

L/wall

# PRESHIFT - ONSHIFT and DAILY REPORT

Full

Company Performance Coal

Mine LB13

SECTION long wall

LOCATION Wromb Raleigh WVA  
Post Office County State

Form 6-1489  
(March 1970)

Budget Bureau No. 42-R1589

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

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FORM# MS-014

Use Indelible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 1-30-10 Shift Even Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face 20.8% or SOCH4	None observed	None
2. Roof support		
3. Track		
4. Travelway		
5. P.C.		
6. Charge		
7. Barricade Station		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	500	0%	11.		
2.	700	0%	12.		
3.	900	0%	13.		
4.	1100	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) Atty meeting on Roof control P.P.P

Visual check of Shields 1-176

Jim Davis  
Assistant Mine

38322  
Certificate No.

T. Moore  
Mine Foreman-Mine Manager

35557  
Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 1-30 2010 Section or Area Examined wall  
 Time of Examination: from 7:40 a.m. or p.m. to 8:30 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom T. Davis 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>Track</u>		
4. <u>Travel way</u>		
5. <u>Power center</u>		
6. <u>Charger</u>		
7. <u>Barricade car</u>		
8. _____		
9. _____		
10. _____		

#### Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>87490</u>		
<u>9</u>	<u>1045</u>		
<u>160</u>	<u>694</u>		
<u>MPA</u>	<u>12219</u>		
<u>MPB</u>	<u>Air to lab</u>		

Remarks: 0% CH<sub>4</sub> 208% O<sub>2</sub> 6% 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. 38322  
 Countersigned T. Moore Mine Manager—Mine Foreman Certificate No. 33359  
 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 1-31-10 Shift 3<sup>rd</sup> Area or Section 1-31-10

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	0% only none observed	Reported
2. supports		
3. Tracle		
4. Traveling		
5. power cable		
6. charger		
7. Barricade car		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	4:40 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	4:55 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) discussed page 22 with crew

[Signature] Assistant Mine  
32928 Certificate No.  
[Signature] Mine Foreman-Mine Manager  
3309 Certificate No.  
 Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 1-31 2010 Section or Area Examined Longwall  
Time of Examination: from 4:15 a.m. or p.m. to 5:00 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 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</u> <u>0%</u>	<u>O2</u> <u>20.8%</u>	<u>None</u>	<u>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>88,347</u>		
<u>#9</u>	<u>1062</u>		
<u>#160</u>	<u>687</u>		
<u>MPA</u>	<u>11,987</u>		
<u>MP 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 L. D. Preshift-Mine Examiner Certificate No. 38928  
Countersigned T. Maden 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 1-31-10 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. Rows include Face, Roof Supports, Power Center, Chargers, Track, Travelways, Barricade Station.

Examinations for Methane in Working Places

Table with 3 columns: Location, Time, Methane Content. Rows 1-10 showing methane readings at Face.

Examinations for Methane in Return Aircourses

Table with 3 columns: Location, Time, Methane Content. Rows 1-5 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 17 of RCP

Kevin W. Medley Assistant Mine 38810 Certificate No.

Tom Mine Foreman-Mine Manager

33358 Certificate No. Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 1/30 2010 Section or Area Examined Lower Wall  
 Time of Examination: from 12:10 a.m. or p.m. to 1:10 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 Tom Owen (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face 20.8% CO2</u>	<u>None observed</u>	<u>None</u>
2. <u>Roof support</u>		
3. <u>Track</u>		
4. <u>Tramway</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>89,110</u>		
<u>#9</u>	<u>1,100</u>		
<u>#160</u>	<u>215</u>		
<u>MPIA</u>	<u>12,030</u>		
<u>MPIB</u>	<u>movement to Gob</u>		

Remarks: COCH4 @ face 20.8% CO2

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 Tom Owen 38822  
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned T. Owen 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 11/30/10 Shift FUR Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face 208th or 210th	None observed	None
2. Roof support		
3. Track		
4. Travelway		
5. P.C		
6. Charger		
7. Brattice Station		
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.	01178	
6.			16.	7401	
7.			17.	005	
8.			18.	01511	
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) MTA meeting on Roof control P. 22

Jim Davis  
Assistant Mine

38322  
Certificate No.

T. Moore  
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 1-31 2010 Section or Area Examined Wall  
 Time of Examination: from 9:30 a.m. or p.m. to 10:30 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom T. Davis Time 10:45 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>0% CH<sub>4</sub> none observed</u>	<u>Reported</u>
2. <u>Supports</u>		
3. <u>Track</u>		
4. <u>Traveling</u>		
5. <u>power center</u>		
6. <u>Charger</u>		
7. <u>Barriade car</u>		
8.		
9.		
10.		

### Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>87460</u>		
<u>9</u>	<u>1045</u>		
<u>160</u>	<u>760</u>		
<u>MPA</u>	<u>14210</u>		
<u>MPB</u>	<u>Air movement to Gob</u>		

Remarks: 0% CH<sub>4</sub> 20.8% O<sub>2</sub> 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 [Signature] Preshift-Mine Examiner  
 Countersigned T. Moore Mine Manager—Mine Foreman

38332  
 Certificate No.  
38332

[Signature] Assistant Foreman  
38928  
 Certificate No.

Assistant Foreman

Superintendent or Assistant

Use Indefible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-1-10 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>Travel way</u>		
5. <u>Power Center</u>		
6. <u>Charger</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>3:40am</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>4:00am</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. T. [Signature] Mine Foreman-Mine Manager 3338 Certificate No. [Signature] Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2-1 2010 Section or Area Examined Longwall  
 Time of Examination: from 3:25 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 5:25 A.M. P.M.  
 Report received by Kevin W. Medley (Signed)

Location	Violations and other Hazardous Conditions Observed and Reported				Action Taken
	CH <sub>4</sub> %	O <sub>2</sub> %	Violation or Hazardous Condition		
1. <u>Face</u>	<u>0%</u>	<u>20.8%</u>	<u>None Observed</u>		<u>Reported</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. _____					
9. _____					
10. _____					

Location	Air Measurements		Location	CFM
	CFM			
<u>Intake</u>	<u>88,265</u>			
<u>#9</u>	<u>1,087</u>			
<u>#160</u>	<u>803</u>			
<u>MPA</u>	<u>13,987</u>			
<u>MPB</u>	<u>Movement to Gob</u>			

Remarks: 0% CH<sub>4</sub> 20.8% O<sub>2</sub> 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 L. B. Preshift-Mine Examiner Certificate No. 32928  
 Countersigned T. W. Medley Mine Manager—Mine Foreman Certificate No. 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 2-1-10 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. 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 methane readings at Face at various times.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-5 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 3 of RCR

Signatures and Certificates: Kevin W. Medley (Assistant Mine), T. Blaine (Mine Foreman-Mine Manager), and Superintendent or Assistant.

