

LONGWALL PRESHIFT - ONSHIFT and DAILY REPORT

FULL

Company Performance Coal

Mine UBB

SECTION Longwall

LOCATION Naoma Raleigh WV
Post Office County State

Form 6-1489
(March 1970)

Budget Bureau No. 42-R1589

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

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FORM# MS-014

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-1-09 Shift 3rd

Area or Section long wall

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. <u>Face</u>	<u>3:50 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.			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)

To crew at 12:40 AM

Read page 6 para 12, 13

[Signature]
Assistant Mine

147A
Certificate No.

[Signature]
Mine Foreman-Mine Manager

350000
Certificate No.

Superintendent or Assistant

Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 9-1 2009 Section or Area Examined Longwall
 Time of Examination: from 3:50 a.m. or p.m. to 7:23 a.m. or p.m.
 Was this report phoned to outside: Yes no
 by whom J. Inamas Time 5:40 A.M. P.M.
 Report received by _____ (Signed)

Location	Violations and other Hazardous Conditions Observed and Reported	Action Taken
1. Face	CH ₄ 0.7%	Reported
2. Roof Support	None Observed	
3. Chargers		
4. Power Center		
5. Track		
6. Travelways		
7. Barricade Station		
8. _____		
9. _____		
10. _____		

Location	Air Measurements	Location	CFM
Intake	52,500		

Remarks: 0.7% CH₄ 20.8% O₂ 0 ppm CO

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

Signed By [Signature] Preshift-Mine Examiner
 Countersigned [Signature] Mine Manager—Mine Foreman
 _____ Assistant Foreman

1479A [Signature] Assistant Foreman
 Certificate No. 3500000

38810
 Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 9-1-09 Shift Day Area or Section L/W

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>11:30 AM</u>	<u>0%</u>	6. _____	_____	_____
2. _____	<u>2:35 PM</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) _____

Kevin W. Midley
Assistant Mine

38810
Certificate No.

[Signature]
Mine Foreman-Mine Manager

[Signature]
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-1 2009 Section or Area Examined L/W
 Time of Examination: from 12:10 a.m. or PM to 12:45 a.m. or PM
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by Carried Out (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Chargers</u> <u>CH₄ 0%</u>	<u>None Observed</u>	<u>Reported</u>
2. <u>Power Center</u>	}	}
3. <u>Face</u>		
4. <u>Roof Supports</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>8,600</u>		

Remarks: 0% CH₄ 20.8% O₂ 0 ppm CO

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

Signed By Kevin W. Medley 38810 Assistant Foreman Certificate No.
 Countersigned [Signature] 3901000 Mine Manager—Mine Foreman
 _____ Assistant Foreman
 _____ Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-1 2009 Section or Area Examined LW
 Time of Examination: from a.m. or p.m. to a.m. or p.m.
 Was this report phoned to outside: Yes no Time A.M. P.M.
 By whom
 Report received by (Signed)

Location	Violations and other Hazardous Conditions Observed and Reported Violation or Hazardous Condition	Action Taken
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Location	CFM	Air Measurements	Location	CFM
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Remarks: Ventilation ~~is~~ Change in Progress

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

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

38010
 Certificate No.

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-2-09 Section or Area Examined L/wall
Time of Examination: from 5:00 a.m. or p.m. to 5:30 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Luke Fook Time 5:55 A.M. P.M.
Report received by And Lilly 28045

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1.		
2.		
3.		
4.		
5.	Working on L/wall Ventilation.	
6.		
7.	No power on section.	
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM

Remarks:

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

Signed By [Signature] Preshift-Mine Examiner Certificate No. 3300000
Countersigned [Signature] Mine Manager—Mine Foreman Assistant Foreman
[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 9-2-09 Shift Day Area or Section Uwall Setup

Violations and other Hazardous Conditions Observed and Reported

Location Violation or Hazardous Condition Action taken

1. _____
2. Section Idle Working on Ventilation
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
<u>FACE</u>	<u>9:00 AM</u>	<u>10%</u>	11. _____	_____	_____
<u>FACE</u>	<u>11:00 AM</u>	<u>10%</u>	12. _____	_____	_____
<u>FACE</u>	<u>1:00 PM</u>	<u>10%</u>	13. _____	_____	_____
14. _____	_____	_____	14. _____	_____	_____
15. _____	_____	_____	15. _____	_____	_____
16. _____	_____	_____	16. _____	_____	_____
17. _____	_____	_____	17. _____	_____	_____
18. _____	_____	_____	18. _____	_____	_____
19. _____	_____	_____	19. _____	_____	_____
20. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
<u>Return</u>	<u>9:45 AM</u>	<u>10%</u>	6. _____	_____	_____
<u>Return</u>	<u>1:45 PM</u>	<u>10%</u>	7. _____	_____	_____
8. _____	_____	_____	8. _____	_____	_____
9. _____	_____	_____	9. _____	_____	_____
10. _____	_____	_____	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) _____

Billie
Assistant Mine

28096
Certificate No.

[Signature]
Mine Foreman-Mine Manager

35000
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-2- 2009 Section or Area Examined L.W.
 Time of Examination: from 12:10 a.m. or p.m. to 12:40 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom H. Lilly Time 2:50 A.M. P.M.
 Report received by J. O'Connell (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
----------	----------------------------------	--------------

1. _____
2. _____
3. _____
4. _____
5. Working on low Ventilation
6. NO Power on section
7. _____
8. _____
9. _____
10. _____

Air Measurements

Location

CFM

Location

CFM

Intake

51,040

NO 9

32,085

160

8.00

Remarks: 0% CH₄ 0% CO 20.8% O₂

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

Signed By

H. Lilly
Preshift-Mine Examiner

28098
Certificate No.

J. O'Connell
Assistant Foreman

38322
Certificate No.

Countersigned

J. O'Connell
Mine Manager—Mine Foreman

390600

Assistant Foreman

Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

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

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 9-2 2009 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 _____ Time _____ A.M. _____ P.M.
Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location Violation or Hazardous Condition Action Taken

1. _____
2. Working on section Ventaletern
3. _____
4. No power on section
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Air Measurements

Location

CFM

Location

CFM

Intake

40144

#9

664

#160

751

Belt Air

36573

Remarks:

0% CH₄ 0% CO 20.8% O₂

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

Signed By [Signature]
Preshift-Mine Examiner

3832
Certificate No.

[Signature]
Assistant Foreman

38928
Certificate No.

Countersigned [Signature]
Mine Manager—Mine Foreman
Assistant Foreman

Superintendent or Assistant

Use Indefilible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 9-3-09 Shift 3-2 Area or Section L Wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>		
2.		
3. <u>Section Idle No Power</u>		
4.		
5.		
6.		
7.		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face 9</u>	<u>3:03A</u>	<u>0%</u>	11.		
2. <u>160</u>	<u>3:11AM</u>	<u>0%</u>	12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

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) _____

[Signature]
Assistant Mine

38928
Certificate No.

[Signature]
Mine Foreman-Mine Manager

[Signature]
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-3 2009 Section or Area Examined L/W
 Time of Examination: from 3:00 a.m. or p.m. to 4:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Larry Brown Time 5:25 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. Face <u>CH₄ 0%</u>	<u>None Observed</u>	<u>Reported</u>
2. Roof Supports		
3. Chargers		
4. Power Center		
5. Travelways		
6. Track		
7. Barricade Station		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>55740</u>		
<u>90</u>	<u>716</u>		
<u>160</u>	<u>806</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 B 38928 Kevin W. Medley 38810
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned Kevin W. Medley 3806001 Kevin W. Medley 29010
 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 9-3-09 Shift Day Area or Section L/Wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. FACE	10 bolts none found	Reported
2. Roof Support	" "	"
3. Changer	" "	"
4. Lower Centers	" "	"
5. Travelways	" "	"
6. Track	" "	"
7. Barricade Station	" "	"
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. FACE	8:00 AM	1.0%	11.		
2. "	10:00 AM	1.0%	12.		
3. "	12:00 PM	1.0%	13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	8:50 AM	1.0%	6.		
2. "	12:45 PM	1.0%	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

W.D. Kelly
Assistant Mine

2245
Certificate No.

[Signature]
Mine Foreman-Mine Manager

[Signature]
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-3- 2009 Section or Area Examined L/wall
 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 brought out Time _____ A.M. _____ P.M.
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>none find</u>	<u>none</u>
2. <u>Roof Supports</u>	<u>u</u>	<u>u</u>
3. <u>Changce</u>	<u>u</u>	<u>u</u>
4. <u>Lower Centre</u>	<u>u</u>	<u>u</u>
5. <u>Travelway</u>	<u>u</u>	<u>u</u>
6. <u>Track</u>	<u>u</u>	<u>u</u>
7. <u>Barricade station.</u>	<u>u</u>	<u>u</u>
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location Intake 1070cht CFM 43,758 Location _____ CFM _____

