20.8% O² 0% CO 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 Kevin W. Medley 38810 Certificate No.
 Countersigned T. Moore 33357 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 3-3-10 Shift 3rd Area or Section wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Free	None observed	Reported
2. S-Ports		
3. Track		
4. Traveling		
5. Changer		
6. Power center		
7. Barricade car		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Free	3:15 AM	0 %	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. RT	3:30 AM	0 %	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) _____

J. B. Assistant Mine

38928 Certificate No.

T. Moore Mine Foreman-Mine Manager

33357 Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-2-10 Section or Area Examined Long Walls
Time of Examination: from 7:00 a.m. or p.m. to 7:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Larry Brown Time 5:35 A.M. P.M.
Report received by Richard Rame (Signed) 1357-A

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4 %, O2 %, Violation or Hazardous Condition, Action Taken. Rows include Face, Roof Support, Chargers, Power Center, Track, Traudways, Barricade Station.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows include Intake, #9, #160, MPA, MPB, Movement to Gob.

Remarks: 0% CH4 20.8% O2 OppMCO

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 Larry Brown 38928 Richard Rame 1357-A
Countersigned T. Moore Mine Manager - Mine Foreman 33359 Assistant Foreman
Assistant Foreman Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-2-10 Shift Day Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4 O2, Violation or Hazardous Condition, Action taken. Rows include Face, Roof Support, Power Center, Chargers, Track, Travelways, Barricade Station.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 showing Face location with times from 7:25 AM to 2:45 PM and 0% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 showing Return location with times from 7:40 AM to 1:20 PM and 0% methane content.

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) Safety talk on pg 7 of RCP Discussed dust control plan Visual check of Shields 1-17s Richard Rann 1357A T. Moore 35359 Assistant Mine Certificate No. Mine Foreman-Mine Manager Certificate No. Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 3-2 20. 10 Section or Area Examined Longwall
 Time of Examination: from 1:00 a.m. or p.m. to 1:40 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Rich Lane Time 2:35 P.M.
 Report received by Kevin W. Medley (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	O ₂	Violation or Hazardous Condition		Action Taken
1. Face	0.9%	20.8%	None Observed		Reported
2. Roof Supports	"	"	"	"	"
3. Power Center	"	"	"	"	"
4. Chargers	"	"	"	"	"
5. Track	"	"	"	"	"
6. Travelways	"	"	"	"	"
7. Barricade Station	"	"	"	"	"
8.					
9.					
10.					

Air Measurements

Location	CFM	Location	CFM
Intake	105,735		
# 9	899		
# 160	787		
M P A	13,680		
M P B	Movement to Gob		

Remarks: 0.9% CH₄ 20.8% O₂ 0ppm CO

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

Signed By Richard Lane 1357-A Preshift-Mine Examiner Certificate No. Kevin W. Medley Assistant Foreman Certificate No. 38810
 Countersigned T. M. Lane Mine Manager - Mine Foreman Certificate No. 33357
 Assistant Foreman
 Superintendent or Assistant

Date 3-2-10 Shift Eve Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition				Action taken
1. <u>Face</u>	<u>CH₄</u> <u>0%</u>	<u>O₂</u> <u>20.8%</u>	<u>None Observed</u>		<u>None</u>
2. <u>Roof Supports</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
3. <u>Power Center</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
4. <u>Chargers</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
5. <u>Track</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
6. <u>Travelways</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
7. <u>Barricad Station</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
8. _____					

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>4:50 PM</u>	<u>0%</u>	11. _____		
2. _____	<u>6:47 PM</u>	<u>0%</u>	12. _____		
3. _____	<u>8:47 PM</u>	<u>0%</u>	13. _____		
4. _____	<u>10:45 PM</u>	<u>0%</u>	14. _____		
5. _____	<u>12:40 AM</u>	<u>0%</u>	15. _____		
6. _____			16. _____		
7. _____			17. _____		
8. _____			18. _____		
9. _____			19. _____		
10. _____			20. _____		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>5:30 PM</u>	<u>0%</u>	6. _____		
2. _____	<u>7:30 PM</u>	<u>0%</u>	7. _____		
3. _____	<u>9:28 PM</u>	<u>0%</u>	8. _____		
4. _____	<u>11:27 PM</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) Discussed Safety Precautions For Longwall Recovery pages 748 in RCP