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-1-10 20. Section or Area Examined Long Wall
Time of Examination: from 1225 a.m. or p.m. to 116 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Kevin Medley Time A.M. 2:47 P.M.
Report received by Richard Rame 1357-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 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 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 Preshift-Mine Examiner
Countersigned T. Rame 3357 Mine Manager - Mine Foreman
Richard Rame 1357-A Assistant Foreman

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-1-10 Shift EVE Area or Section Lang Wall

Violations and other Hazardous Conditions Observed and Reported

	Location	CH <sub>4</sub>	O <sub>2</sub>	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.	Traveldways	"	"	"	"
7.	Barricade Stations	"	"	"	"
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	5:25 PM	0%	6.			
2.		9:15 PM		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 Pg. 19+20 of RSP  
Discussed dust control plan Visual checks of Shields 1-176

Richard Lane Assistant Mine Certificate No. 13570  
T. Moore Mine Foreman-Mine Manager Certificate No. 3889

Supervisor or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 2-1 2010 Section or Area Examined Langwall  
Time of Examination: from 9:00 a.m. or p.m. to 9:45 a.m. or p.m.  
Was this report phoned to outside: Yes  no   
By whom Rick Lane Time 11:21 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% ch<sub>4</sub> 20.87% O<sub>2</sub></u>	<u>None Observed</u>	<u>Reported</u>
2. Barricade Station		
3. Roof Supports		
4. Power Center		
5. Chargers		
6. Track		
7. Travelways		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>87,384</u>		
<u>#9</u>	<u>1,038</u>		
<u>#160</u>	<u>792</u>		
<u>MPA</u>	<u>13,780</u>		
<u>MPB</u>	<u>12,844</u>		

Remarks: 0.07% ch<sub>4</sub> 20.87% O<sub>2</sub> 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 Richard Lane 1357-A Daniel K Staley  
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No. 39218

Countersigned T. Moore  
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 2-2-2010 Shift 3rd Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face <sup>CH<sub>4</sub> O<sub>2</sub></sup> 0.07% 20.87%	None Observed	Reported
2. Barricade Station		
3. Roof Supports		
4. Power Center		
5. Chargers		
6. Track		
7. Tranceways		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	4:20Am	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	4:40Am	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 26 of roof control plan with crew.

Daniel K. Stuby  
Assistant Mine

39218  
Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant



Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 2-2 2010 Section or Area Examined Longwall  
Time of Examination: from 3:40 a.m. or p.m. to 4:40 a.m. or p.m.  
Was this report phoned to outside: Yes  no   
By whom Keith Stanley Time 5:20 A.M. P.M.  
Report received by Kevin W. Medley  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH <sub>4</sub>	O <sub>2</sub>	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>87 212</u>		
<u>#9</u>	<u>987</u>		
<u>#160</u>	<u>636</u>		
<u>M P A</u>	<u>13 136</u>		
<u>M P B</u>	<u>12 410</u>		

Remarks: 0% CH<sub>4</sub> 20.8% O<sub>2</sub> 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 Donell K. Stanley Preshift-Mine Examiner Certificate No. 39218  
Countersigned T. Moore Mine Manager - Mine Foreman Certificate No. 33339  
Kevin W. Medley Assistant Foreman Certificate No. 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 2-2-10 Shift Day Area or Section Longwall

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 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 examinations at various times with 0% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 showing Return examinations at various times 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) Discussed page 4 of R.C.P.

Kevin W. Medley Assistant Mine

Certificate No.

T. Moore 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 2-2-10 20-- Section or Area Examined Long Wall  
 Time of Examination: from 1:00 a.m. or p.m. to 1:48 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom Kevin Medley Time 2:46 P.M.  
 Report received by Richard Lane 1357-A  
 (Signed)

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

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

#### Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>88,390</u>		
<u>#9</u>	<u>1089</u>		
<u>#160</u>	<u>805</u>		
<u>MPA</u>	<u>13,650</u>		
<u>MPB</u>	<u>12,520</u>		

Remarks: .0% CH<sub>4</sub> 20.8% O<sub>2</sub> 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 Richard Lane 1357-A  
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned T. Moore 33259  
 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 2-2-10 Shift EVE Area or Section Longwell

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-20 showing methane readings at Face at various times (4:30 PM to 11:50 PM).

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 showing methane readings in Return Aircourses at 5:05 PM, 9:00 PM, and 12:16 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) Safety talk on Pg 20 of RGP Discussed dust control plan Visual check of Shields 1-176

Richard L... Assistant Mine Certificate No. 1357A T. Moore Mine Foreman-Mine Manager Certificate No. 33309 Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-2 20 10 Section or Area Examined Longwall  
Time of Examination: from 8:30 a.m. or p.m. to 9:15 a.m. or p.m.  
Was this report phoned to outside: Yes no  
By whom Rick Lane Time A.M. 11:10 P.M.  
Report received by Daniel K Stealy 39218  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
Intake	87,415		
#9	4,061		
#160	822		
MPA	12,960		
MPB	12,780		

Remarks: 0.0% ch<sup>4</sup> 20.8% CO<sub>2</sub> 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 Richard Lane Preshift-Mine Examiner Certificate No. 1357-A  
Countersigned T. Lane Mine Manager--Mine Foreman 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 2-3-10 Shift 3rd Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face <sup>0.0% CH<sub>4</sub></sup> <sup>20.88</sup>	None Observed	Reported
2. Barricade Station		
3. Roof Supports		
4. Power Center		
5. Changers		
6. Track		
7. Travelways		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	4:50 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	5:15 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 4 of roof control plan with crew.

Donell K. Slodky Assistant Mine 39218 Certificate No. T. Mance Mine Foreman-Mine Manager 33327 Certificate No. \_\_\_\_\_ Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2-3-2010 Section or Area Examined Longwall 11-8-8  
 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 6:35 A.M. P.M.  
 Report received by Kevin W. Medley (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH <sub>4</sub>	O <sub>2</sub>	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. Barricad Station	"	"	" "	"
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Intake	88,306		
#9	1,008		
#160	721		
M P A	13,122		
M P B	12,497		

Remarks: 0% CH<sub>4</sub> 20.8% O<sub>2</sub> 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 Certificate No. 39218  
 Countersigned T. Moore Mine Manager - Mine Foreman Certificate No. 38357  
Kevin W. Medley Assistant Foreman Certificate No. 28070  
Kevin W. Medley Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-3-10 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 with times ranging from 7:40 AM to 3:37 PM and methane content of 0%.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 with times ranging from 8:45 AM to 2:40 PM and methane content of 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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Discussed page 5 of Roof Control Plan

Signatures and titles: Herwin W. Medley (Assistant Mine), 38810 (Certificate No.), T. Moore (Mine Foreman-Mine Manager), 35307 (Certificate No.), Superintendent or Assistant.



Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 2-3-10 20-- Section or Area Examined Long Wall  
 Time of Examination: from 1:00 a.m. or p.m. to 1:53 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Kevin Medley Time 2:38 A.M. PM  
 Report received by Richard Ham 1357-A  
 (Signed)

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

	Location	CH <sub>4</sub>	O <sub>2</sub>	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.	Travellways	"	"	"	"
7.	Barricade Stations	"	"	"	"
8.					
9.					
10.					

#### Air Measurements

Location	CFM	Location	CFM
Intake	88,465		
#9	1078		
#140	810		
MPA	11,640		
MPB	12,890		

Remarks: 0% CH<sub>4</sub> 20.8% O<sub>2</sub> Opp MCO

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.  
 Preshift-Mine Examiner  
 Countersigned T. Moore 3333 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 2-3-10 Shift EVE Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

	Location	CH <sub>4</sub> %	O <sub>2</sub> %	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.					

Examinations for Methane in Working Places

	Location	Time	Methane Content		Location	Time	Methane Content
1.	Face	4:45 PM	.0%	11.			
2.		6:30 PM	.0%	12.			
3.		8:30 PM	.0%	13.			
4.		10:15 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	5:30 PM	.0%	6.			
2.		9:00 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 pg. 19 of RCP  
Discussed dust control plan Visual check of Shields 1-17s

Richard Lane  
Assistant Mine

1357A  
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 2-3 2010 Section or Area Examined Longwall  
 Time of Examination: from 8:30 a.m. or p.m. to 9:00 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Rick Lee Time          A.M.          P.M.  
 Report received by Donell K Staley 39218  
(Signed)

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

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

#### Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>87,955</u>		
<u>#9</u>	<u>1,041</u>		
<u>#160</u>	<u>798</u>		
<u>MPA</u>	<u>12,430</u>		
<u>MPB</u>	<u>13,140</u>		
<u>        </u>			
<u>        </u>			
<u>        </u>			

Remarks: 0.0% ch<sup>4</sup> 20.8% o<sub>2</sub> 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 Richard Lane 1357-2 Donell K Staley 39218  
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned T. Moore 33353  
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 2-4-10 Shift 3rd Area or Section hangwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face <sup>ch4</sup> 0.0% 20.8% <sup>2</sup>	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	4:05 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	4:20 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) Had safety meeting on Electrical hazards and lock and tag out.