#9
#160

655
820

Remarks: 1070cht, 20.870 O2 No CO find 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 David Lilla Certificate No. 28095 Assistant Foreman _____ Certificate No. _____
 Countersigned John Cook Mine Manager—Mine Foreman 380122
 _____ 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 9-3-9 Shift 2nd Area or Section L/W

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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) _____

R. [Signature]

1357
Certificate No.

[Signature]
Mine Foreman-Mine Manager

390
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-3 2001 Section or Area Examined LW 911
 Time of Examination: from 7:00 a.m. or p.m. to 8:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Brought out Time A.M. P.M.
 Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>44,601</u>		
<u># 9</u>	<u>667</u>		
<u># 160</u>	<u>811</u>		
<u> </u>			
<u> </u>			
<u> </u>			
<u> </u>			
<u> </u>			
<u> </u>			

Remarks: 0 % CH₄ 20.8 % O₂ 0 % CO at exam

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

Signed By Richard Lane Preshift-Mine Examiner Certificate No. 1357-t
 Countersigned Carl Cash Mine Manager—Mine Foreman Certificate No. 390000
 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 9-4-09 Shift 3rd Area or Section L wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Fires</u>		
2. <u>Supports</u>		
3. <u>Charger</u>	<u>No Power</u>	<u>Section Idle</u>
4. <u>Power center</u>		
5. <u>Traveling</u>		
6. <u>Track</u>		
7. <u>Barricade car</u>		
8. _____		

Examinations for Methane in Working Places

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

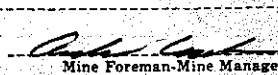
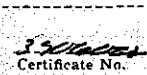
Examinations for Methane in Return Aircourses

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

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

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

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

 Assistant Mine Foreman
30928 Certificate No.
 Mine Foreman-Mine Manager
 Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-4 2009 Section or Area Examined L/W
 Time of Examination: from 3:35 a.m. or p.m. to 4:45 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 Kevin W. Medley
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
<u>Intake 1070 ch₄</u>	<u>42,912</u>		
<u>#9</u>	<u>591</u>		
<u>#160</u>	<u>807</u>		

Remarks: CH₄ 0% O₂ 20.8% CO 0ppm

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

Signed By [Signature] Certificate No. 38928 Kevin W. Medley Assistant Foreman Certificate No. 38810
 Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 330622
David 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 9-4-09 Shift DAY Area or Section Lwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	Roche none find	find
2. Roof supports	u u	u
3. Chaises	u u	u
4. Power centers	u u	u
5. Travelways	u u	u
6. Track	bad rib 77 & 78.	set sand props & timbers
7. Barricade st.	u u	u
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	8:25 AM	.090	11.		
2. Face	10:25 AM	.090	12.		
3. Face	12:25 AM	.090	13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	8:50 AM	.090	6.		
2. u	10:50 AM	.090	7.		
3. u	12:50 AM	.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) _____

Wid Lilly
Assistant Mine

26095
Certificate No.

[Signature]
Mine Foreman-Mine Manager

39000
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 9-4 2009 Section or Area Examined L/W
 Time of Examination: from 12:30 a.m. or p.m. to 1:50 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom H.K. [Signature] Time 2:10 A.M. P.M.
 Report received by Bobby [Signature] 35598
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>FACE</u>	<u>NOPECHA NOVE OBSERVED</u>	<u>Reported</u>
2. <u>ROOF SUPPORT</u>	|	|
3. <u>CHANGERS</u>		
4. <u>POWER CENTER</u>		
5. <u>TRAVEL WAYS</u>		
6. <u>TRACK</u>		
7. <u>BARRICADE STATION</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>INTAKE</u>	<u>48,310</u>		
<u>#9</u>	<u>680</u>		
<u>#160</u>	<u>758</u>		

Remarks: CH4 0.70 O2 20.8% CO 0.99ppm

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. 28045 Assistant Foreman Certificate No. _____
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 35598
Bobby [Signature] Assistant Foreman Certificate No. _____
 Superintendent or Assistant _____

Use Indefinible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-4-9 Shift 2nd Area or Section LIV

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>0%</u>	<u>None obs</u>	<u>Reported</u>
2. <u>Roof support</u>			
3. <u>Charger</u>			
4. <u>Power Center</u>			
5. <u>Travelways</u>			
6. <u>Track</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>6:30 PM</u>	<u>0%</u>	11.		
2.	<u>8:30 PM</u>	<u>0%</u>	12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>6:50 PM</u>	<u>0%</u>	6.		
2.	<u>8:55 PM</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) went over dust control plan at start of shift with crew

Richard Lane Assistant Mine 1357-A Certificate No. [Signature] Mine Foreman-Mine Manager 350000 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 9-4-9 20-- Section or Area Examined L1W
 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 Brought out Time 1:00 P.M.
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>.0%</u>	<u>None obs</u>	<u>Reported</u>
2. <u>Roof support</u>	|	|	|
3. <u>Charges</u>	|	|	|
4. <u>Power Center</u>	|	|	|
5. <u>Travelways</u>	|	|	|
6. <u>Truck</u>	|	|	|
7. <u>Barricade station</u>	|	|	|
8. _____	|	|	|
9. _____	|	|	|
10. _____	|	|	|

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>41,910</u>		
<u>#9</u>	<u>603</u>		
<u>#160</u>	<u>647</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: _____

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

Signed By Rubrahman Preshift-Mine Examiner Certificate No. 1357-A
 Countersigned _____ Mine Manager—Mine Foreman Certificate No. 3500000
 _____ Assistant Foreman
 _____ Superintendent or Assistant

Use Indelible
Pencil or Ink

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

Report shall be
signed when made

Date _____ Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

Assistant Mine

Certificate No.

Mine Foreman-Mine Manager

Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-7-09 20 Section or Area Examined L WALL
Time of Examination: from 7:30 a.m. or 7:30 a.m. to 7:30 a.m. or 7:30 a.m.
Was this report phoned to outside: Yes no
By whom John Beckford Time A.M. 10:20 P.M.
Report received by Steve Green (Signed)

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4, Violation or Hazardous Condition, Action Taken. Rows include FACE, Roof Support, Changers, Power Center, Travelway's, Track, Barricade Station.

Air Measurements

Table with 4 columns: Location, CFM, Location, CFM. Measurements include Intake #9 (59, 456), #160 (615, 810).

Remarks: O2 20.8% detected at time of exam
Track + travelway clear at time of exam

This is to certify that: (a) This section of the mine was properly examined by me, (b) all violations of the Federal Coal Mine Health and Safety Act of 1969 and other unsatisfactory conditions and practices observed by me are listed in this report.
Signed By John A. Beckford 26176 Certificate No. Assistant Foreman 38928 Certificate No.
Countersigned Andy Cook Mine Manager - Mine Foreman 38928 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 9-8-09 Shift 3rd Area or Section L wall

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Handwritten entries include Face, supports, Charge, Power cut, Tramp, Traveling, and Banister Station.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Handwritten entries show 'Face' at 12:30 AM and 3:20 AM with 0% methane content.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Handwritten entries show 'RT' at 12:40 AM and 3:43 AM 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) _____

Signature of Assistant Mine Foreman

38928 Certificate No.

Signature of Mine Foreman-Mine Manager

39028 Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination: 9-9 2009 Section or Area Examined L.W.
 Time of Examination: from 3:00 a.m. or p.m. to 4:10 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom HARRY 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</u>	<u>None observed</u>	<u>Reported</u>
2. <u>Roof support</u>	<u>" "</u>	<u>" "</u>
3. <u>Charger</u>	<u>" "</u>	<u>" "</u>
4. <u>P.C.</u>	<u>" "</u>	<u>" "</u>
5. <u>Travelway</u>	<u>" "</u>	<u>" "</u>
6. <u>Track</u>	<u>" "</u>	<u>" "</u>
7. <u>Barricade Stations</u>	<u>" "</u>	<u>" "</u>
8. <u> </u>	<u> </u>	<u> </u>
9. <u> </u>	<u> </u>	<u> </u>
10. <u> </u>	<u> </u>	<u> </u>

Air Measurements

Location	CFM	Location	CFM
<u>Zintake</u>	<u>42,410</u>		
<u>No. 9</u>	<u>665</u>		
<u>No. 160</u>	<u>891</u>		
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

Remarks: 0% CH₄ 0% CO 20.8% O₂

All Clear RT 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] 38928 Jim Davis Assistant Foreman Certificate No. 38322
 Countersigned [Signature] Mine Manager—Mine Foreman Certificate No. 350000
 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 7-8-09 Shift Day Area or Section L/Wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	Opcha none find	none
2. Roof Supports	" "	"
3. Choppers	" "	"
4. Power Cables	" "	"
5. Travelways	" "	"
6. Track	Bad Braw + ribs across from set	set timbers
7. Barricade station	" "	"
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	9:00am	10.9%	11.		
2. Face	10:00am	10.9%	12.		
3. Face	12:00pm	10.9%	13.		
4. Face	2:00pm	10.9%	14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	8:40am	10.9%	6.		
2. "	12:40pm	10.9%	7.		
3. "	2:45pm	10.9%	8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Visual check shields 1-176. Brided new on roof ribs plus pg. 18 Discussed dust control plan 7:30pm