Kevin W. Medley
Assistant Mine

38810
Certificate No.

T. Moore
Mine Foreman-Mine Manager

33359
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 3-2 20 10 Section or Area Examined Wall
 Time of Examination: from _____ a.m. or p.m. to _____ a.m. or p.m.
 Was this report phoned to outside: Yes _____ no _____
 By whom K. Medley Time _____ A.M. _____ P.M.
 Report received by L. Brown (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Fire</u>	<u>0% CH None observed</u>	<u>Reported</u>
2. <u>SUPPORTS</u>		
3. <u>POWER CENTER</u>		
4. <u>CHARGER</u>		
5. <u>TRACK</u>		
6. <u>TRAVELING</u>		
7. <u>BARRICADE CUR</u>		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>104650</u>		
<u>9</u>	<u>875</u>		
<u>160</u>	<u>742</u>		
<u>MPA</u>	<u>13520</u>		
<u>MPB</u>	<u>Air to gob</u>		

Remarks: 0% CH 20.8% O² 0% CO 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 Mervin W. Medley 38810 Certificate No.
 Countersigned T. Moore 33307 Certificate No.
 Assistant Foreman Z. B. 38128 Certificate No.
 Mine Manager—Mine Foreman

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 3-3-10 Shift 3rd Area or Section w 211

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Feic</u>	<u>NONE observed</u>	<u>Reported</u>
2. <u>Supports</u>		
3. <u>Power Center</u>		
4. <u>Charger</u>		
5. <u>Track</u>		
6. <u>Trolley</u>		
7. <u>Barricade</u>		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>RT</u>	<u>4:35 AM</u>	<u>0 %</u>	6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

J.R.
Assistant Mine

30928
Certificate No.

T. Moore
Mine Foreman-Mine Manager

3359
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 3-3- 20 10 Section or Area Examined L/wall
 Time of Examination: from 4:05 a.m. or p.m. to 4:40 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom LARRY BRADY Time 5:25 A.M. P.M.
 Report received by W.D. Cully 2804J (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>none found</u>	<u>W.D.</u>
2. <u>Roof Supports</u>	<u>"</u>	<u>"</u>
3. <u>Power Center</u>	<u>"</u>	<u>"</u>
4. <u>Chargers</u>	<u>"</u>	<u>"</u>
5. <u>Track</u>	<u>"</u>	<u>"</u>
6. <u>Travelways</u>	<u>"</u>	<u>"</u>
7. <u>Barricade st.</u>	<u>"</u>	<u>"</u>
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>103,485</u>		
<u>#9</u>	<u>887</u>		
<u>#160</u>	<u>730</u>		
<u>MPA</u>	<u>12,811</u>		
<u>MPB</u>	<u>Air to job</u>		
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: .070 ch₄, 20.870 O₂ No Co found 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] 38728 Certificate No. W.D. Cully Assistant Foreman 2804J Certificate No. 13579
 Countersigned [Signature] Mine Manager—Mine Foreman Richard Kane Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3-3-10 Shift Day Area or Section LongWall

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	O ₂	Violation or Hazardous Condition	Action taken
1. Face	0%	20.5%	None obs	None
2. Roof Support	"	"	"	"
3. Power Center	"	"	"	"
4. Chargers	"	"	"	"
5. Tracks	"	"	"	"
6. Travelways	"	"	"	"
7. Barricade Stations	"	"	"	"
8.				

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	7:05 ^{AM}	0%	11.		
2.	9:05 ^{AM}	0%	12.		
3.	11:00 ^{AM}	0%	13.		
4.	1:00 ^{PM}	0%	14.		
5.	2:30 ^{PM}	0%	15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	7:25 ^{AM}	0%	6.		
2.	11:15 ^{AM}	0%	7.		
3.	1:20 ^{PM}	0%	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)

Discussed dust control plan Safety talk on pg 1805 PCP
Visual check of Shields 1-176

Richard Lane
Assistant Mine

1357
Certificate No.

T. Mann
Mine Foreman-Mine Manager

33367
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 3/31 2010 Section or Area Examined Long wall
 Time of Examination: from 1:00 a.m. or p.m. to 4:45 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Rick Lane Time 2:30 A.M. P.M.
 Report received by Jim Davis (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face 20.8% O₂ CH₄</u>	<u>None observed</u>	<u>None</u>
2. <u>Roof support</u>		
3. <u>Tracks</u>		
4. <u>Travelsway</u>		
5. <u>P.C</u>		
6. <u>Charger</u>		
7. <u>Basinade Station</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>106,932</u>		
<u>#9</u>	<u>862</u>		
<u>#100</u>	<u>718</u>		
	<u>X</u>		
<u>MPA</u>	<u>13,140</u>		
<u>MPB</u>	<u>Movement To Gob</u>		

Remarks: O₂ CH₄ 0% CO₂ 20.8% O₂

All 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 Rick Lane Preshift-Mine Examiner Certificate No. 1357-A
 Countersigned Jim Davis Assistant Foreman Certificate No. 78322
T. M. Lane Mine Manager—Mine Foreman Certificate No. 33354
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 3/3/10 Shift Eve Area or Section Longwell

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Rows include Face 20.8% CH4, Root support, Track, Travelway, P.C, Charger, Barricade Station.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 showing methane readings at 5:00, 7:00, 9:00, 11:00.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 showing methane readings at 6:30, 10:30.