Arnold K. Stealy  
Assistant Mine

39218  
Certificate No.

T. Moore  
Mine Foreman-Mine Manager

33358  
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2-4 2010 Section or Area Examined L/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 KEITH STANLEY Time     A.M.     P.M.  
 Report received by     (Signed)

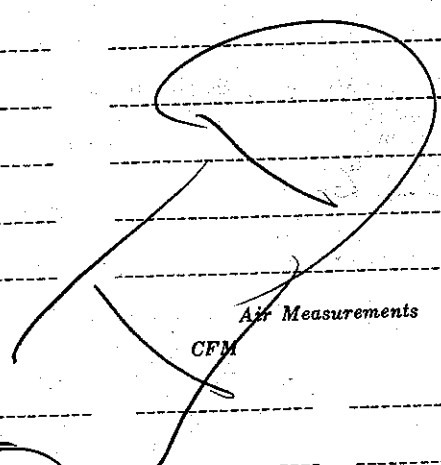
Violations and other Hazardous Conditions Observed and Reported

Location

Violation or Hazardous Condition

Action Taken

1. FACE
2. Roof Supports
3. Power Centers
4. Charger
5. Track
6. Travelways
7. Barricade St.
8.
9.
10.



Location

Air Measurements

CFM

Location

CFM

Intake

#9

#160

MPA

MRB

Remarks:

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

Signed By     Preshift-Mine Examiner Certificate No.     Assistant Foreman     Certificate No.      
 Countersigned     Mine Manager—Mine Foreman     Keith Stanley 28045  
    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 2/3 Shift Area or Section

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-5.

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

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

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

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

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2/24 Section or Area Examined long wall  
 Time of Examination: from 3:41 a.m. or p.m. to 4:20 a.m. or p.m.  
 Was this report phoned to outside: Yes  no  Time          A.M.          P.M.  
 By whom Keith Stanley  
 Report received by Jim Cain (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face 20.8% O <sub>2</sub> 0% CO	None observed	None
2. Roof Support		
3. Tracks		
4. Travel Way		
5. RC		
6. Chaper		
7. Bunkhouse Station		
8.		
9.		
10.		

Location	Air Measurements	Location	CFM
Intake #9	87,622		
#160	1,110		
	793		
MPA	12,236		
MPB	10,449		

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

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 Donald K Stanley Preshift-Mine Examiner Certificate No. 39218  
 Countersigned T. Moore Mine Manager—Mine Foreman Assistant Foreman Certificate No. 38712  
 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 2/4/10 Shift DAY Area or Section Langueval

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face 208% O<sub>2</sub> 0.04%</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. _____		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>2:00</u>	<u>0%</u>	11. _____		
2. _____	<u>7:00</u>	<u>0%</u>	12. _____		
3. _____	<u>11:00</u>	<u>0%</u>	13. _____		
4. _____	<u>1:00</u>	<u>0%</u>	14. _____		
5. _____	<u>3:00</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>Ret</u>	<u>9:30</u>	<u>0%</u>	6. _____		
2. _____	<u>1:30</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 Roof control P. 15

Visual check of shield 2-176

Jim Davis  
Assistant Mine

38322  
Certificate No.

T. Moore  
Mine Foreman-Mine Manager

35358  
Certificate No.

Superintendent or Assistant



Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 2-4-10 20\_\_\_\_ Section or Area Examined Long Wall  
Time of Examination: from 1:40 a.m. or P.M. to 2:30 a.m. or P.M.  
Was this report phoned to outside: Yes  no\_\_\_\_  
By whom Tim Davis Time 2:37 A.M. P.M.  
Report received by Richard Rame 1357-A  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH <sub>4</sub> %	O <sub>2</sub> %	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	85,146		
#9	789		
#160	620		
MPA	13,460		
MPB	Movement to Gob		

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

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

Signed By Tim Davis Preshift-Mine Examiner Certificate No. 38,322  
Countersigned T. Rame Mine Manager—Mine Foreman Certificate No. 33,959  
Richard Rame Assistant Foreman Certificate No. 1357-A

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-4-10 Shift EVE Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Location	CH <sub>4</sub> %	O <sub>2</sub> %	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.				

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	4:30 PM	.0%	11.		
2.	6:30 PM	.0%	12.		
3.	8:30 PM	.0%	13.		
4.	10:30 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	5:10 PM	.0%	6.		
2.	9:05 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 pg 4 of RCP  
Discussed dust control plan Visual check 1-174

R. Henderson Assistant Mine 1357A Certificate No. T. Moore Mine Foreman-Mine Manager 33353 Certificate No. Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2-4 2010 Section or Area Examined Langwall  
 Time of Examination: from 8:30 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 1051 PM  
 Report received by \_\_\_\_\_ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face <u>0.0% ch<sub>4</sub> 20.8% O<sub>2</sub></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>86,716</u>		
<u>#9</u>	<u>804</u>		
<u>#160</u>	<u>612</u>		
<u>MPA</u>	<u>13,600</u>		
<u>MPB</u>	<u>Movement into gob</u>		

Remarks: 0.0% ch<sub>4</sub> 20.8% O<sub>2</sub> 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 Rick Lane Preshift-Mine Examiner Certificate No. 1357-A  
 Countersigned T. K. Jones Mine Manager—Mine Foreman Certificate No. 3359  
Samuel K. Jolly 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 2-5-2010 Shift 3rd Area or Section Langwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	None observed	Reported
2. Roof Supports		
3. Barricade Station		
4. Power Center		
5. Chargers		
6. Tracks		
7. Travelways		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	4:30 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	4:45 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) \_\_\_\_\_

LB  
Assistant Mine

38928  
Certificate No.

Tony Moore  
Mine Foreman-Mine Manager

33357  
Certificate No. Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2/5 2010 Section or Area Examined Louisa  
 Time of Examination: from 4:00 a.m. or p.m. to 5:10 a.m. or p.m.  
 Was this report phoned to outside: Yes no  
 By whom L. Brown Time --- 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 208702 of CH4</u>		
2. <u>Roof support</u>		
3. <u>Track</u>		
4. <u>Travelway</u>		
5. <u>P.C</u>		
6. <u>Charger</u>		
7. <u>Barbed station</u>		
8. <u>---</u>		
9. <u>---</u>		
10. <u>---</u>		

Location	Air Measurements		Location	CFM
	CFM			
<u>Intake</u>	<u>87,467</u>			
<u>A9</u>	<u>1,033</u>			
<u>#160</u>	<u>752</u>			
<u>MPA</u>	<u>12,120</u>			
<u>MPPB</u>	<u>movement To Gob</u>			

Remarks: of CH4 face 208702  
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. Brown Certificate No. 38127 Assistant Foreman Jim Davis Certificate No. 38322  
 Countersigned Tommy Brown Mine Manager—Mine Foreman W.D. Cully Superintendent or Assistant 28045

Use Indelible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 2/5/10 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face 208% 02 %CAF	NONE	obs
2. Root Support		
3. Tracks		
4. Travelway		
5. P.C		
6. Charger		
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. 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 Root Support

Jim Davis  
Assistant Mine

38372  
Certificate No.

Mine Foreman-Mine Manager

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2-5-10 20 Section or Area Examined Long Wall  
 Time of Examination: from 130 a.m. or p.m. to 215 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Tim Davis Time 2:24 P.M.  
 Report received by Richard Rose 1357-A  
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

	Location	CH <sub>4</sub> %	O <sub>2</sub> %	Violation or Hazardous Condition	Action Taken
1.	Face		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	82,470		
#9	860		
#160	710		
MPA	12,570		
MPB	Movement to Gob		