[Signature] Assistant Mine 38322 Certificate No. [Signature] Mine Foreman-Mine Manager 38322 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 9-8 2009 Section or Area Examined L/W
 Time of Examination: from 1:45 a.m. or p.m. to 2:20 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Tim Davis Time AM 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>#CH₄ 0%</u>	<u>None Observed</u>	<u>Reported</u>
2. <u>Roof Supports</u>		
3. <u>Charger</u>		
4. <u>Power Center</u>		
5. <u>Travelways</u>		
6. <u>Track</u>		
7. <u>Barriade Station</u>		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u> <u>#9</u>	<u>52000</u>		
<u>#160</u>	<u>620</u>		
	<u>742</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 Kevin W. Medley Certificate No. 38332 Assistant Foreman
 Countersigned Tim Davis Mine Manager—Mine Foreman
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 9-8-09 Shift Eve Area or Section L/W

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Includes entries for Face, Roof Supports, Charger, Power Center, Track, Travelways, Barricade Station.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Lists examination times and methane percentages at various locations like Face.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Lists examination times and methane percentages 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)

Signature and name of Assistant Mine (Kevin W. Medley), 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 9-8 2009 Section or Area Examined L wall
 Time of Examination: from 8:00 a.m. or p.m. to 8:34 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom _____ Time _____ A.M. _____ P.M.
 Report received by _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>None Observed</u>	<u>Reported</u>
2. <u>Supports</u>	.. ..	.. ..
3. <u>Changr</u>	.. ..	.. ..
4. <u>Power center</u>	.. ..	.. ..
5. <u>Travel by</u>	.. ..	.. ..
6. <u>Track</u>	.. ..	.. ..
7. <u>Barricade Box</u>	.. ..	.. ..
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>51760</u>	_____	_____
<u>9</u>	<u>674</u>	_____	_____
<u>160</u>	<u>598</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks: 0% CH₄ 20.8% O₂ 0% CO at rx

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 [Signature] 38928
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned [Signature] 390000
 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 9-9-09 Shift 3rd

Area or Section L Well

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Fire	None observed	Reported
2. supp. ts	--	
3. Ch...	--	
4. Power cord	--	
5. T...	--	
6. Truck	--	
7. Break Box	--	
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. RT	12:20	0 %	6.		
2.	3:40	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) _____

[Signature]
Assistant Mine

32128
Certificate No.

[Signature]
Mine Foreman-Mine Manager

32128
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9/9 2009 Section or Area Examined Longwell
 Time of Examination: from 3:10 a.m. or p.m. to 4:15 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Larry Brown Time 5:30 A.M. ~~3:10~~ 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</u>	<u>no</u>	<u>none</u>
2. <u>Roof support</u>	<u>u</u>	<u>u</u>
3. <u>Charger</u>	<u>u</u>	<u>u</u>
4. <u>P.C.</u>	<u>u</u>	<u>u</u>
5. <u>Travelways</u>	<u>u</u>	<u>u</u>
6. <u>Track</u>	<u>u</u>	<u>u</u>
7. <u>Barricade Box</u>	<u>u</u>	<u>u</u>
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>42,336</u>		
<u>NO" 9</u>	<u>626</u>		
<u>NO" 160</u>	<u>387</u>		

Remarks: NOCH4 0.6 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] Certificate No. 38928 Assistant Foreman [Signature] Certificate No. 38322
 Countersigned [Signature] Mine Manager—Mine Foreman [Signature] Certificate No. 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 9-9-09 Shift DAY Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	0% CH ₄ NONE observed	NONE
2. Roof support		
3. Tracks		
4. Travelway		
5. PC		
6. Charger		
7. Barricade Dam		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Ret	8:15	0%	6.		
2.			7.		
3.	12:30	0%	8.		
4.			9.		
5.	2:40	0%	10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety meeting on dust control

Roof & Ribs

Jim Davis
Assistant Mine

38321
Certificate No.

Charles Lamb
Mine Foreman-Mine Manager

3500000
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-9 2009 Section or Area Examined Longwall
 Time of Examination: from 1:45 a.m. or (p.m.) to 2:25 a.m. or (p.m.)
 Was this report phoned to outside: Yes no
 By whom Tim Davis Time A.M. 2:30 P.M.
 Report received by Kevin W. Medley
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>47,614</u>		
<u># 9</u>	<u>689</u>		
<u># 160</u>	<u>270</u>		
<u>MPA</u>	<u>8,543</u>		
<u>MPB</u>	<u>16,786</u>		

Remarks: 0% CH4 20.8% O2 0ppm CO

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

Signed By Tim Davis Preshift-Mine Examiner Certificate No. 38322
 Countersigned Kevin W. Medley Mine Manager—Mine Foreman 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 9-9-09 Shift EVE Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>0%</u>	<u>None Observed</u>	<u>None</u>
2. <u>Roof Supports</u>			
3. <u>Charger</u>			
4. <u>Power Center</u>			
5. <u>Travelways</u>			
6. <u>Track</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 PM</u>	<u>0%</u>			
2.	<u>7:00 PM</u>	<u>0%</u>			
3.	<u>9:00 PM</u>	<u>0%</u>			
4.	<u>11:00 PM</u>	<u>0%</u>			
5.					
6.					
7.					
8.					
9.					
10.					

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>6:00 PM</u>	<u>0%</u>			
2.	<u>8:00 PM</u>	<u>0%</u>			
3.	<u>10:00 PM</u>	<u>0%</u>			
4.					
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) _____

Kevin W. Medley 38810 Chris [Signature] 390608
Assistant Mine Certificate No. Mine Foreman-Mine Manager Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9.9 2007 Section or Area Examined L wall
 Time of Examination: from 8:25 a.m. or p.m. to 9:15 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom R. Medley Time A.M. 10:35 P.M.
 Report received by LB (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>	<u>" "</u>	<u>" "</u>
3. <u>Chairs</u>	<u>" "</u>	<u>" "</u>
4. <u>Power cords</u>	<u>" "</u>	<u>" "</u>
5. <u>Traveling</u>	<u>" "</u>	<u>" "</u>
6. <u>Track</u>	<u>" "</u>	<u>" "</u>
7. <u>Barricade cur</u>	<u>" "</u>	<u>" "</u>
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>48250</u>		
<u>9</u>	<u>690</u>		
<u>160</u>	<u>285</u>		
<u>MPA</u>	<u>8400</u>		
<u>MPB</u>	<u>16925</u>		

Remarks: 0% CH₄ 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 Kevin W. Medley
 Preshift-Mine Examiner
 Countersigned Bob [Signature]
 Mine Manager—Mine Foreman

38810
 Certificate No.
39 [Signature]

[Signature]
 Assistant Foreman

38127
 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 9-10-09 Shift 3rd Area or Section L 211

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	None observed	None
2. Supports	/ /	/ /
3. Ch...		
4. pu - cutr		
5. T ravy		
6. Trucl		
7. Barriers to ch...		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. RT	12:25	0 %	6.		
2. "	4:35	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) _____

[Signature] Assistant Mine Certificate No. 30128 [Signature] Mine Foreman-Mine Manager Certificate No. 3506005 Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-10- 2009 Section or Area Examined Lhwan
 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 no
 By whom Larry Brown Time 5:35 A.M. P.M.
 Report received by W.D. Lillis 2809 (signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>FACE</u>	<u>none found</u>	<u>Reported</u>
2. <u>Roof Supports</u>	<u>u</u>	<u>u</u>
3. <u>Power Cables</u>	<u>u</u>	<u>u</u>
4. <u>Changest</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>Intake</u>	<u>47,890</u>		
<u>#9</u>	<u>585</u>		
<u>#160</u>	<u>347</u>		

Remarks: .02% 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 [Signature] Certificate No. 38128
 Preshift Mine Examiner

Countersigned [Signature] Certificate No. 38000
 Mine Manager—Mine Foreman

W.D. Lillis Assistant Foreman Certificate No. 2809
Kevin W. Medley 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 9-10-09 Shift Day Area or Section Lwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	no bolts none found	none
2. Roof Supports	n n	n
3. Power Cables	n n	n
4. Chargers	n n	n
5. Tracks	Need Ballist.	Took in 2 cms.
6. Travelways	none found	none
7. Barricade st.	n n	n
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	8:00am	0.9%	11.		
2. Face	10:00am	0.9%	12.		
3. Face	12:00pm	0.9%	13.		
4. Face	2:00pm	0.9%	14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	8:50am	0.9%	6.		
2. Return	12:50pm	0.9%	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) Briefed men on roof fall plan
prills. Discussed dust control plan. 7:40am. Visual checked shield 1-176.