Number of Bolts Tested 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)

Visual check of shields 1-176

Safety meeting Roof control P. 28

J. Davis Assistant Mine

38322 Certificate No.

T. Moore Mine Foreman-Mine Manager

33355 Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 3-3 2010 Section or Area Examined Wall
Time of Examination: from 9:20 a.m. or p.m. to 10:15 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Jim Owen Time 10:35 P.M.
Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face 0%	None observed	Reported
2. Supports		
3. Track		
4. Travelway		
5. Changer		
6. Power center		
7. Barricade ca		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
In take	110376		
9	1080		
160	634		
M.P.A	13640		
M.P.B	Air movement to Gob		

Remarks: 0% CH 20.8% O2 0% CO 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 Jim Owen Pre-shift-Mine Examiner Certificate No. 38322
Countersigned T. Moore Mine Manager - Mine Foreman Certificate No. 38339
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 3-4-10 Shift 3rd Area or Section well

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>0% CH₄ None observed</u>	<u>Reported</u>
2. <u>Supports</u>		
3. <u>Track</u>		
4. <u>Traveling</u>		
5. <u>Charger</u>		
6. <u>Power center</u>		
7. <u>Barricade car</u>		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>RTA</u>	<u>4:00 AM</u>	<u>0 %</u>	6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

ZB
Assistant Mine

38728
Certificate No.

T. Moore
Mine Foreman-Mine Manager

3505
Certificate No.

Supervisor of Mines

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 3-4- 20 Section or Area Examined L/WALL
 Time of Examination: from 3:45 a.m. or p.m. to 4:15 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Larry Brown Time 5:28 A.M. P.M.
 Report received by W.D. Cilly 28045
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face	None found	Reported
2. Roof Support	"	"
3. Power Center	"	"
4. Charger	"	"
5. Track	"	"
6. Travelways	"	"
7. Barricade St.	"	"
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
0% chg Intake	109,585		
#9	1,015		
#160	627		
MPA	13,105		
MPB	Air to gob		

Remarks: 0% chg, 20.8% O₂ No Co found 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 Richard Lane 1357-A W.D. Cilly 28045
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned T. Moore 33389
 Mine Manager-- Mine Foreman
Z B 38228
 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 3-4-10 Shift Day Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Location	OHY	O ²	Violation or Hazardous Condition	Action taken
1. Face	0%	20.8%	None obs	None
2. Roof Support	"	"	"	"
3. Power Center	"	"	"	"
4. Chargers	"	"	"	"
5. Track	"	"	"	"
6. Travelways	"	"	"	"
7. Barricade Station	"	"	"	"
8.				

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	7:00 AM	0%	11.		
2.	9:00 AM	0%	12.		
3.	11:00 AM	0%	13.		
4.	12:45 PM	0%	14.		
5.	2:30 PM	0%	15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	7:30 AM	0%	6.		
2.	11:20 AM	0%	7.		
3.	1:15 PM	0%	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)

Discussed dust control plan Safety talk on pg 19 of RCP
Visual check of Shields 1-17C

Rubud Ram Assistant Mine 1357-A Certificate No. _____ Mine Foreman-Mine Manager _____ Certificate No. _____ Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 3/4 2010 Section or Area Examined Longwell
 Time of Examination: from 12:45 a.m. or p.m. to 1:40 a.m. or p.m.
 Was this report phoned to outside: Yes — no —
 By whom Rob Lane Time 2:30 A.M. P.M.
 Report received by Jim Ours (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u> <u>208/02</u> <u>of</u> <u>208/02</u>	<u>None</u> <u>observed</u>	<u>None</u>
2. <u>Roof</u> <u>support</u>	↓	↓
3. <u>Track</u>	↓	↓
4. <u>Travels</u>	↓	↓
5. <u>P.C.</u>	↓	↓
6. <u>Charges</u>	↓	↓
7. <u>Barricade</u> <u>Station</u>		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>114,325</u>		
<u>#9</u>	<u>4082</u>		
<u>#160</u>	<u>630</u>		
<u>MPA</u>	<u>13,325</u>		
<u>MPB</u>	<u>movement to Gob</u>		

Remarks: 208/02 of 208/02
All 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 Rob Lane Preshift-Mine Examiner Certificate No. 157-A
 Assistant Foreman Jim Ours Certificate No. 3832
 Countersigned _____ Mine Manager—Mine Foreman
 _____ Assistant Foreman
 _____ Superintendent or Assistant