Remarks: 0% CH<sub>4</sub> 20.8% O<sub>2</sub> 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 T. Moore Mine Manager—Mine Foreman Certificate No. 33287  
Richard Rose Assistant Foreman 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 2-5-10 Shift EVE Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	CH <sub>4</sub> O <sub>2</sub>	Violation or Hazardous Condition	Action taken
1. Roof Support	.01. 20.87	None obs	None
2. Face	" "	" "	" "
3. Power Center	" "	" "	" "
4. Chargers	" "	" "	" "
5. Tracks	" "	" "	" "
6. Travekways	" "	" "	" "
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	5:15 PM	.0%	6.		
2.	9:10 PM		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 19 of RCP  
Discussed dust control plan Visual check of Shields 177e

Richard L... Assistant Mine Certificate No. 1357-D  
T. M... Mine Foreman-Mine Manager Certificate No. 33357  
Superintendent or Assistant



Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-5 2010 Section or Area Examined L wall  
 Time of Examination: from 845 a.m. or p.m. to 930 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>0% CH</u>	<u>None observed</u>
2. <u>Supports</u>		
3. <u>Power cables</u>		
4. <u>Charges</u>		
5. <u>Track</u>		
6. <u>Travelway</u>		
7. <u>Barricade car</u>		
8. <u>        </u>		
9. <u>        </u>		
10. <u>        </u>		

### Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>83804</u>		
<u>9</u>	<u>847</u>		
<u>160</u>	<u>705</u>		
<u>MPA</u>	<u>12710</u>		
<u>MPB</u>	<u>Air to Gob</u>		

Remarks: 0% CH 20.8% O<sub>2</sub> 0% at exa

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  
 Countersigned T. Moore Mine Manager—Mine Foreman  
         Assistant Foreman  
         Superintendent or Assistant

1357-A  
Certificate No.  
35359

Z. B. Assistant Foreman  
38917 Certificate No.

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-6-10 Shift 3<sup>rd</sup> Area or Section Lwell

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>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>3:55 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>4:20 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

32923  
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 2/6 2010 Section or Area Examined 1019K/111  
 Time of Examination: from 3:50 a.m. or p.m. to 4:25 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 20 8 1/2 oz of CH4</u>	<u>none</u>	<u>obs</u>
2. <u>Roof support</u>		
3. <u>Track</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>82960</u>		
<u>#9</u>	<u>898</u>		
<u>#160</u>	<u>767</u>		
<u>MPPA</u>	<u>12240</u>		
<u>MPPB</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 [Signature] 38927 Jim Davis Assistant Foreman 38322  
 Countersigned [Signature] 33357 Wend Lilly Superintendent or Assistant 28075  
 Mine Manager - Mine Foreman  
 Assistant Foreman

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-6-10 Shift Day Area or Section L/WALL

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Rows include Face, Roof Supports, TRACK, Travelways, Power Center, Chargers, Barricade St.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-5 show Face examinations at 7:00 AM, 9:00 AM, 11:00 AM, 1:00 PM, and 3:00 PM, all with 0% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-3 show Return examinations at 7:50 AM, 11:50 AM, and 3:30 PM, all 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) Briefed men on Roof Rib plan. 2:24 Visual checked shields 1-176. Discussed dust control plan, 6:35 am

Assistant Mine, Certificate No. 38322, Mine Foreman-Mine Manager, Certificate No. 33359, Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-6-10 Section or Area Examined 4wall  
Time of Examination: from 1:00 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 A.M. 2:30 P.M.  
Report received by [Signature] (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. FACE O <sub>2</sub> CH <sub>4</sub> CO 20.8% O <sub>2</sub> ppm	none observed	none
2. ROOF Supports	" "	" "
3. Power Cables	" "	" "
4. Chargers	" "	" "
5. Tracks	" "	" "
6. Travelways	" "	" "
7. Barricade St.	" "	" "
8.	" "	" "
9.	" "	" "
10.	" "	" "

Air Measurements

Location	CFM	Location	CFM
Intake	84,794		
#9	940		
#160	722		
MPA	13,433		
MPB	movement to Gob		

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

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

Signed By [Signature] Freshshift-Mine Examiner Certificate No. 38,322  
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 33357  
[Signature] Assistant Foreman  
[Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

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

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-6 2019 Section or Area Examined wall
Time of Examination: from 9:15 a.m. or p.m. to 10 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Nick Megawer Time A.M. P.M.
Report received by LBW (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: Face, 0% CH, None Observed, Reported. Rows 2-10: Supports, Power center, Changer, Track, Travelway, Barricade car.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Rows: Intake (85185), 9 (950), 160 (761), MPA (13445), MPB (Arr to Gob).

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

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

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-7-10 Shift 3<sup>rd</sup> Area or Section wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Frie</u>	<u>None observed</u>	<u>Reported</u>
2. <u>supports</u>		
3. <u>power center</u>		
4. <u>chairs</u>		
5. <u>Track</u>		
6. <u>travelling</u>		
7. <u>Barricade car</u>		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Frie</u>	<u>3:15 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>3:40 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.B.  
Assistant Mine

30928  
Certificate No.

T. Moore  
Mine Foreman-Mine Manager

33359  
Certificate No.

Superintendent or Assistant



PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2-7- 10 Section or Area Examined L. Wall  
 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 Proctor Time 5:05 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>no rocks</u>	<u>Reported</u>
2. <u>Roof Supports</u>	<u>u</u>	<u>u</u>
3. <u>Power Cuts</u>	<u>u</u>	<u>u</u>
4. <u>Charger</u>	<u>u</u>	<u>u</u>
5. <u>Track</u>	<u>u</u>	<u>u</u>
6. <u>Travelways</u>	<u>u</u>	<u>u</u>
7. <u>Barricade St.</u>	<u>u</u>	<u>u</u>
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>#0 rock</u>	<u># intake 86,970</u>		
	<u>#9 392</u>		
	<u>#160 768</u>		
	<u>MPA 13,010</u>		
	<u>MPB Air to gob.</u>		

Remarks: .09% ch<sub>4</sub>, 20.8% O<sub>2</sub>, 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.P. Preshift-Mine Examiner Certificate No. 32927  
 Countersigned Timone Mine Manager—Mine Foreman Certificate No. 33357  
Jim Lewis Assistant Foreman Certificate No. 38322  
W.D. Lilly Assistant Foreman Certificate No. 28045  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2/2/10 Shift Day 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% O2, Roof support, Track, Travelway, PC, Chaper, Baricade Station.

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 for methane testing in return aircourses.

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) Safety meeting on Roof control P. 12 Visual check of shield 2-176

Signatures: Assistant Mine, Certificate No. 38322, Mine Foreman-Mine Manager, Certificate No. 33357, Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-7 2010 Section or Area Examined Longwall  
 Time of Examination: from 1:20 a.m. or P.M. to 4:15 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

Location	CH <sub>4</sub>	O <sub>2</sub>	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	83,695		
# 9	914		
# 180	715		
MP A	14,047		
MP B	Movement to Gob		

Remarks: 0.9% CH<sub>4</sub> 20.8% O<sub>2</sub> 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  
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 2-7-10 Shift EVE Area or Section Longwall

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 Supports, Power Center, Chargers, Track, Travelways, Barricade Station.

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Rows 1-5 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 6 of ACP

M. W. Medley Assistant Mine

38810 Certificate No.

T. Moore Mine Foreman-Mine Manager

3335 Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 2-7 2010 Section or Area Examined W411  
 Time of Examination: from 8:45 a.m. or p.m. to 9:37 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom IC Medley Time 10:40 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 None observed	Reported
2. Supports		
3. Power Center		
4. Changer		
5. Track		
6. Trackway		
7. Barricade car		
8.		
9.		
10.		