Kevin Mulvey 38810 Assistant Mine Certificate No. [Signature] Mine Foreman-Mine Manager 39000 Superintendent or Assistant Certificate No.

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-10-9 20. Section or Area Examined L/W
 Time of Examination: from 12:08 a.m. or p.m. to 12:53 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Kevin Mulley Time 2:31 P.M.
 Report received by Richard Rame 1357-A (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>CH₄ 0%</u>	<u>None obs</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>Barricades</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>42,635</u>		
<u>#9</u>	<u>690</u>		
<u>#160</u>	<u>308</u>		
<u>MPA</u>	<u>8475</u>		
<u>MPB</u>	<u>16,810</u>		

Remarks: 0% CH₄ 20.8% O₂ 0 ppm CO
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 Mulley Preshift-Mine Examiner Certificate No. 38810
 Countersigned Richard Rame Mine Foreman Certificate No. 1357-A
 Assistant Foreman
 Superintendent or Assistant

Use Indefilible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-10-9 Shift 2nd Area or Section L/W

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>None obs</u>	<u>Reported</u>
2. <u>Roof Support</u>		
3. <u>Power Center</u>		
4. <u>Chargers</u>		
5. <u>Track</u>		
6. <u>Tranlways</u>		
7. <u>Barricade Station</u>		
8.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>5:10 PM</u>	<u>.0%</u>	6.		
2. <u>Return</u>	<u>9:00 PM</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 escape ways + Roof + Ribs Visual check on shields

Richard Lam Assistant Mine 1357-A Certificate No. [Signature] Mine Foreman Mine Manager [Signature] Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-10-09 Section or Area Examined L-W
Time of Examination: from 8:00 a.m. or p.m. to 9:00 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Rick Lane Time A.M. 10:40 P.M.
Report received by Darrell K Stanley (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location

Violation or Hazardous Condition

Action Taken

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

Air Measurements

Location

CFM

Location

CFM

Intake	72,839		
#9	685		
#160	317		
MPA	8,412		
MPB	16,805		

Remarks: 0.0% CH4 20.8% O2 0ppm CO 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 Daniel K Stanley 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 9-11-09 Shift OWL Area or Section Langwell

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken	
1.	Face	0.0% CH ₄	None Observed	Reported
2.	Roof Support	[Large bracket spanning rows 2-7]	[Large bracket spanning rows 2-7]	[Large bracket spanning rows 2-7]
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	12:15AM	0.0%	11.		
2. Face	3:50AM	0.0%	12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	12:35AM	0.0%	6.		
2. Return	4:10AM	0.0%	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

David K. Stuber
Assistant Mine

39218
Certificate No.

[Signature]
Mine Foreman-Mine Manager

3300000
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 9-11 2009 Section or Area Examined Long wall
 Time of Examination: from 4:51 a.m. or p.m. to 5:26 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 _____ (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>CH4 0%</u> <u>None Observed</u>	<u>Reported</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>42,625</u>		
<u>#9</u>	<u>675</u>		
<u>#160</u>	<u>310</u>		
<u>MPA</u>	<u>8,403</u>		
<u>MPB</u>	<u>16,796</u>		

Remarks: 0% CH4 20.87% 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 Donald K. Stanley Preshift-Mine Examiner Certificate No. 39218
 Countersigned Kevin W. Medley Assistant Foreman Certificate No. 38810
Neil Lully Mine Manager—Mine Foreman Certificate No. 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 9-11-09 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>9:00 AM</u>	<u>0%</u>	6. _____		
2. _____	<u>11:00 AM</u>	<u>0%</u>	7. _____		
3. _____	<u>1:00 PM</u>	<u>0%</u>	8. _____		
4. _____	<u>3:00 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) _____

Kevin W. Medley
Assistant Mine

38810
Certificate No.

[Signature]
Mine Foreman-Mine Manager

2300000
Certificate No. Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-11-9 20. Section or Area Examined L1W
 Time of Examination: from 12:45 a.m. or p.m. to 1:35 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Kevin Medley Time 241 A.M. P.M.
 Report received by Richard Kane 1357A (Signed)

Location	CH ₄	Violation or Hazardous Condition	Action Taken
1. Face	0%	None obs	Reported
2. Roof Support	↓	↓	↓
3. Power Centers			
4. Track			
5. Chargers			
6. Travelways			
7. Barricade station			
8.			
9.			
10.			

Location	CFM	Location	CFM
Intake	49,220		
#9	771		
#160	605		
MPA	7,920		
MPB	18,900		

Remarks: 0% CH₄ 208% 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 Richard Kane 1357-A
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned Richard Kane 350000
 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 9-11-09 Shift 2nd Area or Section LLW

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>Non-cobs</u>	<u>Reported</u>
2. <u>Roof Support</u>		
3. <u>Power Center</u>		
4. <u>Track</u>		
5. <u>Chargers</u>		
6. <u>Travelways</u>		
7. <u>Barredestation</u>		
8. _____		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>8:55 PM</u>	<u>.1%</u>	6. _____		
2. _____	<u>12:55 PM</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 falls on roof +
rib Visual check of shields

Richard Lee 1257 Rich Lee 3904
Assistant Mine Certificate No. Mine Foreman-Mine Manager Certificate No. Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-11-09 20 Section or Area Examined L/W
 Time of Examination: from 8:30 a.m. or pm to 11:30 a.m. or pm
 Was this report phoned to outside: Yes no
 By whom Rick Lane Time 11:00 AM PM
 Report received by Keith Stanley (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u> <u>0.1% CH4</u>	<u>None Observed</u>	<u>Reported</u>
2. <u>Roof Support</u>	}	}
3. <u>Power Center</u>		
4. <u>Track</u>		
5. <u>Chargers</u>		
6. <u>Travel ways</u>		
7. <u>Barricade Station</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>48,450</u>		
<u>#9 shield</u>	<u>612</u>		
<u>#160 shield</u>	<u>579</u>		
<u>MPA</u>	<u>7,812</u>		
<u>MPB</u>	<u>18,922</u>		

Remarks: 0.1% CH4 20.8% O2 0 ppm CO 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 Certificate No. 1357
 Preshift-Mine Examiner Assistant Foreman
 Countersigned Keith Stanley Certificate No. 39218
 Mine Manager—Mine Foreman Assistant Foreman
 Assistant Foreman Superintendent or Assistant

Use Indefinite Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-12-09 Shift Owl Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Row 1: Face, 0.0%, None Observed, Reported. Rows 2-7: Roof Support, Power Center, Track, Travelways, Chargers, Barricade Station. Rows 2-7 have wavy lines in the violation column and arrows in the action column.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Row 1: Intake, 12:20AM, 0.0%. Row 2: Intake, 4:36AM, 0.0%. Rows 3-20 are empty.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content, Location, Time, Methane Content. Row 1: Return, 12:36AM, 0.0%. Row 2: Return, 4:50AM, 0.0%. Rows 3-10 are empty.

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 signature

39218 Certificate No.

Mine Foreman-Mine Manager signature

39218 Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-12-20 Section or Area Examined Uwall
 Time of Examination: from 4:00 a.m. or p.m. to 4:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Keith Time 5:30 A.M. P.M.
 Report received by Red Lilly 2804 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face	None find	find
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	44,970		
#9 shield	667		
#160 shield	453		
MPA	8,576		
MPB	17,306		

Remarks: 10% ch4, 20.8% O2 No CO find 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 James J. Staley Preshift-Mine Examiner Certificate No. 39818
 Countersigned Arthur [Signature] Mine Manager—Mine Foreman Certificate No. 2804
Kevin W. Medley Assistant Foreman Certificate No. 39810
Red Lilly Superintendent or Assistant Certificate No. 2804

Indelible
Ink or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Shift _____ Area or Section _____

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

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

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-12-9 20. Section or Area Examined L1W
 Time of Examination: from 130 a.m. or p.m. to 225 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Kevin Medley Time A.M. P.M.
 Report received by Richard Ramon 1357-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>.0%</u>	<u>None obs</u>	<u>Reported</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. <u> </u>			
9. <u> </u>			
10. <u> </u>			

Air Measurements

Location	CH ₄	CFM	Location	CFM
<u>Intake</u>	<u>.0%</u>	<u>46210</u>		
<u>#9</u>	↓	<u>670</u>		
<u>#160</u>	↓	<u>400</u>		
<u>MPA</u>	↓	<u>8,730</u>		
<u>MPB</u>	↓	<u>17,780</u>		

Remarks: .0% CH₄ 208 O₂ 0 ppm

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 Ramon 1357-A
 Preshift-Mine Examiner Certificate No. Assistant Foreman Certificate No.
 Countersigned Richard Ramon 39010
 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 9-12-9 Shift 2nd Area or Section LIW

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Row 1: Face, CH4 .0%, None obs, Reported. Rows 2-8: Roof Support, Power Center, Chargers, Track, Travelways, Barricade Station.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-4: Face, 4:45 PM, .0%; 6:45 PM, .0%; 8:30 PM, .0%; 10:30 PM, .00%.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-2: Return, 8:50 PM, .0%; Return, 10:55 PM, .1%.