#### Air Measurements

Location	CFM	Location	CFM
Intake	83620		
9	927		
160	745		
MPA	14650		
MPB	711060b		

Remarks: 0% CH 20.9% O<sub>2</sub> 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 Merwin W. Medley 38810 Certificate No.  
 Countersigned T. Moore 38857 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 2-8-10 Shift 3-c Area or Section W 11

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Fice	None observed	Reported
2.	S-ports	[Large vertical bracket spanning rows 2-8]	[Large vertical bracket spanning rows 2-8]
3.	Power center		
4.	Choo-oo		
5.	Track		
6.	Traveling		
7.	Bevcoide car		
8.			

Examinations for Methane in Working Places

1.	Location	Time	Methane Content	11.	Location	Time	Methane Content
1.	Fice	4:40am	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

1.	Location	Time	Methane Content	6.	Location	Time	Methane Content
1.	RT	5:00	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

38927  
Certificate No.

[Signature]  
Mine Foreman-Mine Manager

32359  
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2-8-2010 Section or Area Examined E/Wall  
 Time of Examination: from 4:30 a.m. or p.m. to 5:10 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 Jerrame Adams (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face 20.8802 O <sub>2</sub> CH <sub>4</sub>	None Obs	None
2. ROOF SUPPORT		
3. Power center		
4. Chargers		
5. Trolley		
6. Travelways		
7. Barricade St.		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	87,265		
I 9	960		
#160	772		
MPA	12,860		
MPB	movement To 606		

Remarks: O<sub>2</sub> CH<sub>4</sub> O<sub>2</sub> CO 20.8802

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 [Signature] 38929 Certificate No.  
 Countersigned [Signature] 35389 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 2-8-10 Shift Day Area or Section 4491

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, and Action taken. Rows include Face, Roof Support, Power center, chargers, TRACK, travelways, Barricade st.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 for Face location with times from 8:00 to 2:00 and 0% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 for RET location with times 1:30 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 meeting on Roof control P-20 Visual check of Shields 1-176

Signatures and Certificates: Jerome Adams (Assistant Mine), 2024-A (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 2-8 2010 Section or Area Examined Longwall
Time of Examination: from 1:15 a.m. or (p.m) to 2:20 a.m. or (p.m)
Was this report phoned to outside: Yes [x] no
By whom Terrence Adkins 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, Charger, Power Centers, Track, Travelways, Barricade Station.

Air Measurements

Table with columns: Location, CFM. Rows include Face, #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 [Signature] Preshift-Mine Examiner Certificate No. 2024-A Kevin W. Medley Assistant Foreman Certificate No. 38810
Countersigned [Signature] Mine Manager-Mine Foreman Certificate No. 33859
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 2-8-10 Shift Eve Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-5 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 Safety Precautions for Longwall In-Shield Movement pages 2 & 7 Also discussed Electrical Hazards

Signatures and titles: Kevin W. Medley (Assistant Mine), Certificate No. 38810; T. J. [Signature] (Mine Foreman-Mine Manager), Certificate No. 33359; Superintendent or Assistant.

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-8 2010 Section or Area Examined Langwall  
 Time of Examination: from 8:15 a.m. or p.m. to 9:10 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Kevin Medley Time 10:50 P.M.  
 Report received by Samuel K. Stanley 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. Track		
6. Chargers		
7. Travelways		
8.		
9.		
10.		

### Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>84,280</u>		
<u>#9</u>	<u>816</u>		
<u>#160</u>	<u>547</u>		
<u>MPA</u>	<u>12,865</u>		
<u>MPB</u>	<u>movement intagob</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 38810 Samuel K. Stanley 39218  
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.

Countersigned T. Malone 33357  
Mine Manager—Mine Foreman Assistant Foreman

Superintendent or Assistant

Use Indellible  
Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be  
signed when made

Date 2-9-16 Shift 3rd Area or Section Larguall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face <u>0.0% CH<sub>4</sub> 20.8% O<sub>2</sub></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>4:15 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 page 6 of roof central plan

with crew  
David K. Study  
Assistant Mine

38218  
Certificate No.

H. Moore  
Mine Foreman-Mine Manager

33354  
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-9-10 Section or Area Examined L/Wall
Time of Examination: from 3:30 a.m. or p.m. to 4:40 a.m. or p.m.
Was this report phoned to outside: Yes [checked] no
By whom Keith Stanley Time 5:40 A.M. P.M.
Report received by Jerome Adams (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, Track, Chargers, Travelways.

Air Measurements

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

Remarks: 0.09% CH4 20.89% O2 0ppm CO
All clear at time 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. Stanley Preshift-Mine Examiner Certificate No. 39218
Countersigned T. Moore Mine Manager-Mine Foreman Certificate No. 33357
Assistant Foreman Jerome Adams Certificate No. 2024-A
Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-9-10 Shift Day Area or Section 4/11

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4, Violation or Hazardous Condition, Action taken. Row 1: Face, 0.08, 20.8% None observed, None. Rows 2-7: Roof Support, Barricade Station, Power Center, Track, Chargers, Travelways.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-4: 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. Row 1: RET, 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 \_\_\_\_\_

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety Meeting on Roof Control P.21

Visual Check of Shields 1-176. Signatures: Lawrence Weira (Assistant Mine), T. M... (Mine Foreman-Mine Manager), 33357 (Certificate No.), Superintendent or Assistant.

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2-9 2010 Section or Area Examined Longwall  
 Time of Examination: from 1:10 a.m. or p.m. to 2:20 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Terrence Adkins Time 2:30 P.M.  
 Report received by Kevin W. Medley (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
Intake	85,250		
#9	813		
#160	639		
MPA	12,580		
MPB	Movement to Gob		

Remarks: CH<sub>4</sub> 0% O<sub>2</sub> 20.8% 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 Terrence Adkins Preshift-Mine Examiner Certificate No. 2024-A  
 Countersigned Kevin W. Medley Mine Manager - Mine Foreman Certificate No. 33359  
Kevin W. Medley Assistant Foreman Certificate No. 238810  
 \_\_\_\_\_ 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 2-9-10 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, all showing 0% methane content at various times.

Examinations for Methane in Return Aircourses

Table with columns: Location, Time, Methane Content. Rows 1-10, all showing 0% methane content at various times.

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 7-8

Kevin W. Medley 38810 Assistant Mine Certificate No. T. Moore Mine Foreman-Mine Manager 38859 Superintendent or Assistant Certificate No.



Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2-9-20 Section or Area Examined Longwall
Time of Examination: from 8:20 a.m. or p.m. to 9:47 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Kevin Medley Time A.M. 10:40 P.M.
Report received by Daniel K. Staley 39218 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action Taken. Row 1: Face, None Observed, Reported. Other rows are blank.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Data includes Intake #9 (84,320), #160 (825), MPA (510), MPB (12,685), and movement intajob.

Remarks: 0.09% ch4 20.8% O2 Oppm 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 Certificate No. Daniel K. Staley 39218 Assistant Foreman Certificate No.
Countersigned Tony [Signature] 33357 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 2-10-10 Shift 3rd Area or Section Lengwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face <sup>ch 4 O<sub>2</sub></sup> 0.0% 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	4:55 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	5:30 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) Safety meeting on RCP pgs 7, 8, Discussed with crew.

Samuel K. Stantey  
Assistant Mine

39218  
Certificate No.

Fred 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 2-10- 10 Section or Area Examined LWall  
 Time of Examination: from 4:35 a.m. or p.m. to 5:35 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Keith Stanley Time AM P.M.  
 Report received by Richard Ram 1357-A (Signed)

### Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>None obs</u>	<u>None</u>
2. <u>Roof Supports</u>	<u>" "</u>	<u>" "</u>
3. <u>Power Centers</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>84760</u>		
<u>#9</u>	<u>838</u>		
<u>#160</u>	<u>522</u>		
<u>MPA</u>	<u>12370</u>		
<u>MPB</u>	<u>Movement to Gob</u>		

Remarks: .07% CH<sub>4</sub>, 20.8% O<sub>2</sub> 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

39218  
Certificate No.  
33339

Richard Ram  
Assistant Foreman

28045  
Certificate No.  
1357-A

Countersigned Richard Ram  
Mine Manager—Mine Foreman

Assistant Foreman

Superintendent or Assistant

Use Indelible Pen or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

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

Violations and other Hazardous Conditions Observed and Reported

	Location	CH <sub>4</sub> %	O <sub>2</sub> %	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.	Traveldways	"	"	"	"
7.	Barricade Station	"	"	"	"
8.					

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	6:45 AM	0%	11.		
2.	8:45 AM	0%	12.		
3.	10:45 AM	0%	13.		
4.	12:45 AM	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.	11:15 AM	0%	7.		
3.	1:11 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 p 4 of RGP  
discussed dust control plan Visual check of shields 1-176.

Richard Assistant Mine Certificate No. 1357 Tony Mine Foreman-Mine Manager Certificate No. 33359 Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2-10 2010 Section or Area Examined Longwall  
 Time of Examination: from 12:45 a.m. or p.m. to 1:30 a.m. or p.m.  
 Was this report phoned to outside: Yes  no  Time A.M. 2:45 P.M.  
 By whom Rich Lane  
 Report received by Kevin W. Medley (Signed)

Location	Violations and other Hazardous Conditions Observed and Reported				Action Taken
	CH <sub>4</sub>	O <sub>2</sub>	Violation or Hazardous Condition		
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>Chargers</u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
4. <u>Power Center</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. _____					

Location	Air Measurements		Location	CFM
	CFM			
<u>Intake</u>	<u>84125</u>			
<u>#9</u>	<u>857</u>			
<u>#160</u>	<u>499</u>			
<u>M P A</u>	<u>12,490</u>			
<u>M P B</u>	<u>Movement to Gob</u>			

Remarks: CH<sub>4</sub> 0% O<sub>2</sub> 20.8% 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 Richard R... Preshift-Mine Examiner Certificate No. 1357A  
 Countersigned Kevin W. Medley Assistant Foreman Certificate No. 38810  
Tony... 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 2-10-10 Shift Eye Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	CH <sub>4</sub>	O <sub>2</sub>	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>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
3. <u>Chargers</u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
4. <u>Power Center</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>4:54 PM</u>	<u>0%</u>	11. _____	_____	_____
2. _____	<u>6:50 PM</u>	<u>0%</u>	12. _____	_____	_____
3. _____	<u>8:50 PM</u>	<u>0%</u>	13. _____	_____	_____
4. _____	<u>10:48 PM</u>	<u>0%</u>	14. _____	_____	_____
5. _____	<u>12:42 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>5:35 PM</u>	<u>0%</u>	6. _____	_____	_____
2. _____	<u>7:34 PM</u>	<u>0%</u>	7. _____	_____	_____
3. _____	<u>9:33 PM</u>	<u>0%</u>	8. _____	_____	_____
4. _____	<u>11:30 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 23 in PCP

Kevin W. Medley  
Assistant Mine

38810  
Certificate No.

Tony Moore  
Mine Foreman-Mine Manager

13359  
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2-10 2010 Section or Area Examined Longwall  
 Time of Examination: from 9:00 a.m. or p.m. to 9:57 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Kevin Medley Time A.M. 10:55 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 <sup>CH<sub>4</sub> 0.0% O<sub>2</sub> 20.8%</sup>	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	84,260		
#9	845		
#160	505		
MPA	12,567		
MPB	movement into gob		

Remarks: 0.0% CH<sub>4</sub> 20.8% O<sub>2</sub> 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 Daniel K. Staley 39218  
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.

Countersigned [Signature] 33359  
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 2-11-10 Shift 3rd Area or Section Langwell

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	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	4:55 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	5:15 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 4 of Roof Control Plan with crew.

Daniel K. Stanley  
Assistant Mine

39215  
Certificate No.

Tracy Williams  
Mine Foreman-Mine Manager

35385  
Certificate No.

Superintendent or Assistant



Use Indelible  
Pencil or Ink

### PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 2/11 20-10 Section or Area Examined Lang Fork  
 Time of Examination: from 4:30 a.m. or p.m. to 5:30 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: [Signature] (Signed)

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

Location	Violation or Hazardous Condition	Action Taken
1. Face CH <sub>4</sub> CO O <sub>2</sub> 0 0 20.8%	None Observed	none
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 .070 ch <sub>4</sub>	85,307		
# 9	866		
# 160	539		
MPA	12,221		
MPB	movement to Gob		

Remarks: .070 ch<sub>4</sub>, 20.870 O<sub>2</sub> No O<sub>2</sub> 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 Daniel K Stanley 39218 Certificate No. 33357  
 Preshift-Mine Examiner  
 Countersigned T. Moore Mine Manager—Mine Foreman  
Richard Raman Assistant Foreman  
 28075 Certificate No. 1357-A  
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT  
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2-11-10 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	None
2. ROOF Support	u u	u
3. Barricade St.	u u	u
4. Power Center	u u	u
5. Changers	u u	u
6. Track	u u	u
7. Travelway	u u	u
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. FACE	7:30am	.0%	11.		
2. "	9:30am	.0%	12.		
3. "	11:30am	.0%	13.		
4. "	1:30pm	.0%	14.		
5. "	3:30pm	.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	8:30am	.0%	6.		
2. "	12:30pm	.0%	7.		
3. "	3:50pm	.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) Visual chud shields 1:15hr. Bolul  
men on roof ribs 1:22 Discussed dust control plan 6:33am

Richard Ham Assistant Mine Certificate No. 1357-A  
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 2-11 20. 10 Section or Area Examined Longwall  
 Time of Examination: from 1:00 a.m. or 6:00 p.m. to 2:00 a.m. or 6:00 p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Rick Lane Time AM 2:30 P.M.  
 Report received by Kevin W. Medley (Signed)

## Violations and other Hazardous Conditions Observed and Reported

Location	CH <sub>4</sub>	O <sub>2</sub>	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>					
3. <u>Chargers</u>					
4. <u>Power Center</u>					
5. <u>Track</u>					
6. <u>Travelways</u>					
7. <u>Barricade Station</u>					
8. _____					
9. _____					
10. _____					

## Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>84112</u>		
<u>#9</u>	<u>872</u>		
<u>#160</u>	<u>532</u>		
<u>MPA</u>	<u>12842</u>		
<u>MPB</u>	<u>Movement to Gob</u>		

Remarks: 0% CH<sub>4</sub> 20.8% O<sub>2</sub> 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 Lane  
Preshift-Mine Examiner

1357-A  
Certificate No. 33359

Kevin W. Medley  
Assistant Foreman

38810  
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 2-11-10 Shift Eye Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition				Action taken
1. <u>Face</u>	<u>CH<sub>4</sub> 0%</u>	<u>O<sub>2</sub> 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>Chargers</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
4. <u>Power Center</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>4:55 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>10:53 PM</u>	<u>0%</u>	14. _____	_____	_____
5. _____	<u>12:53 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>5:48 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 page 23 A of RCP

Kevin W. Medley Assistant Mine 38810 Certificate No. T. Moore Mine Foreman-Mine Manager 33359 Certificate No. Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2-11 2010 Section or Area Examined longwall  
 Time of Examination: from 8:00 a.m. or p.m. to 8:50 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Kevin Medley Time 10:47 P.M.  
 Report received by David K Stanley 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>84,230</u>		
<u>#9</u>	<u>855</u>		
<u>#160</u>	<u>476</u>		
<u>MPA</u>	<u>12,960</u>		
<u>MPB</u>	<u>movement into gob</u>		

Remarks: 0.0% ch4 20.8% CO2 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 David K Stanley 39218  
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned T. Moore 53359  
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 2-12-10 Shift 3rd Area or Section Longwell

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	<sup>ch 02</sup> 0.0% 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	5:10 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	5:25 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 23 of Roof Control

Plan with crew.  
Daniel K. Steuby Assistant Mine Foreman  
39218 Certificate No.  
T. M. [Signature] Mine Foreman-Mine Manager  
3357 Certificate No.  
 Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2-12-10 20 Section or Area Examined Long Wall  
 Time of Examination: from 4:40 a.m. or p.m. to 5:25 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Keith Stanley Time 5:47 AM P.M.  
 Report received by Richard Lane 1357-A  
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH <sub>4</sub>	O <sub>2</sub>	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. Travelways	"	"	"	"
7. Barricade Station	"	"	"	"
8.				
9.				
10.				