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 meetings on Roof & Rib Visual checks of all Shields

Signatures: Assistant Mine, Certificate No. 1357-A, 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 9-12-09 20 Section or Area Examined Longwall
 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 10:55 A.M. P.M.
 Report received by Darrell K Staley (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken	
1. Face	0.0% ch4	None Observed	Reported
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	46,874		
#9 shield	652		
#160 shield	344		
MPA	8,622		
MPB	16,912		

Remarks: 0.0% ch4 20.8 O2 0 ppm CO 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 Darrell K Staley Preshift-Mine Examiner Certificate No. 39218
 Countersigned Rick Lane 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 9-13-09 Shift Owl Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action taken. Row 1: Face, 0.0% ch4, None Observed, Reported. Rows 2-7: Reef Support, Power Center, Chargers, Track, Travelways, Barricade Station. Rows 2-7 have vertical lines indicating continuation.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-2: Intake, 12:17 AM, 0.0%; Intake, 4:20 AM, 0.0%. Rows 3-20 are empty.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-2: Return, 12:33 AM, 0.0%; Return, 4:41 AM, 0.0%. Rows 3-10 are empty.

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

39218 Certificate No.

Mine Foreman-Mine Manager

39218 Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-13 2009 Section or Area Examined Long wall
 Time of Examination: from 5:00 a.m. or p.m. to 5:40 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Keith Stanley Time 5:50 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</u>	<u>NONE</u>	<u>NONE</u>
2. <u>Roof support</u>	<div style="display: flex; justify-content: space-around;"> <div style="border-left: 1px solid black; border-right: 1px solid black; height: 100px; width: 100px;"></div> <div style="border-left: 1px solid black; border-right: 1px solid black; height: 100px; width: 100px;"></div> </div>	<div style="border-left: 1px solid black; border-right: 1px solid black; height: 100px; width: 100px;"></div>
3. <u>P.C</u>		
4. <u>Charger</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>44,630</u>		
<u>#9</u>	<u>652</u>		
<u>#160</u>	<u>424</u>		
<u>MPA</u>	<u>8,433</u>		
<u>MP13</u>	<u>16,866</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 Keith Stanley Freshift-Mine Examiner Certificate No. 39218
 Countersigned Jim Davis Mine Manager—Mine Foreman Certificate No. 38000
Wend 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 9-13-09 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 Support, P.C, Charger, Track, Travelways, Barricade Station.

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

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

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety meeting on Dust control

Signature lines for Assistant Mine Foreman, Mine Foreman-Mine Manager, and Superintendent or Assistant.

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 9-13-9 20. Section or Area Examined L1W
 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 Tim Davis Time 2:33 P.M.
 Report received by Richard Rame 1357-A
 (Signed)

Location	Violations and other Hazardous Conditions Observed and Reported	Action Taken
1. Face	CH ₄ 0% None obs	Reported
2. Roof Support		
3. Power Center		
4. Chargers		
5. Track		
6. Travelways		
7. Barricade Station		
8.		
9.		
10.		

Location	CFM	Location	CFM
Intake	48,860		
#9	630		
#160	435		
MPA	8,513		
MPB	16,516		

Remarks: 0% CH₄ 20.8% O₂ 0 ppm

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

Signed By Tim Davis Preshift-Mine Examiner Certificate No. 38322
 Countersigned Richard Rame Mine Manager—Mine Foreman Certificate No. 1357-A
Richard Rame 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 9-13-9 Shift 2nd Area or Section CUW

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, Violation or Hazardous Condition, Action taken. Row 1: Face, CH4 .0%, None obs, Reported. Rows 2-8: Roof Support, Power Center, Chargers, Tracks, Travelway, Barricade station.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-5: Face, 4:30 PM, 6:30 PM, 8:30 PM, 10:30 PM, 12:30 PM, all .0%. Rows 6-20: Various locations and times.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-3: Return, 7:50 PM, 8:45 PM, 12:50 PM, all .0%. Rows 4-10: Empty rows.

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

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

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

Roof + Rib

Safety Meeting on

Richard [Signature] Assistant Mine

6257-0 Certificate No.

[Signature] Mine Foreman-Mine Manager

33 [Signature] Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-13-09 20 Section or Area Examined Longwall
 Time of Examination: from 9:40 a.m. or (p.m.) to 10:00 a.m. or (p.m.)
 Was this report phoned to outside: Yes no
 By whom Rick Lane Time 10:40 P.M.
 Report received by Keith Stanley (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>0.0% CH₄</u>	<u>None Observed</u>
2. <u>Reef 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>47,800</u>		
<u>#9 shield</u>	<u>676</u>		
<u>#160 shield</u>	<u>431</u>		
<u>MPA</u>	<u>8622</u>		
<u>MPB</u>	<u>17,001</u>		

Remarks: 0.0% CH₄ 20.802 0ppm CO

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

Signed By Richard Lane Preshift-Mine Examiner
 Countersigned Keith Stanley Mine-Manager—Mine Foreman
39215 Certificate No.
38724
 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 9-14-09 Shift Longwall Area of Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	0.0% CH ₄	None Observed
2. Roof Support		Reported
3. Power Center		
4. Chargers		
5. Track		
6. Travelways		
7. Barricade Station		
8.		
9.		

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	12:50 AM	0.0%	6.		
2.	4:30 AM	0.0%	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

Daniel K. Staley Assistant Mine 39218 Certificate No. [Signature] Mine Foreman-Mine Manager 3920005 Certificate No. _____ Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-14 2009 Section or Area Examined Long wall
Time of Examination: from 4:45 a.m. or p.m. to 5:20 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom Keith Stanley Time 5:30 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. Face 16 CH ₄	none	observed
2. Roof support		none
3. P.C		
4. Charger		
5. Tracks		
6. Travelway		
7. Barricade station		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	48,230		
#9	692		
#160	448		
MCPA	8,888		
MIPB	17,656		

Remarks: 16% 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: Keith Stanley, Preshift-Mine Examiner (Certificate No. 39218)
Countersigned: Jim Davis, Mine Manager—Mine Foreman (Certificate No. 3100000)
Assistant Foreman: Jim Davis (Certificate No. 38522)
Superintendent or Assistant: _____

Printable
or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

7-14-09 Shift DAY Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
Face	None	None
Roof support		
PC		
Charger		
Tracks		
Tramways		
Barricade Station		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
Face	7:30	0%			
	9:30	0%			
	11:30	0%			
	1:30	0%			
	3:30	0%			

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
Ret	8:00	0%			
	11:20	0%			
	2:15	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 + Ribs
General Safety on L.W

Jin Dent
Assistant Mine

38322
Certificate No.

[Signature]
Mine Foreman / Mine Manager

38322
Certificate No.

Superintendent or Assistant

Use Indelible
Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be
signed when made

Date of Examination 9-14-9 20 Section or Area Examined Long Wall
 Time of Examination: from 1:45 a.m. or p.m. to 2:20 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Tim Davis Time A.M. P.M.
 Report received by Richard Rame 1357-A
 (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>CH₄ 0%</u>	<u>None obs</u>
2. <u>Roof Support</u>		<u>Reported</u>
3. <u>P.C</u>		
4. <u>Charger</u>		
5. <u>Track</u>		
6. <u>Travelways</u>		
7. <u>Barricade station</u>		
8. <u> </u>		
9. <u> </u>		
10. <u> </u>		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>52,500</u>		
<u>#9</u>	<u>704</u>		
<u>#160</u>	<u>440</u>		
<u>MPA</u>	<u>8478</u>		
<u>MPB</u>	<u>17,360</u>		

Remarks: 0% CH₄ 20.5% O₂ 0 ppm

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 38322 Certificate No. Richard Rame 1357-A Certificate No.
 Preshift-Mine Examiner Assistant Foreman
 Countersigned: [Signature] 3706221 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 9.14.9 Shift 2nd Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4 %, Violation or Hazardous Condition, Action taken. Row 1: Face, 0%, None Obs.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-4 show Face at 5:00 PM, 7:00 PM, 9:00 PM, 11:00 PM with 0% methane.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-2 show Return at 5:35 PM and 9:15 PM with 0% methane.

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 Meetings on

Roof + Rig

Richard Rame Assistant Mine

1357-A Certificate No.