Air Measurements

Location	CFM	Location	CFM
Intake	87,760		
#9	832		
#160	517		
MPA	12,382		
MPB	Movement into Gob		

Remarks: 0% CH<sub>4</sub> 20.8% O<sub>2</sub> OppuCO

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 39218 Certificate No. Richard Lane 1357-A Assistant Foreman Certificate No. 28045  
 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 2-2-10 Shift Day Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Location	CH <sub>4</sub> %	O <sub>2</sub> %	Violation or Hazardous Condition	Action taken
1. Face	.0%	20.8%	None obs	None
2. Roof Support	"	"	"	"
3. Track	"	"	"	"
4. Travelways	"	"	"	"
5. Power Center	"	"	"	"
6. Chargers	"	"	"	"
7. Barricade Stations	"	"	"	"
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.	1:00 PM	.0%	14.		
5.	2:25 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	7:45 AM	.0%	6.		
2.	11:30 AM	.0%	7.		
3.	1:50 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 4 of RCP  
Discussed dust control plan Visual check of Shields 1-17h

R. L. Dun 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 2-12- 2010 Section or Area Examined Longwall  
 Time of Examination: from 1:00 a.m. or p.m. to 2:00 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Rick Lane Time 2:35 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>CH<sub>4</sub> 0%</u>	<u>O<sub>2</sub> 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>Chargers</u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
4. <u>Power Center</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>85,330</u>		
<u># 9</u>	<u>841</u>		
<u># 160</u>	<u>516</u>		
<u>MP A</u>	<u>12,160</u>		
<u>MP B</u>	<u>Movement to Gob</u>		

Remarks: 0% CH<sub>4</sub> 20.8% O<sub>2</sub> 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 Assistant Foreman Certificate No. 38810  
 Countersigned T. Moore 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 2-12-10 Shift Eve Area or Section Lonwall

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, Chargers, Power Center, Track, Travelways, Barricade Station.

Examinations for Methane in Working Places

Table with columns: Location, Time, Methane Content. Rows 1-10, all showing 0% methane content.

Examinations for Methane in Return Aircourses

Table with columns: Location, Time, Methane Content. Rows 1-5, all showing 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) Covered page 3 of RCP

Kevin W. Medley Assistant Mine

38810 Certificate No.

T. Moore Mine Foreman-Mine Manager

38359 Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 2-12-2010 Section or Area Examined Longwall  
Time of Examination: from 8:00 a.m. or p.m. to 8:50 a.m. or p.m.  
Was this report phoned to outside: Yes  no   
By whom Kevin Medley Time 10:40 A.M. P.M.  
Report received by Danell K. Stealy 39218  
(Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face	<u>0.0%<sup>ch4</sup> 20.8%<sup>o2</sup> None Observed</u>	<u>Reported</u>
2. Barricade Station		
3. Power Center		
4. Roof Supports		
5. Chargers		
6. Track		
7. Travelways		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>85,240</u>		
<u>#9</u>	<u>845</u>		
<u>#160</u>	<u>512</u>		
<u>MPA</u>	<u>12,425</u>		
<u>MPB</u>	<u>movement into gob</u>		

Remarks: 0.0%<sup>ch4</sup> 20.8%<sup>o2</sup> 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 Danell K. Stealy 39218  
Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
Countersigned T. M. ... 33389  
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 2-13-10 Shift 3rd Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face <sup>CH<sub>4</sub></sup> 0.0% 20.8% <sup>02</sup>	None Observed	Reported
2. Roof Supports		
3. Barricade Station		
4. Power Centers		
5. Track		
6. Chargers		
7. Travelways		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	4:45 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	5:00 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 page 3 of RCP with crew.

Donnell K. Staly  
Assistant Mine

37218  
Certificate No.

T. M. ...  
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 2-13-10 20. Section or Area Examined Long 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 5:40 AM P.M.  
 Report received by Richard Rame 1357 A  
 (Signed)

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

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

#### Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>83,137</u>		
<u>#9</u>	<u>787</u>		
<u>#160</u>	<u>492</u>		
<u>MPA</u>	<u>12,110</u>		
<u>MPB</u>	<u>Movement to Gab</u>		

Remarks: 0% CH<sub>4</sub> 20.8% O<sub>2</sub> 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 Keith Stanley 39218 Richard Rame 1357 A  
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned Tony Moore 33357  
 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 2-13-10 Shift Day Area or Section Hwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	10 Roche none found	Reported
2. Roof Supports	" "	"
3. Power Centers	" "	"
4. Chargers	" "	"
5. Track	" "	"
6. Travelways	" "	"
7. Barricade st.	" "	"
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	7:20 AM	.090	11.		
2. "	9:20 AM	.090	12.		
3. "	11:20 AM	.090	13.		
4. "	1:20 PM	.090	14.		
5. "	2:50 PM	.090	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	8:00 AM	.090	6.		
2. "	12:00 PM	.090	7.		
3. "	3:20 PM	.090	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 & 1/6 plan pg 12  
Visual checked shields 1-176. Discussed dust Control plan 6:35 AM

R. L. Kane Assistant Mine BST Certificate No. T. Plasse Mine Foreman-Mine Manager 3359 Certificate No.                      Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2/13 2080 Section or Area Examined Longwall  
 Time of Examination: from 1:15 a.m. or p.m. to 2:15 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Rich Hayes Time 2:30 A.M. P.M.  
 Report received by Tom Davis (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face 20.8% O <sub>2</sub> 0% CH <sub>4</sub>	None observed	None
2. Roof support		
3. Track		
4. Travel way		
5. P.C.		
6. Charges		
7. Barricade station		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	81,642		
#9	798		
#160	505		
M17A	12,340		
M17B	movement to GOB		

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

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 Richard [Signature]  
 Preshift-Mine Examiner

13577  
 Certificate No.  
 33359

Tom Davis

Assistant Foreman

38,322  
 Certificate No.

Countersigned [Signature]  
 Mine Manager - Mine Foreman  
 Assistant Foreman

Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 2/13/10 Shift FYC Area or Section *harquell*

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face 20.8% O <sub>2</sub> <i>SHCH</i>	None observed	None
2. Roof support	↓	↓
3. Track		
4. Travel way		
5. P.C		
6. Charger		
7. Barricade Station		
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.	9:30	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 Roof control P. 22*

*General safety on h.w*

*Tom Davis*  
Assistant Mine

*38322*  
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 2-13 20-10 Section or Area Examined W-11  
 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  Time          A.M.          P.M.  
 By whom T Davis  
 Report received by L Bunn (Signed)

## Violations and other Hazardous Conditions Observed and Reported

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

## Air Measurements

Location	CFM	Location	CFM
Intake	91379		
9	873		
160	640		
MPA	13140		
MFB	Air to Gob		

Remarks: 0% CH 0% CO 20.8% O<sub>2</sub> 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 T Davis Preshift-Mine Examiner Certificate No. 38322  
 Countersigned T Bunn Mine Manager-Mine Foreman Certificate No. 32259  
Z B Assistant Foreman Certificate No. 32927  
 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 2-19-09 Shift 3rd Area or Section W-11

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 center</u>		
6. <u>Charger</u>		
7. <u>Battery car</u>		
8. _____		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>4:40am</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>5:00am</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. B.  
Assistant Mine

38129  
Certificate No.

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

33359  
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 2-14 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 LARRY BRAND Time 5:25 A.M. P.M.  
 Report received by Ward Lilly 28045 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>FACE</u>	<u>no rocks none found</u>	<u>Reported</u>
2. <u>Roof Support</u>	<u>n n</u>	<u>n</u>
3. <u>Power Center</u>	<u>n n</u>	<u>n</u>
4. <u>Changro</u>	<u>n n</u>	<u>n</u>
5. <u>Tauch</u>	<u>n n</u>	<u>n</u>
6. <u>Travelways</u>	<u>n n</u>	<u>n</u>
7. <u>BARRICADE ST.</u>	<u>n n</u>	<u>n</u>
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>.070 ch4 Intake</u>	<u>90,489</u>		
<u>#9</u>	<u>862</u>		
<u>#160</u>	<u>615</u>		
<u>MPA</u>	<u>12,971</u>		
<u>MPB</u>	<u>AIR to gob</u>		

Remarks: .070 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. Ward Lilly Assistant Foreman 28045 Certificate No.  
 Countersigned T. M. ... 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 2-14-10 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, Roof Support, Chargers, Power Center, Track, Travelways, Barricade Station.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-20 for methane readings at various locations and times.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-10 for 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) Visual checked shields 1-176. Brick men on roof trib plan pg 24 discussed dust control plan 6:40 AM.

Assistant Mine signature

1357-A Certificate No.

Mine Foreman-Mine Manager signature

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 2/14 2010 Section or Area Examined Lowerwall  
 Time of Examination: from 1:00 a.m. or p.m. to 2:00 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Rich Lane Time 2:30 P.M.  
 Report received by Jim Owen (Signed)

## Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face 2080' 02' of CH4</u>	<u>NONE observed</u>	<u>none</u>
2. <u>Roof support</u>	↓	↓
3. <u>Track</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>72,710</u>		
<u>#9</u>	<u>931</u>		
<u>#160</u>	<u>622</u>		
<u>MCPA</u>	<u>12,690</u>		
<u>MPPB</u>	<u>MOVEMENT TO COB</u>		

Remarks: CH4 0/100 20.8% 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 Richard Lane 1357-A Jim Owen 38,322  
 Preshift-Mine Examiner Assistant Foreman Certificate No.  
 Countersigned T. Moore 33357  
 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 2/14/10 Shift Eve Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face 208% or 0.644</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.		

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 P. 21

Visual check of shields 2-176

Jim Davis  
Assistant Mine

38322  
Certificate No.

T. Mason  
Mine Foreman-Mine Manager

53259  
Certificate No.

Superintendent or Assistant

Use Indelible  
Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 2-14 20 10 Section or Area Examined Wall  
 Time of Examination: from 9:30 a.m. or p.m. to 10:30 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom T. Davis Time AM 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>0% CH<sub>4</sub> None observed</u>	<u>Reported</u>
2. <u>Supports</u>		
3. <u>Trucks</u>		
4. <u>Travelway</u>		
5. <u>P.C.</u>		
6. <u>Chairs</u>		
7. <u>Barricade car</u>		
8.		
9.		
10.		

### Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>90457</u>		
<u>9</u>	<u>973</u>		
<u>160</u>	<u>650</u>		
<u>MPA</u>	<u>12160</u>		
<u>MPB</u>	<u>Air Movement to Gob</u>		

Remarks: 0% CH<sub>4</sub> 20.8% O<sub>2</sub> 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 T. Davis Preshift-Mine Examiner Certificate No. 38322  
 Countersigned L. B. ... Mine Manager-Mine Foreman Certificate No. 33354  
L. R. Assistant Foreman Certificate No. 32928

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 3<sup>rd</sup>

Area or Section W11

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>none observed</u>	<u>none</u>
2. <u>Supports</u>		
3. <u>Track</u>		
4. <u>Travelway</u>		
5. <u>Power center</u>		
6. <u>chairs</u>		
7. <u>Brumade car</u>		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>3:33 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>3:05 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) pg 19 of Roof control plan with em

[Signature] Assistant Mine 32123 Certificate No. [Signature] Mine Foreman-Mine Manager 33357 Certificate No. [Signature] Superintendent or Assistant



Use Indelible  
Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be  
signed when made

Date of Examination 2-15-10 20. Section or Area Examined Long Wall  
 Time of Examination: from 320 a.m. or p.m. to 400 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Larry Brown Time 543 A.M. P.M.  
 Report received by Richard Lane (Signed) 1357-A

### Violations and other Hazardous Conditions Observed and Reported

Location	CH <sub>4</sub>	O <sub>2</sub>	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	89,948		
#9	865		
#160	682		
MPA	12,214		
MPB	Movement on Gob		

Remarks: 0% CH<sub>4</sub> 20.8% O<sub>2</sub> 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 [Signature] Certificate No. 38728  
 Richard Lane Assistant Foreman Certificate No. 657-A  
 Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 33389  
 Assistant Foreman  
 Superintendent or Assistant

Date 2-15-10 Shift Day Area or Section LongWall

Violations and other Hazardous Conditions Observed and Reported

	Location	CH <sub>4</sub> %	O <sub>2</sub> %	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.		1:00 PM	0%	14.			
5.		2:45 PM	0%	15.			
6.		3:30 PM	0%	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	0%	6.			
2.		11:50 AM	0%	7.			
3.		1:40 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 25 4 of RCP  
Discussed dust control plan Visual check of Shields 1-176

[Signature]  
Assistant Mine

1357-A  
Certificate No.

[Signature]  
Mine Foreman-Mine Manager

33259  
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

# PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 2/15 2010 Section or Area Examined Longwall  
 Time of Examination: from 1:00 a.m. or p.m. to 2:00 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom Rob Lane Time 2:40 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% oz of CH<sub>4</sub></u>	<u>none observed</u>	<u>none</u>
2. <u>Roof support</u>		
3. <u>Tracks</u>		
4. <u>Truckway</u>		
5. <u>PC</u>		
6. <u>Charger</u>		
7. <u>Barricade station</u>		
8. _____		
9. _____		
10. _____		

## Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>92,423</u>		
<u>#9</u>	<u>960</u>		
<u>#160</u>	<u>673</u>		
<u>MPA</u>	<u>13,143</u>		
<u>MPIB</u>	<u>movement to cab</u>		

Remarks: 0% CH<sub>4</sub> 0% CO 20.8% oz

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 Richard Lane 1357-4 Jim Davis 38322  
 Freshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.  
 Countersigned T. M. M... 39257  
 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 2/15/10 Shift FVE Area or Section Longwall 21-22

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. FACE 20.8% O <sub>2</sub> 0.0% CH <sub>4</sub>	None observed	None
2. Roof support		
3. Tracks		
4. Travel way		
5. PC		
6. Charger		
7. Barricade Station		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. FACE	4.00	0%	11.		
2.	6.00	0%	12.		
3.	8.00	0%	13.		
4.	10.00	0%	14.		
5.	12.00	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. 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. 12

Visual check of shields 2-126

Jim Davis  
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 2-15 20-10 Section or Area Examined well  
 Time of Examination: from 9:30 a.m. or p.m. to 10:20 a.m. or p.m.  
 Was this report phoned to outside: Yes  no   
 By whom T. Davis Time 1045 P.M.  
 Report received by L. Brown (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face	0% CH none observed	Reported
2. supports		Reported
3. Track		Reported
4. Traveling		Reported
5. pass center		Reported
6. Churn		Reported
7. Barricade car		Reported
8.		Reported
9.		Reported
10.		Reported

Air Measurements

Location	CFM	Location	CFM
Intake	90640		
9	927		
160	650		
MPA	12870		
MPB	Mount to 606		

Remarks: 0% CH 20.5% O<sub>2</sub> 0% CO at ex cu

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

Signed By T. Davis Preshift-Mine Examiner Certificate No. 38322  
 Countersigned L. Brown Mine Manager—Mine Foreman Certificate No. 3859  
 Assistant Foreman  
 Superintendent or Assistant