Mine Foreman-Mine Manager

252204 Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-14 2009 Section or Area Examined L well
 Time of Examination: from 9 a.m. or p.m. to 10:00 a.m. or p.m.
 Was this report phoned to outside: Yes no Time A.M. P.M.
 By whom
 Report received by (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>None observed</u>	<u>Reported</u>
2. <u>Supports</u>	<u>" "</u>	<u>" "</u>
3. <u>Power center</u>	<u>" "</u>	<u>" "</u>
4. <u>Charger</u>	<u>" "</u>	<u>" "</u>
5. <u>Track</u>	<u>" "</u>	<u>" "</u>
6. <u>Travelway</u>	<u>" "</u>	<u>" "</u>
7. <u>Barricade station</u>	<u>" "</u>	<u>" "</u>
8. <u> </u>	<u> </u>	<u> </u>
9. <u> </u>	<u> </u>	<u> </u>
10. <u> </u>	<u> </u>	<u> </u>

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>49855</u>		
<u>9</u>	<u>657</u>		
<u>160</u>	<u>421</u>		
<u>MPA</u>	<u>8111</u>		
<u>MPB</u>	<u>16940</u>		

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

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. 1357-A
 Countersigned [Signature] Mine Manager - Mine Foreman Assistant Foreman Certificate No. 38928
 Assistant Foreman Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 9-15-09 Shift 3rd Area or Section Lwell

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	None observed	Reported
2. S-Prots		
3. Power cord		
4. Charger		
5. Track		
6. Traveley		
7. Buried Station		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	12:30 AM	0 %	11.		
2. "	3:40 AM	0 %	12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. RT	12:50	0 %	6.		
2. "	7:00	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) _____

[Signature]
Assistant Mine

38928
Certificate No.

[Signature]
Mine Foreman-Mine Manager

38928
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-15 2029 Section or Area Examined Longwell
 Time of Examination: from 3:40 a.m. or p.m. to 4:30 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom L. Brown Time 5:30 A.M. P.M.
 Report received by Jim Owen (Signed)

Location	Violations and other Hazardous Conditions Observed and Reported	Action Taken
1. <u>Face</u>	<u>No re obs</u>	<u>Reported</u>
2. <u>Roof support</u>	| |	|
3. <u>P.C</u>		
4. <u>Charger</u>		
5. <u>Track</u>		
6. <u>Travelways</u>		
7. <u>Barrier station</u>		
8.		
9.		
10.		

Air Measurements		CFM	
Location	CFM	Location	CFM
<u>Intake</u>	<u>48,100</u>		
<u># 9</u>	<u>692</u>		
<u># 160</u>	<u>545</u>		
<u>M.P.B</u>	<u>Movement</u>	<u>To Gob</u>	
<u>M.P.B</u>		<u>15,420</u>	

Remarks: 0% CH4 0% CO 20% 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 L. B. Certificate No. 38928 Assistant Foreman Jim Owen Certificate No. 38322
 Countersigned Carl Cook 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 9-15-09 Shift DAY Area or Section Longwell

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>% CH₄</u>	<u>NONE</u>
2. <u>Roof support</u>	<u>Observed</u>	<u>NONE</u>
3. <u>Pc</u>		
4. <u>Charger</u>		
5. <u>Track</u>		
6. <u>Tranclways</u>		
7. <u>Brickade Station</u>		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>8.00</u>	<u>0%</u>	11.		
2.	<u>10.00</u>	<u>0%</u>	12.		
3.	<u>12.00</u>	<u>0%</u>	13.		
4.	<u>2.00</u>	<u>0%</u>	14.		
5.	<u>4.00</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>PcT</u>	<u>8.30</u>	<u>0%</u>	6.		
2.	<u>11.30</u>	<u>0%</u>	7.		
3.	<u>2.30</u>	<u>0%</u>	8.		
4.			9.		
5.			10.		

Number of Bolts Tested _____

Number of Bolts Torqued Above Range _____ Below Range _____

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety meeting at main P.C. Arch Points on L.W. & Roof & Ribs

J. J. [Signature]
Assistant Mine

38,322
Certificate No.

[Signature]
Mine Foreman - Mine Manager

[Signature]
Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-15-9 Section or Area Examined Long Wall
 Time of Examination: from 1:45 a.m. or 2:25 p.m. to 2:25 a.m. or 2:28 p.m.
 Was this report phoned to outside: Yes no
 By whom Tim Davis Time 2:28 P.M.
 Report received by Richard Rame (Signed) 1357-A

Violations and other Hazardous Conditions Observed and Reported

Action Taken

Location	Violation or Hazardous Condition	Action Taken
1. Face	None obs	Reported
2. Roof Support		
3. PC		
4. Charger		
5. Track		
6. Travelways		
7. Barricade station		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	53,250		
#9	842		
#160	442		
MPA	8,310		
MPB	18,460		

Remarks: .0% CH⁴ 20.8% O₂ 0ppm

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

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

Use Indelible
Penell or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 9-15-9 Shift 2nd Area or Section Long Wall

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄	Violation or Hazardous Condition	Action taken
1. Face	.0%	None obs	Reported
2. Roof support			
3. PC			
4. Charger			
5. Tracle			
6. Travelways			
7. Barricade station			
8.			

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	7:30 ^{PM}	.0%	6.		
2.	11:15 ^{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 meeting end of
Track on Roof & Rib

Richard Lane
Assistant Mine

13579
Certificate No.

John Cook
Mine Foreman-Mine Manager

35000
Certificate No. Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9.15 2007 Section or Area Examined well
 Time of Examination: from 9 a.m. or p.m. to 0:00 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom R Lane Time A.M. 10:40 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>6 P.M.</u>		
3. <u>face - cut</u>		
4. <u>chairs</u>		
5. <u>Trench</u>		
6. <u>Travel by</u>		
7. <u>Barometer station</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>53352</u>		
<u>9</u>	<u>781</u>		
<u>160</u>	<u>310</u>		
<u>A</u>	<u>17870</u>		
<u>B</u>	<u>7643</u>		

Remarks: 0% CH₄ 20.8 % O₂ 0% CO

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

Signed By Richard Lane Preshift-Mine Examiner Certificate No. 1357-A
 Countersigned [Signature] Mine Manager - Mine Foreman Certificate No. 38927
 Assistant Foreman
 Superintendent or Assistant

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-16-09 Shift 3rd Area or Section well

Violations and other Hazardous Conditions Observed and Reported

	Location	Violation or Hazardous Condition	Action taken
1.	Fence	None observed	Reported
2.	Supports	" "	" "
3.	power center	" "	" "
4.	Charger	" "	" "
5.	Track	" "	" "
6.	Traveling	" "	" "
7.	Barricade station	" "	" "
8.			

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Fence	4:10	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	4:30	0%	6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

J. B. Assistant Mine 38928 Certificate No. [Signature] Mine Foreman-Mine Manager 25000 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 9-16 2009 Section or Area Examined LONG WALL
 Time of Examination: from 4:00 a.m. or p.m. to 4:50 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom L. Brown Time 5:30 A.M. P.M.
 Report received by Jim Dean (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>0% CH₄</u>	<u>None observed</u>
2. <u>Roof support</u>		
3. <u>P.C.</u>		
4. <u>Charger</u>		
5. <u>Track</u>		
6. <u>Travelways</u>		
7. <u>Barricade</u>		
8. _____		
9. _____		
10. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>52,040</u>		
<u>#9</u>	<u>780</u>		
<u>#160</u>	<u>392</u>		
<u>MPA</u>	<u>17,460</u>		
<u>MPB</u>	<u>7,450</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] Preshift-Mine Examiner
 Countersigned [Signature] Mine Manager—Mine Foreman
[Signature] Assistant Foreman
[Signature] Assistant Foreman
[Signature] Superintendent or Assistant
 Certificate No. 38322
28040

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-16-09 Shift DAY Area or Section hang wall

Violations and other Hazardous Conditions Observed and Reported

Table with 3 columns: Location, Violation or Hazardous Condition, Action taken. Rows include FACE, Roof Support, P.C., Charger, Track, Travelways, and Overhead.

Examinations for Methane in Working Places

Table with 6 columns: Location, Time, Methane Content. Rows 1-5 show readings of 0.90 at various times from 8:00 to 4:00.

Examinations for Methane in Return Aircourses

Table with 6 columns: Location, Time, Methane Content. Rows 1-3 show readings of 0.90 at 8:30, 12:30, and 2:30.

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Safety Meeting on Shift

Signature of Assistant Mine Foreman

Certificate No. 38222

Signature of 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 9-12 2009 Section or Area Examined Longwall
 Time of Examination: from 1142 a.m. or 9 p.m. to 2:25 a.m. or 0 p.m.
 Was this report phoned to outside: Yes no
 By whom Tim Davis Time 2:27 A.M. 2:27 P.M.
 Report received by Kevin W. Medley (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>CH4 0%</u> <u>None Observed</u>	<u>Reported</u>
2. <u>Roof Supports</u>	[Large bracket covering rows 2-8]	[Large bracket covering rows 2-8]
3. <u>Power Center</u>		
4. <u>Charger</u>		
5. <u>Track</u>		
6. <u>Travelways</u>		
7. <u>Barricade Station</u>		
8. _____		
9. _____	<u>0%</u>	<u>0%</u>
10. _____	<u>0%</u>	<u>0%</u>

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>61,000</u>		
<u>#9</u>	<u>688</u>		
<u>#160</u>	<u>342</u>		
<u>MFA</u>	<u>7483</u>		
<u>MP-B</u>	<u>17843</u>		

Remarks: 0% CH4 20.8% O2 0ppm CO

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

Signed By Tim Davis Preshift Mine Examiner Certificate No. 38722
 Countersigned Kevin W. Medley Mine Manager—Mine Foreman 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 9-16-09 Shift Eve Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>6:00 PM</u>	<u>0%</u>	6. _____	_____	_____
2. _____	<u>8:00 PM</u>	<u>0%</u>	7. _____	_____	_____
3. _____	<u>10:00 PM</u>	<u>0%</u>	8. _____	_____	_____
4. _____	<u>12:00 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) _____

Mervin W. Medley
Assistant Mine

38810
Certificate No.

[Signature]
Mine Foreman-Mine Manager

38810
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-16 2009 Section or Area Examined wall
 Time of Examination: from 9 a.m. or p.m. to 9:44 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom K. Medley Time A.M. P.M.
 Report received by L Brown (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	<u>None observed</u>	<u>Reported</u>
2. <u>Supports</u>	}	}
3. <u>Per cent</u>		
4. <u>Charger</u>		
5. <u>Track</u>		
6. <u>Traveling</u>		
7. <u>Barricade Box</u>		
8. <u> </u>		
9. <u> </u>		
10. <u> </u>		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>59550</u>		
<u>9</u>	<u>673</u>		
<u>160</u>	<u>305</u>		
<u>MPA</u>	<u>7560</u>		
<u>MPB</u>	<u>18240</u>		

Remarks: 0% CH4 20.8% O2 0% CO at ex

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

Signed By Kevin W. Medley 38810 Certificate No.
 Countersigned L. Brown Mine Manager—Mine Foreman 380622
 Assistant Foreman Superintendent or Assistant

Use Indelible
Pencil or Ink

DAILY AND DOWNSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 9-17-09 Shift 3:2 Area or Section well

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>s-pots</u>	}	}
3. <u>power center</u>		
4. <u>Charger</u>		
5. <u>Track</u>		
6. <u>Traveling</u>		
7. <u>Beside Box</u>		
8. _____		
9. _____		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Face</u>	<u>3:40</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>4:09</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

32928
Certificate No.

[Signature]
Mine Foreman-Mine Manager

3506
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9/27 2007 Section or Area Examined Longwall
Time of Examination: from 3:10 a.m. or p.m. to 4:20 a.m. or p.m.
Was this report phoned to outside: Yes no
By whom L. Brown Time 5:30 A.M. P.M.
Report received by Jim O'Connell (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face %CH4	none observed	none
2. Roof support		
3. P.C		
4. Charger		
5. Track		
6. Travelways		
7. Barricade station		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
Intake	52,460		
A9	765		
#160	408		
MPA	17,960		
MPCB	7,310		

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 L. Brown 38928 Certificate No. Assistant Foreman Jim O'Connell 38322 Certificate No.
Countersigned [Signature] 35000x Mine Manager - Mine Foreman Assistant Foreman [Signature] 28045 Superintendent or Assistant

Use Indelible
Pen or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 9/12/09 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	None observed	none
2. Roof support	"	"
3. PC	"	"
4. Charger	"	"
5. Tracks	"	"
6. Tranchway	"	"
7. Barricade Station	"	"
8. LOB	top working	set sand jacks

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	8:00-8:20	0%	11.		
2. Face	10:00-10:15	0%	12.		
3. Face	12:15-12:30	0%	13.		
4. Face	1:45-2:25	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	10:30	0%	6.		
2. Return	2:40	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) went over shield safety & pinch points with crew. Visual checked shields 1-176.

W. McCusker
Assistant Mine

39265
Certificate No.

Carl Lamb
Mine Foreman-Mine Manager

James
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 4-17 2009 Section or Area Examined Longwall
Time of Examination: from 1:45 a.m. or 6 p.m. to 2:25 a.m. or 6 p.m.
Was this report phoned to outside: Yes no
By whom Nick McCroskey Time A.M. 2:25 P.M.
Report received by Kevin W. Medley (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

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

Remarks: 1.0% CH4, No CO, 20.8% O2 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 Nick McCroskey Preshift-Mine Examiner Certificate No. 39265
Countersigned Kevin W. Medley Assistant Foreman Certificate No. 38810
Assistant Foreman Superintendent or Assistant

Indellible
Ball or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

9-17-09 Shift Exc Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Face	5:00 PM	0%	11.		
	7:00 PM	0%	12.		
	9:00 PM	0%	13.		
	11:00 PM	0%	14.		
			15.		
			16.		
			17.		
			18.		
			19.		
			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	6:00 PM	0%	6.		
	8:00 PM	0%	7.		
	10:00 PM	0%	8.		
	12:00 PM	0%	9.		
			10.		

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

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

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

Kevin W. Medley 38810 Assistant Mine Certificate No. Carl Mine Foreman-Mine Manager Certificate No. 350000 Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-17 2007 Section or Area Examined well
 Time of Examination: from 8:45 a.m. or p.m. to 8:57 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom K Medley Time AM 10:50 P.M.
 Report received by LB (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u>	None observed	None
2. <u>S-prats</u>		
3. <u>Par-cards</u>		
4. <u>Charger</u>		
5. <u>Truck</u>		
6. <u>Tram</u>		
7. <u>Bumide station</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>67765</u>		
<u>9</u>	<u>685</u>		
<u>160</u>	<u>540</u>		
<u>MPA</u>	<u>8750</u>		
<u>MPB</u>	<u>18135</u>		

Remarks: 0% ch4 20.4% O2 0% CO at 2

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 John Cook 3906000 Certificate No.
 Mine Manager—Mine Foreman
 Assistant Foreman
 Superintendent or Assistant

Indelible
Pen or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be
signed when made

Date 9-18 Shift OWL Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	0.0% ch4	Mine Observed
2. ^{Post} Supports		Reported
3. Power Center		
4. charger		
5. Track		
6. Travelway		
7. Barricade Station		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Intake	12:05AM	0.0%	11.		
2. "	3:10AM	0.0%	12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	12:40AM	0.0%	6.		
2. "	3:45AM	0.0%	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

Samuel K. Stealy
Assistant Mine

39218
Certificate No.

[Signature]
Mine Foreman-Mine Manager

[Signature]
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9/18 2008 Section or Area Examined lower wall
 Time of Examination: from 9:18 a.m. or p.m. to 5:05 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 Jin Oari (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>None</u>
2. <u>Roof support</u>		
3. <u>P.C</u>		
4. <u>Charger</u>		
5. <u>Track</u>		
6. <u>Travelway</u>		
7. <u>Barricade station</u>		
8.		
9.		
10.		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>46,225</u>		
<u>#9</u>	<u>652</u>		
<u>#160</u>	<u>467</u>		
<u>M.P.H</u>	<u>8,413</u>		
<u>M.P.B</u>	<u>17,580</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 Daniel K Stanley
 Preshift-Mine Examiner

39218
 Certificate No.

Jin Oari
 Assistant Foreman

38322
 Certificate No.

Countersigned Keith Stanley
 Mine Manager—Mine Foreman

Paul Lilly
 Superintendent or Assistant

28015

Use Indelible Pencil or Ink

DAILY AND ONSHIFT REPORT
MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9/8/09 Shift Day Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>None find</u>	<u>None</u>
2. <u>Roof support</u>	" "	"
3. <u>PC</u>	" "	"
4. <u>Charger</u>	" "	"
5. <u>Track</u>	" "	"
6. <u>Travelway</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>8:30 AM</u>	<u>0.0%</u>	11. _____	_____	_____
2. <u>"</u>	<u>10:30 AM</u>	<u>0.0%</u>	12. _____	_____	_____
3. <u>"</u>	<u>12:30 PM</u>	<u>0.0%</u>	13. _____	_____	_____
4. <u>"</u>	<u>2:30 PM</u>	<u>0.0%</u>	14. _____	_____	_____
5. _____	_____	_____	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>8:55 AM</u>	<u>0.0%</u>	6. _____	_____	_____
2. <u>Return</u>	<u>12:55 PM</u>	<u>0.0%</u>	7. _____	_____	_____
3. <u>Return</u>	<u>2:50 PM</u>	<u>0.0%</u>	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Based on roof ribs plan by 18
Discussed dust control plan 7:55 am Visual chud shields 1-15%

Jim Davis Assistant Mine 38322 Certificate No. [Signature] Mine Foreman-Mine Manager [Signature] 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 9-18 2009 Section or Area Examined Longwall
 Time of Examination: from 1:45 a.m. or (p.m) to 2:20 a.m. or (p.m)
 Was this report phoned to outside: Yes no
 By whom Tim Davis Time A.M 2:25 P.M.
 Report received by Kevin W. Medley (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>1090</u>	<u>Roche</u>	<u>56500</u>
<u># 9</u>			<u>649</u>
<u># 160</u>			<u>312</u>
<u>M P A</u>			<u>7845</u>
<u>M P B</u>			<u>18630</u>

Remarks: 0% CH₄ 20.8% O₂ 0ppm CO

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

Signed By Tim Davis Preshift-Mine Examiner Certificate No. 38322
 Countersigned Kevin W. Medley Assistant Foreman Certificate No. 38810
Kevin W. Medley 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 9-18-09 Shift Eve Area or Section Longwall

Violations and other Hazardous Conditions Observed and Reported

Location	CH ₄ %	Violation or Hazardous Condition	Action taken
1. <u>Face</u>	<u>0%</u>	<u>None Observed</u>	<u>None</u>
2. <u>Roof Supports</u>	<u>11</u>	<u>11</u>	<u>11</u>
3. <u>Power Center</u>	<u>11</u>	<u>11</u>	<u>11</u>
4. <u>Chargers</u>	<u>11</u>	<u>11</u>	<u>11</u>
5. <u>Travelways</u>	<u>11</u>	<u>11</u>	<u>11</u>
6. <u>Track</u>	<u>11</u>	<u>11</u>	<u>11</u>
7. <u>Barricade Station</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>5:00PM</u>	<u>0%</u>	11. _____	_____	_____
2. _____	<u>7:00PM</u>	<u>0%</u>	12. _____	_____	_____
3. _____	<u>9:00PM</u>	<u>0%</u>	13. _____	_____	_____
4. _____	<u>11:00PM</u>	<u>0%</u>	14. _____	_____	_____
5. _____	_____	_____	15. _____	_____	_____
6. _____	_____	_____	16. _____	_____	_____
7. _____	_____	_____	17. _____	_____	_____
8. _____	_____	_____	18. _____	_____	_____
9. _____	_____	_____	19. _____	_____	_____
10. _____	_____	_____	20. _____	_____	_____

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>6:00PM</u>	<u>0%</u>	6. _____	_____	_____
2. _____	<u>8:00PM</u>	<u>0%</u>	7. _____	_____	_____
3. _____	<u>10:00PM</u>	<u>0%</u>	8. _____	_____	_____
4. _____	<u>12:00AM</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) _____

Kevin W. Medley
Assistant Mine

38810
Certificate No.

[Signature]
Mine Foreman-Mine Manager

[Signature]
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-18-09 20. Section or Area Examined Longwell
 Time of Examination: from 8:30 a.m. or (p.m) to 9:20 a.m. or (p.m)
 Was this report phoned to outside: Yes no
 By whom Kevin Medley Time 11:00 P.M.
 Report received by Keith Stanley (Signed)

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>60,275</u>		
<u>#9 shield</u>	<u>635</u>		
<u>#160 shield</u>	<u>475</u>		
<u>MPA</u>	<u>8,925</u>		
<u>MP B</u>	<u>18,200</u>		

Remarks: 0.0% ch₄ 20.8% O₂ Oppm Co 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. Keith Stanley Assistant Foreman
 Countersigned Keith Stanley Mine Manager—Mine Foreman 39218 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 9-19 Shift Owl Area or Section Leagwall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	0.0% CH ₄ None observed	Reported
2. Roof Support	| |	|
3. Power Center		
4. Chargers		
5. Trunkways		
6. Track		
7. Barricade Station		
8.		

Examinations for Methane in Working Places

Location	Time	Methane Content	Location	Time	Methane Content
1. Intake	12:10AM	0.0%	11.		
2.	3:45AM	0.0%	12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. Return	12:50AM	0.0%	6.		
2.	3:55AM	0.0%	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

Daniel K. [Signature]
Assistant Mine

39218
Certificate No.

[Signature]
Mine Foreman/Mine Manager

[Signature]
Certificate No.

Superintendent or Assistant

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-19-09 20 Section or Area Examined Largess 11
 Time of Examination: from 3:00 a.m. or p.m. to 3:45 a.m. or p.m.
 Was this report phoned to outside: Yes no Time 5:35 P.M.
 By whom Keith Stanley (Signed) Richard Ram 1357-A
 Report received by _____

Violations and other Hazardous Conditions Observed and Reported

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

Air Measurements

Location	CFM	Location	CFM
Intake	47,101		
#9	688		
#160	420		
MPA	8,602		
MPB	17,958		

Remarks: .0% CH₄ 20.8% O₂ Oppm CO

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

Signed By Keith Stanley Preshift-Mine Examiner Certificate No. 1357-A
 Countersigned Richard Ram Mine Manager - Mine Foreman Assistant Foreman
Richard Ram Assistant Foreman
Neil Cully Superintendent or Assistant

Date 9-19-09 Shift Day Area or Section H/Wall

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action taken
1. Face	no rocks none found	none
2. Roof Supports	" "	"
3. Power Cables	" "	"
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	8:00 am	0.0%	11.		
2. "	10:00 am	0.0%	12.		
3. "	12:00 pm	0.0%	13.		
4. "	2:00 pm	0.0%	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	8:45 am	0.0%	6.		
2. "	12:45 pm	0.0%	7.		
3. "	2:35 pm	0.0%	8.		
4.			9.		
5.			10.		

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

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

Remarks (Statement as to General Conditions of Mine or Area of Mine) Briefed men on Roof work plan 8:23

Visual checked shields 1-176. Discussed dust control plan 7:30 am

Richard Penn
Assistant Mine

1372
Certificate No.

[Signature]
Mine Foreman-Mine Manager

[Signature]
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-19 2009 Section or Area Examined Longwall
 Time of Examination: from 1:30 a.m. or p.m. to 2:15 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Rick Lane Time 2:50 P.M.
 Report received by Kevin W. Medley (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition		Action Taken Reported
	CH ₄	Observed	
1. Face	0%	None Observed	"
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	56,392		
#9	661		
#160	411		
MP A	8527		
MP B	18,333		

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 Richard Lane Certificate No. 1357-A
 Preshift-Mine Examiner
 Countersigned Kevin W. Medley Certificate No. 38810
 Mine Manager—Mine Foreman Assistant Foreman
 Assistant Foreman Superintendent or Assistant

Use Indefinable Pencil or Ink

DAILY AND ONSHIFT REPORT MINE FOREMAN OR ASSISTANT

Report shall be signed when made

Date 9-19-09 Shift Eve Area or Section Longwa 11

Violations and other Hazardous Conditions Observed and Reported

Table with 4 columns: Location, CH4 %, 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 (5:00 PM to 11:00 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 various times (6:00 PM to 12:00 AM).

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)

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

Use Indelible Pencil or Ink

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Date of Examination 9-19-09 Section or Area Examined Langwell
 Time of Examination: from 8:00 a.m. or p.m. to 8:59 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Kevin Medley Time AM 10:50 PM
 Report received by Keith Staley (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. <u>Face</u> <u>0.0ch⁴</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. _____		

Air Measurements

Location	CFM	Location	CFM
<u>Intake</u>	<u>61,480</u>		
<u>#9</u>	<u>650</u>		
<u>#160</u>	<u>475</u>		
<u>MPA</u>	<u>8,730</u>		
<u>MPB</u>	<u>18,320</u>		

Remarks: 0.0% ch⁴ 20.8% O₂ 0.0 CO at time of exam

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

Signed By Kevin W. Medley Preshift-Mine Examiner Certificate No. 38810
 Countersigned Keith Staley Mine Manager—Mine 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 9-20-09 Shift Coal Area or Section Largwell

Violations and other Hazardous Conditions Observed and Reported

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

Examinations for Methane in Working Places

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

Examinations for Methane in Return Aircourses

Location	Time	Methane Content	Location	Time	Methane Content
1. <u>Return</u>	<u>12:35AM</u>	<u>0.0%</u>	6.		
2. <u>"</u>	<u>3:30AM</u>	<u>0.0%</u>	7.		
3.			8.		
4.			9.		
5.			10.		

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

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

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

Donald K. Stanley
Assistant Mine

39218
Certificate No.

[Signature]
Mine Foreman-Mint Manager

[Signature]
Certificate No.

Superintendent or Assistant

PRESHIFT-MINE EXAMINER'S REPORT

Report shall be signed when made

Use Indelible Pencil or Ink

Date of Examination 9-20-9 Section or Area Examined Long Wall
 Time of Examination: from 3:39 a.m. or p.m. to 4:10 a.m. or p.m.
 Was this report phoned to outside: Yes no
 By whom Keith Stanley Time 5:30 A.M. P.M.
 Report received by Rick Lane (Signed)

Violations and other Hazardous Conditions Observed and Reported

Location	Violation or Hazardous Condition	Action Taken
1. Face	None obs	Reported
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	46,868		
#9	653		
#160	435		
MPA	8,431		
MPB	17,655		

Remarks: 0% CH₄ 20.8% O₂ Oppm CO
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 Samuel K. Stanley 39218 Preshift-Mine Examiner Certificate No. 39218
 Countersigned Richard Rose Assistant Foreman Certificate No. 1357-A
Richard Rose Assistant Foreman
 Superintendent or Assistant